

Pneumonia Nursing Care Plan

PATIENT INFORMATION

Full name:: _____ Date of birth:: _____ dd / mm / yyyy

Gender:

Male Female

Patient ID:: _____ Contact number:: _____

Email address:: _____

Existing medical conditions:

INEFFECTIVE AIRWAY CLEARANCE PLAN

Assessment

Changes in respiratory rate, rhythm, and depth can be subtle or appear suddenly.

Notes / referrals:

Inflammation and increased sputum production / increases risk for aspiration pneumonia.

Notes / referrals:

Sputum sample for culture

Notes / referrals:

Intervention

Use of respiratory devices such as flutter valves to mobilize secretions, proper education should be given to the patient on how to effectively use this intervention.

Immobile patients should be assisted with movement and positioning changes to promote lung expansion.

Notes / referrals:

IMPAIRED GAS EXCHANGE

Assessment

Assess breath sounds, respiratory rate and depth, spO₂, blood pressure and heart rate, and capillary refill.

Notes / referrals:

Decreased level of consciousness, restlessness, agitation, and lethargy

Notes / referrals:

ABGs and oxygen saturation

Notes / referrals:

Intervention

Encouragement of rest and reduced exertion to limit oxygen consumption.

The prescription of narcotics and sedation should be used with extreme caution when managing pain or anxiety as they have the potential to suppress the respiratory system.

Provide oxygen supplementation to maintain spO₂ levels.

Notes / referrals:

PHYSICIAN'S NOTES AND RECOMMENDATIONS

Notes and recommendations:

Physician's signature:

Date: _____ dd / mm / yyyy