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Nursing care plan for patient with hyperlipidemia

Nursing care plans for hyperlipidemia. What is a nursing diagnosis for hyperlipidemia. Nursing care plan for hypertensive patients. Nursing care plan interventions for hyperlipidemia. Nursing care plan for type 2 diabetes examples.

Hyperlipidemia NCLEX Review and Nursing Care Plans Hyperlipidemia refers to an unusually high level of fats in the blood, such as cholesterol and triglycerides. Hyperlipidemia can be hereditary; however, it is usually the result of a sedentary lifestyle and unbalanced diet. There are no signs of hyperlipidemia, yet it is very prevalent.

NURSING CARE PLAN					
ASSESSMENT	DIAGNOSIS	INFERENCE	PLANNING	INTERVENTION	RATIONALE
<p>SUBJECTIVE: "Nurse says I'm at a higher risk for heart disease and body aches as verbalized by the patient."</p> <p>OBJECTIVE:</p> <ul style="list-style-type: none"> Facial grimacing Irritability Gurgling of the affected areas. <p>V/S taken as follows: T: 37.3 P: 89 R: 23 BP: 110/70</p>	<p>Leptospirosis is a bacterial disease that affects humans and animals. It is caused by bacteria of the genus Leptospira. In humans, it causes a wide range of symptoms, and some infected persons may have no symptoms at all. Symptoms of leptospirosis include: dry fever, severe headache, chills, muscle aches, and vomiting, and may include jaundice (yellow skin and eyes), red eyes, abdominal pain, diarrhea, or a rash. If the disease is not</p>	<p>After 8 hours of nursing interventions, the patient will demonstrate use of relaxation skills, other methods to promote comfort and to relieve pain.</p> <p>Observe non-verbal cues.</p> <p>Explore alternative pain relief measure like relaxation techniques, breathing techniques and guided imagery.</p>	<p>Independent pain, including location and intensity scale of 0-10.</p> <p>Pain is unique to each patient. One may experience varying descriptions because of individualized perceptions. Non verbal cues may aid in evaluation of pain and effectiveness of therapies.</p> <p>Combative behavioral interventions may reduce reliance on pharmacological therapy and enhance the patient's sense of control.</p>	<p>Assess reports of pain, including location and intensity scale of 0-10.</p> <p>To provide baseline information.</p> <p>After 8 hours of nursing interventions, the patient was able to demonstrate use of relaxation skills, other methods to promote comfort and to relieve pain.</p>	<p>To provide baseline information.</p> <p>Each patient may experience varying descriptions because of individualized perceptions. Non verbal cues may aid in evaluation of pain and effectiveness of therapies.</p> <p>Combative behavioral interventions may reduce reliance on pharmacological therapy and enhance the patient's sense of control.</p>

The total cholesterol level of 93 million people in the United States aged 20 and over is higher than the recommended limit. Only a blood test can tell if an individual has this condition. Furthermore, hyperlipidemia can be controlled, but it is generally a lifelong medical condition. A person must be mindful of what he or she consumes and exercise on a regular basis. Medications are commonly prescribed, too. A timely diagnosis and treatment plan to stop the disease from progressing are vital. Cholesterol is a fatty substance found in the blood. Also referred to as lipid, cholesterol is needed by the body to build healthy cells, but it can also increase the risk of heart disease if it is too high. It is the liver's function to produce cholesterol, which is used to break down food and make hormones. Cholesterol is also found in foods such as meat and other products. Because the liver can produce as much cholesterol as the body requires, the cholesterol increases more due to the foods we consume. A person with a high cholesterol level (hyperlipidemia) may develop fatty deposits in their blood vessels, which may build up over time, making it more difficult for blood to flow freely through the arteries. It deprives the brain and heart of the essential elements of nutrition and oxygen. These deposits may break off quickly and form a clot leading to a heart attack, stroke, or other serious medical conditions. To diagnose hyperlipidemia, a physician will order a lipid panel that requires 9 to 12 hours of fasting. A blood sample will be taken by a professional and sent to a laboratory for analysis. The levels of the following will be shown in this test: HDL (high-density lipoprotein) cholesterol - also known as "good" cholesterol, LDL (low density lipoprotein) cholesterol - also known as "bad" cholesterol; the main source of cholesterol accumulation and obstruction in the arteries; Total cholesterol - Both low-density lipoprotein (LDL) and high-density lipoprotein (HDL) cholesterol are included. Triglycerides - another type of fat found in the blood that raises the risk for heart disease. Hyperlipidemia is caused by a combination of high triglycerides, high LDL cholesterol, and a lack of HDL cholesterol that removes the bad cholesterol from the arteries. A triglyceride level of less than 150 mg/dL is considered normal, whereas a total cholesterol level of more than 200 mg/dL is deemed abnormal. Acceptable cholesterol levels might still vary from person to person, based on the medical history and present health concerns. The results should be discussed with the physician for better interpretation. Hyperlipidemia is divided into two main classifications: familial and acquired. The acquired type is the consequence of underlying medical conditions, certain medications, and lifestyle preferences, whereas the familial type is from the genes that an individual inherits from their parents. Acquired Hyperlipidemia. Acquired hyperlipidemia is most commonly caused by lifestyle preferences that elevate bad cholesterol levels while lowering good cholesterol levels. An imbalanced diet, inadequate physical activity, smoking or frequent exposure to secondhand smoke, obesity, and extensive alcohol use are the typical lifestyle choices that increase the risk of developing high cholesterol levels. Kidney disease, diabetes, polycystic ovarian syndrome (PCOS), thyroid dysfunction, liver disease, other hereditary disorders, and pregnancy may also have the potential to raise cholesterol levels. Some contraceptives, pills, diuretics, corticosteroids, antiretroviral therapy (ART) for HIV treatment, and beta-blockers, might influence cholesterol levels in some cases. Even though these medications affect cholesterol levels, this impact is generally insufficient to warrant discontinuing them. Familial Combined Hyperlipidemia. A type of hyperlipidemia that can be inherited from parents or grandparents is called familial combined hyperlipidemia (or mixed hyperlipidemia). People with familial mixed hyperlipidemia are more likely to develop high cholesterol or triglyceride levels in their teens and be diagnosed in their 20s or 30s. Early coronary artery disease and heart attack are more likely to occur as a result of this disorder. An individual with familial mixed hyperlipidemia may develop cardiovascular disease signs at a young age. These manifestations include the following: chest pain, heart attack, incompletely healed sores on the toenails in the calves when walking, difficulty speaking, drooping on one side of the face, and numbness in the limbs - signs of stroke. Lifestyle Changes. The primary line of treatment for hyperlipidemia is to improve one's lifestyle. These adjustments are an important aspect of treatment, even for familial combined hyperlipidemia. These may be enough to lower the risk of heart disease and stroke. If a person's hyperlipidemia is currently treated with medication, lifestyle modifications can help them decrease their cholesterol levels even further. Eat a Healthy Diet. Lifestyle changes include eating a healthy diet.

Desired Outcome: To improve one's lifestyle. These adjustments are an important aspect of treatment, even for familial combined hyperlipidemia. These may be enough to lower the risk of heart disease and stroke. If a person's hyperlipidemia is currently treated with medication, lifestyle modifications can help them decrease their cholesterol levels even further. Eat a Healthy Diet.

Rationale: Lifestyle changes include eating a healthy diet.

Date And Time	Nursing Diagnoses	Objective Out / Come Criteria	Nursing Orders	Nursing Interventions	Evaluation
	Potential for fluid volume deficit [dehydration] related to profuse sweating.	Patient fluid volume will be maintained throughout hospitalization as evidenced by nurse observing no signs of dehydration and patient verbalizing absence of profuse sweating.	1. Reassure patient fluid volume will be maintained throughout hospitalization. 2. Monitor intake and output chart. 3. Monitor patient daily body weight. 4. Perform mouth care twice daily. 5. Observe for a weak rapid pulse and postural hypotension. 6. Monitor intake and output chart.	1. Patient was reassured that fluid volume will be maintained throughout hospitalization. 2. Patient intake and output chart was monitored. 3. Patients daily body weight monitored. 4. Mouth care performed twice daily. 5. Weak rapid pulse and postural hypotension was observed. 6. Prescribed IV fluids administered, eg. dextrose.	Goal fully met as evidenced by the nurse and patient verbalizing absence of profuse sweating.

Avoid saturated and trans fats and eat healthier fats. Red meat, bacon, sausage, and full-fat dairy products are the most common sources of saturated fats. On the other hand, fried meals and processed foods like cookies, crackers, and other snacks, contain trans fats. These should all be avoided or lessened as much as possible. Opt for leaner meats such as chicken, turkey, and fish. Cooking with monounsaturated fats such as olive, avocado, and canola oil is also a good idea. Consistently read the product's label for the ingredients when going to the supermarket. Consumption of omega-3-rich meals should be increased, as they offer several heart-healthy benefits. Salmon and mackerel are among the fish that contain omega-3. Nuts and seeds are also foods rich in Omega-3. Regular fiber intake is also good for the heart. LDL cholesterol levels can be reduced by consuming soluble fiber, which is found in oats, apples, carrots, beans, and other vegetables. Eating more vegetables and fruits is highly recommended, as they are low in saturated fat and high in fiber and vitamins. Achieve the Ideal Weight. To help lower total cholesterol levels, people who are overweight or obese should begin to lose weight. The first step in losing weight is to figure out how many calories a person should consume and how many calories they should burn. A typical adult must lose 3,500 calories from their diet to lose a pound, but losing as little as 5% to 10% of the body weight can already help lower cholesterol levels. An individual must consult with a physician or a trained dietitian to develop a healthy meal plan to begin losing weight. Increase Physical Activities. Physical activity is beneficial to one's overall well-being. It aids in weight loss and lowering total cholesterol levels. The HDL cholesterol levels drop when people do not get enough exercise, which means that not enough good cholesterol is present to remove the bad cholesterol from the arteries. Three to four times a week, 40 minutes of moderate to strenuous exercises are required to lower total cholesterol levels. Each week, an individual should aim for 150 minutes of physical activity. Biking, running, swimming, going to the gym, and even using the stairs instead of the elevator are some of the activities that can help. **Emergency Smoking Cessation:** Smoking elevates triglycerides and lowers good cholesterol levels. It can increase the risk of cardiovascular diseases. If the patient has not been diagnosed with hyperlipidemia, Other risk factors for heart disease, such as high blood pressure and diabetes, are aggravated by smoking. Smokers can reduce their LDL cholesterol levels and increase their HDL cholesterol levels, which protect the arteries. On the other hand, non-smokers should stay away from secondhand smoke as much as possible. **Manage Stress:** Chronic stress has been linked to an increase in LDL cholesterol and a decrease in HDL cholesterol in some studies. Stress management should be practiced to cope with various adversities that an individual may experience. Stress can also be reduced by sleeping for at least seven hours every night. Medication modifications are not enough to reduce cholesterol levels, the doctor may prescribe medications to help an individual lessen it. Statins or HMG-CoA reductase inhibitors - types of medications that prevent the liver from manufacturing cholesterol. They are a prevailing alternative for lowering cholesterol levels in the blood. Cholesterol absorption inhibitors - operate in conjunction with statins; a modern class of medicine that prevents cholesterol from being absorbed into the body by the intestine. **Antiplogics:** The liver's ability to produce fats is affected by some antihypertensive medications that may be prescribed. These medications raise HDL cholesterol while lowering LDL cholesterol and triglycerides.

Another type of medicine that works on the liver is fibrates. They may increase HDL and lower triglycerides, but they are not as effective in lowering LDL. **Acute Pain Nursing Diagnosis:** Acute Pain related to decreased myocardial flow resulting from accumulated fats in the arteries secondary to hyperlipidemia as evidenced by verbalization of chest pain, restlessness, excessive sweating, and elevated vital signs. **Desired Outcome:** The patient's report of chest pain will also be demonstrated as evidenced by vital signs within the normal range. **Unbearable pain:** Unbearable pain may also be experienced as a result of excessive sweating and restlessness. **Hyperlipidemia Nursing Interventions:** Rationale: Advise the patient to call the nurse right away when the patient experiences chest pain. Coronary artery spasm can occur as a result of pain and decreased cardiac output, which can lead to, aggravate, and/or prolonged chest pain. Unbearable pain might also trigger a vasovagal response that lowers blood pressure and heart rate. Evaluate and record the patient's responsiveness to the medications. It will provide information about the progression of the disease, assess the efficacy of treatments, and may signify the need for a change in pharmacological treatment. Assess claims of discomfort in the left side of the jaw, neck, shoulder, arm, or hand. It's possible that the pain will radiate, and a careful evaluation will assist distinguishing the chest pain from a more serious condition. Keep the patient well-rested during periods of chest pain. Complete rest decreases myocardial oxygen demand, reducing the risk of hyperlipidemia-related cardiac complications. Place the patient in a semi or high Fowler's position if the patient has shortness of breath. Gas exchange is enhanced in this position, which helps to alleviate shortness of breath. Closely observe the heart rate and rhythm of the patient. The risk of acute life-threatening cardiovascular complications increases in patients with long-standing hyperlipidemia. Stay with the patient if he is in pain or seems restless and anxious. Anxiety causes the release of chemicals that increase cardiac workload and can cause chest discomfort to worsen and/or last longer. The presence of a nurse can assist to alleviate emotions of helplessness and anxiety. Administer pain medication as prescribed by the physician. Medications aid in the patient's perception of pain, thereby lowering, if not eliminating, it. **Deficient Knowledge/Nursing Diagnosis:** Deficient Knowledge related to unfamiliarity and misinterpretation of information about hyperlipidemia as evidenced by frequent questions and requests for additional information. **Desired Outcome:** The patient will express awareness of the condition/disease process, as well as the potential complications, and will make the appropriate lifestyle modifications. **Hyperlipidemia Nursing Interventions:** Rationale: Discuss to the patient the causes of hyperlipidemia and the importance of preventing and controlling it. Patients with hyperlipidemia have to understand why it occurred and how to manage the condition. Therapeutic approach focuses on reducing the risk of serious medical complications and encouraging a healthy lifestyle. Highlight the need for regular diagnostic procedures, as well as the importance of cholesterol levels and the differences between LDL and HDL contributors. Patients with two or more risk factors, such as smoking, medical conditions, or family history, should keep triglycerides and LDL cholesterol below the maximum range. Emphasize the significance of weight management, smoking cessation, dietary improvements, physical activities, and stress management. Knowing the importance of risk factors allows patients to make the necessary modifications. Patients with hyperlipidemia who do not improve to a low-fat diet and exercise program for six months will need to take medication. Demonstrate how to self-monitor vital signs, particularly the heart rate and blood pressure. The patient must learn when to seek immediate medical help and recognize the early signs of any hyperlipidemia-related complications. Discuss the mechanism of action and effects of hyperlipidemia drugs that have been prescribed to the patient. The patient may be more willing to comply if they have a better understanding of their medications. Discuss the necessity of scheduling follow-up visits with the patient. Hyperlipidemia is a condition that should be closely monitored and controlled continuously. **Risk for Decreased Cardiac Output Nursing Diagnosis:** Risk for Decreased Cardiac Output related to buildup of fat deposits in the blood vessels secondary to hyperlipidemia. **Desired Outcome:** The patient's report of dyspnea, chest discomfort, and irregular heartbeats will be less frequent, and the patient's tolerance for physical exertion will also improve. **Hyperlipidemia Nursing Interventions:** Rationale: Monitor the patient's vital signs and heart rate closely. The most common complications of hyperlipidemia are heart-related disorders. Early detection and management may be aided by monitoring basic heart functions. Watch out for potential heart murmurs and auscultate the lungs for unusual breath sounds. Abnormal findings of the heart and lungs may reveal signs of serious medical complications of hyperlipidemia. As directed, engage in self-care activities and provide sufficient rest periods. Reduces heart workload by conserving the patient's energy. Check for signs and symptoms of cardiovascular disorders. Early recognition of signs and symptoms is required for effective management. Assess the color of the patient's skin, as well as the existence and strength of pulses. When cardiac output drops, peripheral circulation declines, leaving the skin pale or gray in color and weakening the strength of peripheral pulses. Provide supplemental oxygen as necessary. To improve cardiac function, reduce ischemia, and lower lactic acid production, increase the amount of oxygen available for myocardial absorption. Administer medications as ordered by the physician. Prescribed medicines are necessary to reduce heart workload and reduce the risk of hyperlipidemia.

Anxiety: Anxiety related to underlying pathophysiological reaction and changes in health status secondary to hyperlipidemia as evidenced by restlessness, verbalized concern about lifestyle changes, and fear of potential complications. **Desired Outcome:** The patient will verbalize awareness of feelings of anxiety, report tolerable levels of anxiety, and demonstrate effective coping strategies. **Hyperlipidemia Nursing Interventions:** Rationale: Assess the level of stress and anxiety when discussing the purpose of tests and other procedures. Anxiety caused by a fear of an unknown diagnosis and prognosis might be alleviated with proper explanation. Assist the patient in expressing their emotions and worries, reassuring him that these are normal reactions. Concerns that are expressed verbally relieve stress, verify coping abilities, and make it easier to deal with emotions. Feelings that aren't verbalized are more expected to cause anxiety and lead to stressful circumstances. Inform the patient that a treatment regimen and lifestyle adjustments have been put in place to prevent hyperlipidemia-related complications. Helps the patient to gain stronger confidence in their medical treatment and to incorporate their abilities in managing the condition. As directed by the physician, administer sedatives or tranquilizers. Help the patient calm down until physically able to re-establish acceptable coping mechanisms. Encourage the patient's family members and significant others to treat him like their usual treatment. When the people around the patient are overly considerate, the patient may feel more anxious about his condition. **Noncompliance/Nursing Diagnosis:** Noncompliance related to lack of information and understanding to the condition, complexity of treatment, and difficulty in behavioral changes secondary to the diagnosis of hyperlipidemia. **Desired Outcome:** The patient will convey an understanding of the treatment plan and demonstrate a willingness to follow through with the lifestyle adjustments and drugs. **Hyperlipidemia Nursing Interventions:** Rationale: Compare the findings of previous diagnostic tests to the present behavioral changes secondary to the diagnosis of hyperlipidemia. This information provides a baseline for determining compliance. Observe how well the patient comprehends his existing condition as well as the significance of medical services. Each patient's perception on maintenance differs. Some people may refuse medical treatments because of their spiritual beliefs, while others may prefer to adopt alternative treatments. This method will serve as a baseline for subsequent treatment plan. Evaluate the circumstances that the patient considers are preventing his ability to comply. Each patient's input is unique, allowing the correction plan to be adjusted to each individual. Establish a therapeutic connection between the patient and his family members. It gives the patient feelings of security in the nurse's competence and increases trust in the outcome of the treatment. Involve the patient in determining the correct course of treatment for him. Patients who are involved in the planning process have a stronger commitment to a successful result. Eliminate any known barriers to compliance of the patient. Long waiting times in clinics, advocating challenging physical activities, and prescribing medications with a long list of adverse effects can reduce compliance. These barriers should all be avoided as much as possible. Avoid unnecessary drugs and provide a simple treatment plan that is efficient. When the therapy is short and simple to comprehend, it is more likely to be followed by the patient. Modify the treatment plan according to the patient's needs. Most of the time, a "one size fits all" strategy isn't going to work. Treatment should vary from one patient to another. Provides positive reinforcements for desired and compliant behaviors. It will give the patient the impression that his efforts are valued, and he will most likely continue to comply. Give precise instructions to the patient as much as possible. The patient has more control over the behavioral modifications he needs if he has specific information. Provide social support to the patient. It may assist the patient in acquiring a better awareness of the advantages of adhering to the treatment plan. Ackley, B. J., Ladwig, G. B., Makic, M. B., Martinez-Kratz, M. R., & Zanotti, M. (2020). Nursing diagnoses handbook: An evidence-based guide to planning care. St. Louis, MO: Elsevier. Buy on AmazonGulanick, M., & Myers, J. L. (2022). Nursing care plans for adults. Philadelphia, PA: Lippincott Williams & Wilkins.

Diagnoses, interventions, & outcomes: St. Louis, MO: Elsevier. Buy on AmazonGulanick, M., & Myers, J. L. (2022). Nursing care plans for adults. Philadelphia, PA: Lippincott Williams & Wilkins.

Risk for Infection: Rationale: After 24 hours of Nursing Intervention, the client will not acquire infection, as evidenced by no evidence of swelling and/or redness around the injection site.

Desired Outcome: The client will not acquire infection, as evidenced by no evidence of swelling and/or redness around the injection site.

Interventions: After 24 hours of Nursing Intervention, the client will not acquire infection, as evidenced by no evidence of swelling and/or redness around the injection site.

Assessments: After 24 hours of Nursing Intervention, the client will not acquire infection, as evidenced by no evidence of swelling and/or redness around the injection site.

Objectives: After 24 hours of Nursing Intervention, the client will not acquire infection, as evidenced by no evidence of swelling and/or redness around the injection site.

Monitoring and Evaluation: After 24 hours of Nursing Intervention, the client will not acquire infection, as evidenced by no evidence of swelling and/or redness around the injection site.

Documentation: After 24 hours of Nursing Intervention, the client will not acquire infection, as evidenced by no evidence of swelling and/or redness around the injection site.

Notes: After 24 hours of Nursing Intervention, the client will not acquire infection, as evidenced by no evidence of swelling and/or redness around the injection site.

Comments: After 24 hours of Nursing Intervention, the client will not acquire infection, as evidenced by no evidence of swelling and/or redness around the injection site.

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Resources: After 24 hours of Nursing Intervention, the client will not acquire infection, as evidenced by no evidence of swelling and/or redness around the injection site.

Signs and Symptoms: After 24 hours of Nursing Intervention, the client will not acquire infection, as evidenced by no evidence of swelling and/or redness around the injection site.

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Checklist for Evaluating Care Plans

Download Reduce Your Risk of ASCVD (PDF) | Spanish (PDF) If you're diagnosed with hyperlipidemia, your overall health and other risks such as smoking or high blood pressure will help guide treatment. These factors can combine with high LDL cholesterol or low HDL cholesterol levels to affect your cardiovascular health. Your doctor may use the ASCVD Risk Calculator to assess your risk of a coronary event in the next 10 years. The good news is, high cholesterol can be lowered, reducing risk of heart disease and stroke. If you're 20 years or older, have your cholesterol tested and work with your doctor to adjust your cholesterol levels as needed. Often, changing behaviors can help bring your numbers into line. If lifestyle changes alone don't improve your cholesterol levels, medication may be prescribed. Lifestyle changes include: Eating a heart-healthy diet. From a dietary standpoint, the best way to lower your cholesterol is to reduce your intake of saturated fat and trans fat. The American Heart Association recommends limiting saturated fat to less than 6% of daily calories and minimizing the amount of trans fat you eat. Reducing these fats means limiting your intake of red meat and dairy products made with whole milk. Choose skim milk, low-fat or fat-free dairy products instead. It also means limiting fried food and cooking with healthy oils, such as vegetable oil. A heart-healthy diet emphasizes fruits, vegetables, whole grains, poultry, fish, nuts and non-tropical vegetable oils, while limiting red and processed meats, sodium and sugar-sweetened foods and beverages. Many diets fit this general description. For example, the DASH (Dietary Approaches to Stop Hypertension) eating plan promoted by the National Heart, Lung, and Blood Institute as well as diets suggested by the U.S. Department of Agriculture and the American Heart Association are heart-healthy approaches.

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Nursing Problems with cues	Nursing Diagnosis with Rationale	Objectives (SMART)	Nursing Interventions	Rationale
Objective: Patient has endotracheal tube attached to mechanical ventilator with back up rate of 20 bpm with FiO_2 of 100%. Increased RR from 22 bpm to 28 bpm. Excessive coughing. Abnormal breath sounds: Crackles on both lung fields upon auscultation. O_2 saturation changes: from 99% to 91%.	Ineffective airway clearance related to ineffective cough	Short term goal: After 2 minutes, patient will be free from airway obstruction Long term goal: During the 8 hours shift, patient will maintain a patent airway and be from aspiration As evidenced by: RR of 20 bpm Clear breath sounds O_2 saturation of 98-100% No manifestations of restlessness or respiratory distress	Assessment Assess airway patency. Note for excessive coughing, high pressure alarms in the ventilator, increased dyspnea. Assess patient's vital signs especially respiratory rate and rhythm. Monitor oxygen saturation using pulse oximeter. Independent Suction secretions as needed, limiting duration to less than 15 seconds. (See the complete guidelines: How to perform endotracheal suctioning) Reposition patient every 2 hours or more.	Obstruction may be caused by accumulation of secretions, bronchospasm, mucous plugs and other problems. Intubated patient has ineffective cough reflex altering ability to cough. This will serve as a baseline date. Suction should not be routine and duration should be limited to reduce hazard of hypoxia. Promotes drainage of secretions.

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			<p>Collaborative</p> <p>Administer bronchodilators (e.g. Salbutamol 1 neb 250 mcg/neb) through in-line nebulization. Perform chest physiotherapy after the administration. Suction patient after nebulization.</p>	<p>Promotes ventilation and removal of secretions.</p>
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Thoughtful Talks with My Health Care Professional: My Cholesterol Treatment Plan Your health care professional can help you reach your health goals, including keeping your cholesterol at healthy levels. Making decisions with your health care team is the best way to create a treatment plan you'll be more likely to stick to. If you don't understand something, ask for further clarification. Here's a helpful checklist (PDF) that you and your health care professional can go through to determine your risk and the best treatment options for you.