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A Brief Overview of Some of the Changes of the American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care 245
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The American Hospital Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care 2005 were announced in November 2005. One of the most significant changes in the 2005 guidelines was the simplification of cardiopulmonary resuscitation instruction, which emphasizes reducing the frequency and length of interruption of chest compressions and increasing the number of compressions delivered per minute. This article outlines the guidelines' recommendations with particular attention to defibrillation, cardiac arrest, and symptomatic bradycardia and tachycardia.

Raising Awareness of Women and Heart Disease—Women's Hearts are Different 251
Cheryl Herrmann

Even though a woman has a one in two lifetime risk of dying from a coronary event, women and health care providers do not realize that heart disease is the greatest health risk for women. The purpose of this article is to increase awareness of women and heart disease. The article summarizes the evidence-based literature regarding the epidemiology of heart disease in women, risk factors and risk factor stratification, symptoms, diagnosis, and treatment. The text includes the American Heart Association's 2007 Evidenced Based Guidelines for Cardiovascular Disease Prevention.

Kawasaki Disease: A Ride for Little Girls Too! 265
Lynn Smith Schnautz and Patricia Leggett

Kawasaki disease is the leading cause of acquired heart disease in children. Little is known about the origin; however, speculation exists that the disease is associated with the use of carpet cleaner or stagnate water. The disease can have devastating lifelong effects on the heart and cardiovascular system. Early recognition of the clinical manifestations by the health care provider may lead to early treatment and prevention of long-term cardiovascular disease. This article presents a case study, with discussion about the prevalence, incidence, pathophysiology, clinical features, and collaborative clinical management of Kawasaki disease.

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Coronary heart disease is underdiagnosed, undertreated, and under-researched in women, and the body of evidence points towards three explanations: sex-based physiology, provider bias, and psychosocial influences. This article examines each of these possible reasons for the gender differences in the treatment of coronary heart disease. Fortunately, as research evolves more is being learned about gender-specific aspects of care.	
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Cardiovascular disease (CVD) is the most prevalent health problem in the United States. By following the American Heart Association 2007 update guidelines, nurse practitioners in primary care settings are in a prime position to provide CVD risk assessment and prevention strategies to women across the lifespan. This article describes each recommendation in the guidelines and the role of the nurse practitioner in primary care in implementing the recommendations in clinical practice.	
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Hypertension has been classified for several years as a “silent killer” because of the lack of associated symptoms. However, hypertension is linked to the development of target organ disease, which leads to cardiovascular and renal disease. Stroke and heart disease rank high in the leading causes of death in the United States and are major contributions to the financial and societal costs in health care. Hypertension is listed as the most common primary diagnosis in America. Therefore, controlling hypertension can be an important factor to reducing the incidence of these prevalent public health concerns. This article highlights the issues of hypertension in women.	
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There are identified differences in the electrophysiology structure and measurements in women and men. An understanding of these differences and of the increased incidence and prevalence of dysrhythmias in women, the differences in presentation, and the	

differences in risk factors for these dysrhythmias will help guide treatment decisions. As new knowledge is gained through research, practitioners can provide gender-specific care to women who have or are at increased risk of cardiac dysrhythmia.

Caring for Women Undergoing Cardiac Ablation

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Beryl Keegan

Radiofrequency cardiac ablation (RFCA) has become the treatment of choice for many cardiac arrhythmias that have not responded to medication. Complications of cardiac ablation include bleeding, thrombosis, pericardial tamponade, and stroke. Many complications are procedure specific, and several complications can be avoided with appropriate nursing care. Quality patient outcomes begin with competent nursing care. Therefore it is vital for a patient undergoing a percutaneous cardiac ablation procedure to receive supportive care and pre- and post-interventional patient education. This article discusses the nursing care of women undergoing RFCA.

Hypothermic Coma: Catapulting Evidence-Based Research Into Everyday Practice

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Lynn Smith Schnautz and Dawn Rowley

Nurses using Rosswurm and Larrabee's conceptual model are guided through a systematic approach to translating evidence-based research into everyday clinical practice. Based on research outcomes, a protocol for hypothermic coma to be used on patients after cardiac arrest was developed at a Midwest hospital. This article presents a case study explaining the use of the protocol and identifies research outcomes.

Heart Failure: It's Not Just for Men

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Angela L. Pruitt

Heart failure is end-stage cardiac disease, developing in 46% of women within 6 years of having a myocardial infarction, and is the leading cause of all hospitalizations and readmissions in women over the age of 65 years. Since women present with atypical symptoms leading to inaccurate diagnosing of heart disease, education becomes a key component in increasing women's ability to self-manage heart failure symptoms and to become proactive in health-promoting behaviors. Health care providers are responsible for communicating discharge education including risk factors, causes, classification and staging, clinical presentation, diagnostic testing, and management of heart failure to assist women in managing this terminal disease and improving their quality of life.

Chemotherapy-Induced Cardiotoxicity in Women

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Kelli S. Dempsey

Chemotherapy-induced cardiotoxicity (CIC) is a major complication found with some life-saving medications used to treat breast and other cancers. Cardiotoxicity may present immediately during treatment or years later. These patients need education, screening, preventive measures, prompt interventions, and proper follow-up. This article focuses on CIC in patients who have breast cancer, but the process of evaluation and treatment design applies to all types of cancer and organ toxicities. Comprehensive pretreatment history, examination, and testing are needed for proper diagnosis and staging. CIC and other toxicities need to be considered in drug selection, treatment sequencing, testing, and appropriate follow-up.

Why Women Need to Sweat: The Benefits of Cardiac Rehabilitation

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Lori Barron and Lynn Smith Schnautz

The benefits of cardiac rehabilitation (CR) programs have long been documented in the literature, but these programs have been underutilized within the health care arena,

particularly by women and the elderly. The goals of CR are to improve the physiologic and psychosocial condition of the patient. Understanding the benefits of an effective CR program will help critical care nurses and physicians promote and refer patients who have cardiovascular disease to this life-changing heart healthy program. This article identifies the components and benefits of a successful CR program.