System alterations: hematology and cardiovascular systems essay sample

Experience, Failure



The beginning of the treatment would aim for the survival of the patient by resolving his breathing issue and pulmonary edema caused by cardiomyopathy. Diuretics would be used in low doses to manage the edema, and the treatment would include loop or potassium sparing diuretics because thiazide diuretics are often ineffective in elderly patients with heart failure (Davies, Gibbs, & Lip, 2000).

Once the edema are alleviated, the treatment would switch to ACE inhibitors because previous studies showed they decreased mortality and morbidity rates in all stages of heart failure (Davies et al., 2000). As a general rule, the initial dosage would be low and the blood pressure and heart rate would be evaluated every week to adjust the dose and prevent adverse health effects. The pharmacologist is responsible for managing the various prescriptions and dosage to prevent adverse health effects. Support could also be provided to the patient by phone, so the nurses can remind the patient to take the medicine and improve adherence rates.

Apart from medication, creating and maintaining a diet is critical aspect of heart failure and cardiomyopathy management, so a registered dietitian will be required for working with Mr. P. However, there are several different perspectives on dieting, and the dietitian's decision may significantly impact the effectiveness of treatment. While low-sodium diets are usually recommended for heart health and managing congestive heart failure, research shows that patients who are taking diuretics may benefit with increased sodium intake and fluid restrictions (Paterna, Gaspare, Fasullo, Sarullo, & DiPasquale, 2008). That is why communication and collaboration on an interdisciplinary team is required to promote patient safety and

improve treatment outcomes.

Finally, the education of the patient and family about the lifestyle required to protect the health of Mr. P. is required. Several important and common characteristics of elderly people with heart conditions need to be taken in account. Most elderly patients suffer from other comorbid disorders that affect their quality of life, pharmacological treatment, and dietary requirements; many patients also display poor physical capacity; low self-esteem and poor social support also cause depression and anxiety in elderly patients with heart failure (Strömberg, 2005).

There are no specific education materials when it comes to instructing patients on conducting self-care, but there are three important points that need to be addressed. First, cardiomyopathy is a serious condition that may result in the need for heart transplant, so the patient needs to take care of his health and manage symptoms to prevent complications. Second, assessing and improving self-care behavior is important. While Mr. P. is probably suffering from a degree of cognitive impairment, educating his wife to teach her why psychosocial support is important for her husband's well-being should improve his long-term care. Third, there is a lot of conflicting information in research on the effectiveness of different treatments, so the only information about practical care provided to the patient would be compiled from the recommendations made by the dietitian and pharmacologist for Mr. P. rather than providing general and conflicting information to the patient.

References

Davies, M. K., Gibbs, C. R., & Lip, G. Y. H. (2000). ABC of heart failure:

Management: diuretics, ACE inhibitors, and nitrates. British Medical Journal,
320(7232), 428-431.

Paterna, S., Gaspare, P., Fasullo, S., Sarullo, F., & Di Pasquale, P. (2008).

Normal-sodium diet compared with low-sodium diet in compensated congestive heart failure: Is sodium an old enemy or a new friend?. Clinical Science, 114, 221-230.

Rich, M. W., Beckham, V., Wittenberg, C., Leven, C. L., Freedland, K. E., & Carney, R. M. (1995). A multidisciplinary intervention to prevent the readmission of elderly patients with congestive heart failure. New England Journal of Medicine, 333(18), 1190-1195.

Strömberg, A. (2005). The crucial role of patient education in heart failure. European Journal of Heart Failure, 7(3), 363-369.