

Firelands Regional Medical Center School of Nursing  
AMSN 2026  
Unit 6: Heart Failure online assignment (1.5H)

Directions:

- Read Lewis Chapter 38, review ATI Pharmacology Made Easy 5.0: Cardiovascular Module: Drug Therapy for Heart Failure, and review the Unit 6 Pharmacology List.
- Utilizing the resources above, complete the case study. There will be many items for each question.
- Utilizing the Pharmacology List and ATI/Skyscape, complete three ATI Medication Templates from the Pharmacology List (see below for further details).
- This assignment is due in the Unit 6: HF assignment drop box by March 9, 2026 at 0800.
- Be prepared to discuss this assignment in class.
- You must complete the assignment in full to receive the 1.5H theory credit.

Assignment Objectives:

- Determine overall goals in the treatment of heart failure.

**CASE STUDY:**

Frannie Failure, a patient on 4P, calls the nurse and states, "I feel really puffy. My rings feel so tight on my fingers and I am having trouble catching my breath." The patient is lying flat in the bed and is alert and oriented x 3. Normal saline 0.9% @ 125mL/HR is running.

Assessment:

- Vital Signs: T 97.9 oral, HR 120, RR 24, SpO2 86% RA, BP 152/94, pain 0/10.
- Respiratory: Lung sounds- crackles throughout bilaterally, non-productive cough.
- Cardiac: Heart sounds- S3, pedal pulses not palpable, 3+ pitting edema bilateral feet and ankles.
- Skin intact, pale and cool.
- Gastrointestinal: Bowel sounds x4 WNL, BM yesterday morning.
- Intake/Output: Patient has had 900ml in and 200ml out over the last 8 hours.

- 1. What additional information would you want/need to know?**

Additional information that I would potentially need to know is Frannie's cardiac history, current lab values such as BNP, BUN/creatinine, troponin, and electrolytes. We may also want to know baseline assessments, such as weight, baseline O<sub>2</sub>, and lung sounds.

**2. What assessment/ interventions would be appropriate for this patient?**

I would first sit Frannie up, as she is currently flat and this might negatively impact her breathing workload. I would also apply O<sub>2</sub> therapy, most likely with a nasal cannula, and titrate it to keep the SpO<sub>2</sub> above 92%. I would then stop or slow the IV fluids running and notify the provider. These fluids may be causing fluid overload. I would then keep monitoring Frannie's intake/output and vitals. Vitals may need to be done as frequently as every 15 minutes.

**3. What would you anticipate the healthcare provider to order?**

I would anticipate healthcare provider to order strict I&Os if they haven't already, potentially an echocardiogram to measure chamber size, function, and LVEF. We could also assume they would order a 12-lead, and a chest x-ray. Labs may be ordered, especially looking at BNP. Medications such as diuretics, vasodilators, morphine, and positive inotropes may be ordered for this patient.

**4. What medications would be appropriate for this patient (include all pertinent from the Unit 6 Pharmacology List) ? What doses? Nursing Interventions?**

**You will pick three of these medications to complete the ATI Medication Templates.**

There are a lot of medications we could give this patient. We could give an ACE inhibitor, such as Captopril (orally 25 mg 3x a day) which will cause vasodilation and decrease BP. We would want to watch for hypotension in our patient. Another medication we could prescribe is an ARB, which has a similar mechanism to ACE inhibitors. We could give Losartan orally 50 mg once daily and watch for hypotension as well. We could also give a BB, such as Carvedilol orally 3.125 mg 2x a day. We could need to check the heart rate before giving and hold if it is under 60 bpm. We could also see a diuretic being prescribed for this patient. Any diuretic could potentially be a match; it just depends on if we would need potassium sparing or not, based on the clients' potassium levels. For this scenario, I would anticipate a loop diuretic being prescribed, such as furosemide. We could give this orally 20-80 mg a day, or repeat q6-8hrs (IV 20-40mg q6-12hr). We would want to take daily weights, I&Os, skin turgor and mucous membrane assessments while on this medication. If they were prescribed a potassium-sparing diuretic, our interventions would be the same. We would want to give Spironolactone PO 25 mg once daily, and eventually 50 mg once daily if needed. We could also anticipate a Cardiac Glycoside being prescribed such as Digoxin. This would be given PO 0.125-0.5 mg/day based on the patient's weight, renal function, and serum level. Toxicity to this drug is extremely important to monitor. We would need to assess for potential abdominal pain, N/V, bradycardia, and visual disturbances. This would need to be reported to the provider and the medication be held immediately. We could potentially anticipate an antiarrhythmic being prescribed, such as amiodarone in case of an event where a cardiac dysrhythmia would occur, we would administer PO 800-1600 mg/day and assess ECG continuously while on amiodarone therapy. We would also need to assess for any muscle weakness or tingling. A Positive inotrope such as Dopamine may be prescribed IV 1-5 mcg/kg/min continuously. We would want to monitor blood pressure, heart rate, and urine output. Milrinone (loading dose IV 50 mcg/kg followed by 0.5 mcg/kg/min) may be prescribed.

We would monitor blood pressure, renal function, and platelet count. Sacubitril / Valsartan may be prescribed PO Sacubitril 49 mg/ Valsartan 51 mg twice daily for vasodilation and fluid loss. We would monitor blood pressure, potassium levels, and kidney function. We could also give Morphine 30 mg q3-4hrs. This would be to help decreased pain and anxiety, as well promote vasodilation. We would monitor respiratory rate, blood pressure, and their sedation level.

**5. What patient education would you provide to Frannie Failure?**

I would first educate Frannie on what is currently happening, the disease process, current medications and potential interventions. For post-discharge, I could educate Frannie Failure on diet suggestions at home. She should stick to the sodium restrictions given to her by her HCP, read labels to assess sodium content, avoid using salt when making meals, and weighing herself at the same time each day. I should also educate her on getting involved in an activity program, and starting with light walking and increasing from there. While exercising, she should avoid extreme heat or cold. Frannie should also be educated on signs of worsening HF such as dyspnea, weight gain, edema, fatigue, and tiredness with physical activity., It is extremely important to report a weight gain of 3 lbs in 2 days, difficulty breathing, waking up breathless at night, frequent dry cough, swelling of the face, hands, or feet. She should also know to keep any follow-up appointments, and stay consistent with the medication regimen. She should take all doses as prescribed, and take your heart rate before taking certain medications (BB, digoxin). It is important to frequently screen blood pressure, and INR if indicated on certain medications such as warfarin. To promote health in the future Frannie should get vaccinated against flu, COVID-19, and develop a plan to decrease risk factors in her life. I could also educate Frannie on getting proper rest between daily activities and exercise, as it is important to not over-exert yourself.