MaineGeneral
Harold Alfond Center
for Cancer Care

Alterations in Respiratory Status

☐Actual ☐Potential

Related To: *[Check those that apply]*	
☐ Infection ☐ Excessive or thick secretions ☐ Radiation to the chest ☐ Chemotherapy (Bleomycin) ☐ Obstruction or Restriction ☐ History of smoking ☐ Tracheostomy	☐ Other:_____ _____ _____

As Evidenced By: *[Check those that apply]*	
Major: (*Must be present*)	☐ Changes in Rate, rhythm and pattern from baseline ☐ Altered lung sounds _____ ☐ Ineffective cough ☐ Inability to remove airway secretions

Date & Initials	Plan and Outcome *[Check those that apply]*	Target Date:	Nursing Interventions *[Check those that apply]*	Date Achieved:
	The patient will: ☐ Demonstrate an effective respiratory rate, Rhythm, and pattern ☐ Maintain patent airway ☐ Clear breath sounds or consistent with baseline ☐ exhibit easy or unlabored breathing ☐ Exhibit absence of cyanosis ☐ Other:_____ _____		☐ Obtain history of radiation or chemotherapy regimens. ☐ Assess lung sounds and report changes to the Physician ☐Assess Rate, rhythm and respiratory pattern and report changes to the Physician ☐ Assess O2 saturation _____ ☐ Request referral for Home O2 PRN ☐ Teach patient to: • Cough and deep breath • Modify activity to accommodate effective breathing • Report any changes to respiratory patterns ☐ Other:_____ _____ _____	

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