Impaired Gas Exchange Nursing Care Plan

PATIENT INFORMATION

Name: _____ Age: _____

Medical History

Date of Admission: _____ dd / mm / yyyy

ASSESSMENT AND DIAGNOSIS

Vital Signs:

Blood Pressure (mmHg): _____ Heart Rate (bpm): _____

Respiratory Rate (breaths/min): _____ Temperature: _____

Oxygen Saturation (%): _____

Breath Sounds

Diagnosis

PLANNING

Goals

Interventions

IMPLEMENTATION

Administer Care

Monitor Patient

EVALUATION

Assess Outcomes

Documentation