

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: