

When patient takes his Albuterol he says "I feel worse after taking it" and "heart feels like it's beating out of my chest"

For more information on Albuterol go to Davis's Drug Guide at
<http://www.drugguide.com/ddo/ub/view/Davis-Drug-Guide/51018/all/albuterol?q=albuterol>

Patient states that he has "been trying to stop smoking"

For smoking cessation help:
<http://www.smokefree.gov/>
http://www.odh.ohio.gov/odhprograms/hpr/tob_risk/tob_risk1.aspx

Patient Name: J.M.
Age: 50 yr. old
Allergies: [Amoxicillin](#)
Medical/Social History: [Asthma](#), [Seasonal Allergies](#), Tonsillectomy, Smokes 1 pack/day

Chief Complaint: Exacerbation of Asthma

Medications:
[Albuterol](#) inhaler 2 puffs q6h as needed
[Zyrtec](#) 10mg po daily

Assessment Data: 90°F - HR 98 - R 24 - BP 130/80 - O2 92% RA
 A+O x 3, Heart sounds normal
 Lung sounds w/ wheezes throughout.
 Productive cough with clear sputum.
 No accessory muscles used.
 BS x 4. Skin intact, extremities without mottling or edema.
 Pedal pulses + 2 bilateral.

Nursing Diagnosis # 1

Ineffective breathing patterns r/t change in respiratory rate AEB...

Respiratory rate of 24
 Cough with clear sputum
 Asthma exacerbation
 O2 92%
 Wheezing
 SOB

Goal: Patient will maintain patent airway with breath sounds clear or clearing by

NIC: 3350 Respiratory Monitoring: Collection and analysis of patient data to ensure airway patency and adequate gas exchange

NIC: 3210 Asthma Management: Identification, treatment, and prevention of reactions to inflammation/constriction in the airway passages

NOC: 0410 Respiratory status; Airway Patency: Open, clear tracheobronchial passages for air exchange

NOC: 0802 Vital signs: Extent to which temperature, pulse, respiration, and blood pressure are within normal range

Patient states "Trouble sleeping at night, been coughing up all kinds of stuff."

For information on how to soothe a cough at night in order to sleep:
<http://www.nlm.nih.gov/medlineplus/ency/article/003072.htm>
<http://www.umm.edu/altmed/articles/cough-000042.htm>

Intervention #1: Assess lung function 3 times per day.
Rationale: See how treatment is working.

Intervention #2: Administer supplemental oxygen as indicated.
Rationale: To relieve hypoxemia.

Intervention 3: Patient education including written [asthma action plan](#). Include what steps the patient should take when an exacerbation at home occurs before discharge.
Rationale: Expands patient knowledge on how to better manage health and reduces anxiety.

Nursing Diagnosis #2

Risk for infection r/t decrease lung expansion

Supporting Data:
 Asthma
 Coughing
 SOB
 Respiratory rate of 24
 Temperature of 90°F
 O2 92% RA

NIC: 6550 Infection Control: Minimizing the acquisition and transmission of infectious agents

NOC: 0702 Immune status: Natural and acquired appropriately targeted resistance to internal and external

Goal: Patient will identify interventions to prevent or reduce risk for infection by discharge.

Intervention #1: Auscultate breath sounds q8h.
Rationale: Check for presence and severity of pulmonary congestion.

Intervention #2: Teach patient to use [incentive spirometer](#) every hour while awake.
Rationale: Expands the lungs to prevent pneumonia.