




Nursing care for patients with heart failure and comorbidities: case report and challenges in nursing practice

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Introduction: Nursing care is based on a holistic approach, which involves a comprehensive view of the patient, not only through their illness but also through their physical, psychological, social, and spiritual needs¹. In patients with heart failure, this approach becomes especially important due to the complexity of the clinical picture, which is very often burdened with numerous comorbidities (diabetes, chronic obstructive pulmonary disease, hypertension). For this reason, nursing care requires individualized planning, flexibility in approach, and close cooperation with other members of the healthcare team. The nurse plays a key role in recognizing patient needs, implementing interventions, providing education, and offering support to both patients and their families.

Case report: 67-year-old male patient was hospitalized at the Department of Cardiovascular Diseases, University Hospital Centre Osijek, with a diagnosis of heart failure. The patient presented to the Emergency Department with shortness of breath. He has a medical history of rheumatoid arthritis and chronic obstructive pulmonary disease. Symptoms had been present for five days prior, and the patient had initially consulted his general practitioner. Echocardiography showed an ejection fraction of 40% and severe aortic stenosis, while coronary angiography revealed normal coronary arteries. The patient received diuretic therapy and oxygen therapy. At the cardiac surgery consultation, an aortic valve replacement was indicated, which the patient initially refused. Despite the interventions provided, the patient reported no relief in symptoms. He expressed fear and inner restlessness. Through cooperation between nurses and physicians, the patient received appropriate education and nursing interventions to reduce fear, after which he agreed to undergo surgery. As a result of the interventions, the patient also learned new mechanisms for coping with fear and anxiety. On the fifth day of hospitalization, the patient developed oliguria. Blood tests showed worsening renal function, and on the sixth day, the patient underwent his first hemodialysis. Despite all therapeutic measures, renal function did not improve, and the patient began regular hemodialysis three times per week. Individualized and multidisciplinary nursing interventions significantly improve treatment outcomes in patients with heart failure and associated comorbidities. Such an approach leads to significantly better patient conditions, including symptom reduction, decreased rehospitalization rates, and improved psychological well-being.

Conclusion: Providing adequate and high-quality nursing care to patients with heart failure and accompanying comorbidities requires detailed planning, teamwork among nurses, and involvement of other healthcare professionals. To facilitate and enhance the planning and implementation of such interventions, emphasis should be placed on the continuous education of current and future nurses in the field of care for patients with comorbidities.

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LITERATURE

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