

NEBULIZER TREATMENT

Subjective Data: _____ **Allergies:** _____

Chief complaint: _____

Nebulizer Treatment: Emergent Routine

Current Medications: _____,
_____, _____,

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

Respiration	Lung Sounds	Skin	Pulse	Appearance
<input type="checkbox"/> Even <input type="checkbox"/> Uneven <input type="checkbox"/> Labored <input type="checkbox"/> Unlabored <input type="checkbox"/> Shallow <input type="checkbox"/> Deep <input type="checkbox"/> Use of accessory muscles	<input type="checkbox"/> Clear <input type="checkbox"/> Rhonchi (course sound like a roar) <input type="checkbox"/> Wheezes (high pitched whistling sound) <input type="checkbox"/> Diminished <input type="checkbox"/> Rales /Crackles (popping sound like rice krispies)	<input type="checkbox"/> Warm <input type="checkbox"/> Pink <input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Mottled <input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Strong <input type="checkbox"/> Regular <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Irregular	<input type="checkbox"/> No distress <input type="checkbox"/> Mild distress <input type="checkbox"/> Moderate distress <input type="checkbox"/> Severe distress

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF. *Health care provider must be called if not on site or if after clinic hours.*

Prior to Treatment: Pulse oximetry < 92% or < 88% for inmates with COPD

After Treatment: Breathing gets worse Nausea/vomiting/diarrhea Chest feels tight Hands, arms or legs shake
 No improvement

Emergency department notification time: _____ **Transport time:** _____

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

- Medication verified with health care providers order.
- Solution for inhalation: Albuterol 0.83% Atrovent 0.02% Xopenex 0.63 Other: _____
- Equipment: T-Piece Mask
- Check pulse oximetry reading. Inform health care provider immediately if reading < 92% or < 88% for inmates with COPD. Have oxygen tank nearby.
- Check pulse, respiratory rate and breath sounds prior to treatment and document.
- Instruct inmate to cough and bring up any loose mucus at the end of the treatment.
- Assess inmate immediately following treatment for results or adverse effects. Reassess inmate 5 to 10 minutes following treatment.
- Education/Intervention: Instructed on purpose of treatments, proper body alignment for maximal breathing efficiency, proper cough instructions, correct use of nebulizer equipment, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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