

## Nyack College SON- Concept Map

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**Nursing Dx** Risk for infection related to airway opening in the airway  
**Expected Outcome** The client will remain free from infection for the next 8 hours

**Interventions**

1. Assess the characteristics of the client's sputum.
2. Auscultate breath sounds per shift
3. Assess for signs and symptoms of pulmonary infection
4. Educate family and caregivers on proper hand hygiene when providing care.

**Evaluation-**

The client exhibited no signs and symptoms of infection

**Nursing Dx** during the 8 hours. Goal met  
 Risk for Impaired Gas Exchange related to respiratory distress  
**Expected Outcome** The client will be free of symptoms of respiratory distress for the next 8 hours.

**Interventions**

1. Assess the respiratory rate, rhythm, quality, depth, and effort.
2. Auscultate lung sounds, noting any areas of decreased ventilation or presence of adventitious sounds.
3. Assess for changes in the client's vitals and temperature.
4. Assess for changes in the level of consciousness.

**Evaluation-**

Goal met. Respiratory rate within normal limits and no signs and symptoms

**Past Medical History**  
 · Flexion deformity of fingers, joint of both hands (Creste)  
 · Airway obstruction (Chronic)  
 · Feeding problem in infant

Congenital  
 Tracheomalacia

**Medications**

- Ganethone (Ropid) 2mg/kg Daily SC
- Generous Sulfate (Ger-In-Sol) 1.5mg/kg BID SC
- Lidocaine (Linc 4\*) 0mg TP NOW Q130 SC
- Omprazole (Prilosec\*) 4mg/kg BID SC
- Palivizumab (Synagis\*) 1 syr IM Q30D SC
- Vitamin A/Vitamin D (Tri-V-Sol Drop\*) 1mg/kg Daily SC Dose: 1ml

**Nursing Dx** Impaired airway clearance related to undrained mucus secretions  
**Expected Outcome** The client will maintain clear, open airways, as evidenced by normal breath sounds after suctioning.

**Interventions**

1. Assess airway patency
2. Educate the parent or caregiver on the suctioning procedure and the purpose and desired outcome of suctioning.
3. Monitor ET tube placement
4. Instill airway suctioning as indicated per attentional breath sounds or audible respirations.

**Evaluation-**

Parent breath sounds were clear in all fields after suctioning. Goal met.

**Nursing Dx**  
 Risk for aspiration related to presence of thickened secretions  
**Expected Outcome** The client will maintain a clear airway, free of signs of aspiration for the next 8 hours.

**Interventions**

1. Perform respiratory assessment and rubs q shift
2. Assess secretions orally and when suctioning
3. Provide suctioning to remove excess secretions.
4. If unable to suction due to clogged tracheostomy tube, change tracheostomy and initiate protocol.

**Evaluation-**

Parent presented no signs of aspiration at the end of 8 hours. Airway