

Cardiomyopathy/High School (nurse)

Specific cardiomyopathy (CMP)

- diseases of the heart muscle that are associated with known heart or systemic diseases;
- a large part resembles the primary types of CMP;
- We are more likely to encounter alcoholic CMP and heart involvement in thyrotoxicosis, other reported diseases are either rare or their cardiac manifestations are covered by other symptoms more typical for these diseases.
- **Division:**
 - ischemic CMP – manifested in the form of dilated CMP with contraction disorder unexplained by the extent of coronary heart disease;
 - valvular CMP – impaired ventricular function unexplained by the degree of violation of hemodynamics defect;
 - hypertensive CMP – dilated or restrictive CMP associated with LV hypertrophy in hypertension;
 - inflammatory CMP – myocarditis associated with myocardial dysfunction;
 - metabolic CMP;
 - endocrine (thyrotoxicosis, hypothyroidism, DM);
 - from disability from mineral deficiency (K, Mg, Se), malnutrition (anemia, beri-beri);
 - senile amyloidosis;
 - storage and infiltrating diseases;
 - toxic damage and hypersensitivity;
 - alcoholic CMP;
 - catecholamines;
 - tetracycline ATB;
 - systemic diseases – lupus erythematosus, rheumatoid arthritis, sarcoidosis, leukemia;
 - muscular dystrophy – a picture resembling dilated CPP;
 - Pregnancy-induced CMP. develops in the last trimester or after childbirth, but can also occur five months before and after birth.

Nursing care at CMP

- Patient is admitted to the ICU due to impending heart failure or sudden death;
- FF monitoring, P+V monitoring, fluid intake is rather limited so that the heart is not overloaded too much;
- oxygen administration as needed;
- provision of i.v. inputs;
- the nurse fills the doctor's office and performs all examinations;
- we monitor swelling, the frequency and intensity of pain, the psychological state of the patient;
- the doctor assesses the degree of self-sufficiency;
- it is necessary to minimize the burden on the patient, quality sleep and rest are also important;
- diet should be sparing with salt restriction;
- It is necessary to support the patient mentally, talk to him about the problem and gain his trust.

Nursing diagnoses

Decreased cardiac output.

- Objective: To achieve hemodynamic stability.
- Intervention:
 - monitoring of physiological functions – monitoring;
 - administration of drugs according to the doctor's surgery;
 - measurement of P+V fluids;
 - ensure enough rest and rest;
 - Education of the patient about slow getting out of bed, rest mode.

Pain due to myocardial ischemia

- Goal: To alleviate or eliminate pain.
- Intervention:
 - monitor the manifestations of pain, the range of VAS;
 - relief position;
 - administration of drugs according to the doctor's surgery;
 - monitor the effects of drugs.

Change in the volume of body fluids – increase.

- Goal: Physiological hydration, removal of edema.
- Intervention:
 - Monitor hydration, fluid P+V;
 - administer medication according to the doctor's surgery;

- daily measurement of edema – circumference of the upper limb – arms, place marked;
- daily monitor the weight of the patient;
- positioning due to swelling according to the schedule.

Cardiomyopathy

 For more information see *Cardiomyopathy*.

Links

References

- DOENGES, Marilyn E. – MOORHOUSE, Mary Frances. *Nurse's pocket guide*. 2. edition. 2001. ISBN 80-247-0242-8.