

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

M. Eric Gershwin, Timothy E. Albertson

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Table of Contents Bronchial Asthma Nursing Management And Medication

1. Understanding the eBook Bronchial Asthma Nursing Management And Medication
 - The Rise of Digital Reading Bronchial Asthma Nursing Management And Medication
 - Advantages of eBooks Over Traditional Books
2. Identifying Bronchial Asthma Nursing Management And Medication
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Bronchial Asthma Nursing Management And Medication
 - User-Friendly Interface
4. Exploring eBook Recommendations from Bronchial Asthma Nursing Management And Medication
 - Personalized Recommendations
 - Bronchial Asthma Nursing Management And Medication User Reviews and Ratings
 - Bronchial Asthma Nursing Management And Medication and Bestseller Lists
5. Accessing Bronchial Asthma Nursing Management And Medication Free and Paid eBooks
 - Bronchial Asthma Nursing Management And Medication Public Domain eBooks
 - Bronchial Asthma Nursing Management And Medication eBook Subscription Services
 - Bronchial Asthma Nursing Management And Medication Budget-Friendly Options

6. Navigating Bronchial Asthma Nursing Management And Medication eBook Formats
 - ePub, PDF, MOBI, and More
 - Bronchial Asthma Nursing Management And Medication Compatibility with Devices
 - Bronchial Asthma Nursing Management And Medication Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Bronchial Asthma Nursing Management And Medication
 - Highlighting and Note-Taking Bronchial Asthma Nursing Management And Medication
 - Interactive Elements Bronchial Asthma Nursing Management And Medication
8. Staying Engaged with Bronchial Asthma Nursing Management And Medication
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Bronchial Asthma Nursing Management And Medication
9. Balancing eBooks and Physical Books Bronchial Asthma Nursing Management And Medication
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Bronchial Asthma Nursing Management And Medication
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Bronchial Asthma Nursing Management And Medication
 - Setting Reading Goals Bronchial Asthma Nursing Management And Medication
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Bronchial Asthma Nursing Management And Medication
 - Fact-Checking eBook Content of Bronchial Asthma Nursing Management And Medication
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements

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