

Carolyn Lynch

Nursing Care Plan 1-24-2019

Nursing Diagnosis: Ineffective airway clearance r/t COPD

AEB:

- Wheezing throughout anterior lung sounds
- Wheezing throughout posterior lung sounds
- Shallow, laborious breathing while at rest
- Dyspnea on exertion
- SpO2 92% on 3L NC
- Decreased energy/fatigue
- Loss of appetite

Patient Outcomes

AEB: Patient will experience a clear airway

- Clear respirations throughout anterior lung sounds
- Clear respirations throughout posterior lung sounds
- Normal, non-laborious breathing while at rest
- SpO2 >94% on 3L NC
- Increased energy/less fatigue
- Increase in appetite

Related interventions

- Auscultate lung sounds anteriorly and posteriorly q2 hrs. (0700,0900,1100 etc)-to determine respiratory distress or accumulation of secretions.
- Assess vital signs q4 hrs (0700,1100, 1500 etc) -to monitor for infection, respiratory distress, increase or decrease in blood pressure/heart rate)
- Assess SpO2 q2 hrs (0700, 0900, 1100 etc)-to determine if oxygen saturation is adequate and to avoid hypoxia
- Administer medications as indicated on MAR. (expectorant, bronchodilators) q4 hrs.

Budesonide 0.5 mg. inhalation BID (900, 1600)

Guaifenesin 1,200mg PO BID (900, 1600)

Ipratropium Bromide 0.5mg inhalation QID (2000)

-to mobilize secretions and open bronchial airways

- Administer albuterol medication 2.5mg. inhalation prn -on exertion or onset of acute respiratory distress
-to avoid an increase in respiratory exacerbation by opening the airway
- Administer O2 via nasal canula 3L QID 24 hrs.
-to avoid SpO2 <94% and hypoxia and help with exertion during ADL's
- Encourage deep breathing exercises q2 hrs (0700, 0900, 1100 etc)
-to avoid atelectasis and maintain SpO2.>94%
- Education on correct usage of albuterol inhaler q shift (teach back) (0700, 1500 etc.)
-to ensure proper usage will be used upon discharge
- Education on daily inhaler treatment (teach back) QD (2000)
-to ensure proper usage of daily treatment upon discharge.
- Encourage ambulating and slight exercise TID (1100, 1600, 1900)
-to prevent atelectasis and other respiratory issues
- Encourage Heart Healthy diet TID (0800, 1300, 1800)
-to assist with weight loss and increase diaphragmatic breathing

(Doenges, Moorhouse, & Murr, 2016)

Evaluation

Partially Met

AEB:

- Auscultated clear lung sounds anteriorly throughout
- Slight wheezing auscultated bilaterally posterior bases of lungs.
- Normal, non-laborious breathing at rest
- Dyspnea remains during exertion
- Energy has increased
- Increase in appetite

Terminate Plan of Care

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References

Doenges, M.E. Moorhouse, M.f., & Murr, A.C. (2016). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (14th ed). F.A. Davis Company: Skyscape Medpresso, Inc.