

(CYSTIC FIBROSIS) NURSING CARE PLAN

Medical Diagnosis: Cystic Fibrosis		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Exercise intolerance • Nasal congestion • Constipation • Abdominal pain 	Assess respiratory status; note rate, rhythm, and quality of breathing; auscultate lungs.	CF patients get frequent respiratory infections because the thick mucus in the lungs traps bacteria and becomes infected.
	Assess abdomen	Look for distention. Feel – palpate for mass or signs of constipation.
	Monitor blood glucose	CF-related diabetes is common due to the impairment of the pancreas
Objective Data: <ul style="list-style-type: none"> • Coughing, non-productive or with thick sputum • Meconium ileus • Failure to thrive • Salty taste to skin • Oily stools • Abdominal distention 	Assess for signs of infection	Lung infections are common in patients with CF. Culturing the sputum can help determine bacteria involved and the course of treatment.
	Monitor for signs of dehydration and encourage fluid and salt intake	Patients with CF lose excess amounts of fluid and salt and can become dehydrated or develop hyponatremia quickly.
	Perform chest physical therapy or vest therapy 2 – 4 times per day per facility protocol	This technique helps loosen mucus within the lungs making it easier to expel or suction