

DISEASE / PATHOLOGY:

- Right-sided heart failure caused by chronic pulmonary disease.
- Primary process: pulmonary hypertension strains the right ventricle.
- Why it matters: causes fluid retention, poor oxygenation, and reduced cardiac output.

RISK FACTORS:

- Who is most at risk? COPD and other chronic lung disease patients.
- History / exposure: sleep apnea, pulmonary fibrosis, recurrent PE, smoking.
- Genetics / lifestyle: chronic hypoxia and poor disease control worsen risk.

SIGNS AND SYMPTOMS:

- Hallmark findings: edema, JVD, hepatomegaly, fatigue, dyspnea.
- Early: exertional intolerance, mild peripheral swelling, cough.
- Late / urgent: cyanosis, ascites, worsening hypoxia, chest discomfort.

DIAGNOSTIC TESTING:

- Tests, labs, imaging, procedures: echocardiogram, ECG, chest imaging, BNP, ABGs, pulse oximetry.
- Gold standard: diagnosis is clinical and imaging-based; echo is key.
- What confirms it: right ventricular enlargement/failure with pulmonary disease.

TREATMENT:

- First-line: assess oxygenation first and treat underlying lung disease.
- Oxygen, diuretics, bronchodilators, and pulmonary hypertension management may be needed.
- Nursing considerations: monitor edema, weight, urine output, and SpO₂.
- Nursing need-to-know: daily weights help track fluid status.
- Nursing need-to-know: worsening edema and JVD suggest progression.

PATIENT EDUCATION:

- Home care: avoid smoking, pace activity, and follow oxygen instructions.
- Limit sodium if ordered and take meds consistently.
- When to call: increased swelling, dyspnea, chest pain, or dizziness.

ADDITIONAL NOTES:

- NCLEX must know: chronic lung disease can cause right-sided heart failure.
- Red flag: worsening hypoxia with increasing edema.
- Common exam trap: cor pulmonale is secondary to pulmonary disease, not left-heart failure alone.
- Priority action: support oxygenation and monitor volume status.