

# NURSING CARE PLAN

## (PNEUMOTHORAX/HEMOTHORAX/TENSION PNEUMOTHORAX)

Medical Diagnosis: Pneumothorax/Hemothorax/Tension Pneumothorax		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> <li>• Dyspnea/Short of Breath</li> <li>• Restlessness/Anxiety</li> <li>• Sudden difficulty breathing</li> <li>• Pleuritic Chest Pain (worse with inspiration)</li> </ul>	Auscultate breath sounds	Breath sounds may be diminished or absent over a pneumothorax/hemothorax. A thorough assessment can identify a problem before it worsens. Also, be sure to re-assess and listen after an intervention was done to make sure that the lung reinflated.
	Assess Respiratory Rate	Patients may present with shallow/rapid breathing due to a collapsed lung
	Assess for Chest Pain/administer analgesics	Pain can cause a patient to breathe more shallowly and can put them at risk for atelectasis. Pain relief can allow the patient to breathe more deeply.
<b>Objective Data:</b> <ul style="list-style-type: none"> <li>• Diminished/Absent breath sounds over the affected side</li> <li>• Asymmetrical/decreased chest expansion over the affected side</li> <li>• Increased respirations</li> <li>• Accessory Muscle Use</li> <li>• Hyperresonance on percussion (pneumothorax)</li> <li>• Dullness on percussion (hemothorax)</li> <li>• Tracheal Deviation unaffected side (tension pneumothorax)</li> </ul>	Assess for chest expansion	The chest can be asymmetrical due to a collapsed lung. This is especially prominent in a tension pneumothorax which is a medical emergency.
	Assess VS/hemodynamics	Tension pneumothorax can cause a significant decrease in CO (low BP). Early intervention is key
	Place patient in high fowler's for better oxygenation/comfort	Approximately 90 degrees. Improves respiratory rate/effort. Better oxygenation. Good lung down positioning improves lung perfusion to the good lung and promotes reinflation of the bad lung.
	Using the IS/Flutter Valve/Deep Breathing/Cough/Turn Exercises	Educate the patient the importance of using the incentive spirometer, flutter valve, and cough/deep breathing exercises that help reinflate the lungs. Collapsed lung/rapid/shallow breathing can increase risk for atelectasis and pneumonia.
	Assess oxygenation/Provide supplemental O2 if appropriate	A collapsed lung cannot participate in oxygenation or gas exchange, therefore supplemental oxygen is typically required.
	Prepare patient for chest tube insertion/Thoracentesis procedure	Provide proper post procedure care Chest Tubes- help remove air or blood from the pleural space. Thoracentesis- drains fluid or blood from the pleural space. Both will allow the lungs to reinflate