

CARE OF THE PATIENT WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

OBJECTIVES:

1. To maintain a patent airway and facilitate CO₂/O₂ exchange.
2. To assist the patient in dealing with long-term aspects of disease.

PROCESS STANDARDS:

1. Vital signs will be taken a minimum of every 8 hours.
2. A respiratory assessment will be done a minimum of every 8 hours.
3. Body positioning, as possible, to facilitate ventilation.
4. O₂ and/or CO₂ levels (on blood gases) will be monitored as ordered and MD notified of results if not within acceptable range for that patient.
5. The patient/significant other will be instructed concerning treatment, medications, side effects, follow-up care, and symptoms to report to the physician.
6. The patient/significant other will be instructed concerning factors that may aggravate the condition (e.g. excessive dryness, temperature changes, pollen, tobacco smoke, or other irritants).
7. The patient will be instructed on how to perform pursed lip breathing.

OUTCOME STANDARDS:

At the time of discharge:

1. The patient's vital signs will have been stable for that patient for the 24 hour period prior to discharge.
2. The patient will assist in self care within his/her limitations.
3. Symptoms associated with acute respiratory distress will have been absent for the 24 hour period prior to discharge.
4. The patient/significant others will communicate knowledge of medical regimen, drugs, and avoiding activities that aggravate condition, or predispose to complications.

HAVE I DOCUMENTED:

- * Respirations
 - Quality
 - Rate
 - Depth
 - Pursed lip breathing
 - Use of accessory muscles

CARE OF THE PATIENT WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

HAVE I DOCUMENTED continued:

- * Breath sounds
 - Expiratory wheezing
 - Diminished or absent
 - Crackles
 - Rhonchi
- * Secretions
 - Amount
 - Color
 - Character
- * Activity tolerance
- * Blood gas results
 - Notification of physician when indicated
- * Dietary tolerance
- * Patient Education
 - Disease process
 - Medication
 - Activities
 - Purse lip breathing
 - Diet

At The Time of Discharge:

- * Stable vital signs and no symptoms of acute respiratory distress for past 24 hours
- * Patient understanding
 - Disease process
 - Medication
 - Activities

Reference:

1. Comer, S. Delmar's Geriatric Nursing Care Plans-3rd ed. (2004).Unit 2: Respiratory System. Chapter 2.1 *Chronic Obstructive Pulmonary Disease*. Canada: Thompson Delmar Learning.
2. Doenges, M., Moorhouse, M.F. and Muir, A. Nurses Pocket Guide: Diagnosis, Prioritized Interventions, and Rationales-10th ed. (2006). *Impaired Gas Exchange*. Philadelphia: F.A. Davis