

Congestive Heart Failure Nursing Care Plan

Prioritized NANDA-I diagnoses, SMART NOC outcomes, and evidence-based NIC interventions with rationale.

QUICK ANSWER

Prioritize CHF diagnoses: decreased cardiac output → excess fluid volume → impaired gas exchange → activity intolerance → deficient knowledge. Core interventions: HOB 30–45°, O₂ to SpO₂ ≥ 92%, IV loop diuretic with I&O + daily weight + K⁺ monitoring, GDMT (beta-blocker + ACEi/ARB/ARNI + MRA), 2 g Na diet, and daily-weight teaching (call if ↑ 2 lb overnight or 5 lb weekly).

Assessment (subjective + objective)

Subjective: dyspnea on exertion, orthopnea, paroxysmal nocturnal dyspnea, fatigue, weight gain.

Objective: crackles bilaterally, S3 gallop, JVD, hepatojugular reflux, dependent pitting edema, SpO₂ ↓, weight ↑ > 2 lb in 24 h, BNP > 400, EF < 40%.

Priority NANDA-I diagnoses

1. Decreased cardiac output related to altered contractility AEB EF 25%, S3 gallop, SBP 92 mmHg.
2. Excess fluid volume AEB 3+ pitting edema, weight ↑ 3 kg, JVD.
3. Impaired gas exchange AEB SpO₂ 88%, crackles.
4. Activity intolerance.

5. Deficient knowledge (sodium restriction, daily weights).

NOC outcomes (SMART)

- $\text{SpO}_2 \geq 92\%$ on ≤ 2 L NC within 24 h.
- Urine output $\geq 1,500$ mL/24 h after diuresis.
- Weight loss ≥ 1 kg/24 h until euvolemic.
- Patient verbalizes ≥ 3 warning signs of worsening HF.

NIC interventions and rationale

- **Elevate HOB 30–45°** — reduces preload; improves diaphragmatic excursion.
- **Titrate O_2 to $\text{SpO}_2 \geq 92\%$** — corrects hypoxemia.
- **IV loop diuretic; monitor I&O, daily weight, K^+ , creatinine** — reduces preload.
- **Continuous cardiac monitoring** — HF patients prone to arrhythmia.
- **Fluid restriction 1.5–2 L/day; sodium < 2 g/day.**
- **GDMT: beta-blocker + ACEi/ARB/ARNI + MRA** — reduces mortality.
- **Teach daily weight and "call if $\uparrow 2$ lb overnight or 5 lb weekly"** — prevents readmission.
- **Refer to cardiac rehab and HF clinic.**

Evaluation

By day 3: SpO_2 95% RA; net negative 4 L; weight down 3 kg; lungs clear; patient demonstrates daily-weight log and lists 3 warning signs. Outcomes met.

Frequently Asked Questions

Why is daily weight the most important teaching point?

Weight gain from fluid retention precedes symptoms by days. Catching a 2-lb overnight or 5-lb weekly gain lets clinicians escalate diuretic dosing before pulmonary edema drives an ED visit.

What labs matter most in acute HF?

When is fluid restriction indicated?

For hyponatremia ($\text{Na} < 130$) or persistent congestion despite diuresis. Sodium restriction is usually more important than strict fluid restriction.

Related Resources

→ [Pneumonia care plan](#) → [COPD care plan](#) → [Concept map template](#)