

Assessment										
General	Integument	HEENT	Cardiovascular	Respiratory	Genitourinary	Gastrointestinal	Musculoskeletal	Neurological	Most recent VS (highlight if abnormal)	Pain and Pain Scale Used
A&O X 4 The patient appears distressed. The patient is well-groomed.	Skin color is normal for race. Skin is intact, warm, and dry. Rapid rebound skin turgor, no open wounds.	Head is normocephalic, trachea midline. PERRLA. Septum midline, turbinates are pink and moist. Good dentition	Cardiovascular S1, S2 noted. Carotid, radial, brachial, ulnar on the right and left felt; posterior tibial, and dorsalis pedis pulses 2+ bilaterally. Capillary refill is less than 3 seconds.	Lung sounds are diffusely decreased breath sounds bilaterally. Diffuse expiratory wheezes, particularly evident with forced expiration. Use of accessory muscles	Normal findings	The patient's bowel sounds are normoactive in all four quadrants. The abdomen is soft, no masses or pain reported. The patient is on a clear liquid diet.	The patient has a full range of motion on 4 of 4 extremities, strong grips/pushes/pulls.	The patient is oriented x 4 The patient is on a clear liquid diet which will be advanced as tolerated.	Time: 1000 Temperature : 98.2 F Route: oral RR: 22 HR: 96 bpm BP and MAP: 98/60 Oxygen saturation: 93% Oxygen needs: 3L NC	Pain 2/10 – Faces scale – chest tightness – distraction used

Nursing Diagnosis 1 Ineffective airway clearance related to airway spasm, secretion retention, amount of mucus as evidenced by wheezing.	Nursing Diagnosis 2 Ineffective breathing pattern related to swelling and spasm of the bronchial tubes as evidenced by shortness of breath.	Nursing Diagnosis 3 Impaired gas exchange related to altered delivery of inspired O₂ as evidenced by decreased O₂ saturations.
Rationale Due to the patient not being able to affectively clear the airway, mucus will build up in the lungs and the pt will have a wheezing sound when breathing.	Rationale Due to the patients abnormal breathing pattern, the patient will be short of breath.	Rationale Due to impaired gas exchange the patients O₂ saturations are decreased
Interventions Intervention 1: Assess the effectiveness of cough. Intervention 2: Assess for color changes in the buccal mucosa, lips, and nail beds.	Interventions Intervention 1: Assess the client's vital signs as needed while in distress. Intervention 2: Assess the respiratory rate, depth, and rhythm.	Interventions Intervention 1: Position the patient upright if tolerated. Regularly check the patient's position to prevent sliding down in bed. Intervention 2: Give medications as prescribed, such as antibiotics, mucolytic agents, bronchodilators, and corticosteroids noting effectiveness and side effects.
Evaluation of Interventions 1. The patient will cough as demonstrated 2. The patient's buccal mucosa, lips, and nail bed will be a normal color	Evaluation of Interventions 1. The clients' vital signs will be normal 2. The client's respiratory rate, depth, and rhythm will be normal.	Evaluation of Interventions 1. The patient's position is maintained 2. The pt will start breathing better due to the prescribed meds.

References (3):

References (3):

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