

Nursing Problem Worksheet

Name:

Rachel Mordas

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: pt has COPD. Goal: pt will maintain SpO ₂ of >92% during my time of care Goal: Pt will demonstrate effective breathing techniques during	Assess SpO ₂ % q2hr.	Elevate HOB, and encourage/teach deep breathing techniques.
	Assess breath sounds for crackles (or abnormalities) q2hr.	Encourage proper use of Incentive spirometer.
	Assess pts tolerance to activity (during/after activities)	Provide periods of rest in between activities.
	observe skin color and nail beds for cyanosis q2hr	notify the provider.
Goal: Pt will demonstrate effective breathing techniques during	Assess SpO₂ Assess positioning and posture q2hr	correct positioning, elevate head and body aligned to allow maximum lung expansion

/before the end of my shift.

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: Risk For Infection Reasoning: COPD increases risk of contracting a respiratory infection. Goal: Pt will verbalize understanding of infection precautions (hand hygiene, Goal: vaccination, healthy lifestyle) by end of shift. Goal: Pt will have	monitor BP, HR, RR, and SpO₂ temperature q2hr. (for fever)	use a cool cloth, encourage clear fluid intake, notify provider, if above 101°F
	Assess sputum color, amount and odor each shift.	encourage clear fluid intake and notify the provider
	Inspect skin and oral mucosa for signs of infection q4	If infection present (signs) administer antibiotic as ordered
	Assess I/O for nutritional/hydration status throughout shift.	encourage proper nutrition and hydration.
	Assess understanding of infection prevention each shift.	Implement teaching on hand hygiene, vaccines, and healthy lifestyle choices.

a temp <99°F during my time of care

Student Name: Rachel Mordes

Medical Diagnosis/Disease: COPD

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

NCLEX IV (7): Reduction of Risk

Anatomy and Physiology

The **respiratory system** delivers oxygen (O₂) and removes carbon dioxide (CO₂), maintaining acid–base balance and cellular metabolism. It includes the **nose, pharynx, larynx, trachea, bronchi, and bronchioles**, which warm, humidify, and filter inspired air. The trachea and bronchi are lined with **ciliated epithelial and goblet cells** that trap and clear debris through **mucociliary clearance**.

The **respiratory zone**—made up of the **respiratory bronchioles, alveolar ducts, and alveoli**—is the site of **gas exchange**. **Alveoli** are elastic air sacs surrounded by pulmonary capillaries.

Ventilation: During inspiration, the **diaphragm contracts** and intercostal muscles expand the thoracic cavity, creating negative pressure that draws air in. Expiration is usually passive as the lungs recoil due to their elasticity.

Gas exchange occurs across the **alveolar–capillary membrane** by **diffusion**: oxygen binds to **hemoglobin** to form oxyhemoglobin, and carbon dioxide is carried back to the lungs in plasma or bound to hemoglobin for exhalation.

Pulmonary circulation carries deoxygenated blood from the **right ventricle** to the lungs for oxygenation and returns oxygen-rich blood to the **left atrium**, maintaining efficient perfusion for tissue oxygen delivery.

Pathophysiology of Disease

COPD is a progressive, irreversible airflow limitation caused by chronic inflammation of the airways, lung parenchyma, and pulmonary blood vessels. The primary trigger is long-term exposure to noxious particles or gases, which activates an inflammatory response in the lungs. Inflammation leads to excess mucus from glands, destruction of alveolar walls, ciliary dysfunction. The two primary pathologic processes: chronic bronchitis (airway inflammation and mucus hypersecretion) and emphysema (alveolar destruction and air trapping). They often appear together, producing the symptoms of COPD. COPD stands for chronic obstructive pulmonary disease.

Anticipated Diagnostics

Labs

- CBC 
- ABGs 
- BMP 

Additional Diagnostics

- Chest X-ray 
- Pulmonary function tests
- Pulse oximetry

Contributing Risk Factors

- Smoking★
- Second hand smoke exposure
- Occupational-related exposures
- Air pollution
- Genetic factors
- Respiratory infections★
- Aging★
- History of asthma

Signs and Symptoms

- Chronic cough
- Dyspnea★
- Wheezing
- Use of accessory muscles★
- Fatigue★
- Cyanosis
- Clubbing fingers
- Diminished breath sounds★

Possible Therapeutic Procedures

Non-surgical

- Keep the head elevated (high-fowlers in bed)★
- Breathing exercises/productive coughing★
- Use of an incentive spirometer★
- Smoking cessation program

Surgical

- Lung transplant

Prevention of Complications

(What are some potential complications associated with this disease process)

- Acute respiratory failure
- Pneumonia or other respiratory infections★
- Pulmonary hypertension

NCLEX IV (6): Pharmacological and Parenteral Therapies

Anticipated Medication Management

- Inhaled corticosteroids★
- Inhalers★
- Antibiotics★
- Diuretics
- Oral steroids
- Bronchodilators★

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

- Maintain upright position★
- Encourage deep breathing★
- Provide frequent periods of rest between activities
- Ensure adequate hydration
- Encourage Nutrient-dense meals★
- Educate on avoiding irritants such as smoking
- Monitor SpO2★

NCLEX III (4): Psychosocial/Holistic Care Needs

What stressors might a patient with this diagnosis be experiencing?

- Anxiety/fear
- Depression★
- Frustration/guilt★
- Struggles with new limitations
- Sleep disturbances
- Body image concerns (for those who experience weight loss or have new use of oxygen nasal canal)

Client/Family Education

List 3 potential teaching topics/areas

- Educate on the importance of smoking cessation (including smoke exposure) and limiting exposure to any respiratory irritants.
- Educate on proper oxygen and/or inhaler use and stress the importance of correct techniques/schedules.★
- Emphasize the importance of hand hygiene, vaccines, and nutrition to decrease the risk of getting an infection.

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement

(Which other disciplines do you expect to share in the care of this patient)

- Respiratory Therapist★
- Dietician
- Social worker/case manager
- Physician/Pulmonologist★
- Nurse★
- Pharmacist