Patients info label here

Pneumonia

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	Ineffective airway clearance *Related factors:* Infection Foreign body in airway Obstructed airway *Symptoms / Risk factors:* Temp > 37.5 Cough, ineffective or absent Dyspnea Sputum production O2 sat < 90 % *Outcome / Goal:* Temp < 37.5 O2 sat. > 90% Improved coughing techniques Improved breathsounds		**Airway Management** Position the client to optimize respiration (head of bed elevated 45 degrees) obs. respiratory rate, rytm, depth and effort Perform chest physical therapy, as appropriate obs. changes in O2 saturation; adminisert O2 as ordered obs lung secretion **Cough Enhancement** Instruct how to cough effectively **Medication Administration** Assist patient in taking medication Monitor patient for the therapeutic effect of the medication Administer medication as prescribed Teach patient how to use prescribed inhalers, as appropriate **Vital Signs Monitoring** Monitor blood pressure, O2 sat, pulse, temperature, and respiratory status, as a	
	Impaired gas exchange *Related factors:* Alveolar capillary membrane changes Hypoventilation *Symptoms / Risk factors:* Dyspnea Tachycardia Irritability *Outcome / Goal:* Demonstrate improved ventilation and oxygenation of tissues Better arterial blood gases _____		**Respiratory Monitoring** obs. rate, rytm, depth and effort in breathing Auscultate breath sounds Observe color of skin, mucous membranes, and nailbeds for cyanosis Asses O2 saturation and arterial blood gases Assist with coughing, turning, and deep breathing. Obs. lab results of electrolytes (Na(136-146),K(3,6-4,9) Obs increasing restlessness, confusion, and lethargy Maintain bedrest. Encourage use of relaxation techniques Elevate head and encourage frequent position changes Prepare for and transfer to critical care unit if indicated	
	Impaired physical mobility *Related factors:* Discomfort, pain Lack of knowledge regarding value of physical acti Reluctance to initiate movement *Symptoms / Risk factors:* Slowed movement *Outcome / Goal:* Ability to maintain ADL		**Exercise Promotion: Strength Training** Explain the purpose and activity program Encourage ambulation as tolerated without causing exhaustion **Pain Management** Obs. pain (effectivnes of medication) Optimize the patient's comfort in bed Administer medication as prescribet Obs. pain (effectivnes of medication)	
	Risk for imbalanced fluid volume *Related factors:* Fluid loss. *Symptoms / Risk factors:* Weakness decreased skin/tongue turgor tachycardia *Outcome / Goal:* Maintain normal blood pressure, pulse, and body temperature Maintain urine output more than 1300 mL/day		**Fluid Management** Encourage fluid intake by offering fluids regularly Provide fresh water and oral fluids preferred by the client Monitor total fluid intake (and output) every 8 hours	

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Patients info label here

Pneumonia

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	Acute pain *Related factors:* Inflamed lung Persistent coughing *Symptoms / Risk factors:* Guarding behavior Verbal or coded report *Outcome / Goal:* Patient verbalizes relief of pain		Pain Management Asses cause of pain Administer O2 as orderd Optimize the patient's comfort in bed Keep arm elevated on pillows while the patient in bed Obs vital signs_____ Offer frequent oral hygiene Administer medication as prescribet Obs. pain (effectivnes of medication)	

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