

Nursing Diagnosis: (2)

- 1) Activity intolerance r/t weakness/deconditioning A/B abnormal r/t response to activity
- 2) Excess fluid overload r/t fluid or sodium intake A/B weight gain

Goals: (4) (3 STG and 1 LTG for EACH NANDA)

- 1) STG—Patient will be able to identify activities within their limitations by the end of shift
- 2) LTG—Patient will participate in therapy without showing abnormal vital signs & heart rhythms after 3 days of nursing intervention
- 3) STG—Patient will verbalize understanding of Na& fluid restrictions by the end of the shift ——— Not Met
- 4) LTG—Patient will be at baseline weight with no peripheral edema in 4 days.

Nursing Interventions: (12)

- 1) Apply oxygen
- 2) Educate on risk factor and lifestyle modifications
- 3) Instruct on ways to reduce the workload on the heart
- 4) Educate on fluid restriction, hydration, & sodium restriction
- 5) Administer medications like diuretics, ace inhibitors, and vasodilators & monitor their effects
- 6) Maintain Fowler or semi-Fowler's position
- 7) Monitor intake and output, and daily weights
- 8) Monitor r/t a least twice times a day or more frequently
- 9) Monitor labs for electrolyte changes
- 10) Encourage use of compression hose
- 11) Give patient a hand-out explaining cups with fluid measurement
- 12) Allow patient to choose a menu & discuss the low sodium options with them

Assessment:

- 1.) Tachycardia, BP 136/96mm
- 2.) Irregular heartbeat, a-fib
- 3.) Fatigue/weakness
- 4.) Dyspnea on exertion, 20% SpO2
- 5.) r/t chest pain
- 6.) rapid weight gain, > 10lbs/24hrs
- 7.) edema in lower extremities, 3-pitting B/L
- 8.) nocturnal diuresis
- 9.) mental status changes, AMS
- 10.) legs swelling "wet"
- 11.) Labored Respiration, 20 rpm

Disorder:

CHF

Risk Factors:

- 1) Hypertension
- 2) Poor diet
- 3) Smoking
- 4) Diabetes
- 5) Obesity
- 6) Hypertension
- 7) Heart valve disease
- 8) Hyper & hypothyroidism

Diagnosis:

- 1) Lab- BNP, CMP
- 2) Abnormal CXR, and ECG
- 3) Echocardiogram
- 4) Cardiac MRI
- 5) Thyroid function test

Pathophysiology:

This develops when myocardial cell dysfunction results in the inability of the heart to pump blood efficiently enough for cardiac output to meet the demands of the body resulting in intravascular and interstitial volume overload & poor tissue perfusion.

Complications & Actions to Prevent:

- 1) Pleural effusion & pulmonary congestion- continue diuretics as ordered
- 2) Renal failure- monitor labs for kidney function changes. Monitor intake and output
- 3) Fatal dysrhythmia- continue course of ace inhibitors & digoxin regimen
- 4) Stroke- monitor and report changes in vital signs trends, and continue medication regimen

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