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.

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