# CLIENT CARE PLAN

**Client:** *Pathways*, CarePlan  
**Client ID#:** 1165425300  
**Admission Date:** 12-06-2006

## 28 Respiration

<table>
<thead>
<tr>
<th>Admision Rating</th>
<th>K</th>
<th>B</th>
<th>S</th>
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</thead>
<tbody>
<tr>
<td>Desired Outcome</td>
<td>K</td>
<td>B</td>
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<th>Cat.</th>
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| TGC  | Anatomy/Physiology | Respiratory System  
1) Causes of acute respiratory condition  
2) Risk factors- age & underlying health  
3) Complications of acute respiratory conditions |
| TGC  | Sickness/Injury Care | Other  
1) Increase fluids to help loosen secretions & bring up phlegm  
2) Get lots of rest  
3) Take & complete antibiotics as prescribed  
4) Follow up with physician as ordered |
| TGC  | Signs/Symptoms-Physical | When to Notify Providers  
1) Increase in respiratory symptoms  
2) SOB, shaking chills or persistant fevers  
3) Rapid or painful breathing  
4) Bloody or rust colored sputum  
5) Chest pain when coughing or inhaling  
6) Night sweats or unexplained weight loss |
| TGC  | Infection Precautions | Influenza and Pneumonia Vaccine  
1) Discuss prevention  
2) Encourage client to ask physician about flu / pneumonia  
3) Importance of handwashing  
4) Avoiding others with infections |
| S    | Signs/Symptoms-Physical | Evidence of Disease / Infection  
1) Lung sounds  
2) Vital signs  
3) Sputum color, amount and characteristics  
4) Skin color  
5) Results of PPM, spirometer and pulse oximeter readings  
6) SOB, improving or worsening |
| TGC  | Nutritionist Care | Other  
Teach and assess  
1) Prescribed diet  
2) Frequent small meals  
3) Adequate hydration |
| S    | Discipline | Other  
Assess for need of HHA, PT, OT |
| TGC  | Mobility/Transfers | Balanced Rest / Activity  
Teach and assess balance of rest and activity |
| S    | Other | Other  
Risk for hospitalization  
Hospitalization Risk Assessment in Add'n Assessments (Sequence # 154) |
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<tr>
<td>S</td>
<td>Durable Medical Equipment</td>
<td>Other</td>
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<td></td>
<td></td>
<td>Oxygen-if on oxygen, implement Oxygen pathway</td>
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