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| **Date** | **My Preferences and Needs** | |
|  | * I have CHF and am at risk of developing complications. * I am at risk of developing heart failure due to: * High blood pressure * Heart disease * History of heart attack * Diabetes * Alcohol use * Tobacco use * Obesity * Abnormal heart rhythms * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Date** | **My Goals** | **Target Date** |
|  | * I will not have signs or symptoms of heart failure through next review. * I will not develop any complications associated with CHF through next review. * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Date** | **Support I Need** | **Discipline** |
|  | * I need encouragement to stop smoking. * I require frequent rest periods. * I need encouragement to adhere to my therapeutic diet. * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NSG  ALL  NSG/ Dietary |
| **Date** | **Other Interventions** | **Discipline** |
|  | * Administer my medications as ordered and observe for effectiveness. * Monitor for and report any signs and symptoms of CHF:   + Shortness of breath   + Edema   + Restlessness   + Change in mental status   + Fatigue   + Weakness   + Weight gain   + Cough   + Frothy sputum * Manage my diagnoses that may contribute to exacerbation of CHF:   + High blood pressure   + Diabetes   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Consult dietitian as needed. * Provide me my diet as ordered. * Fluid restriction as ordered. * Elevate my head of bed at least 30 degrees, as needed. * Administer oxygen as ordered/needed. * Assess my oxygen saturation as ordered and notify MD of abnormal readings. * Teach and encourage the use of energy-conserving techniques to prevent fatigue. * Recommend flu vaccine annually. * Avoid non-steroidal anti-inflammatory drugs to avoid decreased effectiveness of ACE inhibitors. * Obtain vital signs as ordered and notify MD of abnormal readings. * Medicate for pain as ordered and observe for effectiveness. Notify MD if ineffective. * Obtain labs and diagnostic tests as ordered and notify MD of results. * Weigh \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify regular basis) as per orders and notify MD of significant weight gain or per MD parameters. * Assist with ADLs as needed. * Monitor for cyanosis of nailbeds. * Elevate feet and legs as needed to decrease edema. * Monitor for chest pain. * Administer diuretics as ordered. * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NSG  NSG  NSG  Dietary  NSG/ Dietary  NSG  NSG/CNA  NSG  NSG  NSG  NSG  NSG  NSG  NSG  NSG  NSG/CNA  NSG/CNA  NSG  NSG/CNA  NSG  NSG |