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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
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **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.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **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.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | NSGALLNSG/ 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.
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