Cardiovascular Disorders 5 Copyright © 2005 by Mosby, Inc. All rights reserved.

Scenario

M.G., a "frequent flier," is admitted to the ED (emergency department) with a diagnosis of heart failure. She was discharged from the hospital 10 days ago and comes in today stating, "I just had to come to the hospital today because I can't catch my breath and my legs are as big as tree trunks."

After further questioning you learn she is strictly following the fluid and salt restriction ordered during her last hospital admission. She reports she has been gaining 1 to 2 pounds every day since her discharge.

What error in teaching most likely occurred when M.G. was discharged 10 days ago?

Answer: She was not instructed when to call with early weight gain, thus leading to her current ED visit. Patients need to be instructed when to call their provider after being discharged from the hospital for exacerbated heart failure. Complete self-management patient education is considered a "standard of care" and is mandated by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) when providing care to hospitalized patients. The goal of the discharge treatment plan is to minimize symptoms and prevent readmission.

You chart the medications M.G. brought with her: Enalapril (Vasotec) 5 mg bid, digoxin 0.125mg qd, rosiglitasone 4 mg, furosemide 40 mg qd, potassium chloride 20 mEq qd. The admitting provider orders all the medications but changes the furosemide to 40 mg intravenous push (IVP) qd and 80 mg IVP now.

2. What is the rationale for changing the method of administering furosemide?

Answer: M.G. is fluid overloaded and needs to decrease fluid volume in a short period. IV administration is delivered directly into the vascular system, where it can start to work immediately. In congestive heart failure (CHF), blood flow to the entire gastrointestinal system is compromised; therefore the absorption of orally ingested medications may be variable and take longer to work.

You administer 80 mg furosemide IVP.

3. Identify three strategies you would use to monitor the effectiveness of this medication.

Answer: Daily weight, Intake and output, Decreased dependent edema, Decreased shortness of breath

Most heart failure admissions are related to fluid volume overload. Patients who do not require intensive care monitoring can most often be treated initially with IVP diuretics, oxygen, and angiotensin converting enzyme (ACE) inhibitors.

4. How do ACE inhibitors help in CHF?

Answer:ACE inhibitors prevent the conversion of angiotensin I to angiotensin II, a potent vasoconstrictor. This results in systemic vasodilation, thereby reducing preload (reducing the volume of blood entering the left ventricle [LVI) and afterload (reducing the resistance to the left ventricular contraction) in patients in CHF.

Mosby Case Study Answers

Leda M. McKenry, Evelyn Salerno

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& Transport Nursing Examination Review - E-Book Renee S. Holleran, 2005-03-15 New guidelines and medications currently being used for BLS ACLS and PALS are discussed New chapters have been added on Invasive Interventions Pharmacology Invasive Monitoring Bioterrorism CAMTS Standards and Transport Operations Updated and expanded content addresses emerging infectious diseases CISM for emergency and transport staff CAMTS standards and transport operations conscious sedation issues RSI airway management safety training and age related changes and differences pediatric and geriatric

Mosby's Textbook for Long-Term Care Assistants Karen Scott, Margaret Webb, Clare Kostelnick, 2018-05-15 Revised to align with CHC33015 Certificate III Individual Support Now meets requirements of CHC43015 Certificate IV Ageing Support Features 3 streams of carers aged care disability and home and community care Increased focus on disability and NDIS mental health and dementia An eBook included with print purchase Mosby's Canadian Textbook for the Support Worker - E-Book Sheila A. Sorrentino, Leighann Remmert, Mary J. Wilk, Rosemary Newmaster, 2014-04-22 Mosby's Canadian Textbook for the Support Worker prepares students to function in the role of support worker in community and institutional settings The 1 text used by Support Worker programs across Canada and at Canadian affiliated schools worldwide the book covers the broad foundation of skills that support workers resident care aides health care aides need in order to perform their role safely and effectively Comprehensive yet easy to read Mosby's Canadian Textbook for the Support Worker makes learning easy with clear explanations of concepts and step by step presentations of procedures Numerous full colour illustrations photographs charts and tables are combined with real life case studies and examples to provide the reader with an outstanding learning experience Covers key procedures for Canadian support workers 95 in total Recognizes provincial territorial differences in scope of practice Clear detailed instructions in step by step procedures Evidence based practice chapter references supplied at end of book Reflects current Canadian practice and terminology Additional First Nations content Chapter summaries to aid student comprehension Rationales for all procedure steps Test Bank features higher level taxonomies to allow testing that focuses on cognitive level Instructor's Test Bank features higher level taxonomies to allow testing that focuses on cognitive level And more Mosby's Pocketbook of Mental Health Eimear Muir-Cochrane, Patricia Barkway, Debra Nizette, 2010-04-20 Mosby's Pocketbook of Mental Health is a convenient user friendly resource for all health professionals The potency of this text is in its easily accessible format which offers clear concise guidance to students on clinical placements and practitioners In sum a one stop shop for essential knowledge and skills backed up by the latest scientific evidence The text is consumer centred and context specific with practical advice supported by internationally accepted standards of evidence Dot points diagrams and tables are used to provide straightforward readable accessible hands on material Mosby s Pocketbook of Mental Health will complement a core text and offer a quick reference in clinical practice Bullet point layout for easy readability Clear concise presentation of information Pocket book sized to be taken on clinical rotation Case Studies derived from a clinical setting to assist the reader link theory

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