Respiratory Failure Nursing Care Plan

PATIENT INFORMATION

Name: _____ Age: _____

Diagnosis: _____

Medical history:

ASSESSMENT

Respiratory rate: _____ Oxygen saturation (SpO2): _____

Breath sounds: _____ Mental status: _____

NURSING DIAGNOSIS

Specify below:

NURSING INTERVENTIONS

1. Oxygen therapy:

2. Airway management:

3. Respiratory medications:

4. Ventilatory support:

5. Monitoring and assessment:

EVALUATION

Specify below: