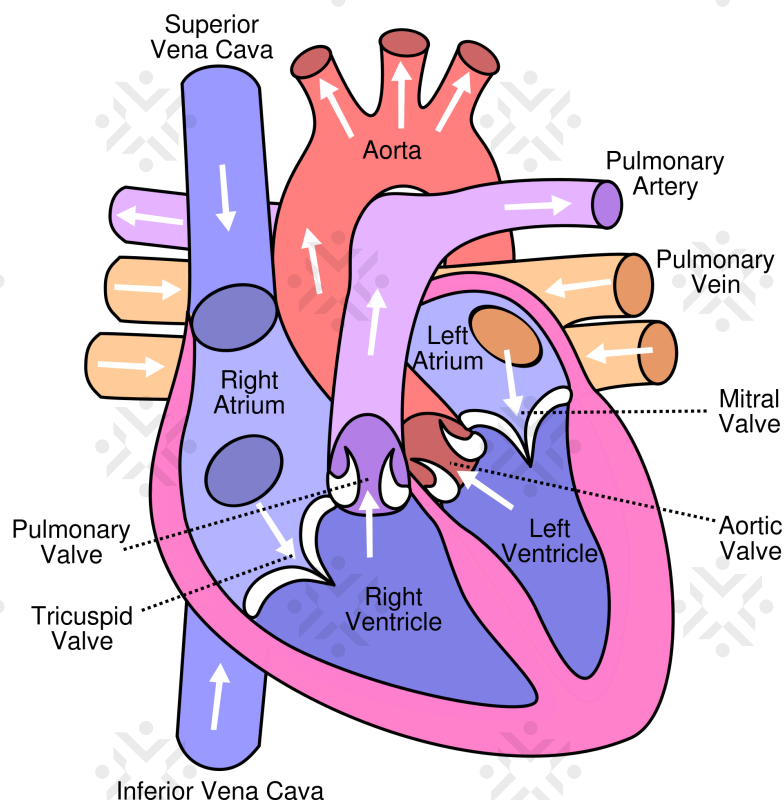


Cardiac Disorders



P = pathophysiology
 R = risk factors
 S/sx = signs and symptoms
 Dx = diagnosis
 N = nursing management
 C = complication

Heart sounds

- S1** - AV valves close - Heard at apex
- S2** - Semilunar valve close - Heard at base
- S3** - Heard in heart failure or regurgitation
- S4** - Heard in resistance with ventricular filling

Cardiac Output

Low blood volume = **Low blood pressure**
Low blood pressure = **High heart rate**
High heart rate = **Low cardiac output**

Coronary Artery Disease

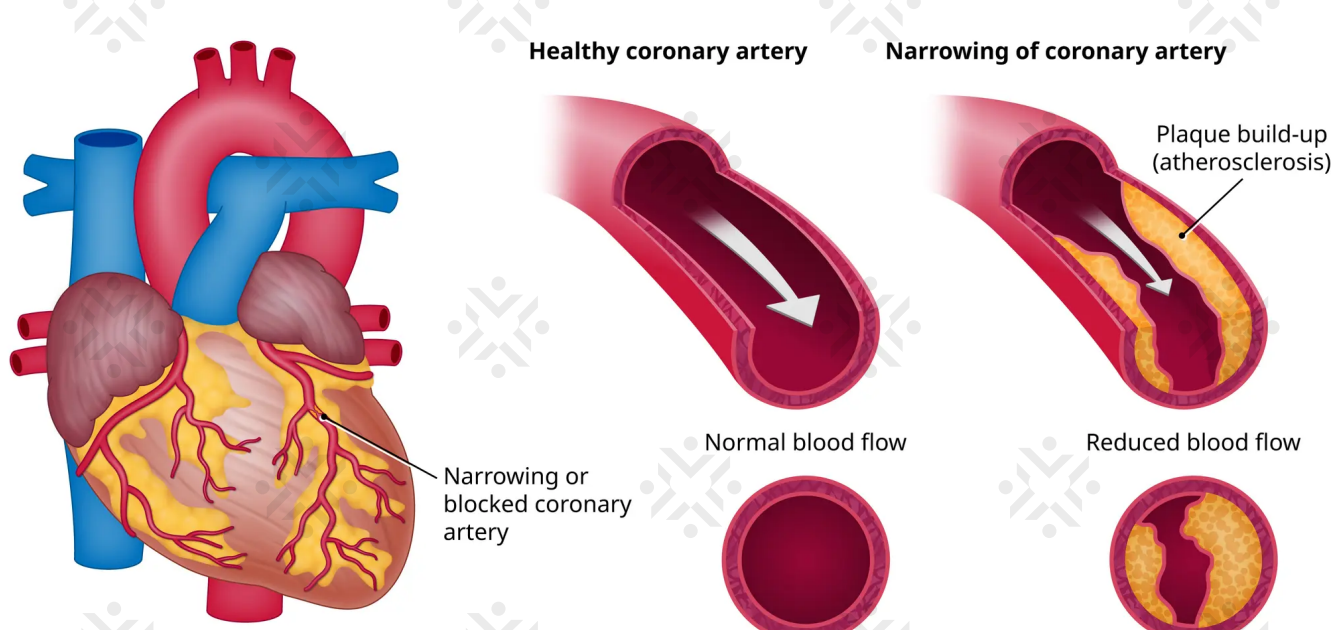
P: Narrowing or obstruction of a coronary artery due to plaque build up / atherosclerosis.

Dx: ECG, catheterization, blood lipids.

N: Educate about low kcal/fat, high fiber diet and exercise.

C: Low perfusion, HTN, angina, MI.

Coronary Artery Disease



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Heart Failure

P: The heart can no longer pump enough blood to perfuse the tissues adequately.

S/sx:

- Left sided
 - pulmonary congestion
 - tachypnea
 - high blood pressure
- Right sided
 - peripheral edema
 - jugular distension
 - splenomegaly

N:

- Educate about a low sodium, low fat diet.
- Instruct the client to weigh themselves daily and report any changes of more than 2 lbs.
- Educate about fluid restriction and safe exercise.

Aortic Aneurysm

P: Stretching of the medial wall of an artery caused by vessel weakness.

S/sx:

- Thoracic - neck, shoulder, lower back pain, increased heart rate, dyspnea.
- Abdominal - pulsating mass in abdomen, abdominal and back pain.
- Ruptured - severe abdominal and back pain, shock, low blood pressure.

Dx: Ultrasound, CT scan, arteriography.

N: Monitor vitals, check peripheral pulses, assess for abdominal tenderness. Ask patient if abdominal or back pain is present.

Cardiogenic Shock

P: Reduced cardiac output and tissue perfusion. Usually caused by a coronary artery blockage.

S/sx: Hypotension, pallor, tachy, disorientation, chest pain, cool, clammy skin.

N: Administer oxygen, morphine sulfate, as ordered. Prep for intubation. Monitor blood gas levels.