Heart Failure Care Plan

Introduction

Heart failure (HF) is characterized by the inability of the heart to pump an adequate supply of blood. Heart failure disrupts all the major body functions because of insufficient blood flow. Heart failure is a condition or a collection of symptoms that weaken the heart. In some people, heart failure is associated with difficulty in pumping enough blood to sustain other vital organs in the body. Other people may experience a stiffening and hardening of the heart muscle itself which reduces or blocks the flow of blood to the heart. Heart failure can affect the left or right side of the heart or both sides simultaneously. Heart failure can either be a chronic or acute condition. This paper seeks to discuss symptoms of right- and left- sided (HF), common primary care diagnosis resulting in the development of HF symptoms and their treatment, serious signs and symptoms of HF, when to refer a person infected with HF for evaluation and treatment, and criteria used to make a diagnosis of HF.

Symptoms of Right- and Left-sided Heart Failure (HF)

The left-sided heart failure is the most common type of heart failure. The condition results when the left ventricle is unable to pump blood efficiently. This defect prevents the body from getting sufficient oxygen-rich blood. Instead, the blood backs up in the lungs leading to the build-up of fluid in the lungs and shortness of breath. Other symptoms include a cough, irregular or rapid pulse, difficulty in lying down, weakness, fatigue, faintness, weight gain due to fluid retention, and waking up due to shortness of breath (Bocchi, 2013. 155).

Right-sided heart failure can occur when the right side of the heart cannot perform its function properly. It is usually initiated by left-sided heart failure which causes accumulation of

blood in the lungs. The accumulation of blood causes the right ventricle to work harder, and this can overwork the right side of the heart and make it fail. Besides, right-sided heart failure can result from other conditions such as lung diseases. Symptoms associated with right-sided heart failure include shortness of breath, swelling of feet and ankles, frequent urination at night, pronounced neck veins, irregular, fast heartbeat, fatigue, weakness, and fainting (Bocchi, 2013. P 151).

Common Primary Care Diagnoses which Result in Development of HF Symptoms

The most effective way to diagnose heart failure is by use of an echocardiogram which uses sound waves to present detailed pictures of the heart which help the cardiologist to examine the damage to the heart and determine the underlying causes of the condition. The cardiologist may use an echocardiogram along with other tests such as: chest X-rays to provide images of the heart and surrounding organs, use of an MRI to produce images of the heart without the use of radiation, or use of a nuclear scan which uses small doses of radioactive material to present images of the chambers of the heart. However, the use of chest X-rays is associated with complications especially when large amounts of X-rays are exposed to patients. Chest X-rays is also not recommended to pregnant patients because it can affect the unborn baby (Blair, Huffman, & Shah, 2014, p. 136).

Treatment of Common Causes of Heart Failure

Treatment of heart failure is based on the severity of the condition. Early treatment improves symptoms of HF fairly quickly. However, the patient still gets regular testing in every three to six months. The Early stage of HF is treated with medications to help relieve symptoms

and prevent the conditions from getting worse. Some medications used for individuals with heart failure include ibuprofen and naproxen. Some people with HF will be recommended for surgery. The most common surgery is coronary the bypass to allow blood to bypass the damaged or blocked artery and flow through the new one.

Signs and Symptoms of Acute HF and Findings Likely to be encountered during Auscultation

The common symptom of acute heart failure is shortness of breath. This symptom may be much more pronounced with acute heart failure. Besides, an individual with acute heart failure may have swollen legs and abdomen. During auscultation, the doctor is likely to encounter progressive gain of weight from retaining fluid in the lungs. The accumulation of fluid could indicate 2 to 3 pounds in a period of 24 hours and 5 pounds in a week. The patient may also lose appetite and feel nauseous (Ambrosy, Fonarow, & Butler, et al. 2014).

When to Refer to Cardiology for Evaluation and Treatment

Following the presentation of chest complications in a medical clinic by a patient, I would interview the patient about the history of heart disease in his or her family to know whether any of her relatives have experienced sudden cardiac death. I would also evaluate the patient's ability to participate in the everyday activity such as climbing stairs, doing household chores, taking a bath or playing sports. If the patient the patient has had a relative in their family experiencing sudden cardiac death or is unable to participate in the everyday activity, I would refer them to the cardiologist for evaluation and treatment.

Criteria used to make Diagnosis of HF and Interpretation of Diagnostic Results

The Framingham criteria are used for the diagnosis of heart failure consists of the concurrent presence of either two major criteria or two minor criteria. The primary criteria include paroxysmal nocturnal dyspnea, neck vein distention, and rales. The minor criteria bilateral ankle edema, nocturnal, pleural effusion, bilateral ankle edema. The echo cardiology results show how thick heart muscle is and how well the heart pumps. From the echocardiology results, the doctor can determine the mode of treatment to administer to the patient (Blair, Huffman, & Shah, 2014, p. 139).

References

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