

**RESPIRATORY INFECTIONS  
(Bronchitis and Pneumonia)  
Level II**

**Skill Level:** RN

**Definition:** **Bronchitis:** An inflammation of the bronchi or trachea or both.  
**Pneumonia:** Acute infection of the lung parenchyma which often impairs gas exchange.

| <b>MODERATE</b>  |   |
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| <p><b>Subjective:</b></p> <ul style="list-style-type: none"> <li>• I have a bad cold/flu.</li> <li>• Nasal congestion and/or runny nose.</li> <li>• Cough and/or sneezing.</li> <li>• Scratchy sore throat.</li> <li>• May be short of breath.</li> <li>• Ears feel plugged.</li> <li>• "I would like some cold medication."</li> <li>• "I need medication for my cough."</li> <li>• "I think I have pneumonia."</li> </ul>  | <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Ineffective airway exchange.<br/>: Bronchitis/Pneumonia.</li> </ul>  |
| <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• May have yellow-green sputum.</li> <li>• Fever over 100.4 degrees F and under 103 degrees.</li> <li>• Respiratory rate under 24.</li> <li>• Lung sounds, rhonchi, rales, or clear, but present in all fields.</li> <li>• May have wheezing.</li> <li>• Dyspnea with walking distances or significant exertion, but not at rest.</li> <li>• Able to perform most ADL's.</li> <li>• O2 sats &lt;93% or decreased from baseline.</li> <li>• No complicating condition: elderly or debilitated, diabetes, cardiac or respiratory disease.</li> </ul> | <p><b>Patient education and self-care items for this protocol include:</b></p> <ul style="list-style-type: none"> <li>• Tylenol/Aspirin 1-2 tabs every 4 hours.</li> <li>• Ibuprofen 200 mg 1-2 tabs QID.</li> <li>• <b><u>Naprosyn, Aspirin, and Ibuprofen are not recommended for pain management for pregnant patients, please instruct all pregnant patients to use Acetaminophen (available in housing units) for minor pain management.</u></b></li> <li>• Comfort items off canteen include cough drops and chest rub.</li> </ul> <p><b>Provide Level I treatment plan plus:</b></p> <ul style="list-style-type: none"> <li>• If shortness of breath at rest, or temperature of 103 degrees, or unable to accomplish ADL's due to this condition, see "increased severity" below.</li> <li>• After checking for allergies to medication, consider Albuterol or similar nebulizer treatment and use of Asthma protocol if wheezing or dyspnea is present.</li> <li>• Consider bed rest, or infirmary care.</li> </ul> |

Respiratory Infections Level II

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|  | <ul style="list-style-type: none"><li>• Nurse will recheck in 1-2 days.</li><li>• Refer to practitioner if not improved in 3 days.</li><li>• Increase fluid intake.</li></ul> |
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**INCREASED SEVERITY**

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| <p><b>Objective:</b></p> <p>If any of the following objective findings are present, take immediate action.</p> <ul style="list-style-type: none"><li>• Patient is ill with moderately severe respiratory illness and has a complicating condition: elderly or debilitated, diabetes, cardiac or respiratory disease.</li><li>• Yellow-green purulent sputum for more than 2 weeks.</li><li>• Temperature &gt;103 degrees F for 24 hours or 100.4 F &gt; 3-4days.</li><li>• Dyspnea with basic ADL's or at rest.</li><li>• Nebulizer not helpful.</li><li>• Respiratory rate over 24 per min.</li></ul> | <p><b>Plan:</b></p> <ul style="list-style-type: none"><li>• Initiate urgent/emergency treatment. Consider infirmary care or transport to hospital.</li><li>• Consider shock or critically ill emergency protocol.</li><li>• Call provider for advice, including possible use of antibiotics or steroids.</li><li>• Schedule nurse recheck daily if the patient will remain at the facility.</li><li>• Schedule provider appointment next available time if the patient remains at the facility.</li></ul> |
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**APPROVED:**

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Medical Services Manager

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Date

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Chief Medical Officer

\_\_\_\_\_  
Date

*Steve Shelton M.D.*

*2/24/2015*

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Medical Director

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Date

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