

Congestive Heart Failure

CLIENT CARE PLAN

Client: *Pathways , CarePlan

Client ID#: 1165425300

Admission Date: 12-06-2006

1165425300

12-06-2006

29 Circulation

Potential Problem

Admission Rating	K	B	S
Desired Outcome	K	B	S

Cat.	Target	Care Description Note
TGC	Anatomy/Physiology	<p>Circulatory System</p> <p>Teach anatomy of CHF</p> <ol style="list-style-type: none"> 1) Inability of heart to work as an effective pump 2) Body is not getting enough oxygen 3) Fluid may collect in the lungs & tissues 4) Teach CHF caused by various conditions: <p>*CAD *Cardiomyopathy *Hypertension *Valve disease</p>
TGC	Anatomy/Physiology	<p>Circulatory System</p> <p>Teach CHF can be preceptitated by:</p> <ol style="list-style-type: none"> 1) Conditions that increase demand for oxygen as physical and emotional stress 2) Infections 3) Chronic pulmonary disease 4) Improper medication administration 5) Noncompliance with diet restrictions, ie. low sodium
TGC	Signs/Symptoms-Physical	<p>Other</p> <p>Teach client/caregiver S/S of CHF exacerbation</p> <ol style="list-style-type: none"> 1) Severe SOB 2) Wheezing 3) Sweating 4) Must sit up to breathe 5) Anxiety or fear 6) Cool, clammy skin 7) Blue color around lips & fingernails 8) Rapid heart rate 9) Increased weight 10) New or increased edema in abdomen or lower extremities
TGC	Anatomy/Physiology	<p>Circulatory System</p> <p>Teach pt/caregiver self assessment tools/preventative measures</p> <ol style="list-style-type: none"> 1) Take & record daily weight <p>*Same time</p> <p>*Same clothes</p> <p>*Keep scale in same place</p> <p>*Record</p> <p>*Teach weight gain of 3-5 lbs in 3 to 5 days, must call MD</p> <ol style="list-style-type: none"> 2) Rate SOB on 1-5 scale 3) Follow diet 4) Correct medication administration 5) Keep clinic appointments

Employee Signature _____ Date _____

Congestive Heart Failure (2)

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Cat.	Target	Care Description Note
TGC	Other	Other Teach 1) Report questions/problems to MD/RN 2) RN will call between visits for evaluation & questions 3) How to use self assessment tool 4) Balance of rest & activity 5) Rest periods with L/E elevated 6) Energy conservation techniques 7) Chair exercises 8) Exercise guidelines 9) Keep an activity log to demonstrate progress toward activity goals
S	Signs/Symptoms-Physical	Other Assess 1) Vital signs 2) BP sitting & standing 3) Report significant decrease in blood pressure when standing and/or lightheadedness or dizziness 4) Daily weight 5) SOB 6) Compliance with med administration 7) Compliance with diet 8) Edema in abdomen and lower extremities 9) IO 10) Jugular distention 11) Depression 12) Financial needs 13) Psych & social needs 14) Refer for PT & MSW assessment
CM	Other Community Resources	Other 1) Referral to WOCN for evaluation & treatment of significant edema in L/E 2) Refer to PT for energy conservation & MSW for coping skills
TP	Nursing Care	Other 1) Create client specific emergency careplan for S/S of exacerbation to prevent rehospitalization 2) Leave a copy in the home 3) Review with client/caregiver at each visit
TGC	Coping Skills	Dealing with Fear / Anxiety / Helplessness 1) Assist pt to identify symptoms that cause them increased anxiety, fear or feeling of helplessness or sense of emergency 2) Assist pt to identify what they usually do in these situations to overcome these feelings of increased anxiety, fear or helplessness, ie: take more medications, call 911 3) Teach pt & family what to do differently to defuse or correct these symptoms/problems, ie: relaxation techniques

42 Medication Regimen	Potential Problem	Individual
Admission Rating	K B S	
Desired Outcome	K B S	

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Congestive Heart Failure (3)

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Cat.	Target	Care Description Note
TGC	Medication Administration	Oral Prescribed / Recommended / Over-The-Counter Teach 1) Discourage use of OTC meds due to potential drug interaction 2) Simplify dosing frequencies to improve compliance 3) Set dosing times to be associated with meal times 4) Flexibility in dosing times *To fit patient's life *For accurate administration *For drug tolerance 5) To take meds as prescribed to prevent exacerbation/rehospitalization

35 Nutrition	Potential Problem	Individual
Admission Rating	K B S	
Desired Outcome	K B S	

Cat.	Target	Care Description Note
TGC	Nutritionist Care	Other Teach 1) Prescribed diet 2) Low sodium-2000mg/day 3) Importance of following the sodium restriction 4) Frequent small meals 5) How to read labels for sodium content in foods 6) Keep daily food log for accuracy of intake 7) Fluid restriction if prescribed 8) How to make appropriate choices when eating in restaurants 9) Make referral to nutritionist if needed
S	Nutritionist Care	Other Assess 1) Appetite 2) Meal frequency 3) Portion size 4) Food preferences 5) Compliance & understanding of low sodium diet 6) Financial ability to purchase appropriate foods 7) Cupboards, refrigerator to gain insight to patient's eating patterns & foods available

28 Respiration	Potential Problem	Individual
Admission Rating	K B S	
Desired Outcome	K B S	

Congestive Heart Failure (4)

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Cat.	Target	Care Description Note
S	Signs/Symptoms-Physical	Other Respiratory status Assess 1) Lung sounds 2) Cough/sputum 3) SOB
S	Other	Other Risk for rehospitalization Complete Hospitalization Risk Assessment in Addt'l Assessment (Sequence #154)

Employee Signature _____ Date _____