

**Chronic Bronchitis Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**      is at risk of experiencing symptoms of chronic bronchitis.

**Desired Outcome:**      will avoid bronchitis triggers. Staff will respond as trained if symptoms of bronchitis are exhibited.

**Why at risk/History:**

**Chronic bronchitis** is inflammation (swelling) and irritation of the bronchial tubes. These tubes are the airways that carry air to and from the air sacs in the lungs. The irritation of the tubes causes mucus to build up. This mucus and the swelling of the tubes make it harder for the lungs to move oxygen in and carbon dioxide out of the body.

**Dyspnea** is difficult or labored breathing.

**Supports and interventions:**

* Staff will assist      , as needed, to take medications as prescribed.
* Staff will assist      , as needed, to avoid bronchitis triggers, such as, chemical fumes of paint and strong cleaning products, dust, pollution, perfumes, hairspray, smoke, and other lung irritants.

**Monitor:**

* Excess mucus
* Shortness of breath with mild exercise (walking, using the stairs, etc.)
* Chronic, productive cough (with mucus)
* A feeling of "tightness" in the chest
* Wheezing
* Fatigue most or all of the time
* Frequent colds
* Needing to clear your throat frequently
* Headaches

**Notify:**

* **Call 911 if emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager, Health and Safety Tech and/or Nurse of any symptoms of chronic bronchitis, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of chronic bronchitis, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | | **Chronic Bronchitis** | | |  |
| **Print Name** | | **Signature** | **Company/Title** | | **Date** |
|  | |  | **Paladin/Program Manager** | |  |
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