

NURSING CARE PLAN No 2
INEFFECTIVE BREATHING
(All care plans must be used in conjunction with care plan 1)

Full Name:

Address: **Addressograph**

HCR.....

Care Plan No 2 Problem		INEFFECTIVE BREATHING	Issue Date: October 2019 Review Date: October 2021	
<input type="checkbox"/> Has ineffective breathing pattern <input type="checkbox"/> Is susceptible to deterioration of their respiratory pattern Related to.....		<ol style="list-style-type: none"> 1. Breathing will be supported 2. Observations 3. Intravenous antibiotics 4. Pain needs supported 		
		NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	RESPIRATORY SUPPORT			
<ul style="list-style-type: none"> • Nurse upright/well supported with pillows, use an infant seat if necessary • Monitor baseline respiratory status, continue monitoring as condition requires _____ _____ • +/- • Administer oxygen as prescribed via humidifier, report and record effect of same _____ _____ • Administer nebulised medications as prescribed, report and record effect of same _____ _____ • Sputum samples as ordered • Administer inhalers as prescribed, monitor effect • Physiotherapy as ordered • Replace oxygen equipment as per Guidelines 				
2	OBSERVATIONS			
<ul style="list-style-type: none"> • Record baseline observations, temperature, pulse, respirations, blood pressure, and oxygen saturations. Frequency as condition dictates as requested _____ _____ • Use PEWs to detail observations and adhere to guidance • Pyrexia: <ol style="list-style-type: none"> 1. Use pharmacological and non-pharmacological means of reducing temperature 2. Nurse in a well ventilated room 3. Administer anti pyretics as prescribed 4. Encourage cool drinks 5. Remove excess clothing / blankets 				

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3	INTRAVENOUS ANTIBIOTICS	Commencement Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<ul style="list-style-type: none"> • Administer intravenous antibiotics as prescribed as per Medication Policy _____ _____ _____ _____ • Monitor Intravenous site for redness, pain and swelling as per IV policy, report and record. • Monitor condition for response to antibiotic therapy report and record. • +/- Administer oral antibiotics as prescribed _____ • Monitor patient receiving oral medication 			
4	PAIN		
<ul style="list-style-type: none"> • Assess pain score on admission as per pain assessment guidelines, OLCHC. • Administer analgesia as required and monitor and record effect of same. <p>Paracetamol / Ibuprofen / Codeine</p> _____ _____ _____ _____			
ANY OTHER NEEDS			

Issue Date: October 2019 / Review Date: October 2022

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