

Adult/Geriatric Critical Thinking Worksheet

Student Name: Maci Ramirez

Unit:

Pt. Initials:

Date: 10/10/2020

1. Disease Process & Brief Pathophysiology

Congestive Heart failure often develops after other conditions have damaged or weakened your heart. However, the heart doesn't need to be weakened to cause heart failure. It can also occur if the heart becomes too stiff. In heart failure, the main pumping chambers of your heart (the ventricles) may become stiff and not fill properly between beats. In some cases of heart failure, your heart muscle may become damaged and weakened, and the ventricles stretch (dilate) to the point that the heart can't pump blood efficiently throughout your body. <https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142#:~:text=Heart%20failure%2C%20sometimes%20known%20as,to%20fill%20and%20pump%20efficiently.>

4. Diagnostic Tests pertinent or confirming of diagnosis

Chest x-ray (P)

ECG (P)

Blood test (P)

Stress test

Myocardial biopsy

CT scan

Echocardiogram

Adopted: August 2016

2. Factors for the Development of the Disease/Acute Illness

High blood pressure

Diabetes

Alcohol use (P)

Obesity

Irregular heartbeats (P)

Sleep Apnea

Valvular heart disease

anti-arrhythmic medications (P)

5. Lab Values that may be affected

CBC (P) , BUN, Serum electrolytes, cardiac enzymes, thyroid-stimulating hormone level

3. Signs and Symptoms

Shortness of breath (P)

Edema (P)

Lack of appetite and nausea

Chest pain

Rapid or Irregular heartbeat (P)

Fatigue and weakness (P)

Persistent cough or wheezing (P)

Difficulty concentrating (P)

Increased need to urinate

6. Current Treatment

Drug therapy- ACE inhibitors, vasodilators, beta-blockers, Diuretics (P)

health promotion/education (P)

weight management (P)

exercise

alcohol education(P)

surgery

Student Name: Maci Ramirez

Unit:

Pt. Initials:

Date: 10/10/2020

7. Focused Nursing Diagnosis:

excess fluid volume

8. Related to (r/t):

use of diuretics

9. As evidenced by (aeb):

auscultation of fluid (crackles) heard in the heart

10. Desired patient outcome:

Patient will be able to demonstrate stabilized fluid volume with balanced intake and output, breath sounds clear/clearing, vital signs within acceptable range, stable weight, and absence of edema.

Adopted: August 2016

11. Nursing Interventions related to the Nursing Diagnosis in #7:

1. Monitor urine output, noting amount and color, as well as time of day when diuresis occurs.

Evidenced Based Practice:

Urine output may be small and concentrated (especially during the day) because of reduced renal perfusion. Recumbency favors diuresis; therefore, urine output may be increased at night and/or during bed rest.

2. Maintain chair or bed rest in semi-Fowler's position during acute phase.

Evidenced Based Practice:

Recumbency increases glomerular filtration and decreases production of ADH, thereby enhancing diuresis.

3. Monitor for distended neck veins and ascites

12. Patient Teaching:

1. Teach importance of abstaining from alcohol

2. Teach the importance of having family support as the disease progresses

3. Reinforce that CHF is a chronic disease that requires lifelong treatment

13. Discharge Planning/Community Resources:

1. maintain good exercise but do not over exert ones self

2. cardiac rehabilitation if available

3. Make sure to go to follow up appointments

Student Name: Maci Ramirez

Unit:

Pt. Initials:

Date: 10/10/2020

Evidenced Based Practice:

Indicates fluid overload