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What is an Oedema?

A shift of plasma to interstitial fluid

An oedema is an accumulation of fluid in the interstitial space

Occurs if venous hydrostatic pressure rises, plasma oncotic pressure decreases or interstitial oncotic pressure rises

May also develop if an obstruction of lymphatic outflow causes decreased removal of interstitial fluid

Lymphedema	Assessing oedema	
Stage 1 Stage 2 Stage 3 Stage 4	Where is the oedema? Localised or Generalised?	
	Localised	Related to trauma or inflammation.
	Other examples of localised oedema: Cerebral, pulmonary, pleural effusion, pericardial effusion, and ascites	
Oedema caused by heart failure	Generalised	More uniform distru- bution of fluid in interstitial spaces
	How long has the patient had oedema?	
	Chronic oedema	Longer than 3 months
	What could be the cause?	
	How does this affect the patient?	
Oedema causes	Fluid shifts in heart failure	
Extracellular fluid volume excess caused by addition or retention of saline (saline overload)	Heart Damage Ventricular Overload Decreased Ventricular Contraction	
Leaky cap bed		
Obstruction to lymph flow	Tachycardia Fikuid Overlo Ventricular Dilatation Edema Myocardial Hypertrophy	ad
Plasma oncotic pressure decreases		
Interstitial oncotic pressure rises	Decreased Cardiac Output Reabsorbio	
Increase in intravascular hydrostatic pressure/if venous hydrostatic pressure	Decreased Renal Increased Al	ЭН
Associated with cardiac, hepatic, or renal failure & venous insuff- iciency	Increased Sodium Retention	notic



By **felixcharlie** (felixcharlie) cheatography.com/felixcharlie/

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Manifestations of Altered F&E balance Cheat Sheet by felixcharlie (felixcharlie) via cheatography.com/142439/cs/31033/

Venous obstruction



Fluid spacing

First

spacing

SecondAbnormal accumulation of fluid in interstitial spaces, such
as oedema. This abnormal accumulation can still be
easily moved back to ICF/ECF, where it should beThirdAbnormal accumulation of fluid trapped in spaces where it
is difficult or impossible to return to where it should be,
such as ascites or burn related injuries. This requires
medical intervention to reverse.

Measuring oedema

Dependent oedema: Pitting and non-pitting

Grading oedema

- 1+ Slight pitting/2mm, disappears rapidly
- 2+ Deeper pit/4mm, disappears in 10-15s

3+

4+ Very deep pit/8mm. lasts 2-5m, extremely grossly distorted

Nursing interventions

Ensure underlying cause is being managed appropriately, attempting to reverse

Position patient to reduce positional fluid collection

Recording measurements of pitting oedema

Daily weigh

Administering diuretics if prescribed

Protecting affected tissue from further injury

What is the pathophysiological rationale?

Effects of oedema: determined by location

Fluid leaves bloodstream and accumulates in interstitial spaces

Circulating blood volume and blood pressure decline

Tissue more susceptible to injury

Poor supply of nutrients and oxygen to support healthy tissue

Up to 50% of patients suffering from oedema experience leg ulceration, with 31% of these people having the ulcer for more than 5 years



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