

Respiratory

Pneumonia

- Who is at risk?
- Diagnostics
 - Chest x-ray
 - Pulse ox
 - Sputum C&S
 - ABG's
 - ↑ WBC's
- S/S
 - Tachypnea & tachycardia
 - Fever, chills
 - Productive cough
 - Breath sounds – crackles
 - Pain & dullness to percussion
 - *** May present with just confusion or ↓ LOC
- Nursing
 - Assess sputum
 - Assist with coughing
 - Encourage fluids to thin secretions
 - Assess breathing & lung sounds
 - Monitor O2 sats and ABG's
 - Adequate rest
 - Assess mental status
 - Administer prescribed antibiotics
 - Teach about importance of flu and pneumococcal vaccinations – who should get?

Asthma - remember it is reversible & intermittent & caused by some type of irritant

- S/S
 - Sudden, severe dyspnea with use of accessory muscles
 - Sitting up & leaning forward
 - Diaphoresis & anxiety
 - Wheezing & anxiety
 - Coughing
- Diagnostics
 - Chest x-ray
 - Sputum
 - PFT's
- Treatment
 - Bronchodilators

- o Steroids
- o Combination agents
- Nursing
 - o Oxygen administration & monitoring
 - o Avoid triggers
 - o Proper use of inhalers and peak flow monitoring
- Status asthmaticus is life threatening & can result in intubation

Tuberculosis – infectious & communicable

- Who is at risk?
- S/S
 - o Cough, hemoptysis
 - o Positive sputum culture
 - o Low grade fever with night sweats
 - o Anorexia, weight loss
 - o Malaise, fatigue
- Diagnostics
 - o Mantoux
 - o Sputum culture and smear for AFB
 - o Chest x-ray
 - o Serum analysis – QFT-G
- Treatment
 - o Look at the different drug therapies
 - o Teach compliance
- Nursing
 - o Airborne precautions
 - o Obtain sputum prior to antibiotics
 - o Maintain adequate nutrition
 - o Monitor labs
 - o Teach about coughing into tissues and proper disposal
 - o Refer client to and high-risk to local health department for testing & prophylactic care

COPD

Chronic Bronchitis

- Who is at risk?
- S/S
 - o Chronic cough with sputum production
 - o Hypoxemia
 - o Generalized cyanosis, “blue bloater”
 - o Right-sided heart failure

Emphysema

- Who is at risk?
- S/S
 - o Barrel chest
 - o Pursed-lipped breathers
 - o “Pink puffers”

Diagnostics

- Chest x-ray
- PFT's
- Pulse ox – sats are usually low
- ABG's – usually respiratory acidosis
- CT

Treatment – review your meds

- Bronchodilators
- Bet-adrenergic agents
- Cholinergic antagonists
- Methylxanthines
- Anti-inflammatory agents
- Mucolytic agents

Nursing

- Teach client to sit upright and bend slightly forward
- Schedule activities with rest periods
- Administer oxygen as prescribed
- Encourage fluids
- Smoking cessation
- Maintain nutritional status
- Teach prevention of secondary infection
- Encourage flu and pneumococcal immunizations
- Possible pulmonary rehab

*Review your emergencies like PE, pneumothorax and hemothorax

*Review chest tube management and airway management like mechanical ventilation

