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<th>SURNAME</th>
<th>FORENAME</th>
<th>UNIT NO</th>
<th>PROBLEM NO</th>
<th>DATE</th>
<th>NURSING PROBLEM</th>
<th>GOAL/OUTCOME</th>
<th>REVIEW DATE</th>
<th>SIGNATURE</th>
<th>DATE DISCONTINUED</th>
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<td>Left ventricular failure / Congestive cardiac failure</td>
<td>To improve cardiac failure status by - reducing severity of breathlessness and level of oedema. improving patient’s comfort by managing associated symptoms. providing education to the patient and family on condition</td>
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<td>Presenting symptoms</td>
<td>•  Breathlessness :  •  Orthopnoea / PND  •  Cough  •  Cyanosis/Pallor  •  Oedema: peripheral/sacral  •  Pitting/Non pitting  •  Rapid irregular pulse / palpitations / hypotension</td>
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<td>Associated symptoms</td>
<td>•  Confusion,  •  diminished urine output,  •  fatigue  •  nausea/vomiting  •  Poor appetite/cachexic  •  indigestion,  •  constipation</td>
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**NURSING CARE PLAN**

- Monitor observations:
  - Oxygen saturations, (maintain at > 94%)/Respiratory Rate
  - Heart rate (60-90bpm) / Change of rhythm
  - BP (systolic > 100mmHg)
  - Report any abnormalities.
- Advise on fluids aiming for 1.5-2 litres per day (to include all fluids)
  - Restrict fluid intake to …………… litres in 24 hours.
  - Limit caffeine intake…………… …(cups per day)
  - Limit Alcohol intake…………… (units per day)
- Monitor weight daily (before breakfast).
  - DRY WEIGHT:……………………
- Annual influenza vaccine ………………………(date)
  - Pneumococcal vaccine (one off)……………….(date)
  - Advise of Low fat/low sodium diet (< 3g salt per day). Avoid Lo-Salt.
  - If evidence of significant weight loss (Cachexic) – refer to dietitian.
- Monitor compliance of prescribed medications.
- Monitor Over the Counter Medications (NSAIDS/Effervescent- avoid/limit)
  - Refer patient to pharmacist for further advice, if needed.
- Advise on exercise and the importance of rest (nap after lunch/pacing an activity)
  - Provide psychological support to relieve anxiety and also reassure patient during decompensation of symptoms.
- **SIGNS OF DECOMPENSATION – ALERT GP/Cardiac Nurse**
  - More breathless when lying down (Orthopnoea)
  - Waking up breathless (Paroxymal Nocturnal Dyspnoea)
  - Weight Gain of 2-3 kgs over a 7 day period
  - Evidence of oedema: feet, ankles or stomach
  - More lethargic

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Marie Hurson  
Cardiac Nurse Specialist  
Review date: June 2014
b. Assessing and Management of Chronic Heart Failure: SIGN Guidelines (95) February 2007
c. Providing palliative care in end stage Heart Failure: Professional Nurse Volume 15 (6) March 2000
   Chronic Heart Failure: Professional Nurse Volume 16 (5) February 2001
d. National Prescribing Centre MeReC:Briefing Issue No 15 August 2001. / Hearts for Life [online]: http://www.heartsforlife.co.uk