

Ineffective Airway Clearance Nursing Care Plan

Patient name: _____ Age: _____ Gender: _____

Medical history

History of respiratory infections (e.g., pneumonia, bronchitis)

Chronic respiratory diseases (e.g., COPD, asthma)

Smoking history

Allergies or sinus issues

Recent or current use of sedatives or opioids

History of neuromuscular disorders (e.g., ALS, muscular dystrophy)

Recent surgery (e.g., abdominal or thoracic)

Others (Please specify):

Assessment

Subjective

Reports of shortness of breath

Cough (productive or non-productive)

Reports of wheezing or chest tightness

Difficulty clearing secretions

Reports of fatigue due to respiratory effort

Anxiety or fear related to breathing difficulties

Others (Please specify):

Objective

Cough assessment (productive/non-productive, color, consistency)

Abnormal breath sounds (e.g., crackles, wheezes, rhonchi)

Use of accessory muscles during breathing

Cyanosis (e.g., lips, nail beds)

Abnormal respiratory rate

Others (Please specify):

Vital signs

Heart rate:

Blood pressure:

Respiratory rate:

Temperature:

Nursing diagnosis**Goals and outcomes****Short-term****Long-term**

Nursing interventions	Rationale
Evaluation	
Additional notes	
Nurse's information	
Name:	
License number:	
Contact number:	