



Pulmonary Pathway & Assessment/Plan of Care:

Acute

Pulmonary Risk Factors & Pulmonary History

Pulmonary History: Asthma Bronchitis COPD Emphysema Cystic Fibrosis Pneumonia (last 30d)
 Other: _____
 Smoking: Never _____ Current Cigs/Day _____ Previous Year Quit _____ Alcohol Use _____
 Stress Source/Management _____
 Normal Activity Level _____
 Did the patient receive the Influenza Vaccine? Yes _____ No _____ Date/Notes: _____
 Did the patient receive Pneumonia Vaccines PCV13? Yes _____ No _____ Date/Notes: _____
 Did the patient receive Pneumonia Vaccines PPSV23? Yes _____ No _____ Date/Notes: _____
 Did the patient use oxygen in the home prior to admit: Yes _____ No _____
 If Yes, how many liters, via what and how often did they wear it? _____
 Did the patient have nebulizer treatments in the home prior to admit: Yes _____ No _____
 If Yes, what medicine and how often? _____
 If the resident had respiratory equipment in the home prior to admit, which company did they use? _____

Past Medical History

Thyroid Disease Yes _____ No _____
 Liver Disease Yes _____ No _____
 GI Disease Yes _____ No _____
 Renal Disease Yes _____ No _____
 Hemoptysis Yes _____ No _____
 Loss of Appetite Yes _____ No _____
 Tremors Yes _____ No _____

Cancer Yes _____ No _____
 Bleeding Disorder Yes _____ No _____
 Insomnia Yes _____ No _____
 Hay fever Yes _____ No _____
 Eczema Yes _____ No _____
 Weight loss Yes _____ No _____

Review of Current Respiratory Medications

Antihistamines Yes _____ No _____
 Decongestants Yes _____ No _____
 Expectorants Yes _____ No _____
 Antitussives Yes _____ No _____
 Oral Corticosteroids Yes _____ No _____
 Anti-cholinergic Yes _____ No _____

Inhaled Corticosteroids Yes _____ No _____
 Antimuscarinic (Ipratropium, Tiotroium) Yes _____ No _____
 Short Acting Bronchodilator (Albuterol, Xopenex) Yes _____ No _____
 Long Acting Bronchodilator (Advair, Symbicort) Yes _____ No _____

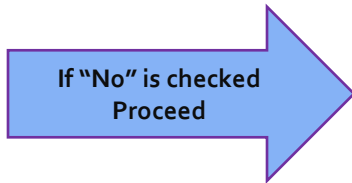
Did the resident have temporary medications in place for an acute condition like antibiotics/steroids/breathing treatments?
 No _____ Yes _____ If yes is the temporary treatment in place complete? No _____ Yes _____
 Is there a stop date? No _____ Yes _____

Current Respiratory Interventions

Is the resident currently using an incentive spirometer? No _____ Yes _____ How frequent are the using it? _____
 Oxygen Use: No Yes (Liters/via/ how long) _____
 CPAP or BiPAP: No Yes (Settings) _____

Labs done in the last 72 Hours (Make sure they are in the active medical record)

CXR Yes _____ No _____
 CBC Yes _____ No _____
 BMP Yes _____ No _____



To establish a baseline obtain CBC and BMP if it has not been done in the last 72 hours.
 Signature: _____ Date: _____
 Other New orders: _____

 Signature: _____ Date: _____

Baseline Vital Signs

Temperature: _____ Oxygen Sat: _____
 Apical Pulse: _____ Base Line Respiration: _____

Pulmonary Pathway & Assessment/Plan of Care:

Assessment

- Color:** Pink Pale Jaundiced Ashen Cyanotic Other _____
Temperature: Warm Cool Cold Other _____
Heart Rhythm: Regular Irregular Pacemaker Other _____
Nail Beds: Normal Cyanotic Clubbing **Capillary Refill:** < 3 seconds _____ > 3 seconds _____
Cough: Strong Moderate Weak Absent
Sputum: N/A Scant Moderate Copious Color _____
Respirations: Labored Intercostal Use Deep Shallow
Chest shape: Normal Pectus Carinatum Pectus Excavatum Barrel Chest



PECTUS CARINATUM

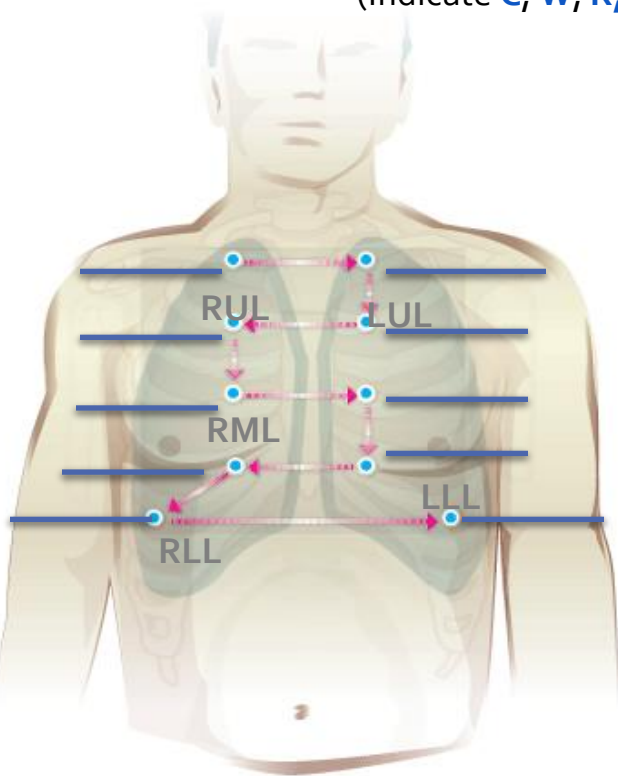


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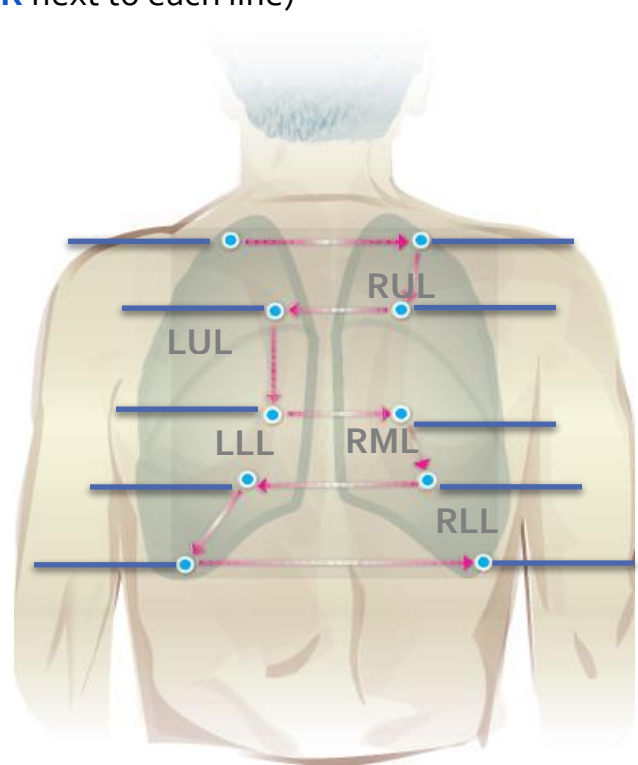


BARREL CHEST

Lung Sounds: **C** = Clear **W** = Wheeze (Rhonchi) **R** = Rales (Crackles)
D = Diminished **PR** = Plural Rub
 (Indicate **C, W, R, D** or **PR** next to each line)



Anterior lung-field auscultation



Posterior lung-field auscultation

Signature: _____ Date: _____



Pulmonary Pathway & Assessment/Plan of Care:

Acute Plan of Care

- Precautions: _____
- Physical Activity in conjunction with Therapy: _____
- Therapy Evaluation

Nursing/Dietary

Patient has an acute Pulmonary disease. Throughout the next 7 days patient will maintain effective airway clearance as evidenced by:

Goals for days 1-7	Interventions
No decline in energy or increased fatigue No c/o chest pain No c/o of SOA Maintain O2 Sat of: _____ _____	Monitor Vital Signs daily to monitor for changes Monitor respiratory status - Notify physician if change is noted Administer respiratory treatments as ordered Encourage use of the Incentive Spirometer 10 times every 1-2 hours Frequent rest periods to avoid fatigue and decrease the O2 demand Other: _____

Mobility/Therapy

During the next 7 days therapy staff will assess the patient's current level of function and develop an activity plan. Patient and direct care staff will be educated to improve the success of exercise, mobility and activity.

Goals for days 1-7	Interventions
Resident will participate in therapy and activity limits/precautions will be established.	Assess cognition and communication to maximize patient's potential and compliance.
	Complete tug test if applicable
	Assess level and recommend nursing /restorative additional waking program.
	Complete standardized modified Borg Scale and 6 minute walk test if applicable

Education Needs

By day 7 patient and/or caretaker will be able to verbally voice understanding of the following:

Goals for days 1-7	Interventions
Identify 3 symptoms of pulmonary disease	Provide verbal and written education
Understand energy conservation	Educate patient on energy conservation
Resident will use IS 10 x every 1-2hr	Educate patient on incentive spirometer use

Social Services

By day 7 psychosocial risk factors will be identified to promote multidimensional health

Goals for days 1-7	Interventions
Identify patient's level of commitment.	Complete Quality of Life Index – on admit and again at day 7 if applicable
Identify psychosocial factors that may affect overall health.	Complete interview to identify any mood symptom indicators

Staff/Title/Date: _____ Staff/Title/Date: _____

Staff/Title/Date: _____ Staff/Title/Date: _____



Pulmonary Pathway & Assessment/Plan of Care:

Chronic

Nursing	
Patient has chronic pulmonary disease. Throughout the next 60 days patient will maintain effective breathing patterns and remain free from hospitalization	
Goals for the next 60 Days	Interventions
Maintain respiratory rate of _____ Apical Rate: _____ Maintain O2 Sat of: _____ _____	Monitor Vital Signs daily to monitor for changes Frequent rest periods to avoid fatigue and decrease the O2 demand Weekly respiratory focused assessment _____
Therapy	
Patient will be independent and mobile with all care needs in their projected transition location. Patient will:	
Goals for the next 60 Days	Interventions
Able to function independently with all adl's for at least 48 hours before discharge Activity tolerance will be improved per Borg Scale	Continue PT/OT/SLP per individual plan of care Perform the modified Borg assessment weekly if applicable
Education – All Disciplines	
Patient will be taught how to monitor their respiratory status with emphasis on early detection of these symptoms to prevent hospitalization. Patient will learn to:	
Goals for the next 60 Days	Interventions
Properly identify when respiratory symptoms are worse and when to call the physician. Properly identify health eating habits Properly identify exercise and rest balance _____ _____	Review "Living with chronic respiratory disease Information booklet" Teach patient how to utilize home respiratory therapy treatments like inhalers and or nebulizers Instruct patient during therapy to recognize symptoms of fatigue and need to rest _____
Social Worker	
Prior to discharge risk factors for psychosocial deficits will be minimized to promote multidimensional health.	
Goals for the next 60 Days	Interventions
Patient will remain motivated with a high level of commitment. Patient will have interventions in place to reduce psychosocial factors that may affect overall health Community resources will be engaged if needed	Complete Quality of Life Index within 1-3 days before discharge. Teach patient coping mechanisms r/t chronic disease to reduce stress Refer to community resources as needed _____

Staff/Title/Date: _____ Staff/Title/Date: _____
 Staff/Title/Date: _____ Staff/Title/Date: _____
 Staff/Title/Date: _____ Staff/Title/Date: _____

Pulmonary Pathway & Assessment/Plan of Care:

Weekly Assessment _____

Pulmonary History

Pulmonary History: Asthma Bronchitis COPD Emphysema Cystic Fibrosis Pneumonia (last 30d)
Other: _____

Review of Current Respiratory Medications

Antihistamines Yes_____ No_____	Inhaled Corticosteroids Yes_____ No_____
Decongestants Yes_____ No_____	Antimuscarinic (Ipratropium, Tiotroium)_ Yes_____ No_____
Expectorants Yes_____ No_____	Short Acting Bronchodilator (Albuterol, Xopenex) Yes_____ No_____
Antitussives Yes_____ No_____	Long Acting Bronchodilator (Advair, Symbicort) Yes_____ No_____
Oral Corticosteroids Yes_____ No_____	
Anti-cholinergic Yes_____ No_____	

Did the resident have temporary medications in place for an acute condition like antibiotics/steroids/breathing treatments?
No_____ Yes_____ If yes is the temporary treatment in place complete? No_____ Yes_____
Is there a stop date? No_____ Yes_____

Current Respiratory Interventions

Is the resident currently using an incentive spirometer? No_____ Yes_____ How frequent are the using it? _____
Oxygen Use: No Yes (Liters/via/ how long) _____
CPAP or BiPAP: No Yes (Settings) _____

Vital Signs

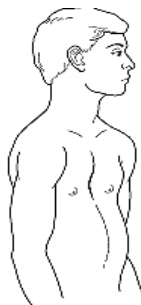
Temperature: _____ Oxygen Sat range for the last week: _____
Apical Pulse: _____ Respiration range for the last week: _____

Assessment

Color: Pink Pale Jaundiced Ashen Cyanotic Other _____
Temperature: Warm Cool Cold Other _____
Heart Rhythm: Regular Irregular Pacemaker Other _____
Nail Beds: Normal Cyanotic Clubbing **Capillary Refill:** < 3 seconds _____ >3 seconds _____
Cough: Strong Moderate Weak Absent
Sputum: N/A Scant Moderate Copious Color _____
Respirations: Labored Intercostal Use Deep Shallow
Chest shape: Normal Pectus Carinatum Pectus Excavatum Barrel Chest



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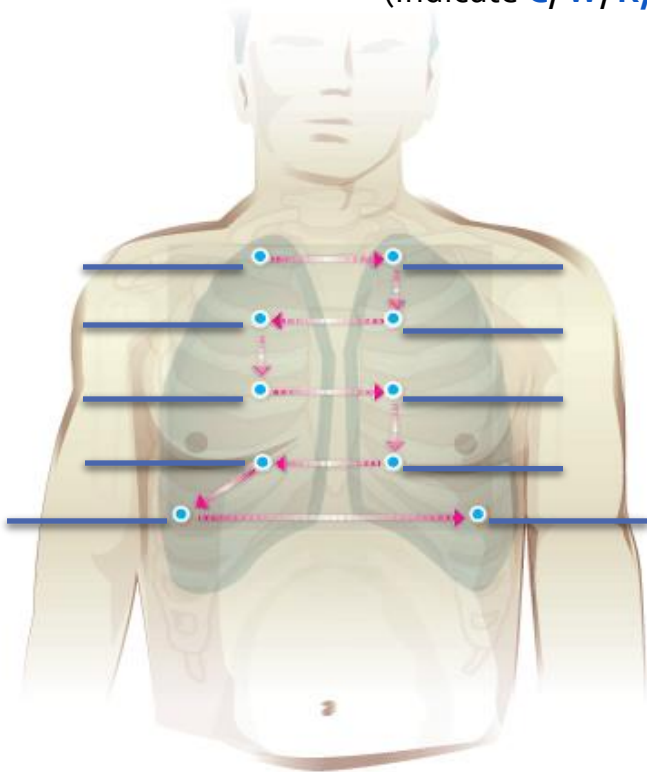
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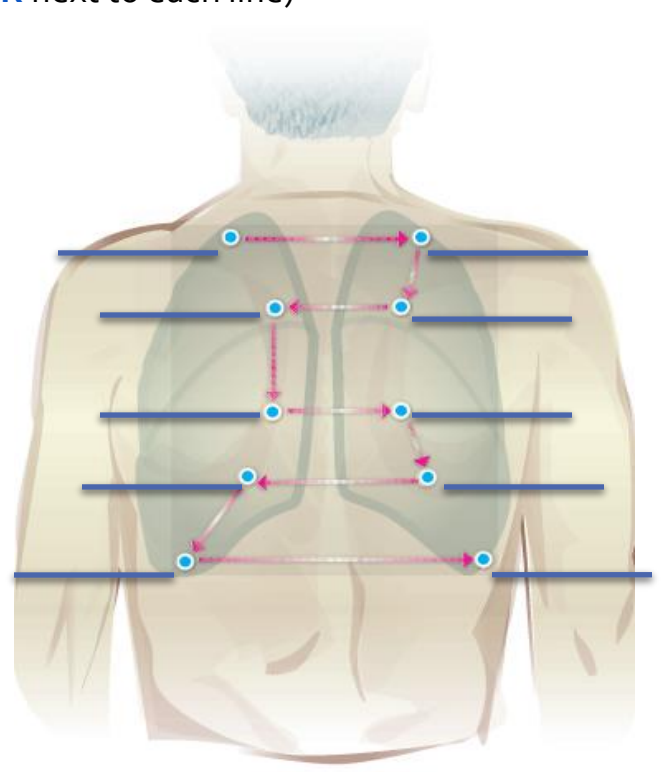
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Anterior lung-field auscultation



Posterior lung-field auscultation

Has there been a change since last respiratory assessment? No _____ Yes _____

If yes explain in detail: _____

Evaluation

Does the resident
Continue to show
S/S of acute distress?
No _____

**If "No" is checked and
resident has a hx of
pulmonary disease Proceed**

If the resident has a history of pulmonary disease proceed to chronic phase of clinical pathway

Signature: _____ Date: _____

If the resident is free of acute distress notify physician to modify plan of care to home routine so teaching can begin. If resident does not have a chronic lung condition discontinue weekly assessments.

Signature: _____ Date: _____

Yes _____

If "Yes" is checked

If yes is checked continue current plan of care. If resident's symptoms are worse notify physician.

Signature: _____ Date: _____

Signature: _____ Date: _____