

**Adult Health1**

**Clinical**

**Care Plan for Pulmonary Edema**

**Name:** Yafa Nimer Ahmad Abu Layya.

**ID:** 1201212

**Instructor:** Dr. Mahmoud Rayyan

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**Nursing care plan for Pulmonary Edema**

1. **Nursing Diagnosis:** Impaired Gas Exchange r/t pulmonary edema as evidenced by shortness of breath, SpO2 level of 85%, productive cough, and frothy phlegm.

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| Intervention | Rationales |
| Assess the patient’s vital signs, especially the oxygen saturation.  Assess the respiratory rate, rhythm and depth.  Assess the sounds.  ABG analysis. | To note any change, and the effectiveness of the treatment.  These are early signs of difficulty breathing which is a sign of pulmonary edema.  When fluids move to alveoli this produce crackles sound, when these sounds increase that an indicate to hypoxia, and when it decreases that indicate to collapsed alveoli.  To check if there is an increase in PaCO2 and a decrease in PaO2, which are the signs of hypoxemia and respiratory acidosis. |
| Supply the patient with oxygen. | To increase the oxygen level and maintain the SpO2 value within the target range. |
| Administer the prescribed medications: diuretics, ACE inhibitors. | Diuretics: To decrease the fluid that has accumulated in the heart and lungs, such as furosemide (Lasix) are usually used.  ACE inhibitors: are medications that help relax the veins and arteries to lower blood pressure. |
| The posture of the patient: semi-Fowler’s position. | semi-Fowler’s position help improve the expansion of the lungs, enabling the patient to breathe more effectively. |

1. **Nursing Diagnosis:** Ineffective Breathing Pattern related to pulmonary edema.

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| Interventions | Rationales |
| Assess for the sensation of dyspnea. | Is associated with hypoxia and may cause anxiety, this leads to increased O2 demand. |
| Administer the prescribed medications (e.g., bronchodilators or combination inhalers / nebulizers) and antibiotic/antiviral medications. | Bronchodilators: To dilate or relax the muscles on the airways.  Antibiotics or antivirals: To treat the underlying infection. |
| Nebulization using sodium chloride (NaCl), Steam inhalation may also be performed and suction as required. | To facilitate clearance of thick airway secretions. |

1. **Nursing Diagnosis:** Risk for decreased cardiac output.

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| Interventions | Rationales |
| Assess peripheral pulses, capillary refill. | Peripheral pulses are weak with reduced SV and CO, the capillary refill is slow with decreased CO. |
| Administer IV fluids, as prescribed. | To maintain optimal fluid balance and increase CO. |