



Nursing Diagnosis

Possible Nursing Diagnoses:

- Ineffective airway clearance
- Impaired gas exchange
- Ineffective breathing pattern

Related To (r/t):

- Inflammation in the airway
- Bronchial secretions
- Aspiration

As Evidenced By (aeb):

- Increased WOB
- Decreased oxygen saturation
- Increased respiratory rate
- Cough
- Adventitious or decreased breath sounds

Patient Goals
(Short and/or long term)

- 1.The patient will have improved aeration and a respiratory rate within normal limits.
- 2.The patient will maintain a patent airway with decrease in WOB and increased aeration.
- 3.The patient will demonstrate how to improve airway clearance through active coughing.
- 4.The patient will maintain adequate oxygenation of tissues with ABG's within normal limits.
- 5.The patient understands the importance of deep breathing and coughing exercises.
- 6.The patient will maintain adequate hydration status.

Nursing Interventions
(Including rationale)

- 1.The nurse will continue to monitor the respiratory status closely.
- 2.The nurse will continue to monitor vital signs closely.
- 3.The nurse will encourage adequate hydration to improve mobilization of secretions.
- 4.The nurse will assess cough for productivity and effectiveness.
- 5.The nurse will encourage deep breathing, splinting, and coughing exercises.
- 6.The nurse will administer medications as ordered.

Include evidenced based rationales for each nursing intervention using your textbooks.

Evaluation

State whether or not the goal was met.

If the goal wasn't met, what progress did they make, and what changes do you need to make to the care plan.

Give your recommendations for changing the care plan to improve patient outcomes.