CONCEPT MAP

Ineffective Airway Clearance r/t thick sputum, secondary to pneumonia, and fatigue (aeb rapid respirations, nasal flaring, and adventitious breath sounds)

Cough Enhancement
- Assist to a sitting position with head slightly flexed, shoulders relaxed, and knees flexed
- Encourage her to take several deep breaths
- Encourage her to take a deep breath, hold for 2 seconds, and cough two or three time in succession
- Encourage use of incentive spirometry, as appropriate
- Promote systemic fluid hydration, as appropriate

Respiratory Monitoring
- Monitor rate, rhythm, depth, and effort of respirations
- Note chest movement, watching for symmetry, use of accessory muscles, and supraclavicular and intercostal muscle retractions
- Auscultate breath sounds, noting areas of decreased or absent ventilation and presence of adventitious sounds
- Auscultate lung sounds after treatments to note results
- Monitor client's ability to cough effectively
- Monitor client's respiratory secretions
- Institute respiratory therapy treatments (e.g., nebulizer) as needed
- Monitor for increased restlessness, anxiety, and air hunger
- Note changes in SaO2, and tidal CO2, and changes in arterial blood gas values, as appropriate

Oxygen Therapy
- Instruct about importance of leaving oxygen delivery device on
- Periodically check oxygen delivery device to ensure that the prescribed concentration is being delivered
- Observe for signs of oxygen-induced hypoventilation

Outcome partially met
- Coughs and deep breaths purposefully q1–2hr during the day
- Fluid intake ~1500 mL/day
- Cough productive of moderately thick, rusty-colored sputum
- Inspiratory crackles remain present in right lower lobe
- PaO2 is 85 mm Hg

Legend:
- Assessment
- Nursing Diagnosis
- Outcomes
- Nursing Interventions
- Activities
- Evaluation/Reassessment