

# Pleural Effusion Nursing Care Plan

Patient information	
Patient name: Mark Santos	Age: 62
Gender: Male	
Medical history:	
Chronic obstructive pulmonary disease (COPD) Congestive heart failure History of hypertension Recent respiratory infection Former smoker	
Assessment	
Subjective	Objective
Reports shortness of breath worsening over the past week Complains of chest pain, especially on the right side when breathing deeply States that lying down worsens breathing difficulty Fatigue and decreased appetite Anxiety about not being able to catch his breath	Increased respiratory rate (28 breaths per minute) Decreased breath sounds over the right lower lung field Oxygen saturation at 89% on room air Dullness on percussion over the right lower lobe Mild cyanosis around lips and fingertips Chest X-ray confirms pleural effusion on the right side Mild edema in lower extremities
Nursing diagnosis	
Impaired gas exchange related to fluid accumulation in the pleural space as evidenced by shortness of breath, decreased oxygen saturation, and cyanosis.	

Goals and outcomes	
Long-term	Short-term
Prevent recurrence of pleural effusion by managing underlying conditions.	Achieve oxygen saturation above 92% within 24 hours. Relieve chest pain and improve comfort during breathing within 48 hours.
Improve the patient's breathing and quality of life.	Initiate drainage (if prescribed) to remove excess fluid from pleural space. Encourage adherence to prescribed medication and diet to prevent fluid buildup.
	Teach breathing exercises to improve lung expansion. Reduce anxiety through therapeutic communication within 1-2 days.
	Prevent complications such as infection or further respiratory distress. Schedule follow-up for any additional thoracentesis or imaging needed.
Nursing interventions	
Administer supplemental oxygen as prescribed to improve oxygen saturation. Position the patient in high Fowler's or semi-Fowler's position to promote lung expansion. Monitor vital signs and oxygen levels regularly. Administer prescribed analgesics to manage pleuritic pain. Encourage the use of incentive spirometry to enhance lung expansion. Prepare the patient for thoracentesis if ordered, providing emotional support. Educate the patient about fluid restriction if indicated to reduce fluid buildup. Coordinate with the respiratory therapist for breathing exercises.	
Rationale	
Oxygen improves tissue perfusion and reduces respiratory distress. Elevating the head helps relieve pressure on the lungs. Regular monitoring ensures early detection of any worsening symptoms. Pain relief improves the patient's ability to breathe deeply and use spirometry. Incentive spirometry prevents atelectasis and promotes lung function. Thoracentesis relieves pressure by draining excess pleural fluid. Fluid restriction helps manage fluid overload in conditions like heart failure. Breathing exercises enhance lung capacity and reduce recurrence.	
Evaluation	
Oxygen saturation improved to 94% after 4 hours of supplemental oxygen. Chest pain reduced from 6/10 to 3/10 after administering analgesics. Patient engaged in breathing exercises without distress. Fluid drainage from thoracentesis yielded relief in breathing. Anxiety reduced after counseling, and the patient verbalized understanding of care.	

**Additional notes**

Monitor for signs of fluid reaccumulation and report to the physician.  
Continue to encourage fluid and dietary management strategies.  
Discuss smoking cessation and long-term COPD management strategies during follow-up.  
Recommend regular follow-up appointments to monitor for recurrence.

**Nurse's information**

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