Week 2: Discussion

1 1 unread reply. 1 1 reply.

Purpose

The purpose of the graded collaborative discussions is to engage faculty and students in an interactive dialogue to assist the student in organizing, integrating, applying, and critically appraising knowledge regarding advanced nursing practice.

Scholarly information obtained from credible sources as well as professional communication are

required.

Application of information to professional experiences promotes the analysis and use of principles,

knowledge, and information learned and related to real-life professional situations. Meaningful dialogue among faculty and students fosters the development of a learning community as ideas, perspectives, and knowledge are

shared.

Activity Learning Outcomes

Through this discussion, the student will demonstrate the ability to:

Explain the pathophysiology of heart failure by analyzing a patient's symptoms. (CO1)

Differentiate between systolic and diastolic heart failure. (CO1)

Explain the significance of physical exam and diagnostic findings in the diagnosis of heart failure. (CO4)

Due Date:

Initial post is due on Wednesday by 11:59 p.m. MT. All posts are due by Sunday, 11:59 p.m. MT

A 10% late penalty will be imposed for discussions posted after the deadline on Wednesday, regardless of the

number of days late. NOTHING will be accepted after 11:59pm MT on Sunday (i.e. student will receive an automatic

0). Week 8 discussion closes on Saturday at 11:59pm MT.

Total Points Possible: 100

Requirements:

Read the case study below.

In your initial discussion post, answer the questions related to the case scenario and support your response with at

least one evidence-based reference by Wed., 11:59 pm MT.

Respond to at least one peer and all faculty questions directed at you, using appropriate resources, before Sun.,

11:59 pm MT.

Case Scenario:

A 72-year-old male presents to the primary care office with shortness of breath, leg swelling, and fatigue. He reports

that he stopped engaging in his daily walk with friends three weeks ago because of shortness of breath that became

worse with activity. He decided to come to the office today because he is now propping up on at least 3 pillows at

night to sleep. He tells the NP that he sometimes sleeps better in his recliner chair. PMH includes hypertension,

hyperlipidemia and Type 2 diabetes.

Physical Exam:

BP 106/74 mmHg, Heart rate 110 beats per minute (bpm)

HEENT: Unremarkable

Lungs: Fine inspiratory crackles bilateral bases

Cardiac: S1 and S2 regular, rate and rhythm; presence of 3rd heart sound; jugular venous distention. Bilateral

pretibial and ankle 2+pitting edema noted

ECG: Sinus rhythm at 110 bpm

Echocardiogram: decreased wall motion of the anterior wall of the heart and an ejection fraction of 25%

Diagnosis: Heart failure, secondary to silent MI

Discussion Questions:

Differentiate between systolic and diastolic heart failure.

State whether the patient is in systolic or diastolic heart failure.

Explain the pathophysiology associated with each of the following symptoms: dyspnea on exertion, pitting edema,

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jugular vein distention, and orthopnea.

Explain the significance of the presence of a 3rd heart sound and ejection fraction of 25%.

Category Points % Description

Application of Course Knowledge

30

30%

The student:

Differentiates between systolic and diastolic heart failure.

States whether the patient is in systolic or diastolic heart failure.

Explains the pathophysiology associated for each of the following symptoms: dyspnea on exertion, pitting edema,

jugular vein distention, and orthopnea.

Explains the significance of the presence of a 3rd heart sound and an ejection fraction of 25%.

Support from Evidence-Based Practice

30

30%

Initial discussion post is supported with appropriate, scholarly sources; AND

Sources are published within the last 5 years (unless it is the most current CPG); AND

Reference list is provided and in-text citations match; AND

All answers are fully supported with an appropriate EBM argument

Interactive Dialogue

30

30%

In addition to providing a response to the initial post due by Wednesday, 11:59 p.m. MT, student provides a minimum

of two responses weekly on separate days; e.g., replies to a post from a peer; AND faculty member’s question; OR

two peers if no faculty question. A response to faculty could include a question posed to a student or the entire class

or a faculty question directed towards another student. AND

Evidence from appropriate scholarly sources are included; AND

Reference list is provided and in-text citations match

90

90%

Total CONTENT Points= 90 pts

Discussion Format

Category

Points

%

Description

Organization

5

5%

Organization:

Case study responses are presented in a logical format; AND

Responses are in sequence with the numbered questions; AND

The case study response is understandable and easy to follow; AND

All responses are relevant to the case topic

Format

5

5%

Discussion post has minimal grammar, syntax, spelling, punctuation, or APA format errors\*

(\*) APA style references and in text citations are required; however, there are no deductions for errors in indentation

or spacing of references. All elements of the reference otherwise must be included.

10

10%

Total FORMAT Points= 10 pts

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100

100%

DISCUSSION TOTAL=\_\_\_\_ out of 100 points

(\*) APA style references and in text citations are required; however, there are no deductions for errors in indentation

or spacing of references. All elements of the reference otherwise must be included.

Search entries or author

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Week 2: Readings

Due May 16 by 11:59pm Points None

Hematologic Disorders

Required Readings

McCance, K.L. & Huether, S.E. (2019). Pathophysiology: The biologic basis for disease in adults and children (8th

ed.). Elsevier Health Sciences.

Chapter 29: Alterations of Erythrocyte, Platelet, and Hemostatic Function

Short, M.W., & Domagalski, J.E. (2013). Iron deficiency anemia: Evaluation and management (Links to an external

site.). American Family Physician, 87(2), 98-104. https://www.aafp.org/afp/2013/0115/p98.pdf

Cardiovascular Disorders

McCance, K.L. & Huether, S.E. (2019). Pathophysiology: The biologic basis for disease in adults and children (8th

ed.). Elsevier Health Sciences.

Chapter 33: Alterations of Cardiovascular Function, p. 1061-1103

Yancy, M., Jessup, M., Bozkurt, B., et al. (2017). 2017 ACC/AHA/HFSA focused update of the 2013 ACCF/AHA

guideline for the management of heart failure: A report of the American College of Cardiology/American Heart

Assocation Task Force on Clinical Practice Guidelines and the Heart Failure Society of America (Links to an external

site.), Circulation, 136, e137-e161. https://doi.org/10.1161/CIR.0000000000000509

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Textbooks and Resources

Required Textbooks

The following books are required for this course:

McCance, K. L., & Huether, S. E. (2019). Pathophysiology: The Biologic Basis for Disease in Adults and Children

(8th ed.). Elsevier.

This textbook is available as an e-book and can be accessed from the module view.

McCance, K. L., Huether, S. E. (2019). Study guide for pathophysiology: The biologic basis for disease in adults and

children (8th ed.). Elsevier.

This textbook is available as an e-book and can be accessed from the module view.

American Psychological Association. (2020). Publication manual of the American Psychological Association (7th

ed.).

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To the writer all sources/references must be within the last 5 years between 2017-2021. Please include all

doi/references.

Thank yo