

### Nursing Problem Worksheet

Name: Lillian Maslauskas

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: Acute Decompensated HF, on tele, Hx of cig. Smoking, cardiac diet, compression device order.</p> <p>Goal: Pt. will urinate more than 30 mL an hour during my time of care.</p> <p>Goal: Pt. will show no s/s of fluid overload or edema during my time of care.</p>	Assess lower leg extremities during head-to-toe assessment and PRN for any edema.	Ask if in any pain and obtain a pain score, as well as when the edema started.
	Assess for S/S of fluid overload (edema, increased weight, bloating).	Administer 40 mg of Furosemide PO BID within the MAR timeframe and educate importance of adequate intake and output to help decrease fluid overload.
	Watch for any falls in BP after giving Lasix, as well as any S/S of hypokalemia PRN.	Administer K+ supplements to increase K+ electrolyte levels.
	Assess AP, lung sounds, and K+ levels prior to administering 0.25 mg of Digoxin.	Hold medication if AP is <60 bpm and monitor HR.
	Assess heart rate Q 4 hrs.	Ensure of any chest pain, palpitations, HA, SOB.
	Assess weight upon arrival to my shift.	Compare to admission weight to see any decrease in fluid.

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<p>Problem: Impaired Gas Exchange</p> <p>Reasoning: Increased SOB, on O2 NC, activity intolerance, pulse Ox order.</p>	Assess pulse oximetry and RR Q 2 hrs and PRN.	Encourage to inhale through their nose and out through their mouth every time they breathe to ensure adequate O2 is getting into the body.
	Auscultate breathe sounds Q 2- 4 hrs and PRN.	Elevate HOB and maintain at least 30 degrees to promote proper gas exchange.
	Assess HOB positioning and pillow	Educate importance of HOB remaining

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<p>Goal: Pts. O2 levels will not go lower than 94% on NC during my time of care.</p> <p>Goal: Pt. will have a decrease in SOB and RR remain WNL at rest (12-20) during my time of care.</p>	positioning Q 4 hrs and PRN.	elevated due to their fluid overload straining their heart and lungs, as well as the fluid overload requiring them to work harder to get O2 circulating in their blood.
	Assess S/S of fatigue during activity while monitoring O2 sat.	Encourage rest periods PRN in a comfortable quiet environment.
	Assess for any dyspnea or SOB during my head to toes assessment and PRN.	Encourage IS usage PRN, as well educating the importance if using IS to promote adequate gas exchange.
	Assess for any S/S of hypoxia such as rapid breathing, confusion, tachycardic, HA, tachypnea Q 2-4 hrs.	Elevate HOB at least 30-45 degrees and encourage/demonstrate pursed lip breathing.