

NURSING CARE PLAN FOR APNEA

Nursing Diagnosis	Related Factors	Assessment Evidence	Goals/Expected Outcomes	Nursing Interventions	Rationale	Evaluation/Follow-Up
Ineffective Breathing Pattern	Airway obstruction; obesity; sedative use	Pauses in breathing; low SpO ₂ ; accessory muscle use	Maintain SpO ₂ ≥ 92%; respiratory rate 12–20 bpm within 48 hours	Administer oxygen; ensure proper CPAP usage; reposition patient; teach pursed-lip breathing	Increases airway patency and improves gas exchange	Monitor vital signs and device adherence; reassess after 48 hours
Impaired Gas Exchange	Anatomical abnormalities; neuromuscular weakness	Abnormal ABGs; cyanosis; reported daytime fatigue	Normalize ABG values and maintain effective oxygenation	Initiate CPAP therapy; monitor ABG and oxygen saturation; assist with incentive spirometry	Enhances oxygenation and CO ₂ elimination	Review ABG results; observe patient's clinical status at follow-up

Risk for Injury	Sedation effects; excessive sleepiness	Drowsiness; unsteady gait; history of falls	Patient remains free from falls and injuries	Educate on safe mobility; review medication side effects; schedule frequent monitoring	Prevents accidental injury due to impaired alertness	Assess mobility and cognitive status daily; document changes
------------------------	--	---	--	--	--	--