COPD Nursing Care Plan

PATIENT INFORMATION

Full Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____ Patient ID: _____

Contact Number: _____ Email Address: _____

ASSESSMENT:

Medical History

Physical Assessment

DIAGNOSIS:

Nursing Diagnoses

- [ ] Impaired Gas Exchange related to altered oxygen supply and demand
- [ ] Ineffective Airway Clearance related to increased sputum production and airway obstruction
- [ ] Activity Intolerance related to dyspnea and decreased oxygenation
- [ ] Anxiety related to difficulty breathing
- [ ] Risk for Infection related to compromised airways and increased sputum production

PLANNING:

Establish realistic and measurable goals based on patient assessment, such as maintaining oxygen saturation above a certain level, improving airway clearance, increasing activity tolerance, reducing anxiety, and preventing infections.

Planning Notes

INTERVENTIONS:

Select Interventions

- [ ] Oxygen Therapy - Monitor oxygen saturation levels and administer supplemental oxygen as prescribed
- [ ] Medication Management - Administer bronchodilators, corticosteroids, and other prescribed medications. Educate the patient on medication use and side effects
- [ ] Breathing Exercises - Teach and encourage deep breathing exercises and effective coughing techniques
- [ ] Activity Management - Assist in planning activities to conserve energy and prevent fatigue
- [ ] Education - Provide education on COPD, its management, smoking cessation, and lifestyle modifications
- [ ] Nutritional Support - Ensure adequate nutrition to support healing and energy conservation
- [ ] Psychosocial Support - Offer emotional support, coping strategies, and relaxation techniques to manage anxiety
- [ ] Preventive Measures - Implement strategies to prevent respiratory infections, like proper hand hygiene and vaccination

Notes and referrals

Physician's Notes and Recommendations

Physician's Signature
Physician Date: _____ dd / mm / yyyy

- [ ] Patient Acknowledgment: I have reviewed the COPD nursing care plan and understand the information provided.

Patient's Signature
Patient Date: _____ dd / mm / yyyy