



# The Role of Nursing in The Management and Care of Patients with Congestive Heart Failure: Assessment, Interventions, And Outcomes

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## Abstract:

**Background:** Heart failure (HF) is a complex and prevalent condition arising from structural or functional cardiac abnormalities. It leads to impaired ventricular filling or inadequate ejection of blood, which fails to meet the body's physiological demands. The majority of HF cases involve left ventricular dysfunction, categorized as heart failure with reduced ejection fraction (HFrEF) or preserved ejection fraction (HFpEF). HF presents symptoms such as dyspnea, fatigue, fluid retention, and reduced exercise capacity. Proper management of HF is critical to improve patient outcomes and reduce hospital admissions.

**Aim:** This paper examines the role of nursing in the management and care of HF patients, focusing on assessment, interventions, and outcomes. It aims to provide a comprehensive understanding of how nurses contribute to managing heart failure through diagnosis, symptom management, and patient education.

**Methods:** A review of literature on heart failure, its causes, risk factors, and clinical management was conducted. The role of nursing interventions, including symptom management, medication adherence, and patient education, is discussed. Emphasis is placed on assessing and addressing fluid overload, fatigue, anxiety, and promoting physical activity.

**Results:** Nursing interventions significantly improve outcomes in heart failure patients. Key strategies include symptom management, especially for fluid overload, promoting adherence to medications, providing patient education on lifestyle modifications, and encouraging self-monitoring. The application of these interventions leads to improved quality of life and reduced hospital readmission rates for heart failure patients.

**Conclusion:** Nurses play a crucial role in the holistic management of heart failure, addressing both the physical and emotional needs of patients. Through effective interventions and education, nurses can enhance patient outcomes, manage symptoms, and improve adherence to treatment plans, ultimately improving the overall quality of life for individuals living with heart failure.

**Keywords:** Heart failure, nursing interventions, symptom management, patient education, medication adherence, quality of life, heart failure management.

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## **Introduction:**

Heart failure is a prevalent and intricate clinical condition that arises from various structural or functional cardiac abnormalities, leading to compromised ventricular filling or inadequate blood ejection into systemic circulation, thereby failing to meet the physiological demands of the body. This condition can be precipitated by a broad spectrum of underlying diseases. The majority of heart failure cases involve dysfunction of the left ventricle, which is responsible for pumping oxygenated blood throughout the body. Patients are commonly present with symptoms such as dyspnea, fatigue, reduced exercise capacity, and fluid retention, which manifests as pulmonary and peripheral edema [1]. In terms of classification, heart failure resulting from left ventricular dysfunction is categorized based on the left ventricular ejection fraction (LVEF). It is subdivided into two primary types: heart failure with reduced ejection fraction (HFrEF), defined as an LVEF of 40% or less, and heart failure with preserved ejection fraction (HFpEF), characterized by an LVEF greater than 40% [2].

## **Nursing Diagnosis**

Nurses frequently encounter patients with heart failure, requiring the identification and management of several key nursing diagnoses. These include *decreased cardiac output*, which highlights the inability of the heart to pump sufficient blood; *activity intolerance*, reflecting the reduced capacity to engage in physical activity due to fatigue and dyspnea; *excess fluid volume*, often presenting as edema in peripheral tissues or the lungs; *risk for impaired skin integrity*, related to immobility and pressure ulcers; *ineffective tissue perfusion*, as a result of insufficient blood flow to vital organs; *ineffective breathing pattern*, often seen with tachypnea or labored breathing; *impaired gas exchange*, which may lead to hypoxia or respiratory distress; *fatigue*, a common complaint from the reduced functional capacity of the heart; and *anxiety*, which is frequently associated with the uncertainty of the disease's progression and the impact on daily life. These diagnoses guide the nursing interventions aimed at improving patient outcomes and providing comprehensive care.

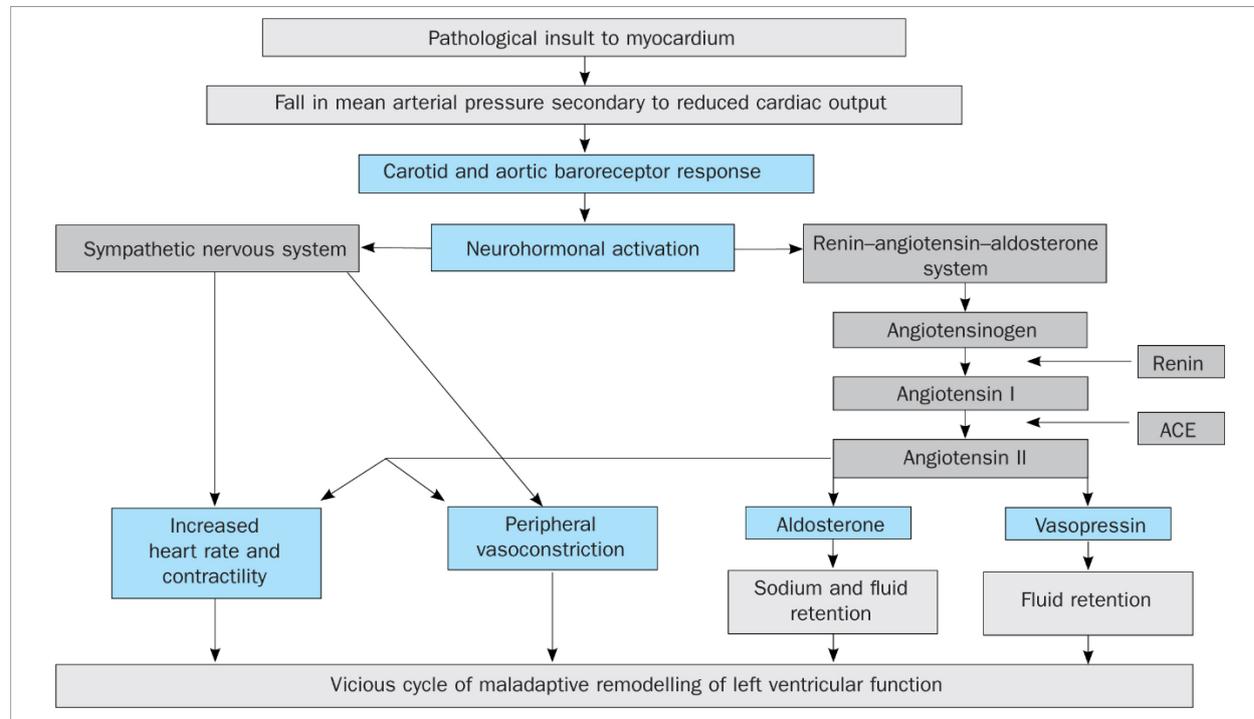
## **Causes of Heart Failure**

Heart failure can be attributed to a wide array of disorders that affect various components of the heart, including the pericardium, myocardium, endocardium, cardiac valves, vasculature, and metabolic processes. The most prevalent causes of systolic dysfunction, or HFrEF, include idiopathic dilated cardiomyopathy (DCM), coronary artery disease (ischemic heart disease), hypertension, and valvular diseases. For diastolic dysfunction, which leads to HFpEF, similar underlying conditions are often observed, with additional factors such as hypertrophic obstructive cardiomyopathy and restrictive cardiomyopathy contributing to the disease's progression [1]. Understanding these causative factors is crucial for targeting appropriate treatments and interventions, as the underlying pathophysiology of the heart failure type influences the management strategies and clinical outcomes. The identification of these causes allows healthcare providers to tailor patient care plans and pharmacological therapies to address both the symptoms and the root causes of the condition, ultimately improving prognosis and quality of life for affected individuals.

## **Risk Factors for Heart Failure**

Several risk factors contribute significantly to the development and progression of heart failure, with coronary artery disease being one of the most prevalent. A history of myocardial infarction, where damage to the heart muscle disrupts its ability to pump effectively, also plays a critical role in the pathogenesis of heart failure. Chronic hypertension leads to increased cardiac workload, ultimately resulting in left ventricular hypertrophy and diastolic dysfunction. Other important risk factors include diabetes and obesity, both of which are linked to systemic inflammation and increased cardiovascular

stress. Smoking and alcohol use disorder exacerbate cardiovascular risk through mechanisms such as vascular damage and increased blood pressure. Additionally, atrial fibrillation, thyroid diseases, congenital heart defects, and aortic stenosis further contribute to the likelihood of developing heart failure. Identifying these risk factors in at-risk populations is essential for the early detection and prevention of heart failure, enabling timely interventions to mitigate its effects and improve long-term patient outcomes.



**Figure 1: Congestive Heart Failure.**

### Assessment of Heart Failure

Heart failure manifests through a variety of symptoms, which can be attributed to both fluid retention and the diminished cardiac output. Symptoms associated with fluid retention include dyspnea, orthopnea, edema, pain resulting from hepatic congestion, and abdominal distension due to ascites. On the other hand, symptoms resulting from decreased cardiac output predominantly present as fatigue and weakness, which are most pronounced during physical exertion [1]. Acute and subacute presentations, which typically develop over a period of days to weeks, often include shortness of breath both at rest and during exertion, orthopnea, and paroxysmal nocturnal dyspnea. Patients may also experience the right upper quadrant discomfort, which is linked to acute hepatic congestion indicative of right-sided heart failure. Palpitations, with or without lightheadedness, may occur if the patient develops tachyarrhythmias, either atrial or ventricular in origin. Chronic presentations, which evolve over months, tend to feature more pronounced symptoms of fatigue, anorexia, abdominal distension, and peripheral edema, often to a greater extent than dyspnea. The anorexia seen in these patients is typically secondary to several factors, including inadequate perfusion of the splanchnic circulation, bowel edema, and nausea induced by hepatic congestion [1].

### Characteristic Features of Heart Failure

Several hallmark signs may be observed during a clinical examination of heart failure patients. The pulsus alternans phenomenon, characterized by a regular alternation of strong and weak peripheral pulses, is a classic finding. The apical impulse may be laterally displaced beyond the midclavicular line, which is typically indicative of left ventricular enlargement. The presence of an S3 gallop, a low-frequency, brief vibration occurring during early diastole, is the most sensitive indicator of ventricular dysfunction. Other notable clinical features include peripheral edema and pulmonary rales, both of which reflect fluid overload and compromised pulmonary function.

## **New York Heart Association (NYHA) Functional Classification**

The New York Heart Association (NYHA) Functional Classification provides a useful framework for categorizing heart failure patients based on their symptoms and functional limitations. This classification system includes four distinct categories: Class I, where symptoms occur only with activity beyond the normal; Class II, where symptoms are triggered by ordinary levels of activity; Class III, where symptoms arise with minimal physical exertion; and Class IV, where symptoms are present even at rest [3]. These classifications help clinicians assess the severity of the disease and guide therapeutic management to improve patient outcomes.

## **Evaluation of Heart Failure**

Various diagnostic tests are employed in the evaluation of heart failure (HF) patients to assess the severity of the condition and guide therapeutic interventions. The electrocardiogram (ECG) is a critical tool for detecting evidence of acute or previous myocardial infarctions, as well as identifying rhythm abnormalities, such as atrial fibrillation. Chest x-rays are also instrumental, revealing characteristic findings such as a cardiac-to-thoracic width ratio exceeding 50%, cephalization of pulmonary vessels, Kerley B-lines, and pleural effusions, all of which are indicative of heart failure. Blood tests, including cardiac troponin (T or I), complete blood count, serum electrolytes, blood urea nitrogen, creatinine, liver function tests, and brain natriuretic peptide (BNP), are essential for evaluating the underlying causes of heart failure. The BNP or NT-proBNP levels, in particular, offer significant diagnostic value and enhance the diagnostic process when used in conjunction with the patient's clinical history and physical examination findings. A transthoracic echocardiogram is also pivotal in assessing ventricular function and hemodynamics, providing crucial information regarding the heart's structural and functional status [1].

## **Medical Management of Heart Failure**

The management of heart failure is multifaceted and tailored to the patient's functional classification and symptom severity. Pharmacological interventions play a central role in improving symptoms and reducing hospitalizations. Commonly used medications include diuretics, beta-blockers, angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), angiotensin receptor neprilysin inhibitors (ARNIs), hydralazine plus nitrate, digoxin, and aldosterone antagonists. These agents, when used in combination, have been shown to enhance patient outcomes significantly. Beta-blockers, ACE inhibitors, ARNI, hydralazine plus nitrate, and aldosterone antagonists are particularly beneficial for improving survival in heart failure patients. Diuretics, while crucial for symptom control, do not demonstrate the same level of survival benefit but are pivotal in managing fluid overload. Special consideration must be given when administering ARNI, as it should not be given within 36 hours of an ACE inhibitor dose [3]. In African-American patients with persistent symptoms of heart failure (NYHA class III or IV) and left ventricular ejection fraction (LVEF) below 40%, despite optimal medical therapy, hydralazine plus oral nitrate is recommended. This combination therapy has proven effective in improving outcomes in this population.

## **Device Therapy in Heart Failure Management**

For patients with heart failure, device therapy can offer significant therapeutic benefits, especially in cases where medical management alone is insufficient. An implantable cardioverter-defibrillator (ICD) is recommended for both primary and secondary prevention of sudden cardiac death in high-risk patients. Additionally, cardiac resynchronization therapy (CRT), which involves biventricular pacing, is particularly beneficial for selected patients with reduced left ventricular ejection fraction and a prolonged QRS duration who are in sinus rhythm. CRT has been shown to improve symptoms and survival rates in these patients. Often, patients who meet the criteria for CRT implantation also qualify for an ICD, and a combined device is implanted to provide comprehensive management. For patients with advanced heart failure who do not respond to pharmacological or device interventions, a ventricular assist device (VAD) may be used as a bridge to heart transplant or as a long-term solution for patients who are not candidates for transplantation.

Heart transplantation remains the final therapeutic option for those with severe, refractory heart failure despite all other treatments [3].

### **Nursing Management in Heart Failure**

The nursing care plan for patients diagnosed with heart failure (HF) must focus on multiple aspects to enhance patient outcomes and quality of life. One of the primary objectives is alleviating the symptoms associated with fluid overload, such as pulmonary and peripheral edema, to improve comfort and functionality. Nurses should also address the emotional and physical aspects of the condition by managing symptoms of anxiety and fatigue, which are often prevalent in heart failure patients. Another significant nursing intervention is promoting physical activity within the patient's capacity, which helps improve cardiac function and overall health. Ensuring medication adherence is crucial in managing heart failure, and nurses play a vital role in increasing patient compliance by providing education on the importance of consistent medication use. Additionally, reducing the adverse effects of treatment is an essential aspect of care, as certain medications can have undesirable side effects. Nurses should educate patients on dietary restrictions, particularly those related to sodium and fluid intake, to prevent exacerbations of heart failure. Furthermore, self-monitoring of symptoms and daily weight monitoring are critical components of the nursing plan, as these practices empower patients to take an active role in managing their condition. By incorporating these aspects into the care plan, nurses can significantly contribute to improving patient outcomes and preventing complications associated with heart failure [4].

### **When to Seek Help in Heart Failure**

Patients with heart failure (HF) should seek immediate medical attention if they experience a worsening of symptoms or new clinical developments. It is crucial for the medical team to assess patients promptly in the event of increasing fluid overload symptoms, such as worsening edema or difficulty breathing. A notable decline in oxygenation, indicated by worsening hypoxia, also warrants urgent evaluation. Additionally, uncontrolled tachycardia, regardless of whether it is accompanied by an arrhythmic rhythm, is a concerning sign that needs immediate intervention. Any significant alteration in the cardiac rhythm, such as a new arrhythmia, should prompt an urgent medical review. Furthermore, changes in mental status, such as confusion or disorientation, may signal worsening heart failure or a secondary complication and should be addressed immediately. Decreased urinary output, despite the administration of diuretics, is another critical sign of renal dysfunction or inadequate perfusion, indicating the need for prompt medical intervention. Early identification and management of these situations can prevent further complications and improve patient outcomes in individuals with heart failure.

### **Monitoring in Heart Failure Management**

Ongoing and thorough monitoring is essential for patients with heart failure (HF) to ensure optimal management and detect early signs of deterioration. Frequent monitoring of vital signs, including blood pressure and oxygen saturation, is crucial to assess the patient's stability and identify any worsening of the condition. In addition to basic vital sign monitoring, heart rate and rhythm should be continuously observed, often via telemetry, to detect any arrhythmias or significant changes that could indicate decompensation. Symptom assessment must also be done regularly, with a particular focus on signs of fluid overload, shortness of breath, or fatigue. Daily weight monitoring is a critical component of care for all patients with heart failure, as it helps detect early changes in fluid balance, which is central to managing heart failure. A sudden increase in weight could be indicative of fluid retention, signaling the need for intervention to prevent worsening of the condition. Regular assessment and monitoring allow healthcare providers to make timely adjustments to treatment plans, ensuring that patients with heart failure receive the best possible care to maintain their health and prevent hospital readmissions.

### **Coordination of Care in Heart Failure**

Heart failure (HF) is a complex and severe condition that necessitates the collaborative effort of an interprofessional team to ensure optimal patient outcomes. This team typically includes the primary care physician, emergency department physician, cardiologist, radiologist, cardiac nurses, internists, and

cardiac surgeons. It is crucial that the underlying cause of heart failure be accurately diagnosed and managed, as treatment should be tailored to address these specific etiologies. Healthcare professionals involved in the care of heart failure patients must remain well-versed in the most up-to-date clinical guidelines to ensure evidence-based practices are followed. Modifying risk factors for cardiovascular diseases is central to preventing disease progression, and clinical nurses should play an active role in educating patients on the importance of adhering to prescribed medications and making necessary lifestyle changes. Failure to appropriately manage heart failure can result in significant morbidity and mortality, severely impacting the patient's quality of life. It is therefore essential that healthcare providers remain vigilant and proactive in both the prevention and treatment of heart failure to improve patient outcomes and reduce the burden of this chronic condition on individuals and healthcare systems alike [5].

### **Health Teaching and Health Promotion in Heart Failure**

Patient education is a fundamental component of the nursing care plan for individuals with heart failure (HF) to improve clinical outcomes and decrease the likelihood of hospital readmissions. Nurses should provide comprehensive education on self-monitoring symptoms at home, ensuring medication adherence, monitoring daily weight, restricting dietary sodium intake to 2 to 3 grams per day, and limiting daily fluid consumption to 2 liters. Patients should also receive guidance on managing underlying risk factors and potential triggers for exacerbations, including conditions like diabetes mellitus, hypertension, obesity, smoking, alcohol use disorder, and recreational drug use, particularly cocaine. Additionally, patients with co-existing sleep apnea and heart failure should be encouraged to utilize continuous positive airway pressure (CPAP) therapy, as uncontrolled sleep apnea exacerbates both the morbidity and mortality associated with heart failure. Nurses should emphasize the importance of addressing modifiable risk factors to enhance long-term health outcomes, ensuring that patients have a clear understanding of the role these factors play in managing their condition. These educational efforts empower patients to take an active role in managing their heart failure and mitigating further complications, fostering better disease control and improving overall well-being [6-12].

### **Discharge Planning for Heart Failure Patients**

Effective discharge planning is essential for patients with heart failure (HF) to ensure a smooth transition from hospital care to home management and reduce the risk of readmission. At the time of discharge, patients must receive education on several key aspects of managing their condition. This includes guidance on medication management, medication adherence, dietary sodium restriction, fluid intake limitations, recommended activity levels, exercise regimens, smoking cessation, and the identification of signs and symptoms indicative of worsening heart failure. Additionally, follow-up appointments should be scheduled to facilitate ongoing medical supervision and timely interventions as needed. The importance of regular follow-up care cannot be overstated, as it is critical for monitoring patient progress and adjusting treatment plans. Nurse-led education during the discharge process has been shown to significantly enhance patient compliance with prescribed therapies and, in turn, improve overall outcomes for heart failure patients. Proper discharge planning, supported by thorough patient education, not only empowers patients to manage their health at home but also plays a key role in reducing the frequency of hospital readmissions and improving long-term prognosis for individuals living with heart failure [6-15].

### **Nursing Interventions Plan in Long term Care:**

Chronic Heart Failure (CHF) is a progressive condition characterized by the heart's inability to pump blood effectively, leading to insufficient oxygenation of body tissues. Managing CHF in the long-term care setting requires a multidisciplinary approach, with a significant role for nursing interventions to improve quality of life, minimize complications, and promote patient adherence to therapeutic regimens. This nursing intervention plan will focus on key components, including symptom management, patient education, care coordination, and psychosocial support, all of which are critical to the optimal management of patients with CHF in the long term.

## **1. Symptom Management and Monitoring**

One of the primary nursing interventions for patients with CHF is symptom management, focusing on alleviating fluid overload, managing fatigue, and addressing dyspnea. Nurses should closely monitor vital signs, including blood pressure, heart rate, respiratory rate, and oxygen saturation, to detect early signs of worsening heart failure. Daily weight monitoring is crucial to assess fluid retention, and patients should be instructed on how to perform this task at home. Fluid and sodium intake should be restricted as part of a comprehensive care plan, with nurses emphasizing adherence to these restrictions during follow-up visits. Management of fluid overload involves administering prescribed diuretics, monitoring their effects on electrolyte balance, and educating patients on signs of dehydration or electrolyte imbalances. For patients experiencing orthopnea or paroxysmal nocturnal dyspnea, appropriate positioning, such as elevating the head of the bed, may be implemented. Nurses should also assess for peripheral edema, which can exacerbate discomfort, and recommend appropriate interventions like compression stockings or elevating the legs to improve venous return. In addition, symptom management may involve addressing fatigue and weakness, which are prevalent in CHF patients. Nurses should monitor exercise tolerance and suggest gradual increases in physical activity, tailored to each patient's abilities. By promoting safe physical activity, nurses help patients maintain muscle strength, avoid deconditioning, and improve overall well-being. A comprehensive approach to symptom management requires consistent assessment and timely interventions to prevent the exacerbation of CHF symptoms.

## **2. Patient Education and Health Promotion**

Patient education is a cornerstone of long-term care in CHF management, as it empowers patients to actively participate in their treatment and adopt behaviors that minimize complications. Nurses should educate patients on the signs and symptoms of heart failure exacerbation, including weight gain, increased shortness of breath, or swelling, and provide clear guidelines on when to seek medical assistance. Furthermore, nurses should teach patients how to monitor their weight daily, restrict fluid and sodium intake, and manage medications effectively. Medication adherence is another vital focus in nursing interventions for CHF patients. Nurses must ensure that patients understand their prescribed pharmacological regimen, including the purpose, dosage, potential side effects, and the importance of taking medications consistently. Patients should also be educated on the potential side effects of medications such as diuretics, ACE inhibitors, beta-blockers, and aldosterone antagonists, and how to manage these effects appropriately. In addition to pharmacological management, nurses should emphasize the importance of lifestyle modifications, including smoking cessation, weight management, and alcohol moderation. Nurses can provide resources and support for patients attempting to quit smoking or reduce alcohol intake, as these lifestyle changes have a significant impact on the progression of CHF. Educating patients on the importance of stress reduction and mental health care is also crucial, as stress can exacerbate heart failure symptoms and affect overall health.

## **3. Care Coordination and Interprofessional Collaboration**

Effective care coordination is essential in the long-term management of CHF, particularly for patients who require a multidisciplinary approach to care. Nurses play a key role in collaborating with cardiologists, dietitians, physical therapists, social workers, and other healthcare providers to ensure comprehensive care delivery. Regular communication with the care team helps to monitor patient progress, adjust treatment plans, and address any emerging concerns. In addition to collaborating with the healthcare team, nurses should assist patients in navigating the healthcare system. This may include coordinating follow-up appointments, arranging for home healthcare services, and providing information about community resources for CHF patients. By serving as patient advocates, nurses ensure that patients have access to the necessary services and support to manage their condition effectively. Nurses should also help patients, and their families understand the complex nature of CHF and the need for ongoing care. Providing education about the expected trajectory of CHF, potential complications, and end-of-life planning, including advanced directives, is essential to preparing patients and their families for the challenges of living with a chronic illness. Early discussions about palliative care or hospice services may be necessary as the disease

progresses, and nurses should be prepared to address these sensitive topics with empathy and professionalism.

#### **4. Psychosocial Support and Mental Health Care**

Living with chronic heart failure can have a profound impact on a patient's mental health, leading to feelings of depression, anxiety, and social isolation. Nurses must assess the psychological well-being of patients with CHF regularly and provide appropriate interventions. Encouraging patients to express their feelings and concerns about their diagnosis, treatment, and lifestyle changes can help alleviate feelings of helplessness. In addition, nurses should be aware of the potential for depression and anxiety in patients with CHF. Screening tools like the Patient Health Questionnaire (PHQ-9) or the Hospital Anxiety and Depression Scale (HADS) can be used to identify patients who may benefit from further psychological evaluation or intervention. Nurses should also refer patients to mental health professionals or social workers if necessary, ensuring that patients have access to counseling, support groups, or other mental health services. Social support is also a key factor in managing CHF. Nurses can assist patients in connecting with family members, caregivers, or local support groups to provide emotional and practical assistance. Education on the importance of having a strong support system in place is critical, as caregivers often play an essential role in the patient's day-to-day care and may need guidance on managing stress and burnout.

#### **5. Palliative Care and End-of-Life Planning**

As heart failure is a progressive and ultimately terminal illness, it is essential to integrate palliative care principles into long-term management. Palliative care aims to alleviate symptoms, improve quality of life, and support patients and families through the challenges of living with a life-limiting illness. Nurses should have open and compassionate conversations with patients and their families about the goals of care, including the potential for hospice services. In patients with advanced heart failure, nursing interventions should focus on symptom relief, particularly in managing pain, breathlessness, and fatigue. Comfort measures such as optimal positioning, oxygen therapy, and pharmacologic interventions (e.g., opioids for pain management) should be part of the care plan. Nurses should work closely with the palliative care team to ensure that patients receive holistic care tailored to their needs and preferences. The long-term management of chronic heart failure involves a comprehensive and individualized approach, with nursing interventions playing a critical role in improving patient outcomes. By focusing on symptom management, patient education, care coordination, psychosocial support, and palliative care, nurses can help patients with CHF live longer, healthier, and more fulfilling lives. Effective long-term care for CHF requires ongoing collaboration among healthcare providers and active patient involvement in managing their condition. Through proactive interventions, nurses can significantly impact the trajectory of heart failure, minimizing complications and enhancing the patient's quality of life.

#### **Conclusion:**

The management of heart failure (HF) is a multifaceted process that requires comprehensive care involving medical treatments, patient education, and ongoing monitoring. Nurses are integral to this process, playing a central role in the assessment, intervention, and ongoing management of HF patients. By addressing the physical symptoms of heart failure, such as fluid retention, fatigue, and difficulty breathing, nurses can significantly improve patient comfort and reduce complications associated with the condition. In particular, managing fluid overload through diuretics and promoting activity within the patient's capacity are key interventions in improving both function and quality of life. A major component of nursing care involves education and support, particularly in helping patients adhere to prescribed medications and lifestyle changes. Nurses ensure that patients understand the importance of medication compliance, dietary restrictions, and self-monitoring of symptoms, such as weight tracking, to detect early signs of fluid retention or decompensation. Nurses also address the psychological and emotional challenges that accompany chronic conditions like heart failure, providing support for anxiety, stress, and uncertainty about the disease progression. This holistic approach is crucial for enhancing patient self-management and promoting a better overall quality of life. Effective nursing interventions have been shown to reduce hospital readmission rates and improve both the physical and emotional well-being of heart failure patients.

Ensuring timely and appropriate interventions, such as early detection of worsening symptoms, and engaging patients in self-care activities, are vital to managing heart failure successfully. The collaboration between healthcare providers, patients, and their families ensures that care is comprehensive and individualized, fostering a supportive environment that encourages patients to take an active role in managing their health. In conclusion, the role of nursing in managing heart failure cannot be overstated. Through continuous monitoring, symptom management, patient education, and emotional support, nurses are pivotal in improving the outcomes of heart failure patients. By focusing on both physical and emotional aspects of care, nurses help mitigate the impact of this chronic condition, ultimately enhancing the patient's quality of life and reducing hospital admissions.

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دور التمريض في إدارة ورعاية المرضى الذين يعانون من قصور القلب الاحتقاني: التقييم، التدخلات، والنتائج

#### الملخص:

الخلفية: قصور القلب (HF) هو حالة معقدة ومنتشرة تنشأ من اضطرابات هيكلية أو وظيفية في القلب. يؤدي إلى اختلال في امتلاء البطين أو عدم كفاية ضخ الدم، مما يؤدي إلى فشل تلبية الاحتياجات الفسيولوجية للجسم. تتضمن غالبية حالات قصور القلب اختلال وظيفة البطين الأيسر، ويتم تصنيفها كقصور قلب مع انخفاض الكسر القذفي (HFrEF) أو قصور قلب مع الحفاظ على الكسر القذفي (HFpEF). يُظهر مرضى قصور القلب أعراضاً مثل ضيق التنفس، والتعب، واحتباس السوائل، وتقليل القدرة على ممارسة الرياضة. يعتبر إدارة قصور القلب بشكل صحيح أمراً بالغ الأهمية لتحسين نتائج المرضى وتقليل دخولهم إلى المستشفى.

الهدف: يتناول هذا البحث دور التمريض في إدارة ورعاية مرضى قصور القلب، مع التركيز على التقييم والتدخلات والنتائج. يهدف إلى توفير فهم شامل لكيفية مساهمة الممرضين في إدارة قصور القلب من خلال التشخيص، إدارة الأعراض، والتعليم الصحي للمريض.

الطرق: تم إجراء مراجعة للأدبيات حول قصور القلب، وأسبابه، وعوامل الخطر، والإدارة السريرية. يتم مناقشة دور تدخلات التمريض، بما في ذلك إدارة الأعراض، والالتزام بالعلاج، وتعليم المرضى. يُركز على تقييم ومعالجة الحمل الزائد من السوائل، والتعب، والقلق، وتعزيز النشاط البدني.

النتائج: تؤدي تدخلات التمريض إلى تحسين النتائج بشكل كبير لمرضى قصور القلب. تشمل الاستراتيجيات الرئيسية إدارة الأعراض، خاصةً الحمل الزائد من السوائل، وتعزيز الالتزام بالعلاج، وتوفير التعليم للمريض حول التعديلات في نمط الحياة، وتشجيع المراقبة الذاتية. تؤدي تطبيق هذه التدخلات إلى تحسين نوعية الحياة وتقليل معدلات إعادة دخول المستشفى لمرضى قصور القلب.

الاستنتاج: يلعب الممرضون دوراً حيوياً في الإدارة الشاملة لقصور القلب، حيث يتعاملون مع احتياجات المرضى الجسدية والعاطفية. من خلال التدخلات الفعالة والتعليم، يمكن للممرضين تحسين نتائج المرضى، وإدارة الأعراض، وتحسين الالتزام بخطط العلاج، مما يؤدي في النهاية إلى تحسين نوعية الحياة للأفراد الذين يعيشون مع قصور القلب.

الكلمات المفتاحية: قصور القلب، تدخلات التمريض، إدارة الأعراض، تعليم المرضى، الالتزام بالعلاج، نوعية الحياة، إدارة قصور القلب.