

Adult/Geriatric Critical Thinking Worksheet

Student Name: Chelsie Callesen

Unit: S8

Pt. Initials: N/A

Date: 3/29/2022

1. Disease Process & Brief Pathophysiology

Congestive heart failure results from a functional or structural heart disorder impairing ventricular filling or ejection of blood to the systemic circulation. The heart cannot pump enough blood to meet the body's requirements.

In the initial stages of congestive heart failure, the heart attempts to adapt via cardiac output to meet the systemic demands. Due to this, there is increased stress on the walls of the hearts. Then, the myocardium attempts to compensate via eccentric remodeling, which further worsens the loading conditions and wall stress. A decrease in cardiac output aslo stimulates the renin-angiotensin-aldosterone system (RASS), leading to increased salt and water retention.

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

Coronary artery disease (CAD) (P), heart attack, heart valve disease, high blood pressure (P), irregular heartbeats (P), congenital heart disease (P), diabetes (P), some diabetes medications, medications such as: NSAIDs, certain anesthesia medicaitons, cancer, blood conditions, irregular or abnormal heartbeats (P). Alcohol use, sleep apnea, smoking or tabacco use (P), obesity (P), viral infections.

3. Signs and Symptoms

Shortness of breath with activity or when lying down (P), fatigue and weakness (P), swelling in the legs, ankles and feet (edema) (P), rapid or irregular heartbeat (P), reduced ability to exercise, persistent cough or wheezing (P) with white or pink blood-tinged mucus, swelling of the belly area (abdomen) (P), rapid weight gain from fluid buildup (P), nausea and lack of appetite, difficulty concentrating or decreased alertness, chest pain if heart failure is caused by a heart attack.

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4. Diagnostic Tests pertinent or confirming of diagnosis

Blood tests, chest x-ray (P), electrocardiogram (ECG), echocardiogram (P), stress test, cardiac computerized tomography (CT) scan, magnetic resonance imaging (MRI), coronary angiogram, myocardial biopsy.

5. Lab Values that may be affected

Total cholesterol, triglycerides, high-density lipoprotein (HDL), low-density lipoprotein (LDL), CBC (P), HgA1c, creatinine kinase (CK), ALT, AST, TSH (P), vitamin D (P).

6. Current Treatment

Repairing a heart valve, controlling a fast heart rhythm.

Medications: Angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers, beta blockers, diuretics (P), aldosterone antagonists, positive inotropes, hydralazine and isosorbide dinitrate (BiDil), digoxin.

Surgery or other procedures: coronary bypass surgery, heart valve repair or replacement, implantable cardioverter-defibrillators (ICDs) (P), Cardiac resynchronization therapy (CRT), ventricular assist devices (VADs), heart transplant.

Nutritional Therapy: Low sodium diet, diet teaching and weight management (P).

7. Focused Nursing Diagnosis:

Fluid volume excess

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

1 .Monitor weight regularly. Using the same scale, at the same time of day, and wearing the same amount of clothing.

8. Related to (r/t):

r/t: Comprised regulatory mechanism, secondary to heart failure

Evidenced Based Practice:

E/B: Sudden weight gain may mean fluid retention. Different scales and clothing may show false weight inconsistencies.

9. As evidenced by (aeb):

2. Assess for crackles in the lungs, changes in

12. Patient Teaching:

1. Educate patient and family members regarding fluid volume excess and its causes.

2. Explain the need to use antiembolic stockings or bandages, as ordered.

3. Educate patient and family members the importance of proper nutrition, hydration, and diet modification.

13. Discharge Planning/Community Resources:

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aeb: Crackles and shortness of breath

respiratory pattern, shortness of breath, and orthopnea.

1. Employ the help of a dietitian to help ensure the patient has all the resources necessary to help support their recommended heart healthy diet.

Evidenced Based Practice:

E/B: These signs are caused by an accumulation of fluid in the lungs.

2. Cardiac rehabilitation program.

10. Desired patient outcome:

The patient will begin to balance fluid volume as evidenced by ease of breathing and clearing of lung sounds by 1500 on 3/30/2022.

3. Elevate edematous extremities, and handle with care.

3. Provide information for support groups for CHF to help cope with the disease process and better manage.

Evidenced Based Practice:

E/B: Elevation increases venous return to the heart and, in turn, decreases edema. Edematous skin is more susceptible to injury.