

COPD System Disorder Template

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	<i>Monitor oxygen saturation levels and administer supplemental oxygen as prescribed.</i>	
Medication Management	<i>Administer bronchodilators, corticosteroids, and other prescribed medications. Educate the patient on medication use and side effects.</i>	
Breathing Exercises	<i>Teach and encourage deep breathing exercises and effective coughing techniques.</i>	
Activity Management	<i>Assist in planning activities to conserve energy and prevent fatigue.</i>	
Education	<i>Provide education on COPD, its management, smoking cessation, and lifestyle modifications.</i>	
Nutritional Support	<i>Ensure adequate nutrition to support healing and energy conservation.</i>	
Psychosocial Support	<i>Offer emotional support, coping strategies, and relaxation techniques to manage anxiety.</i>	
Preventive Measures	<i>Implement strategies to prevent respiratory infections, like proper hand hygiene and vaccination.</i>	

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 Acknowledgment

I have reviewed the COPD system disorder template and understand the information provided.

Patient's Signature: _____ Date: ____ / ____ / _____