

Impaired gas exchange

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p><b>Impaired gas exchange</b></p> <p><b>Related factors:</b></p> <p>Alveolar capillary membrane changes                      Hypoventilation                      immaturity of central nervous system                      inadequate surfactant level                      Ventilation perfusion imbalance</p> <p><b>Symptoms / Risk factors:</b></p> <p>Abnormal arterial blood gases                      Abnormal rate, rhythm, depth of breathing                      Abnormal skin color (pale, dusky)                      Cyanosis (in neonates only)                      Dyspnea                      Hypercapnia                      Hypercarbia                      Hypoxemia                      Hypoxia                      Irritability                      Nasal flaring                      Restlessness                      Tachycardia                      tachypnea                      Somnolence                      Visual disturbances</p> <p><b>Outcome / Goal:</b></p> <p>Demonstrate improved ventilation and oxygenation of tissues                      Better arterial blood gases _____                      Be free of bronchopulmonary dysplasia (BPD).</p>		<p><b>Oxygen Therapy</b></p> <p>Administer O2, as needed, by mask, hood, endotracheal tube, or mech. ventila                      Asses O2 saturation and arterial blood gases                      Monitor oxygen therapy closely.                      Record fraction of oxygen in inspired air (FIO2) every hour</p> <p><b>Respiratory Monitoring</b></p> <p>Asses preexisting respiratory conditions                      Administer O2 as indicated                      Administer analgesics, as indicated.                      Administer medications, as indicated                      Asses O2 saturation and arterial blood gases                      Assist with and instruct in use of incentive spirometer                      Assist with coughing, turning, and deep breathing.                      Maintain bedrest. Encourage use of relaxation techniques</p> <p>If Neonate/Premature:</p> <p>Assist with drawing of cord blood.                      Assist with intubation at birth if indicated                      Auscultate breath sounds                      Clear airway: gently suction nasopharynx, as needed                      Measure Apgar score at 1 and 5 min following deliveri                      Note pitch and intensity of cry</p> <p><b>Ventilation Assistance</b></p> <p>Administer medications that promote airway patency and gas exchange                      Administer O2 as prescribet                      If chest tube is inserted - monitor status and fluid from chest                      Position the patient upright                      Initiate postural drainage, chest physiotherapy, every ____ hour                      Teach breathing techniques, as appropriate                      Maintain patent airway. Anticipate emergency intubation or tracheostomy (ready)                      Prepare for, or assist with, intubation or tracheostomy                      Monitor trends in PEP (peak airway pressure)                      Monitor lab results</p>	