

Case study: the patient with heart failure

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Because this patient cannot breathe or talk easily, prioritize the immediate nursing assessments upon admission. Assess respiratory status (lung sounds, O₂ saturations, radial assessment (assess the HR and rhythm, BP, heart sounds, check pulses, edema) 2. Considering the process of congestive heart failure, explain the symptoms she is having: right-sided heart failure results in inadequate right ventricle output and systemic venous congestion (peripheral edema). Fatigue and weakness will occur with right-sided failure. The low BP and high P are results from a decreased cardiac output, which results from the heart's inability to pump effectively.

Exertion dyspnea is expected with severe heart failure. 3. Based on assessment, identify the priority problems for this patient: respiratory status, high HR, and low BP (cardiac) The physician orders a treatment plan for this patient: Start an IV, then give dopamine 3 mg/kg/hr IV; furosemide (Lasix) 40 mg IV stat; digoxin 0.5 mg orally stat, then 0.25 every 6 hours for three doses, with ECG before doses 3 and 4; morphine 2 mg IV stat and then 2 mg IV every 1 to 2 hours PR; oxygen 4 L per nasal cannula; schedule for an ECG; no added salt diet; weigh daily and monitor input and output. 4.

Explain the rationale for these medications and treatments: dopamine increases the cardiac output without significantly increasing the heart rate which will help with perfusion. Furosemide is a diuretic which will remove excess fluid (edema) and lower the blood pressure.

Digoxin increases the cardiac output and slows the heart rate; helps with SOB and fatigue. ECG would be ordered before doses 3 and 4 because Dig can

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cause arrhythmias, briclyard, SEC changes, VA block, and AS block.

Morphine decreases pain and anxiety, helps with vital signs, and promotes vessel dilation. Oxygen given to the patient to increase oxygen in lungs and Tolerated, makes It sealers Tort ten patient to Treated, Ana can reduce ten nearest workload.

Cardiograms is used to measure the patient's ejection fraction and determine the degree of HP.

The no added salt diet is to reduce water retention and prevent worsening of edema. Daily weights and are used to monitor the patient's fluid status and determine if any more water is being retained. L help to monitor kidney function. 5.

What should the nurse include in the discharge instructions for self-care for patients with heart failure? Teach the patient to ingest foods and drinks that are high in potassium to counter the effects of hypoglycemia, monitor daily weights, regularly check BP, follow up with PC and follow provider's instructions on medication dosage ND regime.

What will the nurse teach about the dioxin therapy? Instruct the patient to take the medication as directed, same time every day, take missed doses within 12 hours of scheduled dose, or omit, do not double dose, do not discontinue med, take pulse and do not take if pulse is or > OHIO, do not share medication, keep tabs in their original container and do not mix meds, review AS of dig toxicity with patient and family members and to notify emergency personnel at start of these symptoms, review fall prevention strategies with patient and their families, caregivers.

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Emphasize important of routine FIB exams. 6. The home health nurse is making an initial visit to the patient.

What would the nurse include in the home care assessment? Patient vitals, neuron/cardiac/skin/GIG/Gel assessment, home safety check, assess apt support system, go over patient medications and medication regime/dosing, ask question about the patient's diagnosis and medication to determine the patient's understanding of the diagnosis and determine adherence to medication, determine if patient needs any other resources (transportation, financial, psychosocial), go over diet regimen.