

Nursing Care Plan for Cardiac Arrest PDF

ASSESSMENT	NURSING DIAGNOSIS	GOAL / EXPECTED OUTCOME	INTERVENTION / PLANNING	IMPLEMENTATION	RATIONAL	EVALUATION
<p>Subjective Data:</p> <ul style="list-style-type: none"> - Family reports that the patient collapsed suddenly and became unresponsive. - No prior complaints before collapse. <p>Objective Data:</p> <ul style="list-style-type: none"> - Patient is unresponsive, no pulse, no respiration. - ECG shows ventricular fibrillation. - Cyanosis present. - Oxygen saturation: 0%. 	<p>Decreased Cardiac Output:</p> <p>Related to lack of myocardial contraction as evidenced by absence of pulse, unresponsiveness, and cyanosis.</p>	<p>Restore cardiac output and achieve return of spontaneous circulation (ROSC) within 5 minutes of initiating CPR.</p> <ul style="list-style-type: none"> - Maintain systolic BP \geq 90 mmHg post-resuscitation. - Oxygen saturation $>$ 95% on mechanical ventilation. 	<p>Initiate Cardiopulmonary Resuscitation (CPR).</p> <ul style="list-style-type: none"> - Perform early defibrillation if in a shockable rhythm (VF/VT). - Administer emergency medications (epinephrine, amiodarone, lidocaine) per ACLS protocol. - Establish IV/IO access for medication administration. 	<ul style="list-style-type: none"> - Perform high-quality chest compressions at 100-120/min. - Deliver defibrillation shocks if indicated. - Administer IV epinephrine every 3-5 minutes. - Secure the airway via endotracheal intubation or bag-mask ventilation. 	<ul style="list-style-type: none"> - Immediate CPR and defibrillation improve survival rates and increase the chance of ROSC. - Epinephrine increases coronary and cerebral perfusion pressure. - Airway management ensures oxygenation and prevents hypoxia. 	<ul style="list-style-type: none"> - ROSC achieved within 5 minutes. - ECG shows sinus rhythm. - BP stabilized at 100/70 mmHg with inotropic support. - Oxygen saturation improved to 96% on ventilator support.
<p>Subjective Data:</p> <ul style="list-style-type: none"> - Patient is 	<p>Ineffective Tissue Perfusion (Cerebral and Cardiac)</p>	<ul style="list-style-type: none"> - Improve cerebral perfusion and 	<ul style="list-style-type: none"> - Initiate targeted temperature 	<ul style="list-style-type: none"> - Apply cooling measures (cooling 	<ul style="list-style-type: none"> - Therapeutic hypothermia reduces brain 	<ul style="list-style-type: none"> - MAP stabilized at 70 mmHg with norepinephrine.

<p>unconscious but has a pulse after ROSC.</p> <p>- Family is anxious and concerned about the patient's prognosis.</p> <p>Objective Data:</p> <p>- Glasgow Coma Scale (GCS) = 6.</p> <p>- BP 88/60 mmHg, HR 120 bpm, SpO₂ 92%.</p> <p>- Blood gases: pH 7.28, PaCO₂ 50 mmHg, lactate 5 mmol/L.</p>	<p>related to post-cardiac arrest syndrome as evidenced by low BP, high lactate levels, and reduced consciousness.</p>	<p>prevent hypoxic brain injury.</p> <p>- Maintain mean arterial pressure (MAP) ≥ 65 mmHg.</p> <p>- Ensure adequate oxygenation and ventilation (PaO₂ 80-100 mmHg).</p>	<p>management (TTM) (32-36°C for 24 hours).</p> <p>- Optimize hemodynamics with IV fluids and vasopressors (norepinephrine, dopamine).</p> <p>- Monitor neurological function every 1-2 hours.</p>	<p>blankets, IV cold saline).</p> <p>- Titrate IV norepinephrine to maintain MAP ≥ 65 mmHg.</p> <p>- Regularly assess GCS, pupil response, and brainstem reflexes.</p>	<p>injury and improves survival with good neurological function.</p> <p>- Vasopressors help restore adequate blood flow to the brain and heart.</p> <p>- Frequent neurological monitoring detects early signs of deterioration.</p>	<p>- GCS improved to 10 after 24 hours.</p> <p>- PaO₂ maintained at 90 mmHg with controlled ventilation.</p>
<p>Subjective Data:</p> <p>- Patient regains consciousness and responds to verbal stimuli.</p> <p>- Complains of fatigue and muscle soreness.</p> <p>- Family expresses concern about future cardiac events.</p> <p>Objective Data:</p> <p>- BP 110/70 mmHg, HR 80</p>	<p>Knowledge Deficit related to post-cardiac arrest care and prevention of recurrent events.</p>	<p>- Ensure the patient and family understand cardiac rehabilitation and lifestyle modifications.</p> <p>- Educate on medication adherence and risk factor management.</p>	<p>- Explain the cause of cardiac arrest and its prevention.</p> <p>- Educate on prescribed medications (beta-blockers, ACE inhibitors, anticoagulants).</p> <p>- Refer to a cardiac rehabilitation program.</p>	<p>- Provide written materials on diet, exercise, and smoking cessation.</p> <p>- Schedule a follow-up with a cardiologist.</p> <p>- Instruct on symptom recognition (chest pain, dizziness, palpitations).</p>	<p>- Patient education reduces the risk of recurrence and improves adherence to lifestyle changes.</p> <p>- Cardiac rehab enhances recovery and strengthens the heart.</p> <p>- Recognizing symptoms early prevents future cardiac arrests.</p>	<p>- Patient verbalizes understanding of risk factors and medication adherence.</p> <p>- Family demonstrates proper BP monitoring at home.</p> <p>- Follow-up appointment scheduled within 1 week.</p>

bpm.
- Normal sinus
rhythm on ECG.
- Normal arterial
blood gases.

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