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# Circulatory and Cardiac Medications

Patient name: \_\_\_\_\_ Admission: \_\_\_\_\_

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- I. **The client/caregiver can define the classifications of cardiac and circulatory medications.**
  - A. Antihypertensive drugs are used to lower blood pressure to a normal level.
  - B. Antianginal drugs are used to treat and prevent attacks of chest pain (angina).
  - C. Antiarrhythmic drugs are used to correct cardiac arrhythmias (irregular heart beats).
  
- II. **The client/caregiver can describe the desired results of each type of medication.**
  - A. The effective use of antihypertensives will result in decreased blood pressure to normal levels.
  - B. Antianginal agents should decrease the frequency and severity of any chest pain. The client should be able to increase their level of activity without chest pain.
  - C. Antiarrhythmic drug therapy should resolve the arrhythmia without untoward side effects from medication.
  
- III. **The client/caregiver can list important assessments and evaluations for cardiac medications.**
  - A. Monitor blood pressure and pulse at regular times. Blood pressure and pulse should be taken weekly, and any significant changes should be reported to the physician.
  - B. Teach client/caregiver how to take pulse to monitor rate and rhythm. Report any pulse

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- rate below 50 or above 120 to physician, and ask for directions in whether to take medication.
- C. Instruct the client to take medication as prescribed.
- D. Advise client to report to physician before taking any supplements or over-the-counter medications.
- E. Caution client/caregiver to monitor for any signs of dizziness or lightheadedness when moving to a standing position.
- F. Monitor supply, and refill medications as needed.
- G. Encourage other recommendations for control of heart disease such as increased exercise, required diet restrictions, and maintenance of healthy weight.
- H. Monitor any episodes of chest pain, shortness of breath, or dizziness. Report any changes to physician.
- I. Maintain follow-up visits to physician.
- J. Advise client to carry identification to include the disease and medications used.

## REFERENCES

- Ackley, B. J., & Ladwig, G. B. (2006). *Nursing diagnosis handbook: A guide to planning care*. St. Louis: Mosby Elsevier.
- Deglin, J. H., & Vallerand, A. H. (2001). *Davis's drug guide for nurses*. Philadelphia: F. A. Davis Company.
- Nursing 2006 drug handbook*. (2006). Philadelphia: Lippincott Williams and Wilkins.
- Rice, J. (1998). *Medications mathematics for the nurse*. Albany, NY: Delmar.