

Nursing Care Plan on Bronchial Asthma

NURSING ASSESSMENT	NURSING DIAGNOSIS	OBJECTIVE	NURSING INTERVENTION	RATIONALE	EVALUATION
SUBJECTIVE DATA: - Dyspnea and orthopnea - Increased effort for breathing and prolonged expiration - Wheezing - Chest pain and chest tightness - Productive Cough - Anorexia and weight loss - Suffocation - Perpiration - Agitation and restlessness - Pallor and cyanosis OBJECTIVE DATA: - Nasal flaring - Use of Accessory muscles for breathing - Presence of vocal and tactile fremitus - Presence of Respiratory crackles and wheezes - Respiratory rate increased - Oxygen saturation decreased - ABG analysis show decreased Partial pressure of oxygen and increased Partial pressure of carbon-di-oxide - Chest X-ray show presence of pulmonary secretions and Lung consolidation - Pulmonary Function test show Decreased Peak expiratory flow rate	ineffective breathing pattern related to the bronchospasm and bronchial inflammation secondary to hyper responsiveness of the airways from allergens and infection	Client maintains a normal breathing pattern with normal respiratory rate, rhythm and pattern	- Continuously Monitor the vital signs, ECG and oxygen saturation - Provide complete bed rest in fowler's position - Restrict visitors and provide a calm conducive Environment - Administer oxygen therapy via mask or Endotracheal intubation and Mechanical ventilator as Prescribed - Provide Chest physiotherapy and vibration therapy as prescribed - Administer beta-2 adrenergic agonists as prescribed - Administer Nebuliser therapy with corticosteroids or bronchodilators as prescribed - Administer Oral corticosteroids as Prescribed - Instruct the client to practice deep breathing, coughing and Spirometer Exercises - Encourage the client to take small and frequent liquid or soft solid diet as tolerated and to avoid cold and allergic foods - Instruct the client to identify and avoid the potential allergens - Assess the need for Inhaler therapy and educate on the correct technique of using Inhalers	To identify the baseline data and provide appropriate interventions Rest decreases the oxygen demands and to improve breathing To rest the client and prevent suffocation To improve oxygenation to the lungs and relieve dyspnea To mobilise the secretions from the lower airways and improve breathing pattern To dilate the bronchus and improve breathing pattern To relieve breathing difficulty and improve breathing pattern To treat airway inflammation and improve breathing pattern To relieve respiratory secretions and improve breathing pattern To increase Energy for normal breathing pattern To prevent breathing difficulty To prevent exacerbations of Asthma and improve breathing	Client's breathing pattern was improved as evidenced by normal Respiratory rate, rhythm, pattern and pulse oximetry levels

Bronchial Asthma Nursing Management And Medication

Scott C. Dulebohn



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