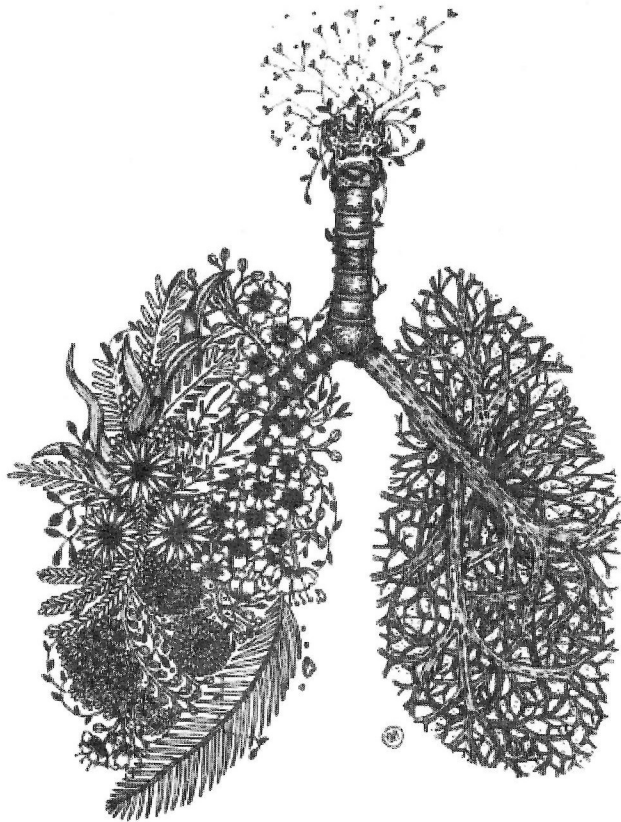




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NUR 235 Summer 2021 Respiratory Lecture Packet

This packet is worth 30 points and is due in class Week 3.



Respiratory Nursing Diagnoses

And what are we going to do about it???

- Ineffective Breathing pattern
- Ineffective airway
- Risk for aspiration
- Impaired gas exchange
- Ineffective Airway Clearance
- Activity Intolerance
- Knowledge Deficit
- Death Anxiety
- Ineffective Coping Mechanism
- Impaired Mobility
- Impaired Nutrition: less than body requirements
- Risk for Infection



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Nursing Diagnoses	Diseases where this is found	Assessment Findings	Plan Goals	Interventions	Rationale for Interventions	Evaluation for effectiveness



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Respiratory Conditions to Know

- Asthma
- COPD
- Cystic Fibrosis
- Epiglottitis
- Pleuritis
- Pneumonia
- Pneumothorax
- Pulmonary Embolism
- Pulmonary Effusion
- Upper Respiratory Infections



Care Plan

Disease Name

Pathology of disease

Assessment Findings

5 Nursing Interventions

3 Nursing Diagnoses with Rationale

Assessment findings that indicate effectiveness

Medical Interventions and Medications



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Vocabulary

Dysphagia

Hypoxia

Hypoxemia

Accessory Muscle use

Dyspnea

Tachypnea

Bradypnea

Orthopnea

Hypoventilation

Respiratory failure

Respiratory Distress

Ventilator Associated Pneumonia

Positive end-expiratory pressure



Medical Equipment

Non Rebreather Mask

Venturi Mask

Nasal Cannula

Nebulizer

Ventilators

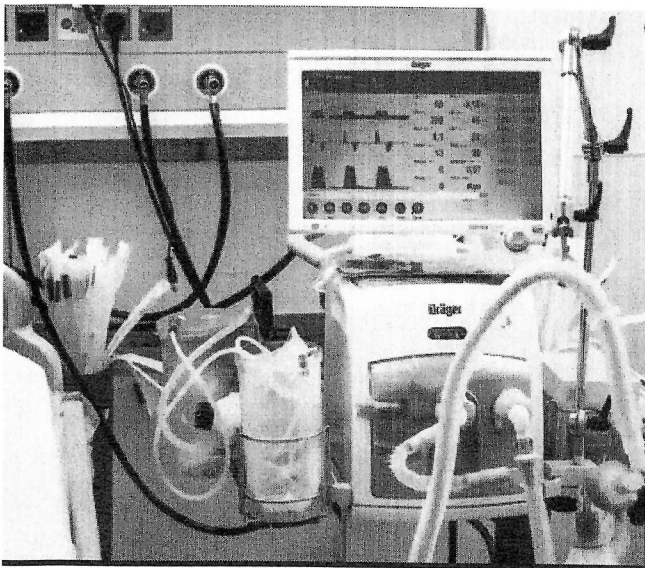
Medications to know:

- Albuterol
- Beclomethasone
- Prednisone
- Expectorants- ie. Guaifenesin
- Antitussives
- Sudafed
- Phenylephrine
- Mucolytics- ie. Mucomyst



- Quinolone Antibiotics

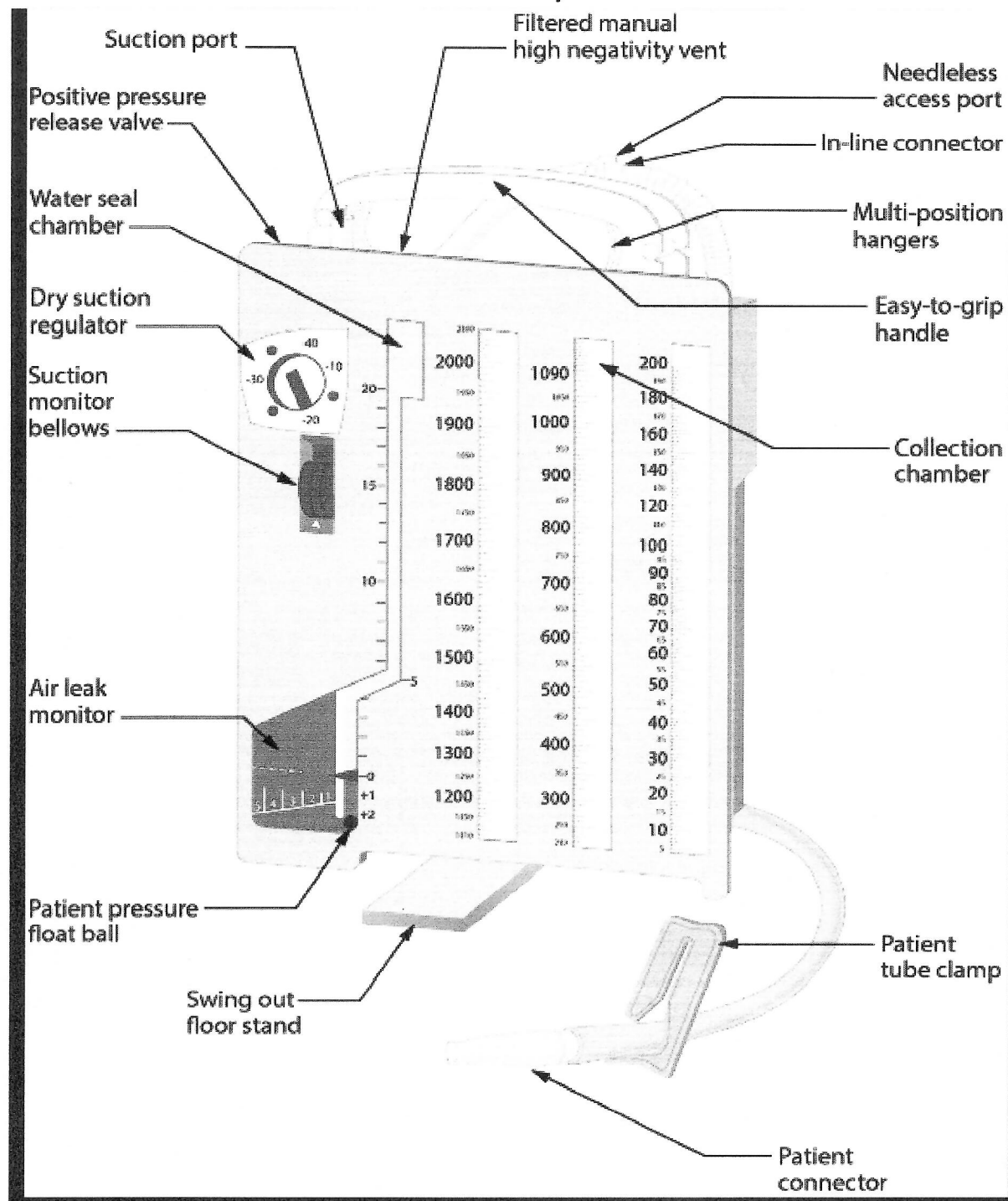
Ventilators



- **Reasons for insertion:**
- **Nursing Concerns during insertion:**
- **Nursing Concerns AFTER insertion:**
- **Ventilator Associated Pneumonia**



Chest Tubes: What you need to know





- What is a Chest tube?

Indications:

- How is it inserted?
- How to set it up?
- How to measure/assess fluid in chamber?

How often to measure?

**REMEMBER TO MARK TOP OF LINE OF FLUID AND DOCUMENT AT END
OF EVERY SHIFT!!!!**

- How do you measure drainage from each shift?
- Where should the canister be placed?



What if....

- What If the chest tube comes out of the patient's body entirely?
- What if the chest tube canister gets knocked over?
- What if the chest tube canister becomes unplugged from the chest tube?
- What if the chest tube cannister's water seal container is consistently bubbling?
- What if there is a clot in the tubing of the cannister?

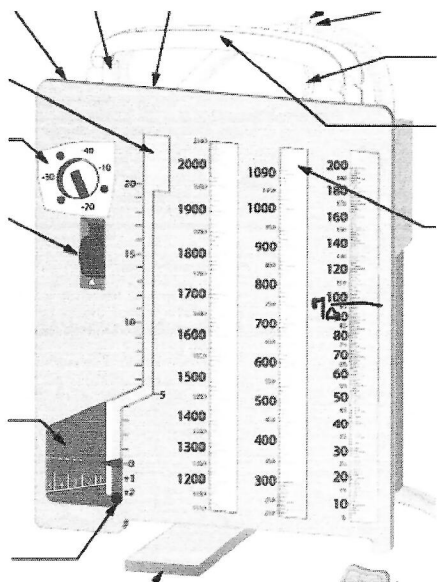


- What if I see a gentle fluctuation in the water seal that correlates with the patient's breathing?
- What if I need to clamp the chest tube?
- What interventions should I perform for the patient?
- What education should I provide the patient?



Question Examples:

EX. 1



You take report on a patient at 7am who has a chest tube r/t a hemothorax. The off going nurse tells you that she changed the cannister out at the beginning of her shift and then marked the drainage out put at 7am. The patient has orders to monitor chest tube drainage every shift. At the end of your shift you go to the patient's room to calculate the drainage since 7am.

Please use the diagram to find the total drainage since 7am.

Ex 2.

The nurse caring for a client with a pneumothorax and who has had a chest tube inserted notes continuous gentle bubbling in the suction control chamber. What action is most appropriate of the nurse?

- A. Increase the suction pressure so that the bubbling becomes vigorous
- B. Do nothing since this is an expected finding.
- C. Immediately clamp the chest tube and notify the physician.
- D. Check for an air leak because the bubbling should be intermittent.



Ex. 3

The nurse is assessing the functioning of a chest tube drainage system in a client with hemothorax. Which of the following findings should prompt the nurse to notify the physician?

- A. Fluctuation of water in the tube in the water seal chamber during inhalation and exhalation.
- B. Drainage system maintained below the client's chest.
- C. Drainage amount of 100ml in the drainage collection chamber.
- D. Occlusive dressing in place over the chest tube insertion site.

Ex. 4

The nurse is handling a client with a chest tube. Suddenly, the chest drainage system is accidentally disconnected, what is the most appropriate action for the nurse to take?

- A. Secure the chest tube using a tape.
- B. Clamp the chest tube immediately.
- C. Place the end of the chest tube in a container of normal sterile saline.
- D. Apply an occlusive dressing and notify the physician.

Ex. 5

The patient in room 2569 calls on the call light to tell you something is wrong with his chest tube. When you arrive to the room you note that the drainage system has fallen on its side and is leaking drainage onto the floor from a crack in the system. What is your next PRIORITY?*

- A. Place the patient in supine position and clamp the tubing.
- B. Notify the physician immediately.
- C. Disconnect the drainage system and get a new one.
- D. Disconnect the tubing from the drainage system and insert the tubing 1 inch into a bottle of sterile water and obtain a new system.



Ex. 6

A patient is receiving positive pressure mechanical ventilation and has a chest tube. When assessing the water seal chamber what do you expect to find?*

- A. The water in the chamber will increase during inspiration and decrease during expiration.
- B. There will be continuous bubbling noted in the chamber.
- C. The water in the chamber will decrease during inspiration and increase during expiration.
- D. The water in the chamber will not move.

Ex. 7

You're assessing a patient who is post-opt from a chest tube insertion. On assessment, you note there is 50 cc of serosanguinous fluid in the drainage chamber, fluctuation of water in the water seal chamber when the patient breathes in and out, and bubbling in the suction control chamber. Which of the following is the most appropriate nursing intervention?*

- A. Document your findings as normal.
- B. Assess for an air leak due to bubbling noted in the suction chamber.
- C. Notify the physician about the drainage.
- D. Milk the tubing to ensure patency of the tubes.

Ex. 8

While helping a patient with a chest tube reposition in the bed, the chest tube becomes dislodged. What is your immediate nursing intervention?

- A. Stay with the patient and monitor their vital signs while another nurse notifies the physician.
- B. Place a sterile dressing over the site and tape it on three sides and notify the physician.
- C. Attempt to re-insert the tube.
- D. Keep the site open to air and notify the physician.



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NOTES: