Title page

Care map

The care plan for the patient, Mr Fernandez emphasize on providing adequate assistance and support. The plan stresses on addressing the needs of the patient and maximizing welfare. The care plan is designed for ineffective breathing patterns and respiratory distress (Hill et al., 2006).

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| **Diagnosis** | **Subjective data** | **Nursing outcomes** | **Intervention** |
| Ineffective breathing patterns are recorded because of the patient complaints about tiredness and shortness of breath.  Increased physical activity leads to the breathing issue. | PT states normal oxygen when the patient avoids physical activity. | Oxygen saturation must be maintained at 90-100% at the hospital.  The breathing techniques adopted after a period of 12 hours.  Converting COPD exacerbation. | The nurse must assess the respiratory rate every 30 minutes.  The respiratory rate is recorded for 12-20 minutes.  Breathing techniques are adopted when patient experience dyspneic episodes.  Adopting exercise techniques for improving the breathing of the patient. |

Due to the ineffective breathing pattern of the patient the nurse will provide ventilation that will improve the process of inspiration and expiration. The nurse is responsible for maintaining an optimum level of ventilation. The rate, depth, rhythm and timing of breathing are recorded for assessing the patterns. It indicates that the body is getting adequate oxygen. It is vital to ensure the provision of clear and effective airway. Enhancement of pulmonary ventilation and oxygenation promotes comfort and ease of breathing (Hill et al., 2006).

The nurse examines the ineffective breathing pattern by assessing the related factors including fatigue, hypoxia, alteration of usual O2/CO2 ration, decreased lung expansion, inflammatory process, musculoskeletal impairment, pain, neuromuscular dysfunction, spinal cord injury, cognitive impairment and tracheobronchial obstruction. During the process, the nurse will evaluate the three-point position of breathing. The plan adopted by the nurse also stresses on examining the relationship of breathing patterns with physical activity.

Education and measures

The nurse has a responsibility for providing a detailed self-care plan to the patient. she will identify the procedures that the patient will adapt daily. The next step of the care plan involves providing instructions about physical activity. It helps the patient in sustaining with oxygenation difficulty. The nurse will encourage frequent rest periods. The patient is encouraged to go for a 30 minutes walk daily in the morning and evening. He will be advised to avoid lifting heavy weights or engaging with heavy exercise. The patient is also asked to observe his breathing patterns and identify if there is any complexity. The instructions are provided regarding physical exercise such as relaxing shoulders and sitting back for a few minutes. then the patient is required to place one hand on the chest and other on the belly. He is asked to inhale through the nose for a few seconds and then moving into the abdomen. He moves the stomach and then exhales the air This procedure is repeated for 10 to fifteen minutes. The purpose of following this exercise is to improve the breathing pattern. Frequent exercise will allow the patient to keep his muscles intact and removes strain (Holland et al., 2004).

The patient is also provided instructions about pursed-lipped breathing. He inhales slowly through the nostrils and then purses lips for blowing it out. Breathing slowly through the pursed lips enhances the process of inhalation and exhalation. Some instructions that will improve long-term health include quitting smoking and alcohol.

The instructions about diet are also provided that suggests consuming vegetables and fruits regularly. The patient is advised to avoid spicy food. Legumes and grains are also good for improving breathing patterns and overcoming obstructions.

References

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