NURSING CARE PLAN FOR BREATHING DIFFICULTY:

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Implementation	Rationale	Evaluation
Subjective Data: **- Patient reports shortness of breath and chest tightness.** **Objective Data:** **- Respiratory rate is 28/min; oxygen saturation is 88%; use of accessory muscles observed.**	**Impaired Gas Exchange** related to inadequate alveolar ventilation as evidenced by low oxygen saturation and rapid breathing.	**Short-Term:** - Within 1 hour, increase oxygen saturation to above 92%. **Long-Term:** - Patient maintains effective gas exchange with reduced dyspnea.	Initiate supplemental oxygen therapy and reposition patient in semi-Fowler's position; monitor respiratory status.	Administer oxygen via nasal cannula; adjust flow rate as needed; reassess vital signs every 15 minutes.	Supplemental oxygen and optimal positioning improve alveolar ventilation and oxygen delivery.	Oxygen saturation improves; respiratory rate normalizes; patient reports reduced chest tightness.
Subjective Data: **- Patient reports shallow, rapid breathing and difficulty sustaining deep breaths.**	**Ineffective Breathing Pattern** related to increased work of breathing as evidenced by shallow, rapid breaths.	**Short-Term:** - Within 1 hour, patient demonstrates a more regular breathing pattern with reduced accessory muscle use.	Instruct patient on deep breathing and pursed-lip breathing exercises; provide verbal cues and demonstrations.	Coach the patient through breathing exercises; encourage slow, controlled breathing; monitor changes in respiratory pattern.	Effective breathing techniques reduce the work of breathing and improve oxygenation.	Patient's breathing becomes more regular; patient reports increased comfort; reduced use of accessory

Objective Data: **- Breathing pattern is rapid and shallow; accessory muscles are active.**		**Long-Term:** - Patient achieves improved respiratory efficiency and comfort.				muscles observed.
Subjective Data: **- Patient appears anxious and expresses fear about not getting enough air.** **Objective Data:** **- Patient shows signs of anxiety; heart rate is elevated; minor tremors noted.**	**Anxiety** related to respiratory distress as evidenced by patient-reported fear and physiological signs of stress.	**Short-Term:** - Within 1 hour, patient reports reduced anxiety and improved comfort. **Long-Term:** - Patient maintains a calm state with controlled breathing and stable heart rate.	Provide emotional support and teach relaxation techniques, such as guided imagery and progressive muscle relaxation.	Reassure the patient; encourage use of relaxation exercises; monitor heart rate and anxiety levels regularly.	Reducing anxiety lowers oxygen demand and improves overall comfort.	Patient reports decreased anxiety; heart rate stabilizes; patient appears calmer.