

COPD Nursing Care Plan

PATIENT INFORMATION

Full name:

Date of birth:

Gender:

Patient ID:

Contact number:

Email address:

ASSESSMENT

Medical history:

Physical assessment:

DIAGNOSIS

Impaired Gas Exchange related to altered oxygen supply and demand.

Ineffective Airway Clearance related to increased sputum production and airway obstruction.

Activity Intolerance related to dyspnea and decreased oxygenation.

Anxiety related to difficulty breathing.

Risk for Infection related to compromised airways and increased sputum production.

PLANNING		
Goal setting		
Establish realistic and measurable goals based on patient assessment, such as maintaining oxygen saturation above a certain level, improving airway clearance, Increasing activity tolerance, reducing anxiety, and preventing infections.		
Goals of care		
INTERVENTIONS		
Below are suggested and recommended interventions, indicate what is best suited to your patient for further intervention.		
Intervention	Example	Notes and referrals
Oxygen therapy	Monitor oxygen saturation levels and administer supplemental oxygen as prescribed.	
Medication management	Administer bronchodilators, corticosteroids, and other prescribed medications. Educate the patient on medication use and side effects.	
Breathing exercises	Teach and encourage deep breathing exercises and effective coughing techniques.	
Activity management	Assist in planning activities to conserve energy and prevent fatigue.	
Education	Provide education on COPD, its management, smoking cessation, and lifestyle modifications.	
Nutritional support	Ensure adequate nutrition to support healing and energy conservation.	
Psychosocial support	Offer emotional support, coping strategies, and relaxation techniques to manage anxiety	
Preventive measures	Implement strategies to prevent respiratory infections, like proper hand hygiene and vaccination.	

EVALUATION

- Regularly reassess the patient's respiratory status, level of activity, understanding of self-management techniques, and emotional well-being.
- Compare achieved outcomes with the set goals. Modify the care plan as needed based on the patient's progress or changes in their condition.

Physician's notes and recommendations

Physician's signature:

Date:

PATIENT ACKNOWLEDGEMENT

I have reviewed the COPD nursing care plan and understand the information provided.

Physician's signature:

Date: