

CFCC ADN PROGRAM

STUDENT NAME: NURSE 2 B _____
DATES OF CARE: 00/00/00 _____ **MEDICAL DIAGNOSIS:** PNEUMOMIA _____
PT INITIALS: MC _____

NURSING DIAGNOSIS: Ineffective airway clearance R/T thick secretions 2° pneumonia aeb inability to remove secretions

STG: The client will demonstrate effective cough q2 hours by (date).

LTG: The client will have clear breath sounds, RR 16-20, O2 sats \geq 95% on room air by (date).

DATA: SUBJECTIVE (S) & OBJECTIVE (O)	NURSING INTERVENTIONS	RATIONALES	EVALUATION/ADJUSTMENTS
(S) Pt. states: "I have trouble catching my breath" "Sometimes I cough up some green stuff" "It hurts when I cough" "I just feel tired" "I don't want to move, it hurts"	1) Assess respiratory status q 4 hours & prn -RR/depth, rhythm, and effort -chest movement -use of accessory muscles -breath sounds (before and after treatments -cough ability -presence, amount, color, odor of secretions -lab results (CBC, ABG) -O2 sat q4hours and PRN -↑ restlessness, anxiety 2) Assess causative factors -pain -fear of -fatigue	1) Determine baseline data <ul style="list-style-type: none"> • determine extent of problem • ongoing assessment of factors present is needed to evaluate response <ul style="list-style-type: none"> • CBC will determine the presence of infection • Shows signs of hypoxia 2) Identifying factors can help eliminate them	STG: <i>MET.</i> pt is coughing effectively q2 hours LTG: <i>PARTIALLY MET.</i> R/R 20 O2 sat 96% on 2LNC rhonchi clears with cough <i>continue all interventions</i>

DATA: SUBJECTIVE (S) & OBJECTIVE (O)	NURSING INTERVENTIONS	RATIONALES	EVALUATION/ADJUSTMENTS
<p>(0) Vitals: Temp 101.6 RR 28 HR 92 B/P 118/70</p> <p>- Breath sounds with rhonchi upper lobes; crackles in RLL -O2 Sat 90% on RA -Thick Yellow-Green sputum -Attempts to suppress Cough -Does not move in bed -Rhonchi present after cough -SOB on exertion</p>	<p>3) Administer O2 to keep sats \geq 95% as ordered</p> <p>4) Instruct and assist with proper method of controlled coughing -several deep breaths -deep breath, hold 2sec -cough 2-3 times -rest</p> <p>5) Encourage cough and deep breathe q2 hours</p> <p>6) IS q1° W/A</p> <p>7) Hydrate 2-3L/day</p> <p>8) Rest after cough and before meals</p> <p>9) Assist with splinting painful areas</p> <p>10) Medicate for pain per orders: -Percocet i-ii po q4h PRN pain -Monitor effects 1 h after</p> <p>11) Administer medications as ordered: -Slo-Bid i PO BID -Robitussin 200mg PO q4h -Rocephin 1g IV q 24h</p> <p>12) Consult RT for recommendations r/t RT, percussion, vibration -Notify MD if orders needed</p>	<p>3) Maintain O2 sat level</p> <p>4) \uparrow volume of air in lungs and to facilitate expelling secretions</p> <p>5) Mobilize secretions</p> <p>6) Maximize ventilation</p> <p>7) Liquefy secretions so easier to expel</p> <p>8) Decrease Fatigue</p> <p>9) Splinting decreases pain with cough</p> <p>10) To keep pain from interfering with TCDB</p> <p>11) Slo-Bid=bronchodilator Robitussin=expectorant Rocephin=Tx of Infection</p> <p>12) Gain additional knowledge from specialist to relay to MD</p>	