

Nursing Problem Worksheet

Name: Kevin Juarez Heart Failure

Anticipated Patient Problem and Goals	Relevant Assessments (Prewrite) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Prewrite) What will you do if your assessment is abnormal?
<p>Problem: Decreased Cardiac Output</p> <p>Reasoning: CVA, orthostatic hypotension, pleural effusion, CHF, SOB, fatigue, diabetic, strict I&O 2L, stenosis, TIA, former smoker</p> <p>Goal: Pt will maintain optimal fluid balance with urine output > 30 ml/hr during my time of care</p> <p>Goal: Patient will exhibit optimal cardiac output, indicated by blood pressure below 160/90mmHg and above 90/50mmG during my time of care.</p>	Assess and monitor HR, SpO2, continuously on telemetry. PRN with vital sign machine.	Titrate oxygen therapy to maintain adequate tissue perfusion. Position in semi fowlers to ensure optimal cardiac
	Measure BP, HR manually before medication administration	Administer 5mg PO tablet of Midodrine as ordered
	Monitor for symptoms of worsening CHF (increased SOB, fatigue) continuously	Position patient in semi or high fowlers position to improve venous return and cardiac output + prn
	Assess Apical pulse q 4 hrs +prn	Hold medications that can further lower the heart rate if the apical pulse is below the prescribed threshold
	Monitor mental status changes (confusion, dizziness) PRN	Reorient patient, ensure safety, and notify provider if significant changes occur +prn
	Assess pain on 0-10 scale	Administer pain medication as ordered and reassess pain after 30 minutes

Anticipated Patient Problem and Goals	Relevant Assessments (Prewrite) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Prewrite) What will you do if your assessment is abnormal?
<p>Problem: Fluid overload</p> <p>Reasoning: Decreased cardiac output, diuretic therapy, fluid retention, acute decompensated heart failure,</p>	Assess serum electrolyte level from lab results during the beginning of my shift +prn	Administer electrolyte supplements as ordered (potassium chloride)
	Assess for signs of ascites q2hr + prn	Implement a low-sodium diet (less than 2,000 mg per day) to help decrease fluid retention +prn
	Assess for pitting edema, skin turgor, and capillary refill at beginning of my care	Elevate extremities, provide warmth, and promote hydration to improve cardiac output and perfusion to tissues PRN

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Goal: Maintain fluid balance with daily weight fluctuation within 1-2 lbs during my time of care. Goal: Reduce symptoms of fluid overload such as edema and shortness of breath and improve patient's comfort during my time of care.	Assess for muscle weakness, cramps, or tingling sensations q 2hr + prn	Educate patient on recognizing early signs of electrolyte imbalances
	Evaluate urinary output and intake prn	Increase or restrict fluid intake depending on output to avoid electrolyte imbalance/poor renal perfusion prn
	Measure weight daily at beginning of shift to monitor fluid retention, I&O + prn	Maintain 2L strict I&O, administer diuretic, and if there is a weight gain of over 2-3 lbs. overnight, notify provider, ASAP