

Nursing Diagnosis for Pneumonia

To form a nursing diagnosis for pneumonia, start with an assessment:

1. Assess respiratory symptoms
2. Assess other clinical signs
3. Do a physical exam

After assessment, the nursing diagnosis are formulated. Below are some terms used in nursing diagnoses for pneumonia, based on the results of the assessment.



NANDA-I nursing diagnoses	List of selected defining characteristics		
Impaired gas exchange	Abnormal arterial pH	Confusion	Nasal flaring
	Abnormal skin color	Hypercapnia	Psychomotor agitation
	Altered respiratory depth or rhythm	Hypoxia or hypoxemia	Tachycardia
	Bradypnea	Irritable mood	Tachypnea Somnolence
Ineffective breathing pattern	Abnormal breathing pattern	Hyperventilation	Pursed-lip breathing
	Bradypnea	Hypoventilation	Tachypnea
	Cyanosis	Increased anterior-posterior chest diameter	Uses accessory muscles to breathe
	Dyspnea	Nasal flaring	Uses three-point positioning
	Hypercapnia	Orthopnea	
Ineffective airway clearance	Absence of cough	Bradypnea	Orthopnea
	Adventitious breath sounds	Excessive sputum	Psychomotor agitation
	Altered respiratory rhythm	Ineffective sputum elimination	Uses accessory muscles to breath

NANDA-I nursing diagnoses	List of selected defining characteristics		
Decreased cardiac output	Anxiety	Bradycardia	Fatigue
	Adventitious breath sounds	Decreased peripheral pulses	Tachycardia
	Abnormal skin color	Edema	Psychomotor agitation
Weight gain			
Decreased activity tolerance	Abnormal heart rate or blood pressure response to activity	Abnormal heart rate or blood pressure response to activity	Generalized weakness
	Exertional dyspnea		

Examples of nursing diagnoses for pneumonia

- Ineffective airway clearance related to increased sputum production as evidenced by audible rhonchi, productive cough, and difficulty expectorating sputum.
- Impaired gas exchange related to alveolar-capillary membrane changes as evidenced by altered arterial blood gases, hypoxemia, and cyanosis.
- Ineffective breathing pattern related to respiratory distress as evidenced by use of accessory muscles, tachypnea, and abnormal breath sounds.
- Risk for infection related to compromised host defenses
- Acute pain related to pleural irritation as evidenced by sharp chest pain that worsens with deep breathing and coughing.
- Activity intolerance related to decreased oxygenation and general weakness as evidenced by fatigue, dyspnea on minimal exertion, and reluctance to engage in physical activities.
- Hyperthermia (related to inflammatory process as evidenced by elevated body temperature, chills, and diaphoresis).
- Imbalanced nutrition: less than body requirements related to increased metabolic demand and decreased oral intake as evidenced by weight loss, muscle weakness, and reported lack of appetite.
- Deficient knowledge related to pneumonia treatment and prevention as evidenced by patient's questions about medication regimen, importance of vaccination, and strategies to prevent future infections.
- Impaired gas exchange
- Ineffective airway clearance related to copious tracheobronchial secretions.
- Activity intolerance related to impaired respiratory function.
- Risk for deficient fluid volume related to fever and a rapid respiratory rate



Additional notes

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