

Coronavirus disease 2019 (COVID-19)

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Activity Intolerance

Goals

- The patient will exhibit tolerance of increased physical activity.
- The patient will have stable vital signs while being active.
- The patient will verbalize understanding of appropriate assistive device usage.
- Other:

Interventions

- Assess the patient's ability to perform normal tasks.
- Assess for precipitators of [fatigue](#).
- Review the underlying cause of [activity intolerance](#) with the patient.
- Assist the patient in prioritizing activities.
- Encourage alternating periods of rest and activity.
- Plan activity progression with the patient.
- Implement energy-saving techniques.
- Instruct the patient on exercises to increase strength and endurance.
- Collaborate with physical therapy, as indicated.
- Encourage nutritional intake.
- Encourage the patient to express feelings about decreased energy levels.
- Provide assistance with care activities, as indicated.
- Provide quiet time activities that the patient enjoys during periods of low energy.
- Provide supplemental oxygen, as ordered, and monitor the patient's response.
- Monitor vital signs during and after activity.
- Administer prescribed medications, and monitor for effect.
- Other:

Altered Skin Integrity Risk

Goals

- The patient will maintain intact skin.
- The patient will verbalize factors that promote skin hygiene.
- Other:

Interventions

- Assess skin, noting color, moisture, texture, temperature; note [erythema](#), edema, and tenderness.
- Assess the skin over bony prominences.
- Assess the patient for fecal and [urinary incontinence](#).
- Assess nutritional status; assist the patient in choosing nutrient-rich foods to promote health and well-being.
- Encourage mobility. Assist the patient in getting out of bed, as needed.
- Review risk factors for skin breakdown with the patient and family.
- Reposition the patient at an interval determined by the patient's tissue tolerance, level of activity and mobility, skin condition, overall medical condition, treatment goals, support surface in use (if applicable), and comfort. Also pad bony prominences and other vulnerable areas, as indicated, and monitor the patient's response.
- Use measures to prevent or correct skin breakdown, as ordered, such as a pressure-reducing mattress or overlay.
- Other:

Anxiety

Goals

- The patient will verbalize **anxiety**, concerns, and fears.
- The patient will respond to relaxation techniques with a decreased **anxiety** level.
- Other:

Interventions

- Assess for signs and symptoms of **anxiety**.
- Administer prescribed medications, and monitor for effect.
- Provide care in a calm and reassuring manner.
- Provide quiet time, and decrease environmental stimulation
- Explain all tests and procedures to the patient using clear, simple explanations.
- Help the patient identify factors that increase **anxiety**.
- Teach stress-reduction and relaxation techniques to the patient and family (as appropriate), and have the patient perform return demonstrations as needed.
- Collaborate with social services to provide the patient and family (as appropriate) with spiritual support or counseling, and arrange for visitation.
- Other:

Fatigue

Goals

- The patient will identify causes of **fatigue**.
- The patient will demonstrate decreased symptoms of **fatigue**.
- Other:

Interventions

- Accept the patient's feelings of **fatigue**; accept when the patient is unable to perform activities.
- Assess the patient's ability to perform activities of daily living.
- Assist the patient in identifying the cause of **fatigue**. Explore sources, and assist in planning methods to reduce episodes of **fatigue**.
- Coordinate procedures and activities with the patient; promote increased activity during peak energy periods.
- Encourage verbalization of lifestyle or environmental demands.
- Identify available resources and support systems.
- Increase patient participation in care, as tolerated.
- Provide comfort measures to promote rest.
- Teach energy conservation techniques (as appropriate).
- Teach the patient to use a **fatigue** rating scale to enable increased activity during peak energy periods.
- Other:

Impaired Comfort

Goals

- The patient will notify the practitioner of discomfort.
- The patient will verbalize or demonstrate feelings of comfort.
- Other:

Interventions

- Acknowledge the patient's feelings of discomfort. Observe for nonverbal cues of discomfort, such as restlessness, muscle tension, or altered vital signs.
- Assess the degree of the patient's discomfort (characteristics, severity, location, onset, type, precipitating factors, and duration).
- Educate the patient on ways to decrease factors that precipitate the discomfort, as appropriate. Assist the patient in developing a plan to reduce discomfort; include the patient to facilitate independence and control.

- Instruct the patient to notify the health care practitioner if control measures are inadequate. Modify control measures based on the patient's response.
- Provide nonpharmacologic comfort measures. Adjust the environment, as necessary, and position the patient for comfort.
- Administer prescribed medications, and monitor for effect.
- Other:

Impaired Gas Exchange

Goal

- The patient will maintain adequate ventilation.
- Other:

Interventions

- Assist the patient with activities of daily living.
- Auscultate breath sounds:
 - every 1 hour
 - every 2 hours
 - every 4 hours
 - every 6 hours
 - every 8 hours
 - as ordered
 - other: _____.
- Monitor respiratory rate, depth, and effort:
 - every 1 hour
 - every 2 hours
 - every 4 hours
 - every 6 hours
 - every 8 hours
 - as ordered
 - other: _____.
- Perform [chest physiotherapy](#):
 - every 1 hour
 - every 2 hours
 - every 4 hours
 - every 6 hours
 - every 8 hours
 - as ordered
 - other: _____.
- Perform suctioning, as needed, and monitor response.
- Place the patient in a position that best facilitates chest expansion.
- Schedule care activities to allow the patient uninterrupted periods of rest.
- Teach the patient to cough and deep-breathe, and encourage the patient to do so hourly while awake.
- Administer prescribed medications, and monitor for effect.
- Administer nebulizer treatments, as ordered, and monitor the patient's response.
- Administer oxygen, as ordered, and monitor the patient's response.
- Assist with [incentive spirometry](#) hourly while the patient is awake.
- Monitor arterial blood gas results.
- Monitor laboratory values.
- Monitor [pulse oximetry](#):
 - every 1 hour
 - every 2 hours
 - every 4 hours
 - every 6 hours
 - every 8 hours
 - continuously
 - as ordered

- other: _____.
- Assist with intubation and **mechanical ventilation** as directed. Maintain ventilator settings, as ordered, and monitor the patient's response.
- Obtain a pulmonary consult, as needed.
- Obtain a respiratory therapy consult, as indicated.
- Other:

Infection Risk

Goals

- The patient will remain afebrile.
- The patient will verbalize signs and symptoms of infection.
- Other:

Interventions

- Assess the amount and characteristics of sputum.
- Auscultate breath sounds as ordered for changes in baseline.
- Monitor vital signs as ordered for changes in baseline.
- Review with the patient the signs and symptoms of infection; discuss preventive methods to reduce the **risk for infection**.
- Tell the patient and family to use disposable gloves and household disinfectant to clean any surface that might have been exposed to the patient's body fluids.
- Administer prescribed medications, and monitor for effect.
- Encourage **incentive spirometry** hourly while the patient is awake.
- Maintain infection control precautions according to the Centers for Disease Control and Prevention's latest recommendations: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html#adhere>
- Monitor IV sites; follow facility protocol for changing IV tubing and sites.
- Monitor laboratory values.
- Obtain specimens for culture, as ordered.
- Report the condition to local, state, and federal health agencies.
- Obtain an infectious disease consult, as needed.
- Other:

Knowledge Deficiency

Goals

- The patient will demonstrate knowledge retention related to COVID-19.
- The patient will demonstrate behaviors congruent with expressed knowledge
- Other:

Interventions

- Assess the patient's existing knowledge level and barriers to learning.
- Determine the need for interpretive services, and arrange for those services, as indicated.
- Establish realistic goals for learning.
- Tailor the teaching to the patient's individual communication, learning, and cultural needs.
- Use the teach-back method to help evaluate the patient's understanding of the topics discussed.
- Involve the patient's family or caregivers in teaching (as appropriate).
- Refer the patient to community support groups and resources available to meet health care needs.
- Other:

Malnutrition

Goals

- The patient will achieve an adequate daily caloric intake.
- The patient will maintain an adequate weight.

- The patient will verbalize an understanding of the prescribed diet.
- Other:

Interventions

- Assess the patient's food preferences and dietary history.
- Assess the patient's oral condition and ability to take in food.
- Assess the patient's nutritional intake per meal and per 24 hours.
- Assess and monitor laboratory values.
- Assist with dietary choices.
- Assist the patient with meals, as necessary.
- If administering tube **feeding**, monitor gastrointestinal status and residuals, as ordered.
- Monitor weight daily or as ordered.
- Provide oral hygiene before and after meals.
- Administer prescribed medications, and monitor for effect.
- Administer parenteral nutrition, as ordered, and monitor the patient's response.
- Teach the patient and family (as appropriate) about the prescribed diet.
- Teach the patient and family (as appropriate) about medications that affect appetite.
- Obtain and monitor laboratory values.
- Collaborate with the dietitian or nutritional services as needed.
- Obtain a speech therapist evaluation to assess the patient's swallowing function, as needed.
- Other:

Nausea

Goal

- The patient will report a decrease in or absence of **nausea**.
- Other:

Interventions

- Assess gastrointestinal status as indicated by the patient's condition.
- Elevate the head of the bed.
- Encourage the patient to breathe deeply to help relieve **nausea**.
- Monitor the amount, frequency, and characteristics of vomitus.
- Teach relaxation technique exercises, imagery, and use of distraction, as indicated.
- Administer prescribed medications, and monitor for effect.
- Monitor laboratory values.
- Other:

Psychosocial and Spiritual Needs

Goals

- The patient will be able to identify with psychosocial needs.
- The patient will express decreased feelings of guilt and **fear**.
- Other:

Interventions

- Use active listening and ask open-ended questions.
- Develop an honest, trusting, and open relationship with the patient.
- Provide support to the patient and family (as appropriate).
- Provide a calm, peaceful environment.
- Have the patient identify and prioritize current and immediate needs.
- Discuss the use of meditation or relaxation activities.
- Express your understanding and acceptance of the importance of the patient's and family's (as appropriate) religious and spiritual beliefs and practices.
- Collaborate with a psychologist, as necessary.
- Collaborate with a social worker to provide resources, as necessary.

- Consult with a pastoral care provider, as needed.
- Other:

Selected References

(Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions)

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<https://apps.who.int/iris/bitstream/handle/10665/330376/WHO-2019-nCoV-Surveillance-v2020.1-eng.pdf> (Level VII)

Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions

The following leveling system is from *Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice* (2nd ed.) by Bernadette Mazurek Melnyk and Ellen Fineout-Overholt.

Level I:	Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials (RCTs)
Level II:	Evidence obtained from well-designed RCTs
Level III:	Evidence obtained from well-designed controlled trials without randomization
Level IV:	Evidence from well-designed case-control and cohort studies
Level V:	Evidence from systematic reviews of descriptive and qualitative studies
Level VI:	Evidence from single descriptive or qualitative studies
Level VII:	Evidence from the opinion of authorities and/or reports of expert committees

Modified from Guyatt, G. & Rennie, D. (2002). Users' Guides to the Medical Literature. Chicago, IL: American Medical Association; Harris, R.P., Hefland, M., Woolf, S.H., Lohr, K.N., Mulrow, C.D., Teutsch, S.M., et al. (2001). Current Methods of the U.S. Preventive Services Task Force: A Review of the Process. American Journal of Preventive Medicine, 20, 21-35.

To make safe and effective judgments using NANDA-I nursing diagnoses, it is essential that nurses refer to the definitions and defining characteristics of the diagnoses listed in *Nursing Diagnoses: Definitions and Classification 2015–2017* © 2014, 2012, 2009, 2007, 2005, 2003, 1998, 1996, 1994 by NANDA International (ISBN 987-1-118-91493-9).

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