shortly after admission, her monitor pattern shows rapid atrial fibrillation with a rate of 160 beats/min. the health care provider prescribes digoxin 0.25 mg iv stat along with frusemide (lasix) 40 mg iv. she has an indwelling urinary catheter inserted and almost immediately her urine output becomes clear white in colour and increases to 200 mL/hr. when the initial laboratory results are called to the unit, the potassium is low at 3.5 mEq/L. the nurse recognises that with Mrs Shaw’s diuresis, the potassium level will drop further. she notifies the health care provider of the present potassium level and receives orders for potassium chloride (slow-k) 16 mEq twice daily and repeat electrolytes at 2000 hours. by 2100 hours Mrs Shaw has had urine output of 1400 mL. the 2000 hours electrolytes show a potassium level of 3.2 mEq/L. her breathing has improved tremendously and breath sounds are now clear.

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**Nursing Care Plan**

**A Client with Congestive Heart Failure Receiving a Diuretic with a Potassium Supplement**

Anna Shaw, age 62, arrives at the hospital at 1600 hours after having been seen in her health care provider’s office this morning. On admission, she has jugular venous distension (JVD), 4 plus pedal oedema, and an enlarged abdomen with distant bowel sounds. Her breathing is laboured, and lung sounds reveal crepitations bilaterally. She is admitted to a monitored unit for observation. The initial monitor reading reveals atrial fibrillation that was not present on her last admission. The health care provider orders immediate blood work for electrolytes, blood urea nitrogen, blood sugar, and digoxin level. Shortly after admission, her monitor pattern shows rapid atrial fibrillation with a rate of 160 beats/min. The health care provider prescribes digoxin 0.25 mg IV stat along with frusemide (Lasix) 40 mg IV. She has an indwelling urinary catheter inserted and almost immediately her urine output becomes clear white in colour and increases to 200 mL/hr. When the initial laboratory results are called to the unit, the potassium is low at 3.5 mEq/L. The nurse recognises that with Mrs Shaw’s diuresis, the potassium level will drop further. She notifies the health care provider of the present potassium level and receives orders for potassium chloride (Slow-K) 16 mEq twice daily and repeat electrolytes at 2000 hours. By 2100 hours Mrs Shaw has had urine output of 1400 mL. The 2000 hours electrolytes show a potassium level of 3.2 mEq/L. Her breathing has improved tremendously and breath sounds are now clear.

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**Assessment** | **Nursing Diagnosis** | **Planning/Goals** | **Implementation** | **Evaluation**
---|---|---|---|---
Breathing patterns, breath sounds | Impaired gas exchange related to excessive fluid and retained secretions. | Client will have adequate oxygenation and breathing within normal limits as evidenced by arterial blood gases within normal limits. | Promote optimum lung expansion by encouraging client to maintain high Fowler’s position. Oxygen by cannula or mask prn. Limit activities that increase oxygen demand. | Client’s breathing pattern shows normal rate, rhythm, and depth within 24 hours of admission. Arterial blood gases adequate. Breath sounds clear.

Jugular venous distension (JVD), pedal oedema, crepitations, blood pressure | Fluid volume excess related to decreased cardiac output. | Client will have reduction of fluid volume as evidenced by weight loss, decrease in oedema, and clear breath sounds. | Weigh daily. Diuretic as prescribed. Monitor intake and output. Foley catheter for hourly output. Restrict sodium intake. Elevate oedematous legs. Check blood pressure frequently. Observe for electrolyte loss or blood sugar elevation that may occur with frusemide use. | Client no longer has JVD or pedal oedema. She has had weight loss of 1.8 kg in 24 hours. Blood pressure within normal limits. Breath sounds clear.

Fatigue, activity, dyspnoea on exertion | Activity intolerance related to insufficient oxygen to meet metabolic demands. | Client will maintain adequate oxygen levels for activities of daily living as evidenced by vital signs within normal limits. | Assess client’s response to activity. Plan care with rest periods to reduce fatigue. Identify stress factors that may increase oxygen demands. | Client maintains vital signs within normal limits during activity.

Heart rate, and rhythm, monitor pattern, haemodynamic parameters | Decreased cardiac output related to left-sided failure and loss of stroke volume. | Client will maintain adequate cardiac output to provide tissue oxygenation as evidenced by normal vital signs, strong peripheral pulses, urine output 30 mL/hr. | Limit self-care activity. Monitor Swan-Ganz, wedge readings, and cardiac output until client is stable. Monitor electrocardiogram (ECG) for arrhythmia. Be sure hourly output is greater than intake and is more than 30mL/hr. | Client has been treated successfully for arrhythmias. Blood pressure within normal limits. Urine output indicates diuresis greater than 100 mL/hr in first 24 hours.
<table>
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<tr>
<th>ASSESSMENT</th>
<th>NURSING DIAGNOSIS</th>
<th>PLANNING/GOALS</th>
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<tr>
<td>Dietary habits, food preferences</td>
<td>Imbalanced nutrition: less than body requirements related to anorexia and fatigue.</td>
<td>Before discharge, client will plan a well-balanced diet prescribed by health care provider with sodium and fluid restrictions and increased amounts of potassium.</td>
<td>Teach client diet plan. Restrict sodium and fluid and increase potassium. Teach client that foods high in potassium are nuts, broccoli, carrots, potatoes, peanut butter, bananas, oranges, melons, and whole grain cereal and bread. Provide a list of foods high in potassium for reference at home.</td>
<td>Client adheres to sodium-restricted and potassium-rich diet.</td>
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<tr>
<td>Laboratory results, rapid fluid loss</td>
<td>Risk for deficient fluid volume related to diuretic therapy.</td>
<td>Client maintains fluid and electrolytes within normal range as evidenced by normal skin turgor, vital signs, mentation, and ECG. Variations in fluid and electrolyte balance are recognised and treated early.</td>
<td>Monitor electrolytes and fluid balance. Report signs and symptoms of fluid deficit/electrolyte imbalance promptly to health care provider.</td>
<td>Client has balanced intake and output, and electrolytes are within normal range.</td>
</tr>
<tr>
<td>Knowledge of drug therapy</td>
<td>Deficient knowledge related to potassium therapy.</td>
<td>Client will be able to identify appropriate method for administering drug and will list side effects and when to report them.</td>
<td>Teach client not to crush potassium chloride (Slow-K) tablets, as this causes gastrointestinal upset, potassium should be taken with food or following meals. Teach client to avoid use of potassium-containing salt substitutes. Instruct client about the importance of follow-up care including laboratory studies.</td>
<td>Client takes potassium regularly and correctly and recognises and reports signs and symptoms of hyperkalaemia or hypokalaemia.</td>
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