Pleural Effusion Nursing Care Plan

Patient Information	
Full Name:	_
Date of Birth: /	
Gender:	_
Patient ID:	_
Contact Number:	_
Email Address:	_
Transudative:	
A state in which decreased protein leads to pressure of leakage of protein-poor fluid into the lung space.	changes in the blood vessels causing
☐ Heart failure	
☐ Hepatic cirrhosis	
□ Nephrotic syndrome	
Exudative:	
Inflammatory process leading to leakage of protein-ric	h fluid into the lung space.
Pneumonia	
☐ Cancer	
☐ Tuberculosis	
☐ Autoimmune disease	
Indicate symptoms:	
☐ Sharp, stabbing pain in the chest on inspiration	
Dyspnea	
□ Orthopnea	
 Dry, non-productive cough (fluid leakage is outside productive cough) 	e of the lung in the pleura, hence no
☐ Diminished breath sounds	
☐ Tachycardia	
☐ Unrelated symptoms of the condition causing pleu	ral effusion
□ Possible mediastinal shift on x-ray	

Care Plan

Impaired Gas Exchange r/t decreased function of lung tissue

Expected Outcome: The patient will have improved gas exchange as evidenced by blood gas values within the normal range.

Assesment / Rational	Notes and Referral
Assess the lung sounds for adventitious breath sounds. An initial assessment provides baseline information.	
Observe the patient's characteristics of breathing. Monitor rate, depth, and rhythm of respirations. Changes in respiration may be an indication of worsening respiratory status.	
Review the patient's past medical history. This might reveal information about the underlying cause of the pleural effusion.	
Place the patient in a high-Fowler's position. Sitting upright promotes lung expansion and facilitates breathing. This promotes gas exchange in unaffected lung tissues.	
Encourage to cough and perform deep breathing exercises. These exercises help clear and maximize the functions of remaining healthy lung tissue.	
Monitor blood gases regularly. These values allow for the early detection of deterioration or improvement in gas exchange.	
Monitor pulse oximetry continuously. With pulse oximetry, one can monitor oxygen saturation and detect early changes in oxygenation.	
Provide oxygen therapy. The patient may require supplemental oxygen to maintain oxygen saturation above 90%.	
Administer diuretics as ordered. Diuretic medications rid the body of fluid, hence may help reduce fluid accumulation in the lung spaces.	

Ineffective Breathing Pattern r/t compromised lung expansion

Expected Outcome: The patient will maintain an effective breathing pattern as evidenced by respiration rate, depth, and rhythm being within normal limits.

Assessment and Rationale	Notes and Referral
Note the patient's respiratory rate, rhythm, and depth. Changes in breathing patterns may indicate a deterioration in respiratory status.	
Prepare the patient for possible thoracentesis. Explain what to expect and be sure the physician talked to the patient as well. It is important that the physician explained the procedure before obtaining informed consent. Knowing what to expect may lower anxiety.	
Monitor vital signs before, during, and after the procedure. Removing a large amount of fluid in a short period can lower blood pressure.	
Review anticoagulation studies before the procedure. It is helpful to know when the patient last received blood-thinning medication and the coagulation values before the procedure. Anticoagulation studies show the amount of time for blood to clot, hence how likely it is for the patient to bleed during or after the procedure. Anticipate chest tube placement for large fluid volumes in the lung space.	
Anticipate chest tube placement. Use best practice guidelines to manage chest tube care: Check the skin condition of the tube insertion site. Any insertion site poses a risk for infection. Interruption of the skin barrier makes it easier for bacteria to invade the body.	
Check for crepitus around the tube insertion site. The presence of subcutaneous air indicates that air is escaping into the tissues.	

Assess for a tracheal shift. A tracheal shift is one sign of a possible tension pneumothorax.	
Keep the drainage system below the patient's chest. Having the chest tube box below the patient's chest enhances gravity and promotes drainage.	
Maintain the level of the water in the water seal chamber at the recommended level. The water seal allows fluid and air to escape from the lung space but prevents air from entering.	
Monitor amount, color, and consistency of drainage. Note changes. Changes in characteristics of drainage may require different or additional interventions.	
Review chest-x rays daily. With x-rays, the healthcare team can follow whether treatments are working and check the placement of chest tubes.	

Acute Pain r/t inflammatory process

Expected Outcome: The patient will report an acceptable pain level of 3 or less on a pain scale of 0 to 10, as evidenced by vital signs that are within normal range and verbalization of comfort.

Assessment and Rationale	Notes and Referral
Assess the patient's pain level at least every four hours and one hour after giving pain medication. Note characteristics of pain. Frequent assessment of pain level helps to identify whether treatment is effective or if adjustments are necessary.	
Administer pain medication as ordered. Pain medicine is one tool to control pain.	
Assist the patient with non-pharmacological methods of pain relief. Splinting the chest when coughing Frequent repositioning Heat or cold therapy Guided imagery These methods may help as an additional treatment to pain medication.	

Align activities with times when pain medication has been administered. Carrying out activities during times when pain medication is most effective makes it the least painful for the patient.	
Physician's Notes and Recommendations	
Physician's Signature:	Date: / /