



RIGHT SIDED HEART FAILURE

Nursing Diagnosis

Possible Nursing Diagnoses:

- Decreased cardiac output
- Excess fluid volume
- Ineffective tissue perfusion

Related To (r/t):

- Altered cardiac output
- Changes in glomerular filtration rate
- Fluid or sodium increases
- Medication side effects

As Evidenced By (aeb):

- Peripheral edema
- Altered cardiac function
- Increase in weight (fluid retention)
- Hepatomegaly
- GI upset

Patient Goals
(Short and/or long term)

- 1.The patient will demonstrate adequate cardiac output (ex. stable vital signs).
- 2.The patient will demonstrate stable fluid volume.
- 3.The patient understands fluid and dietary restrictions (specific for each patient).
- 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 monitor intake and output.
- 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.