

Nursing Problem Worksheet

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Anticipated Patient Problem and Goals	Relevant Assessments (Prewrite) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Prewrite) What will you do if your assessment is abnormal?
Problem: Impaired Airway Clearance Reasoning: course lung sounds and wheezing on auscultation, persistent cough, and loud and prolonged expiratory phase. Goal: Pt. will demonstrate effective cough and deep breathing techniques by the end of my care. Goal: Pt. will maintain the ability to cough up secretions during my time of care.	Auscultate lung fields q4h.	Administer beta-2-adrenergic agonists by MDI or nebulizer, as prescribed and PRN for bronchoconstriction.
	Assess the characteristics of, or changes in, secretions: consistency, quantity, color, odor q4h.	Administer mucolytic agents as prescribed and PRN for thick secretions.
	Assess airway and demonstration by pt. to ensure clear airway and ability to clear secretions q4h.	Encourage pt. to cough up own secretions and assist w/ effective coughing techniques PRN if pt. demonstrates ineffective coughing techniques.

Anticipated Patient Problem and Goals	Relevant Assessments (Prewrite) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Prewrite) What will you do if your assessment is abnormal?
Problem: Impaired Gas Exchange Reasoning: prolonged expiratory phase, use of accessory muscles to breathe, RR >20, HR >100, PaCO ₂ >55 mmHg, and PaO ₂ <55 mmHg. Goal: Pt. will maintain oxygen saturation at >87% during my time of care. Goal: Pt. will remain A&Ox4 during my time of care.	Assess for abnormal rate, rhythm, and depth of respiration q4h.	Adjust HOB to high-Fowler's and turn pt. q2h if bedridden.
	Use pulse oximetry to monitor oxygen saturation and assess ABGs q4h.	Administer low-flow O ₂ therapy as indicated and PRN for inadequate oxygenation.
	Assess ability for pt. to ambulate and exercise q2h.	Plan activity w/ interspersed rest periods PRN prior to ambulation and after bronchodilator treatment.