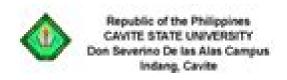
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College of Nursing

NURSING CARE PLAN OF A CLIENT WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE.

ASSESSMENT	NURSING DIAGNOSIS	OUTCOMES	PLANNING	INTERVENTION	RATIONALE	EVALUATION
SUBJECTIVE The client vertalized. "Ang hirap unubo at nahihirapan pa ako humings." OBJECTIVE Vital signs taken as follows: T- 37, 6 C PR- 57 RR-25 BP- 100/80 PHYSICAL EXAMINATION FINDINGS	Irreflective Airway Clearance st excessive secretors and irreflective coughing	The client will have improved ainway clearance as evidenced by effective coughing techniques and a patient airway	SHORT TERM GOALS After 8 hours of nursing interventions the client will be able to: 1.Demonstrate behaviors to improve sineary clearance 2.Verbalize improved coughing LONG TERM GOALS After 3 days of nursing interventions, the client will be able to:	1.Monitor lung sounds every 4-5 hours and before and after coughing episodes 2. Teach the client to maintain adequate hydration by drinking at least 8-10 glasses of fluid per day (if not contraindicated) 3. Teach and supervise coughing techniques 4. Teach and supervise spirometer techniques to times per hour while awake 5. Perform chest physiotherapy if needed and instruct the client and SO in these techniques	1. Respiratory monitoring is vital because rhonchi present in the large airways may impair airway patency 2. Hydration helps to thin the secretions which impairs airway 3. Proper coughing techniques conserve energy, reduce airway collapse and lessen client frustration 4. Incentive spirometer is an objective measure of depth of inhalation to promote lung expansion 5. Chost physiotherapy techniques use forces of gravity and motion to facilitate secretion removal.	After 6 hours of nursing interventions, the goal was MET as evidenced by: Client's verbalization of relief, demonstrated behaviors to improve sinking coughing technique and improved ability to expectorate mucus

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Lynda Juall Carpenito-Moyet

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