Patients info label here

Heart Failure

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	Decreased cardiac output *Related factors:* Altered Stroke Volume Altered contractility Altered heart rate/rhythm *Symptoms / Risk factors:* Chest pain Anxiety Shortness of breath/dyspnea Edema Cold/clammy skin Fatigue *Outcome / Goal:* Effortless breathing Fluid volume balanced an no edema Blood pressure level:_____ Oxygen saturation level:_____ Breating rate level_____ Dry and warm skin		**Cardiac Care: Acute** Evaluate chest pain (e.g., intensity, location, radiation and duration) Document cardiac dysrhythmias **Fluid Monitoring** Obs fluid balance _____ 24 hour Obs. orthostatic blodpressure Obs. patients weight_____weekly Obs. sign of edema (fluid build up)_____ **Respiratory Monitoring** obs. rate, rytm, depth and effort in breathing obs lung secretion and patients cough ability obs. changes in O2 saturation and breathing sounds_____ Obs. lab results of electrolytes (Na(136-146),K(3,6-4,9)	
	Impaired physical mobility *Related factors:* Discomfort, pain Lack of physical or social environmental supports *Symptoms / Risk factors:* Movement induced shortness of breath Decreased reaction time *Outcome / Goal:* Ability to maintain ADL		**Energy Management** Obs. pateints symptoms(comfort,vital sign and skin color) related to his activit Encourage activiy as tolerated, rest as needed **Exercise Promotion: Strength Training** Explain the purpose and activity program **Activity Therapy** Assist with ADL as needed Implement activy program with patient and personel(therapist	
	Excess fluid volume *Related factors:* Renal insufficiency or failure Sodium and water retention *Symptoms / Risk factors:* Jugular vein distention Edema, may progress to anascara Oliguria, azotemia Wieight gain Hypertension *Outcome / Goal:* Achieving fluid and electrolyte balance Verbalize understanding of dietary and fluid restriction		**Fluid Management** Monitor urine output, noting amount and color and time Monitor vital signs Measure intake and output;weigh _____ Maintain chair rest or bedrest in semi-Fowler's position Provide prescribed fluid liquid or soft diet during acute phase. Assess for distended neck and peripheral vessels Change position frequently. Elevate feet when sitting Note increased lethargy, hypotension, and muscle cramping **Electrolyte Management** Administer medications, as indicated - Diuretics Maintain fluid and sodium restrictions, as indicated. Monitor Lab tests such as electrolytes Consult with dietitian.	
	Chronic pain *Related factors:* Altered ability to maintain ADL Chronic physical/psychosocial disability *Symptoms / Risk factors:* Fatigue Weight changes *Outcome / Goal:* Report pain is relieved or controlled.		**Pain Management** Asses cause of pain Assess for lifestyle effects of pain Investigate changes in characteristics of pain. Administer O2 as orderd Note factors that aggravate and relieve pain Keep arm elevated on pillows while the patient in bed Administer medication as prescribet Obs. pain (effectivnes of medication)	

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Patients info label here

Heart Failure

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	Impaired gas exchange *Related factors:* Ventilation perfusion imbalance *Symptoms / Risk factors:* Dyspnea Abnormal arterial blood gases Hypoxia Irritability *Outcome / Goal:* Demonstrate improved ventilation and oxygenation of tissues Better arterial blood gases _____		**Respiratory Monitoring** Auscultate breath sounds Asses O2 saturation and arterial blood gases Obs. lab results of electrolytes (Na(136-146),K(3,6-4,9) Maintain bedrest. Encourage use of relaxation techniques Obs increasing restlessness, confusion, and lethargy Encourage frequent position changes obs lung secretion and patients cough ability Administer medications, as indicated	
	Anxiety *Related factors:* Threat to or change in Role status Threat to or change in Health status *Symptoms / Risk factors:* Difficulty concentrating Fearful Restlessness *Outcome / Goal:* Will experience a reduction in anxiety		**Anxiety reduction** Assess reasons for anxiety Spend time talking with resident. Allow to express feelings. Administer medications as ordered and monitor for side effects, effectiveness. **Environmental Management** Adjust environment to promote patients comfort	
	Risk for impaired skin integrity *Related factors:* Physical immobilization Prolonged bedrest Edema *Symptoms / Risk factors:* Altered skin conditions: Urticaria, Pruritus and Edema Disruption of skin surface (epidermis) Extremes of age *Outcome / Goal:* Patient maintains intact skin Demonstrate behaviors or techniques to prevent skin breakdow		**Pressure Management** Inspect skin, noting skeletal prominences Monitor presence of edema and altered circulation Encourage frequent position changes in bed and chair Provide frequent skin care Provede egg-crate mattress	
	Deficient knowledge *Related factors:* Unfamiliarity with information resources *Symptoms / Risk factors:* Verbalization of the problem Inaccurate follow through of instruction *Outcome / Goal:* Patient verbalize understanding of disease and procedure		**Teaching: Disease Process** Patient education:Disease process,Diet,Medication effects and Exercise **Cardiac Care: Rehabilitative** Patient education: reaction to disease symptoms Patient education: Risk factors, Lifestyle (change)	

Plan created: 7.11.2016 by:_____

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