Community-Acquired Pneumonia Nursing Care Plan

Aligned with IDSA/ATS 2019 CAP guidelines.

QUICK ANSWER

Priority CAP diagnoses: impaired gas exchange → ineffective airway clearance → hyperthermia → activity intolerance → risk for deficient fluid volume. Empiric antibiotics within 4 h (beta-lactam + macrolide, or fluoroquinolone), O_2 to SpO_2 92–96%, 'good lung down' positioning, incentive spirometry q1h, early ambulation. Minimum 5-day antibiotic course; afebrile 48 h before stopping.

Assessment

Subjective: productive cough, purulent sputum, pleuritic chest pain, dyspnea, chills.

Objective: temp > 38 °C, HR > 100, RR > 22, SpO_2 ↓, crackles/bronchial breath sounds, dullness to percussion, CXR infiltrate, WBC ↑, CURB-65 ≥ 2.

Priority NANDA-I diagnoses

1. Impaired gas exchange AEB SpO_2 89%, PaO_2 62.
2. Ineffective airway clearance AEB weak cough, coarse crackles.
3. Hyperthermia.
4. Activity intolerance.
5. Risk for deficient fluid volume.

NOC outcomes

- SpO_2 ≥ 92% on ≤ 2 L NC within 24 h.
- Afebrile within 72 h of antibiotic initiation.
- Patient mobilizes secretions and demonstrates incentive-spirometer use.
- Ambulates ≥ 100 ft before discharge.

NIC interventions and rationale (IDSA/ATS 2019)

- **Empiric antibiotics within 4 h** — beta-lactam + macrolide (or respiratory fluoroquinolone) for inpatient CAP; add MRSA/Pseudomonas coverage if risk factors.
- **O_2 to SpO_2 92–96%** — avoid hyperoxia in COPD overlap.
- **"Good lung down" positioning** — improves V/Q matching.
- **Incentive spirometry q1h; cough and deep breathe** — reduces atelectasis.
- **Adequate hydration + mucolytics**.
- **Early ambulation** — reduces LOS and VTE risk.
- **Antipyretics as needed**.
- **Discharge vaccinations**: pneumococcal, influenza, COVID-19.

Evaluation

Day 3: afebrile, SpO_2 96% RA, WBC normalized, clear cough. Discharge on 5–7 day oral antibiotic course.

Frequently Asked Questions

How long is antibiotic therapy for CAP?

Minimum 5 days; patient must be afebrile 48 h and clinically stable before stopping. Most inpatient courses are 5–7 days.

When is atypical coverage required?

What does CURB-65 do?

CURB-65 (Confusion, Urea > 7, RR ≥ 30, BP < 90/60, age ≥ 65) triages admission. Score ≥ 2 warrants inpatient care; ≥ 3 consider ICU.

Related Resources

→ COPD care plan→ Sepsis care plan→ Heart failure care plan