HEART FAILURE PATHOCHART

PATHOPHYSIOLOGY

Inability of the heart to meet and maintain the oxygen demands of the body. Heart failure can be caused by prolonged hypertension, myocardial infarction, or damage to the cardiac muscle. It results in pump failure, meaning the blood cannot circulate like it should. This causes blood to back up in the circulation.

ASSESSMENT FINDINGS

- Right sided Heart Failure Systemic Congestion
 - JVD, acities, abdominal distension, fatigue, weakness, hepatomegaly, weight gain, polyuria, ascending dependent edema
- Left-Sided Heart Failure Pulmonary Congestion
 - Dyspnea, orthopnea, nocturnal dyspnea, fatigue, hypertrophy, gallop, frothy sputum, AMS

DIAGNOSTICS

• BNP

• ECG

Chest x-ray

- Hemodynamics
 - CVP, cardiac output, stroke volume
- Ultrasound
 - Ejection fraction less than 40% is concerning

NURSING PRIORITIES

- Optimize activity tolerance
- Manage fluid volume
- Promote optimal gas exchange

Sodium and fluid restriction

Assess and correct electrolyte imbalances

THERAPEUTIC MANAGEMENT

- Monitor labs closely
- Assess fluid volume status
- Administer diuretics appropriately
- Monitor for hypotension after beginning diuretic or new antihypertensive therapy

MEDICATION THERAPY

- Diuretics
- Electrolyte replacement
- Anticoagulants (increased risk for atrial fibrillation and clot formation)
- Inotropic agents

Conserve energy

- ACE inhibitors
- Vasodilators



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Tiredness Coughing Shortness of breath Pulmonary edema (excess fluid in lungs) Pumping action of the heart Pleural effusion grows weaker (excess fluid around lungs) Swelling in abdomen (ascites) welling in ankle and legs