

Impaired Gas Exchange Nursing Care Plan

Patient Information

Name:

Age:

Medical History:

Date of Admission:

Assessment and Diagnosis

Vital Signs:

Blood Pressure: / mmHg

Heart Rate: bpm

Respiratory Rate: breaths/min

Temperature:

Oxygen Saturation: %

Breath Sounds:

Diagnosis:

Planning

Goals:

Interventions:

Implementation

Administer Care:

Monitor Patient:

Evaluation

Assess Outcomes:

Documentation: