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Difficulty clearing respiratory secretions Bronchiolitis

Child Health Nursing | Focused diagnosis-based template

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Fictional educational example. Individualize using verified patient findings, authorized treatment and current local protocols. No real patient record or observed outcome is claimed.

Clinical assessment

Subjective: Runny nose followed by cough, feeding difficulty and noisy breathing.

Objective findings and required checks: Increased breathing effort and fewer wet nappies; assess apnea and oxygenation.

Physical examination and investigations: Clinical respiratory and hydration assessment; additional tests only when indicated by the treating team.

Supply actual values, units, timing and trends during supervised application. Do not invent missing clinical data.

Clinical focus and pathophysiology

Bronchiolitis: Viral inflammation and mucus narrow small airways in infancy.

Medical / surgical management

Provide supportive care, safe feeding or prescribed hydration and oxygen when indicated; monitor closely.

Illustrative drug and treatment study

Medicine / treatment	Purpose	Nursing checks

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Medicine / treatment	Purpose	Nursing checks
Prescribed oxygen	Treat clinically significant hypoxemia under the local pathway	Check probe placement and response
no routine antibiotic or bronchodilator	Not automatically indicated for typical bronchiolitis	Treatment decisions require pediatric review.

Treatment examples are not a prescription. Verify the authorized product, dose, route, timing, contraindications and current local product information.

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Focused nursing-problem template

Nursing diagnoses use original clinical problem wording. They are not the licensed NANDA-I classification. Verify any formal label or code against your institution's licensed current edition; select actual or risk diagnoses only when supported by assessment.

Context task: Establish the immediate clinical priorities and verify the baseline before assuming a diagnosis.

Set individualized measurable targets and an exact review time. Select actual or risk statements only when supported by assessment.

Assessment: subjective / objective	Nursing diagnosis: original problem wording	Short- and longer-term goals	Nursing interventions with rationale	Evaluation
Ask: Report sputum, cough effectiveness and chest discomfort. Assess: Observe airway sounds, cough, secretions and ability to speak.	Difficulty clearing respiratory secretions. Possible factors: retained secretions and reduced cough effectiveness. Validate against the patient's assessment.	Short-term: At the next patient-specific reassessment: Airway remains patent and the patient demonstrates a more effective cough. Longer-term: Before the clinically approved transition or agreed follow-up: Demonstrates the agreed secretion-management technique before discharge.	1. Assess cough, breath sounds and secretion changes. Rationale: Changes can indicate obstruction or worsening infection. 2. Support a comfortable upright position and coached coughing when appropriate. Rationale: Position and an effective cough can help secretion clearance. 3. Provide prescribed inhaled treatment or suction only when indicated and within competence. Rationale: Targeted therapy supports airway clearance while limiting procedural harm. 4. Provide supportive care, safe feeding or prescribed hydration and oxygen when indicated; monitor closely. Rationale: Viral inflammation and mucus narrow small airways in infancy. The condition-specific plan addresses the underlying problem while response is monitored.	Record the baseline and reassessed finding, the time and whether this goal is met, partly met or not met. If not met, reassess causes and revise or escalate. Do not record an unobserved improvement.

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Apply this template

Complete with verified data: assessment cues; supported actual problem or risk; measurable outcome and review time; selected authorized interventions and rationale; observed response and next action.

Subjective / objective cues: _____

Patient-specific target and review time: _____

Evaluation evidence and next action: _____

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Health education and continuing care

Teach small supported feeds when safe, nasal care as advised and early review for breathing or feeding deterioration.

Transition only after clinical readiness is confirmed. Reconcile medicines, check access and caregiver support, and document who will review the patient and when.

Urgent warning signs

Apnea, cyanosis, exhaustion, poor responsiveness or inability to maintain hydration needs urgent escalation.

Evaluation and conclusion

For each goal, document met, partly met or not met using observed evidence and the review time. Reassess and revise if progress is inadequate. Individual assessment, prioritized care and coordinated review guide this topic.

Quick Revision

- Viral inflammation and mucus narrow small airways in infancy.
- Priority concerns: Difficulty clearing respiratory secretions.
- Apnea, cyanosis, exhaustion, poor responsiveness or inability to maintain hydration needs urgent escalation.
- Teach small supported feeds when safe, nasal care as advised and early review for breathing or feeding deterioration.

Exam / viva: What assessment evidence supports this problem, and what measurable result would demonstrate improvement?

References

Nursing Fundamentals, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2024
https://wtcs.pressbooks.pub/nursingfundamentals/

Health conditions A to Z: external further reading - NHS
https://www.nhs.uk/conditions/

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Nursing Pharmacology, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2023
https://wtcs.pressbooks.pub/pharmacology2e/

B.Sc. Nursing curriculum and regulatory notifications - Indian Nursing Council
https://www.indiannursingcouncil.org/gazette-notification

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