

NURSING CARE PLAN FOR BRONCHIOLITIS:

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Implementation	Rationale	Evaluation
<p>Subjective Data: - Parent reports that the infant shows signs of shortness of breath and frequent coughing.</p> <p>Objective Data: - Respiratory rate of 40/min; oxygen saturation at 88%; visible use of accessory muscles.</p>	<p>Impaired Gas Exchange related to airway inflammation and mucus accumulation as evidenced by low oxygen saturation and rapid breathing.</p>	<p>Short-Term: - Within 1 hour, increase oxygen saturation to above 92%.</p> <p>Long-Term: - The infant maintains effective gas exchange with reduced respiratory distress.</p>	<p>Initiate oxygen therapy and reposition the infant in a semi-Fowler's position; monitor respiratory status closely.</p>	<p>Provide supplemental oxygen via nasal cannula; adjust the oxygen flow rate; reassess vital signs every 15 minutes.</p>	<p>Supplemental oxygen and optimal positioning enhance alveolar ventilation and improve oxygen delivery.</p>	<p>Oxygen saturation improves; respiratory rate decreases; infant shows signs of reduced distress.</p>
<p>Subjective Data: - Parent notes that the infant is having difficulty feeding due to nasal</p>	<p>Impaired Airway Clearance related to nasal congestion as evidenced by poor feeding and</p>	<p>Short-Term: - Within 24 hours, the infant shows improved nasal airflow and feeding patterns.</p> <p>Long-Term: - The infant</p>	<p>Encourage gentle nasal suctioning and use of saline drops to clear nasal passages; monitor feeding closely.</p>	<p>Perform nasal suctioning with a bulb syringe; apply saline drops; monitor feeding and hydration status.</p>	<p>Clearing the nasal passages improves airflow and supports better feeding.</p>	<p>Nasal congestion decreases; feeding improves; hydration status stabilizes.</p>

<p>congestion. Objective Data: - Nasal congestion observed; poor feeding pattern; mild dehydration.</p>	<p>difficulty breathing through the nose.</p>	<p>maintains clear airways and proper feeding routines.</p>				
<p>Subjective Data: - Parent expresses concern about managing the infant's breathing at home. Objective Data: - Parent asks multiple questions about home care; appears anxious.</p>	<p>Deficient Knowledge regarding the management of breathing difficulty as evidenced by parental anxiety and inconsistent care practices.</p>	<p>Short-Term: - Within 24 hours, the parent verbalizes key aspects of infant care for bronchiolitis. Long-Term: - The parent adheres to the care plan and attends all follow-up appointments.</p>	<p>Develop an education plan covering breathing exercises, medication use, and signs of distress; provide clear, written instructions.</p>	<p>Conduct individual teaching sessions; provide brochures and visual aids; schedule regular follow-ups.</p>	<p>Education empowers parents to effectively manage their infant's condition at home.</p>	<p>Parent demonstrates understanding; adherence to home care practices improves; follow-up confirms consistency.</p>