

Distended neck veins in older children

Cardiomegaly revealed on chest radiograph

Gallop rhythm

Edema

Rapid weight gain

Feeding difficulty

Irritability

### Nursing Diagnosis

Decreased cardiac output related to inadequate volume of blood pumped by the heart per minute to meet the metabolic demands of the body.

### Nursing Interventions and Rationales

What are the most appropriate nursing interventions for an infant in heart failure?

Nursing Interventions	Rationales
Assess and record heart rate, respiratory rate, blood pressure (BP), and any signs or symptoms of decreased cardiac output every 2 to 4 hours and as necessary.	To detect change in vital signs and infant's physical status that reflect altered cardiac output and cardiogenic shock
Administer cardiac drugs on schedule. Assess and record any side effects or any signs and symptoms of toxicity. Follow hospital protocol for administration.	To avoid dangers inherent in failure to administer cardiac drugs as prescribed and to perform careful assessment before administration
Keep accurate record of intake and output.	To detect HF, which causes decreased urinary output
Weigh infant on same scale at same time of day as previously. Document results and compare to previous weight.	To monitor for weight increases, which may indicate excess fluid accumulation
Administer diuretics on schedule. Assess and record effectiveness and any side effects noted.	To eliminate excess water and salt because fluid retention commonly occurs with HF
Offer small, frequent feedings to infant's tolerance.	To increase caloric intake and compensate for fatigue during feeding and increased metabolic rate because of poor cardiac function
Organize nursing care to allow infant uninterrupted rest.	To allow adequate rest because poor cardiac output decreases energy level and lowers tolerance to activity

### Expected Outcome