

Name: NHS No: DOB:

DYSPNOEA CORE CARE PLAN

<p>Problem / Need:</p> <p>..... is experiencing breathlessness.</p> <p>The probable cause of this is</p> <p>.....</p> <p>.....</p>	<p>Goal:</p> <p>To relieve’s symptoms of breathlessness.</p>
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Interventions:

1. The Registered Nurse will undertake an assessment to identify physical, psychological and environmental causes of breathlessness.
2. All staff to ensure comfort measures are available, e.g. fan, open window, positional change.
3. Administer prescribed medication and consider non-pharmacological interventions, alongside regular assessment and review.
4. Document episodes of distress caused by breathlessness.
5. The Registered Nurse will supervise and support health and social care assistants / carers / relatives to assess, monitor and report to nursing staff if any problems with breathlessness.
6. Registered Nurse to liaise with Medical Practitioner and / or Specialist Palliative Care Team, if symptoms remain uncontrolled and side effects are problematic.
7.
8.
9.

Care plan completed by:
Name (*print*) Designation Signature

Care plan agreed and discussed with: (*circle*) patient / relative / carer Name
Date care plan commenced: Time commenced:

