### NURSING CARE PLAN

#### The Child with Congestive Heart Failure Being Cared for at Home

<table>
<thead>
<tr>
<th>GOAL</th>
<th>INTERVENTION</th>
<th>RATIONALE</th>
<th>EXPECTED OUTCOME</th>
</tr>
</thead>
</table>
| 1. Altered Growth and Development related to effects of physical disability. | NIC Priority Intervention: **Developmental Enhancement:** Teaching parents to facilitate optimal gross motor, fine motor, language, cognitive, social, and emotional growth of preschool children. | - Assessment provides comparison for later assessments and basis for planning specific games, toys, and activities.  
- Short play periods maintain energy and facilitate play.  
- Play activities facilitate learning and mastery of developmental tasks.  
- Social skills are learned through contact with others. | The child displays normal language, fine motor, and gross motor activity. |

- Perform baseline developmental assessment.  
- Plan for short play periods after rest.  
- Introduce age-appropriate toys and activities such as rattles and blocks for infants and art projects for older children.  
- Plan for interactions with healthy children.  

2. Ineffective Management of Therapeutic Regimen (Family) related to complexity of therapeutic regimen. | NIC Priority Intervention: **Family Involvement:** Facilitating family participation in the emotional and physical care of the patient. | - Demonstration with return demonstration is an excellent method of learning psychomotor skills.  
- If side effects are understood, serious complications can be avoided.  
- Parents can evaluate child regularly and note subtle changes requiring medical management. | Parents report that child continues to demonstrate improvement and adequate cardiac output with absence of congestive heart failure. |

- Demonstrate administration of digoxin, diuretics, and other medications. Have parents administer them under supervision of nurse.  
- Describe side effects of medications. Give parents handouts with telephone number to call to ask questions or report side effects.  
- Describe subtle onset of congestive heart failure and its symptoms (increasing weakness, exhaustion, irritability, difficulty feeding, cough, or difficult respirations, edema).  

3. Altered Nutrition: Less Than Body Requirements related to chronic illness and tiring while feeding. | NIC Priority Intervention: **Weight Gain Assistance:** Facilitation of body weight gain. | - Positioning, frequency of feedings, size of feedings, and use of high-calorie foods can enhance nutritional intake.  
- Feedback can assist parents in integrating positive feeding techniques. | The infant or child shows normal weight gain.  
Parents report and demonstrate successful feedings of child. |

- Teach parents methods to promote food intake related to positioning, size of feedings, food choices.  
- Observe feeding during home visit.  

NOC Suggested Outcome: **Nutritional Status:** Food and Fluid Intake: Amount of food and fluid taken into the body over a 24-hour period.  

(continued)
CHAPTER 14

Chromosome 22q11 is one of the most frequent genetic sites associated with development of cardiovascular defects such as truncus arteriosus, tetralogy of Fallot, and pulmonary atresia (Lewin, 2000). Because of this genetic component, the incidence of congenital heart defects is expected to slowly rise as persons with some of these defects survive and have children of their own.

A child often has more than one defect at the same time. Depending on the type of defect, signs and symptoms may be present at birth or develop later.

Congenital heart defects are generally divided into two categories, cyanotic and acyanotic, based on the hallmark sign of cyanosis. However, a child with an acyanotic defect may show clinical signs of cyanosis. The pathophysiology of a heart defect is related to hemodynamics, which refers to the pressures generated by blood and the pathways blood takes through the heart and pulmonary system.

**ACYANOTIC DEFECTS**

The majority of children with congenital heart defects have acyanotic conditions. There are two types of acyanotic defects: nonobstructive lesions, which do not interfere with the flow of blood, and obstructive lesions, which block the outflow of blood from the heart. Nonobstructive defects include patent ductus arteriosus (PDA), atrial septal defect (ASD), atrioventricular (AV) canal (endocardial cushion defect), and ventricular septal defect (VSD). Obstructive defects include pulmonic stenosis (PS), aortic stenosis (AS), and coarctation of the aorta. Tables 14-1 and 14-2 summarize the pathophysiology, clinical manifestations, and clinical therapy for these defects.