

FACILITY NAME  
COMPREHENSIVE PLAN OF CARE

PROBLEM(S)	GOAL(S)	APPROACH(ES)	DEPT	REVIEW
Potential for complications, discomfort, s/sx related to dx of congestive heart failure.	Will remain free of complications, s/sx or discomfort related to CHF through review date.	Assess/record/report to MD prn: <ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Weight gain</li> <li>• Dyspnea</li> <li>• Shortness of breath</li> <li>• Cough</li> <li>• Fluid overload</li> <li>• Edema</li> <li>• Fatigue</li> <li>• Activity intolerance</li> <li>• Abnormal breath sounds</li> <li>• Restlessness</li> <li>• Decreased urine output</li> <li>• Diaphoresis</li> <li>• Elevated blood pressure</li> </ul>	N	
	Will function at optimal level within limitations of disease process as evidenced by: <ul style="list-style-type: none"> <li>□ Maintaining current level of function daily</li> <li>□ Improving function to being able to participate in ADLs daily</li> <li>□ Improving function to being able to ambulate or self-propel wheelchair as desired</li> </ul>	Administer medications as ordered and monitor for side effects, effectiveness.	N	
	Through review date.	Obtain and monitor lab/ diagnostic work as ordered. Report results to MD and follow up as indicated.	N	
		Weigh q ____ and record. Notify MD of sudden wt gains.	N	
		Provide diet as ordered. Monitor intake and record q meal.	DM	
		Discuss with resident/family any concerns, fears, issues regarding CHF diagnosis.	SW	
		Ensure that food/beverages offered at activities comply with ordered diet and/or fluid restrictions.	ACT	
		Make dietary change recommendations to MD prn.	RD	

Resident Name	Med Rec#	Room#	MD Name
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CHF (Continued)

Resident education:

N

- Diet recommendations
- Need for exercise
- Possible complications
- Stress reduction/relaxation techniques
- Disease process

Resident Name	Med Rec#	Room#	MD Name
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