reabsorption of sodium and water in proximal renal tubule and interferes with reabsorption of sodium	severe HF Causes excretion of chloride and potassium (hypokalemia may precipitate digitalis toxicity)	as drug is given. Observe for dehydration caused by profound diuresis. Observe for side effects (nausea and vomiting, diarrhea, ototoxicity, hypokalemia, dermatitis, postural hypotension). Encourage foods high in potassium or give potassium supplements. Monitor chloride and acid-base balance with long-term therapy. Observe for signs of digoxin toxicity.
Chlorothiazide (Diuril): Acts directly on distal tubules to decrease sodium, water, potassium, chloride, and bicarbonate absorption	Less frequently used drug Causes hypokalemia, acidosis from large doses	Observe for side effects (nausea, weakness, dizziness, paresthesia, muscle cramps, skin eruptions, hypokalemia, acidosis). Encourage foods high in potassium or give potassium supplements.
Spironolactone (Aldactone): Blocks action of aldosterone, which promotes retention of sodium and excretion of potassium	Weak diuretic Has potassium-sparing effect; frequently used with thiazides, furosemide Poorly absorbed from GI tract Takes several days to achieve maximum actions	Observe for side effects (skin rash, drowsiness, ataxia, hyperkalemia). Do not administer potassium supplements.

GI, Gastrointestinal; HF, heart failure.

Fluid restriction may be required in the acute stages of HF and must be carefully calculated to avoid dehydrating the child, especially if cyanotic CHD and significant polycythemia are present. Infants rarely need fluid restrictions because HF makes feeding so difficult that they struggle to take maintenance fluids.

Sodium-restricted diets are used less often in children than in adults to control HF because of their potential negative effects on the child's appetite and ultimate growth. If salt intake is restricted, additional table salt and highly salted foods are avoided.

Decrease Cardiac Demands

To lessen the workload on the heart, metabolic needs are minimized by (1) providing a neutral thermal environment to prevent cold stress in infants, (2) treating any existing infections, (3) reducing the effort of breathing (by placement in semi-Fowler