

(RESTRICTIVE LUNG DISEASES) NURSING CARE PLAN

Medical Diagnosis: Restrictive Lung Diseases

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Feeling SOB • Dyspnea on exertion 	Maintain patent airway-cough assist therapy, suctioning secretions	Ensures patient is getting adequate oxygen to the body/tissues
	Full respiratory assessment- baseline lung sounds, labs	You will notice when the condition has worsened or when an intervention has worked. ABG's can show if interventions are working or if patient is decompensating
	Provide supplemental O2 as needed	Supplemental O2 can help improve the patient's overall oxygenation needs
	Objective Data: <ul style="list-style-type: none"> • Hypoxia • Hypercapnea • Blue skin, lips, nail beds • Clubbing of fingers • Shallow breathing • Excess secretions • Accessory muscle use • Decrease SpO2 • Presence of physical disorder (ALS, MD, quadriplegia) 	Cluster Care
Patient sitting upright for optimal breathing		Sitting up ensures appropriate lung expansion and allows for maximum inspiration/expiration which in turn gets better gas exchange
Prevent pneumonia-oral hygiene, suctioning, trach care		Most common cause of restrictive lung disease. Prevents any infection from occurring
Appropriate nutrition		Malnourishment is common with lung disease. Nutrition is essential to support healing
Provide Oral Care		Helps protect the mucous membrane and prevent infection
Educating patient/families		If patient has any of the extrinsic causes, giving coping mechanisms and ways to help improve the patients state of mind and quality of life