	tachycardia	
Altered distribution of blood volume	Increased cardiac workload Decreased exercise tolerance	Monitor hydration, blood pressure, and urinary output.
Venous stasis	Pulmonary emboli or thrombi	Encourage and assist with frequent position changes. Elevate extremities without knee flexion. Ensure adequate fluid intake. Have patient perform active or passive exercises or movement as needed. Prescribe routine wearing of antiembolism stockings or intermittent compression devices. Monitor for signs of pulmonary embolism—sudden dyspnea, chest pain, respiratory arrest. Promptly intervene to maintain adequate oxygenation if signs and symptoms of pulmonary emboli are noted. Measure circumference of extremities periodically. Give anticoagulant drugs as prescribed.
Dependent edema	Tissue breakdown and susceptibility to infection	Administer skin care. Turn every 2 to 4 hours. Monitor skin color, temperature, and integrity. Use pressure-reduction surface as necessary to prevent skin breakdown (see Chapter 20).
Respiratory System		
Decreased need for oxygen	Altered oxygen/carbon dioxide exchange and metabolism	Promote exercise as tolerated. Encourage deep-breathing exercises.
Decreased chest expansion and diminished vital capacity	Diminished oxygen intake Dyspnea and inadequate arterial oxygen saturation; acidosis	Position for optimum chest expansion. Semi-Fowler position may assist in lung expansion if patient can tolerate. Use prone positioning without pressure on abdomen to allow gravity to aid in diaphragmatic excursion. Ensure that patient maintains proper alignment when sitting to prevent pressure on respiratory mechanism.
Poor abdominal tone and distention	Interference with diaphragmatic excursion	Avoid restriction of chest and abdominal musculature. Supply torso support to promote chest expansion.
Mechanical or biochemical secretion retention	Hypostatic pneumonia Bacterial and viral pneumonia Atelectasis	Change position frequently. Carry out chest percussion, vibration, and drainage (or suctioning) as necessary. Use incentive spirometer. Monitor breath sounds.
Loss of respiratory muscle strength	Poor cough	Encourage coughing and deep breathing. Support chest wall by splinting with pillow when patient coughs. Use incentive spirometer. Observe for signs of respiratory distress with pulse oximetry or blood gas measurement as necessary.