

<p style="text-align: center;">Nursing Diagnosis 1</p> <p>Decreased cardiac output related to irregular heart rate as evidenced by adventitious heart sounds</p>	<p style="text-align: center;">Nursing Diagnosis 2</p> <p>Activity intolerance related to generalized weakness as evidenced by weakness and fatigue</p>	<p style="text-align: center;">Nursing Diagnosis 3</p> <p>Risk for impaired skin integrity related to a decreased activity level as evidenced by weakness and fatigue.</p>
<p style="text-align: center;">Rationale</p> <p>I chose this nursing diagnosis because my patient was relatively weak. This weakness can be explained by decreased cardiac output. The heart fails to keep up with metabolic demand making it difficult to circulate enough blood to the body resulting in irregular heart rhythms and weakness.</p>	<p style="text-align: center;">Rationale</p> <p>I chose this nursing diagnosis because my patient's primary complaint while I was caring for him, was extreme fatigue. Inactivity will only worsen my patient's HF symptoms, so interventions must be implemented to prevent worsening his condition.</p>	<p style="text-align: center;">Rationale</p> <p>I chose this nursing diagnosis because my patient was weak and fatigued during my clinical shift. My client cannot turn selfless or make significant changes in position while sitting in a chair or lying in bed.</p>
<p style="text-align: center;">Interventions</p> <p>Intervention 1: Position the patient in a semi-fowlers or high fowlers position to maintain adequate ventilation and perfusion (Vera, 2019). Intervention 2: Closely monitor intake and output and watch for signs of fluid overload (Vera, 2019).</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Have the patient perform activities more slowly, for a longer time with more rest periods, or with assistance if necessary (Vera, 2019). Intervention 2: Gradually increase activity with active range-of-motion exercises, increasing standing and walking (Vera, 2019).</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Turn the patient at least every two hours (Vera, 2019). Intervention 2: Encourage the patient to stand up and ambulate when he can (Vera, 2019).</p>
<p style="text-align: center;">Evaluation of Interventions</p> <p>Goal: The patient will demonstrate adequate cardiac output as evidenced by a rhythm within normal limits and strong peripheral pulses before he is discharged from the hospital.</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>Goal: The patient will be able to meet his own self-care needs and will be able to walk the length of the hallway with his walker in 2 weeks.</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>Goal: The patient will not develop a pressure ulcer and will maintain skin integrity throughout his stay at the hospital.</p>

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