

RESIDENT _____

DATE	PROBLEM	GOAL	TO DATE	INTERVENTIONS	RESP DISC
	<p>Breathing Patterns, Ineffective related to COPD Asthma Frequent upper respiratory infections Decreased lung compliance Aspiration</p> <p>As evidenced by:</p> <p>Shortness of breath or trouble breathing with exertion During walking, bathing, transferring</p> <p>Shortness of breath or trouble breathing when sitting at rest</p> <p>Shortness of breath or trouble breathing when lying flat</p> <p>Resident is short of breath unless more than one pillow used or head of the bed raised</p>	<p>Resident will demonstrate an effective respiratory rate, depth, and pattern</p> <p>Resident will demonstrate increased activity tolerance</p> <p>No stated discomfort</p>		<p>Monitor respiratory rate, depth, and effort</p> <p>Monitor lung sounds, pallor, cough, and character of sputum</p> <p>Adjust head of bed and body positioning to assist ease of respirations</p> <p>Arrange activities to allow adequate rest, and increase activities as tolerated</p> <p>Teach resident proper breathing techniques such as diaphragmatic and pursed lip breathing</p> <p>Instruct resident in relaxation techniques</p> <p>Monitor resident's anxiety, and give support and assist as needed</p> <p>Administer medications, respiratory treatments, and oxygen as ordered</p> <p>See Respiratory Medication care plan</p> <p>Monitor lab reports</p> <p>Respiratory therapy as ordered</p>	