

(ASPIRATION) NURSING CARE PLAN

Medical Diagnosis: Aspiration		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Shortness of breath • Difficulty breathing • Chest pain 	Assess respiratory function -lung sounds, O2 Sats, skin color, chest symmetry	Will assess baseline for patient and whether their respiratory function is getting better or worse with interventions
	Maintain patent airway- NPO, HOB>30 Degrees, oral hygiene, suction equipment in room, O2 in case	Keep the airway protected. Maintain proper ventilation/oxygenation
Objective Data: <ul style="list-style-type: none"> • Coughing • Low oxygen saturation • Tachypnea/dyspnea • Blue lips/fingers • Lung sounds (crackles and/or diminished) • Frothy sputum 	Perform a swallow screen test	Should be performed with thin liquids at bedside (if not NPO status) checks patients swallowing ability. If fails, patient goes to NPO status, and notify physician Note: swallow study is done in radiology if they fail the screening test
	Acquire a chest x-ray	This will see if a patient has aspirated, whether they have acquired pneumonia or not
	Lab testing/ABG/sputum-blood cultures	Blood gas- monitors PaCO2/PCO2 & PaO2/PO2 CBC- Monitors WBC count Sputum/Blood Cultures-may be needed an able to make sure the patient is receiving the right antibiotic therapy if needed
	Antibiotic therapy- Clindamycin & Metronidazole	May be prophylaxis, or because patient developed pneumonia. Clindamycin is most commonly used for aspiration pneumonia. Metronidazole can be used in conjunction with Clindamycin for further coverage