CARDIAC

LEFT SIDED HEART FAILURE

Nursing Diagnosis

Possible Nursing Diagnoses:
- Decreased cardiac output
- Ineffective tissue perfusion
- Excess fluid volume
- Activity intolerance

Related To (r/t):
- Structural changes to cardiac muscle
- Changes in cardiac contractility
- Reduced glomerular filtration rate
- Medication side effects

As Evidenced By (aeb):
- Dyspnea
- Crackles in lungs on ascultation
- Tachycardia
- Fatigue
- Cough
- Altered cardiac function

Patient Goals
(Short and/or long term)

1. The patient will demonstrate adequate cardiac output (ex. stable vital signs).
2. The patient will have improved WOB or decreased dyspnea episodes.
3. The patient will maintain an improved tolerance to activities with stable vital signs.
4. The patient will maintain the ability to perform ADL's.
5. The patient understands the medications and the importance of them.

Nursing Interventions
(Including rationale)

1. The nurse will maintain adequate oxygen levels with supplemental oxygen as needed.
2. The nurse will encourage a restful environment.
3. The nurse will encourage the patient to sit in a high fowlers position with legs elevated.
4. The nurse will encourage repositioning at least every two hours.
5. The nurse will administer and monitor medications as needed.

Include evidenced based rationales for each nursing intervention using your textbooks.

Evaluation

State whether or not the goal was met.

If the goal wasn't met, what progress did they make, and what changes do you need to make to the care plan.

Give your recommendations for changing the care plan to improve patient outcomes.

Care Plans — NursingSOS