NAME _____

Decrease Cardiac Output/Increased Vascular Resistance (Hypertension)

Date	Problem	Goal/Outcome	Interventions	Date	Evaluation	NOTES
	Related To: □ Diagnosis of HTN □ Diagnosis of Diabetes □ Diagnosis of ↑Cholesterol □ Cardiac Hx □ other (list) AEB: □ BP > 140/90 □ Headaches □ Visual changes (specify) □ Cognitive changes (specify) □ Peripheral Edema □ Medication □ Other (list)	1. BP < 140/90 2. No verbalized complaints 3. Verbalizes the importance of med compliance	**NURSING** 1. Assess and monitor BP and heart rate _____ (freq) 2. Auscultate lung sounds _____ (freq) 3. Assess for edema _____(freq) 4. Ensure med compliance 5. Teach diet restrictions 6. Other (list) **DELEGATE** 1. Assist with po meds as ordered 2. Check BP and heart rate _____ (freq) 3. Weigh ____ (freq) 4. Encourage daily exercise according to ability (active/passive) 5. Monitor and encourage appropriate food/liquid intake 6. Other (list)		***(Address all items listed in "goal/outcome" column. If goal not met, revise plan)***	

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RN SIGNATURE:				**DATE:**		