Patients info label here

Ineffective breathing pattern

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	Ineffective breathing pattern Related factors: Abdominal pressure Anxiety Body position Bony deformity Bronchospasm Chest wall deformity Decreased energy/fatigue Decreased lung expansion due to air accumulation Decreased lung expansion or pain Facial angioedema Hyperventilation Hypoventilation syndrome Immaturity of the respiratory center, Impaired regulation Intraventricula hemoraghe Ischemic brain damage Laryngeal edema Limited muscular development Meconium aspirate Neurological immaturity Neuromuscular dysfunction Obesity Perception/cognitive impairment Pain Spinal cord injury Symptoms / Risk factors: Cessation of breathing for 20 seconds or longer Cessation of breathing in status eplepticus Cough Cyanosis Decreased inspiratory/expiratory pressure Decreased minute ventilation Decreased vital capacity Dyspnea Obstruction of airway by secretions Prolonged expiration phases Respiratory rate/min: Infants: <25 or >60; Ages 1-4: <20 Shortness of breath Tachypnea Use of accessory muscles to breathe Outcome / Goal: Normal breathing pattern_____ Maintain adequate ventilation Infant demostrates smooth synchronous movements		**Respiratory Monitoring** Auscultate breath sounds Asses O2 saturation and arterial blood gases Monitor for increased restlessness, anxiety, and air hunger Monitor changes in O2 saturation Monitor rate, rhythm, depth, and effort of respirations Obs. lab results of electrolytes (Na(136-146),K(3,6-4,9) Observe color of skin, mucous membranes, and nailbeds for cyanosis **Airway Management** Administer O2 if indicated Monitor respiratory rate and depth; Assess skin for cyanosis or pallor frequently Discuss and teach parents and child about symptoms of ineffective breathing **Developmental Care** Promote strageties to faciliate infant attachment. Parents may be grieving **Developmental Enhancement: Child** Assist with therapy to treat or correct underlying conditions Check parents understanding of current situation Conduct special activites for the child Identify realistic goals with child and parents Maintain enviromental temperatures within _____ Maintain patent airway and provide 02 as needed Monitor color (cyanosis etc) Monitor muscle tone Monitor vital signs - glucose level and PH Position the infant with proper support Promote strageties to faciliate infant attachment. Parents may be grieving Teach parents to recognize their infant's cues and behavioral states Work with parents to maintain a sturctural program for child **Tube Care: Chest** All connections will be taped securely Change dressing as necessary or when saturated per practitioner order. Check fluid level in water-seal chamber; maintain at prescribed level. Check suction control chamber for correct amount of suction Do not clamp chest tube at any time without a practitioner's order Keep sterile cup, sterile water and Vaseline gauze at bedside Maintain drainage system and tubing below the level of insertion. Obs. for bubbling in water-seal chamber. (should be while lung is not expanded **Ventilation Assistance** Administer O2 as prescribet Administer medications that promote airway patency and gas exchange If chest tube is inserted - monitor status and fluid from chest Monitor lab results Aspirate gastric contents for shake test. Prepare for, or assist with, intubation or tracheostomy	

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