

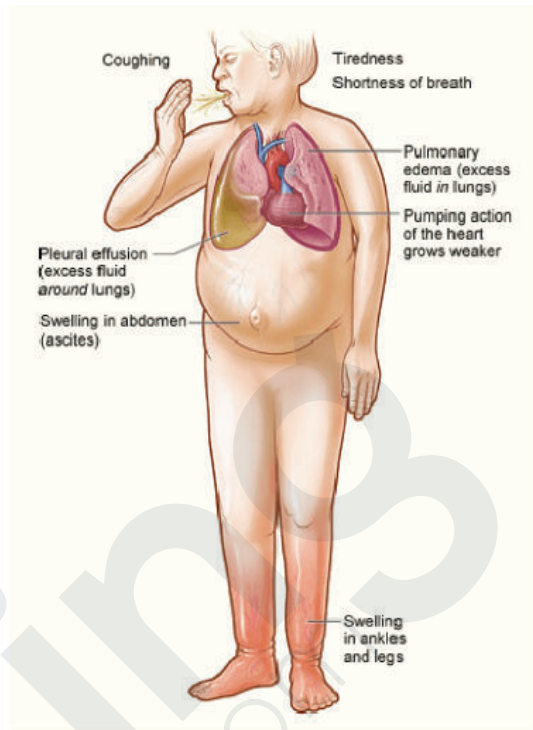
HEART FAILURE PATHOCHART

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
- Chest x-ray
- ECG
- 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

THERAPEUTIC MANAGEMENT

- Monitor labs closely
- Assess fluid volume status
- Administer diuretics appropriately
- Monitor for hypotension after beginning diuretic or new antihypertensive therapy
- Assess and correct electrolyte imbalances
- Conserve energy
- Sodium and fluid restriction

MEDICATION THERAPY

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