

Cardiomyopathy

Specific cardiomyopathies (CMP)

- diseases of the heart muscle that are associated with known heart or systemic diseases;
- a large part resembles the primary types of KMP;
- we meet more with alcoholic KMP and cardiac involvement in thyrotoxicosis, the other reported diseases are either rare or their cardiac manifestations are covered by other symptoms more typical for these diseases.
- **Division:**
 - ischemic KMP – manifests in the form of dilated KMP with a contraction disorder unexplained by the extent of ischemic heart disease;
 - valvular KMP – disorder of ventricular function unexplained by the degree of violation of hemodynamics by the defect;
 - hypertensive KMP – dilatative or restrictive KMP associated with LV hypertrophy in hypertension;
 - inflammatory KMP – myocarditis associated with myocardial dysfunction;
 - metabolic KMP;
 - endocrine (thyrotoxicosis, hypothyroidism, DM);
 - from impairment from mineral deficiency (K, Mg, Se), malnutrition (anemia, beriberi);
 - senile amyloidosis;
 - accumulating and infiltrating diseases;
 - toxic damage and hypersensitivity;
 - alcoholic KMP;
 - catecholamines;
 - tetracycline ATB;
 - systemic diseases – lupus erythematosus, rheumatoid arthritis, sarcoidosis, leukemia;
 - muscular dystrophy – picture reminiscent of dilated KMP;
 - pregnancy KMP – no. develops in the last trimester or after childbirth, but can also five months before and after childbirth.

Nursing care at KMP

- pac. is admitted to the intensive care unit due to imminent heart failure or sudden death;
- FF monitoring, P+V monitoring, fluid intake is rather limited so that the heart is not overloaded;
- administration of oxygen 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 patient's psychological state;
- the sitter assesses the degree of self-sufficiency;
- it is necessary to minimize the patient's burden, quality sleep and rest are also important;
- the diet should be sparing with salt restriction;
- it is necessary to psychologically support the patient, talk to him about the problem and gain his trust.

Nursing Diagnoses

Decreased cardiac output.

- Goal: Achieving hemodynamic stability.
- Intervention:
 - monitoring of physiological functions - monitoring;
 - administration of medicines according to the doctor's office;
 - measurement of P+V fluids;
 - ensure enough peace and rest;
 - educating the patient about slowly getting out of bed, rest mode.

Pain due to myocardial ischemia

- Goal: Alleviation or elimination of pain.
- Intervention:
 - monitor pain manifestations, VAS scale;
 - relief position;
 - administration of medicines according to the doctor's office;
 - monitor the effects of medications.

Change in body fluid volume - increase.

- Goal: Physiological hydration, swelling removal.
- Intervention:
 - Monitor hydration, P+V of liquids;
 - drugs should be administered according to the doctor's office;
 - daily measurement of swelling – circumference of the upper limb – arm, place marked;

- monitor the patient's weight daily;
- positioning due to swelling according to schedule.

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 For more information see *Cardiomyopathy*.

Links

References

- DOENGES, Marilyn E. – MOORHOUSE, Mary Frances. *Kapesní průvodce zdravotní sestry*. 2. edition. Praha : Grada, 2001. ISBN 80-247-0242-8.