

Ineffective Airway Clearance Nursing Care Plan

Patient name: _____ Age: _____ Gender: _____

Medical history

History of respiratory infections (e.g., pneumonia, bronchitis)

Chronic respiratory diseases (e.g., COPD, asthma)

Smoking history

Allergies or sinus issues

Recent or current use of sedatives or opioids

History of neuromuscular disorders (e.g., ALS, muscular dystrophy)

Recent surgery (e.g., abdominal or thoracic)

Others (Please specify):

Assessment

Subjective

Reports of shortness of breath

Cough (productive or non-productive)

Reports of wheezing or chest tightness

Difficulty clearing secretions

Reports of fatigue due to respiratory effort

Anxiety or fear related to breathing difficulties

Others (Please specify):

Objective	
Cough assessment (productive/non-productive, color, consistency)	
Abnormal breath sounds (e.g., crackles, wheezes, rhonchi)	
Use of accessory muscles during breathing	
Cyanosis (e.g., lips, nail beds)	
Abnormal respiratory rate	
Others (Please specify):	
<u>Vital signs</u>	
Heart rate:	Blood pressure:
Respiratory rate:	Temperature:
Nursing diagnosis	
Goals and outcomes	
Short-term	Long-term

Nursing interventions		Rationale
Evaluation		
Additional notes		
Nurse's information		
Name:		
License number:		
Contact number:		