

Patho

HF-HEART FAILURE (failure to PUMP forward): HF-HEAVY FLUID (lungs & body):

Memory Trick:

S-Sodium Swells. W-Weight Gain = Water Gain Crisis!

Signs & Symptoms

R-RIGHT sided HIF R-ROCKS the BODY with fluid Peripheral Edema Weight Gain - Water Gain Externa (pitting). (VID) (ibig meck weims): Abdominal Growth Ascines Hepatomegaly (big liver) Splenomegaly (big spleen)

L-LEFT slided HIF L-LUMG fluid Pulmonary Edema" Crackles "rales" that don't clear. with cough (NOT rhanchii or wheepe) Frothy Pink "blood tinged" sputum orthopnea-dyspnea while lying flat.

Causes

R-RIGHT sided HE Left sided HF can cause Right HF Pulmionary HTN. Fibrotic Lungs "stiff lungs"

L-LEFT wicked HF (weak heart = weak pump) Mil (heart attack) Ischemic Heart Disease (CAD, ACS)

Treatment Priority

KEY WORDS: new, sudden, worsening, rapid = Pulmonary Edema CRISIS (Lung Fluid!)

#1 Furosemide "Body Dried" (drain fluid) H-HOB 45 degrees + (semi fowlers, high fowlers, orthopneic position) O-Oxygen P-Push Furosemide + Morphine, Positive inotropes E-End sodium & fluids (Sodium Swells) NO drinking fluids + STOP IV fluids

Diagnostic tests

Labs: BNP-"Broken Venticles"

300+ Mild - 600+ Moderate - 900+ SEVERE HF

Ejection Fraction 40% or LESS is HFI (normal-55-70%) LVH-Left Ventricular Hypertrophy

Hemodynamic Monitor "Swan Ganz" (Pulmonary artery catheter) CVP (norm: 2-8) Over 8 = NOT GREAT

Risk Factors

#1 risk factor is HTN. ECG Dysrhythmias (Atrial Fibrillation) Valvular Malfunction (mitral valve regurgitation) Cardiomyopathy

Nursing Care

DR REDS

D-Diet: Low SCC (Sodium, Calories, Cholesterol) Low Sodium & Fluid (2L + 2g or LESS/day) NO OTC meds (Cough or Flu, Antacids) OF NSAIDS HOUSE NO Canned or packaged foods (chips, sauces, meats, cheeses, swimmer! R-Risk for Falls! (Change positions slowly!) B-Blood Pressure & BNP (should NOT be increasing) E-Elevate HOB & Legs (with pillows) high fowlers. D-Daily Weights and Is and Os (Over 3 lbs/day or 5 lbs in 7 days) = Worsening! NOUNTE Stairs (No sex until able to climb 2 flights of stairs without dyspnea):

5-Stocking (TED hose) (decreases blood pooling, remove daily)

NEVER massage calves (CHF patients) NUXTIF

Pharmacology

A-ACTS on BP only (not HR)

A-ACE (-pril) Lisinopril "chill pril" 1st choice

A-ARBS (-sartan) Losartan "relax man" 2nd choice A-Avoid Pregnancy A-Angioedema (Airway Risk) *only Ace C-Cough *only Ace E-Elevated K+ (normal 3.5-5.0)

B-BETA BLOCKERS (-lol) AtenoLOL "LOL = LOW" Blocks both BP & HR (AVOID Low HR & BP)

Caution: HOLD IF: B-Bradycardia (LESS than 60) & BP low (90/60)

only hold if the patient is in an acute exacerbation of CHF B-Breathing problems "wheezing" (Asthma, COPD) B-Bad for Heart Failure patients

B-Blood sugar masking "hides 5/5" (Diabetics):

C-CALCIUM CHANNEL BLOCKERS Calms BP & HR (AVOID Low HR & BP)

(Niffedlipine) -dipine "declined BP & HR -amillipine "chill beart"

D-DIURETICS Drain Fluid

D-Drains Fluid "Diurese" "Dried"

K+ Wasting-Furosemide & Hydrochlorothiazide (caution: Low K+, Eat melons, banana & green leafy) K+ Sparing-Spironolactone "Spares potassium" (AVOID Salt Substitues, melons & green leafy)

D-DILATORS (Vasodilators)

Nitroglycerin, Isosorbide Nitroglycerin "Nitro = Pillow for heart" Caution: NO Viagra "-afil" Slidenafil = DEATH! Nitro drip: STOP = Systolic BP below 90 or 30 mmHg Drop Adverse effect: HAV side effect. Low BIP= adverse effect (SLOW position changes)

D-DIGOXIN (Inotropic) Digs for a DEEP contraction Increased contractility Apical Pulse x 1 minute Toxicity (over 2.0) Vision changes, N/V TEST TIP Potassium 3.5 or less (higher n/f toxicity)

Pharmacology For Nursing Study Guide

Joacim Rocklöv

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