To better evaluate Frannie Failure's condition, the nurse should gather:

- Cardiac / Fluid Status
- Daily weight (most sensitive indicator of fluid retention)
- History of Heart Failure
- Presence of jugular venous distention (JVD)
- Capillary refill
- Peripheral perfusion
- Baseline edema status

Respiratory

- Orthopnea (how many pillows used to sleep)
- Paroxysmal nocturnal dyspnea
- Work of breathing / accessory muscle use
- ABG results

Renal

- Urine output trend
- Creatinine and BUN
- Electrolytes (especially potassium)

Medications

- Current HF meds (diuretics, ACE inhibitors, beta blockers)
- Compliance with medications
- Recent IV fluids or sodium intake

Diagnostics

- BNP level
- Chest x-ray
- EKG
- Echocardiogram results

2. Priority Nursing Assessments & Interventions

Immediate Priority: Airway & Oxygenation

1. Reposition patient

Place in High Fowler's position, Legs dangling if possible (reduces preload), Oxygen Apply 2–4 L nasal cannula, Stop or reduce IV fluids, Notify provider / Rapid Response if worsening, Continuous monitoring, Cardiac monitor, Pulse oximeter, Strict I&O

6. Focused reassessments

- Lung sound
- Edema
- Respiratory effort
- Urine output

7. Prepare for medications

IV diuretics, Vasodilators, Possible non-invasive ventilation

3. Anticipated Provider Orders, The provider will likely order Diagnostic, Chest X-ray, BNP, ABGs, CMP (electrolytes, kidney function), ECG, Monitoring, Strict I&O, Daily weights, Telemetry.

Treatments:

- Oxygen therapy
- Fluid restriction
- Sodium restriction

Medications

- IV loop diuretics
- ACE inhibitor
- Possible vasodilator
- Possible morphine (rare now but still seen in exams)

4. Appropriate Medications (From Typical HF Pharmacology)

1. Furosemide (Lasix), Nitroglycerin, Lisinopril

5. Patient Education for Frannie Failure

Fluid Management, Daily Weight, Diet Follow low sodium diet (<2 g/day), Medication Compliance, Symptoms to Report Immediately: Sudden weight gain, Increased swelling, Shortness of breath, Waking up gasping for air, and Decreased urine output