

RESPIRATORY INFECTIONS
(Bronchitis and Pneumonia)
 Level II

Skill Level: RN

Definition: **Bronchitis:** An inflammation of the bronchi or trachea or both that results from irritation or infection.

Pneumonia: Acute infection of the lung parenchyma which often impairs gas exchange. Pneumonia may be caused by viral, bacterial, mycoplasmal, fungal, or parasitic microbes.

Moderate	
<p>Subjective:</p> <ul style="list-style-type: none"> • I have a cold/flu. • Nasal congestion and/or runny nose. • Hacking cough and/or sneezing may be productive of whitish to colored mucous. • Scratchy sore throat. • Patient's ears feel plugged. • "I would like some cold medication." • "I need medication for my cough." • "I think I have pneumonia." 	<p>Assessment:</p> <ul style="list-style-type: none"> • Ineffective airway exchange. : Bronchitis/Pneumonia.
<p>Objective:</p> <ul style="list-style-type: none"> • Review history for complicating chronic medical condition, including elderly or debilitated, diabetic, cardiac or respiratory disease. • Duration of symptoms up to 14 days or longer. • Yellow-green purulent sputum may be present. • Fever over 101 degrees F and under 103 degrees. • Respiratory rate 24 or less. • Lung sounds, rhonchi, rales, or clear, but present in all fields. 	<p>Patient education and self-care items for this protocol include:</p> <ul style="list-style-type: none"> • Tylenol/Aspirin 1-2 tabs every 4 hours. • Ibuprofen 200 mg 1-2 tabs QID. • Expectorant syrup. <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none"> • Provide Level I treatment plan plus: • If shortness of breath at rest, or temperature of 103 degrees, or unable to accomplish ADL's due to this condition, notify practitioner immediately to consider hospital or infirmary care. <p>If patient remains in general population:</p> <ul style="list-style-type: none"> • Consider bed rest. • Nurse recheck in 1-2 days. • Refer to practitioner if not improved in 3 days. • Increase fluid intake.

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<ul style="list-style-type: none"> • Dyspnea with walking distances or significant exertion, but not at rest. • Able to perform most ADL's. 	<p>Plan (continued for Moderate):</p> <ul style="list-style-type: none"> • Analgesics for fever and pleuritic pain. (See handout for meds on unit.) • Nebulizer Treatment – Albuterol unit dose x1. PERF pre and post nebulizer treatment. If treatment is effective, issue Albuterol Inhaler, 2 puffs QID prn for 2 weeks. Instruct patient on proper use. • If wheezing consider Asthma protocol. • If mucopurulent sputum > 14 days consider next severity level (below). • Consider CBC, sputum culture, chest X-rays.
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Increased Severity	
<p>Objective:</p> <p>If any of the following objective findings are present.</p> <ul style="list-style-type: none"> • Patient is ill with moderately severe respiratory illness and has a complicating condition: elderly or debilitated, diabetes, cardiac or respiratory disease. • Yellow-green purulent sputum for more than 2 weeks. • Temperature >103 degree temperature for 24 hours or 101 > 3-4days. • Dyspnea with basic ADL's or at rest. • Nebulizer not helpful. 	<p>Plan:</p> <ul style="list-style-type: none"> • Initiate urgent/emergency treatment. • Consider hospital or infirmary care. • Call provider for advice, including possible use of antibiotics. • Schedule nurse recheck daily if, after speaking with provider, the patient will remain at the facility. • Schedule provider appointment next available time if, after speaking with provider, the patient will remain at the facility. • Consider emergency protocol critically ill/shock if that applies.

Nursing Education:

1. Pneumonia can be a devastating, life threatening illness particularly in the elderly and infirm or those with chronic diseases such as COPD or Diabetes.
2. Fever is not necessarily indicative of a bacterial infection.
3. Inhaled Albuterol has been shown to improve the symptoms of respiratory illness, even in the absence of wheezing.
4. Antibiotics are usually not medically indicated for bronchitis in the absence of evidence of pneumonia.
5. Most short lived respiratory illnesses (up to two weeks duration) are caused by a virus, do not respond to antibiotics, and resolve by themselves with time. The most common causes of Pneumonia are viruses.
6. Some microbes such as Chlamydia and Mycoplasma can cause "walking pneumonia", characterized by cough of two weeks duration with or without sputum and fever. These conditions usually do not pose a serious health risk but do respond to oral antibiotics. When in doubt a provider visit is a reasonable choice.

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APPROVED:

Health Services Manager

Date

Chief Medical Officer

Date

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Medical Director

1/12/09

Date

Effective Date _____

1/09

Revised: November 2008