Pneumothorax Nursing Care Plan

PATIENT INFORMATION

Name: _____ Age: _____

Gender:

◯ Male ◯ Female ◯ Other

Medical history:

Allergies:

ASSESSMENT

1. Respiratory status

2. Chest pain

Heart rate: _____ Blood pressure: _____

Respiratory rate: _____ Oxygen saturation: _____

4. Breath sounds

5. Chest wall symmetry:

DIAGNOSIS

Diagnosis

PLANNING

1. Goal

Interventions:

2. Goal

Interventions:

3. Goal

Interventions:

IMPLEMENTATION

Implementation

EVALUATION

Evaluation

Nurse's name: _____ Date: _____ dd / mm / yyyy

Signature: