



Nursing Experience of Caring for a Patient heart failure with pulmonary edema

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INTRODUCTION

According to the Ministry of Health and Welfare's 2021 statistics, The top ten causes of death for Taiwanese. Heart disease ranked second. Accounting for 18.6% of annual deaths, have high morbidity and mortality. When cardiac output is reduced and the blood needed to supply body tissues cannot be supplied. Severe respiratory failure leads to placement of an endotracheal tube. It not only raises the cost of medical expenses but also places a financial burden on families.

AIM

This article discusses the nursing experience of a case of acute pulmonary edema causing dyspnea who was admitted to the intensive care unit for the first time, then intubated, and finally underwent tracheotomy. Due to the inability of family members to take care of them and the impact of the COVID-19 epidemic. They cannot be admitted to the hospital to accompany them. Caused follow-up care after discharge cannot be smoothly connected.

RESULTS

Through the nursing plan, the self-care ability of the patient was restored. Assist patients to return to daily life, elevated disease care. Let the author feel the value of nursing care.

REFERENCES

Minotto, M., Harrison, A. S., Grazzi, G., Myers, J., & Doherty, P. (2019). What factors are associated with patients walking fitness when starting cardiac rehabilitation? *International Journal of Cardiology Heart & Vasculture*, 22, 26-30.

METHOD

1. The care period is from August 2, 2021 to August 18, 2021.
2. Using Gordon's 11 Functional Health Patterns assessment. Data collection by interview, observation and actual care.
3. Major nursing problems were impaired gas exchange, activity intolerance and powerlessness. Through interprofessional collaborative practice, draw up cardiopulmonary rehabilitation, muscle rehabilitation, improve cardiopulmonary function, enhance activity tolerance, carry out swallowing training, meet the needs of patients speaking and eating, as soon as possible Restore daily life functions, and listening through caring. Family members use video to accompany rehabilitation, increasing patient motivation for rehabilitation. Because the patient is assisted care by a well-trained caregiver during hospitalization. Discharge follow-up care cannot be smoothly connected, communication and coordination through the team and family members. The caregiver will accompany family members home and teach them the knowledge of daily care.



CONCLUSIONS

In clinical, the lifestyle of patients and their family members is often changed due to serious diseases and encountering major COVID-19 outbreak restrictions. This results in patients' family members having insufficient ability to take care of the diseases after returning home. Nowadays, with the development of information, Everyone has a cell phone. Therefore, I suggest connecting to the information system through your cell phone or computer. And provide care videos and online health education instruction at the same time. To improve the quality of post-discharge care and avoid repeated hospital admissions due to lack of care ability.

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