

Adult/Geriatric Critical Thinking Worksheet

<p>1. Disease Process & Brief Pathophysiology-</p> <p>Heart failure (HF) or Congestive Heart Failure (CHF) is a physiologic state in which the heart cannot pump enough blood to meet the metabolic needs of the body following any structural or functional impairment of ventricular filling or ejection of blood.</p> <p>Heart failure results from changes in the systolic or diastolic function of the left ventricle. The heart fails when, because of intrinsic disease or structural it cannot handle a normal blood volume or, in absence of disease, cannot tolerate a sudden expansion in blood volume. Heart failure is a progressive and chronic condition that is managed by significant lifestyle changes and adjunct medical therapy to improve quality of life. Heart failure is caused by a variety of cardiovascular conditions such as chronic hypertension, coronary artery disease, and valvular disease.</p> <p>Heart failure is not a disease itself, instead, the term refers to a clinical syndrome characterized by manifestations of volume overload, inadequate tissue perfusion, and poor exercise tolerance. Whatever the cause, pump failure results in hypoperfusion of tissues, followed by pulmonary and systemic venous congestion.</p>	<p>2. Factors for the Development of the Disease/Acute Illness-</p> <p>Coronary artery Disease and Heart Attack (P)</p> <p>High blood pressure (hypertension) (P)</p> <p>Faulty Heart Valves (P)</p> <p>Damage to the heart muscle (cardiomyopathy) (P)</p> <p>Myocarditis (P)</p> <p>Heart defects you're born with (congenital heart defects)</p> <p>Abnormal Heart Rhythms (heart arrhythmias) (P)</p> <p>Diabetes</p> <p>Sleep Apnea (P)</p> <p>Viruses</p> <p>Alcohol use</p> <p>Tobacco Use</p> <p>Obesity</p>	<p>3. Signs and Symptoms-</p> <ul style="list-style-type: none"> • Shortness of breath (dyspnea) when you exert yourself or when you lie down (P) • Fatigue and weakness (P) • Swelling (edema) in your legs, ankles and feet (P) • Rapid or irregular heartbeat (P) • Reduced ability to exercise • Persistent cough or wheezing with white or pink blood-tinged phlegm (P) • Increased need to urinate at night • Swelling of your abdomen (ascites) (P) • Very rapid weight gain from fluid retention (P) • Lack of appetite and nausea (P) • Difficulty concentrating or decreased alertness • Chest pain if your heart failure is caused by a heart attack (P)
---	--	--

Adult/Geriatric Critical Thinking Worksheet

<p>4. Diagnostic Tests pertinent or confirming of diagnosis-</p> <ul style="list-style-type: none">• Chest radiography (P)• ECG (P)• LVEF (P)• Echocardiography (P)• Cardiac catheterization• Radionuclide stress test, stress echocardiogram• Pulmonary Function test (P)	<p>5. Lab Values that may be affected- Lipid profile, CK-MB, Myoglobin, CBC, CRP</p> <ul style="list-style-type: none">• ABG (P)• Serum Blood Urea Nitrogen (BUN) Creatinine (P)• Serum Electrolytes (P)• Cardiac Enzymes (P)• Liver Enzymes (P)• BNP (P)• Digoxin Test (P)• CBC (P)• Thyroid Stimulating hormone	<p>6. Current Treatment-</p> <ul style="list-style-type: none">• Strict I & O (P)• Vasodilators expand blood vessels, ease blood flow and reduce blood pressure (P)• Diuretics correct fluid retention (P)• Steroids (P)• Antibiotics (P)
---	--	--

<p>7. Focused Nursing Diagnosis:</p> <ul style="list-style-type: none"> • Excess Fluid Volume <p>8. Related to (r/t):</p> <ul style="list-style-type: none"> • Reduced glomerular filtration rate (decreased cardiac output)/increased antidiuretic hormone (ADH) production, and sodium/water retention. • Use of Diuretics • Fluid Intake or sodium intake <p>9. As evidenced by (aeb):</p> <ul style="list-style-type: none"> • When assessing my patient noticed he had ascites present in the abdomen along with also in his scrotom and as well in his lower extremities. • We are monitoring urine output, noting amount and color, as well as time of day when diuresis occurs • Weigh patient daily and compare to previous weights. <p>10. Desired Pt. Outcome</p> <ul style="list-style-type: none"> • Within 1 hr of treatment, the patient demonstrates less shortness of breath and has increased urinary output. Within 1 day of treatment, peripheral edema is decreased. Weight loss occurs and becomes stable within 2-3 days. 	<p>11. Nursing Interventions related to the Diagnosis in #7:</p> <ol style="list-style-type: none"> 1. At frequent intervals assess intake and output (I&O), including insensible losses from diaphoresis and respirations <p>Evidenced Based Practice:</p> <ul style="list-style-type: none"> ○ Decreasing urinary output can signal decreased cardiac output, which decreases renal blood flow <ol style="list-style-type: none"> 2. Assess daily morning weight; record and report steady losses or gains. <p>Evidence Based Practice:</p> <ul style="list-style-type: none"> ○ Weight changes identify fluid retention and fluid loss, guiding titration of diuretics <ol style="list-style-type: none"> 3. Monitory laboratory results for increased urine specific gravity, decreased Hct, increased urine osmolarity, hyponatremia, hypokalemia, and hypochloremia <p>Evidence Based Practice:</p> <ul style="list-style-type: none"> ○ These are indicators of fluid imbalance 	<p>12. Patient Teaching:</p> <ul style="list-style-type: none"> ○ Teach patients and families about the importance of adhering to a low-sodium diet. ○ Teach patients to maintain a healthy weight ○ Check your legs, ankles and feet for swelling daily ○ Stop Smoking ○ Signs and symptoms that necessitate immediate medical attention; dyspnea, decreased exercise tolerance, alterations in pulse rate/rhythm, alterations in or loss of consciousness, oliguria, weight gain of greater than 2-3 lbs in 24 hr. or 3-5 lbs in 48 hr. <p>13. Discharge Planning/ Community Resources:</p> <ul style="list-style-type: none"> ○ Medications, including drug name, purpose, dosage, schedule, precautions, and potential side effects. Also discuss drug-drug, food-drug, and herb-drug interactions ○ Need for physical support from family and outside agencies as the disease progresses. ○ Availability of community and medical support, such as : <ul style="list-style-type: none"> ▪ American Heart Association: www.americanheart.org ▪ Heart and Stroke Foundation: www.heartandstroke.ca ○ Recommendation that preventative health measures be followed, including Pneumovax and flu vaccines to prevent illness.
--	--	--

References

Scott, L. D., Setter-Kline, K., & Britton, A. S. (2004). The effects of nursing interventions to enhance mental health and quality of life among individuals with heart failure. *Applied Nursing Research*, 17(4), 248-256. [[Link](#)]

Black, J. M., & Hawks, J. H. (2009). *Medical-surgical nursing: Clinical management for positive outcomes* (Vol. 1). A. M. Keene (Ed.). Saunders Elsevier. [[Link](#)]

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2016). *Nurse's pocket guide: Diagnoses, prioritized interventions, and rationales*. FA Davis. [[Link](#)]

Gulanick, M., & Myers, J. L. (2016). *Nursing Care Plans: Diagnoses, Interventions, and Outcomes*. Elsevier Health Sciences. [[Link](#)]

Jaarsma, T., Strömberg, A., De Geest, S., Fridlund, B., Heikkila, J., Mårtensson, J., ... & Thompson, D. R. (2006). Heart failure management programmes in Europe. *European Journal of Cardiovascular Nursing*, 5(3), 197-205. [[Link](#)]

Pamela L. Swearingen, J. D. (2019). *All-in-One NURSING CARE PLANNING RESOURCE MEDICAL- SURGICAL, PEDIATRIC, MATERNITY, AND PSYCHIATRIC- MENTAL HEALTH*. St. Louis Missouri: ELSEVIER.