



Case Report

Nursing care of the patient with right lower lung foreign body and Bronchiectasis: Treated surgically with lobectomy

Revathy¹, Pushpa², Hepsi Shalini³

¹Emergency Ward Nursing Incharge, Kauvery Heartcity, Trichy, India

²OT Nursing Incharge, Kauvery Heartcity, Trichy, India

³Emergency Ward Staff Nurse, Kauvery Heartcity, Trichy, India

*Correspondence: nursing.heartcity@kauveryhospital.com

1. Background

Bronchiectasis is a condition where damage causes the tubes in the lungs (Airways) to widen or develop pouches. It makes it hard to clear mucus out of the lungs and can cause frequent infections. Coughing a lot with pus and mucus is the main symptom of Bronchiectasis.

A lobectomy is a surgery to remove one of the lobes of the lungs. The lungs have sections called lobes. The right lung has 3 lobes. The left lung 2 lobes. A lobectomy may be done when a problem is found in a part of a lung.

2. Case presentation

A 9 years old male child, came with complaints of hemoptysis - 3 episodes in one day. H/O seizure 2 years back at the age year of 7, under medication till now. On examination, he was found conscious and oriented, Tem - 98.6°F, HR -86 b/m, BP - 100/60 mm \hg, RR - 20/m.

2.1. Provisional diagnosis

Recurrent hemoptysis,

Suspected right lower lobe pathology, (? infective /? Foreign body).

Right lowed lobe bronchiectasis.

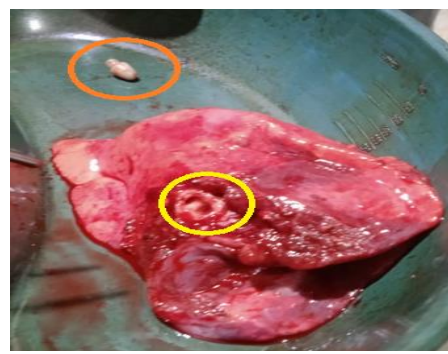
Citation: Revathy, Pushpa, Hepsi Shalini. Nursing care of the patient with right lower lung foreign body and Bronchiectasis: Treated surgically with lobectomy. *Nightingale J.*, 2025;1(3):24-29.

Academic Editor: Dr. Venkita S. Suresh

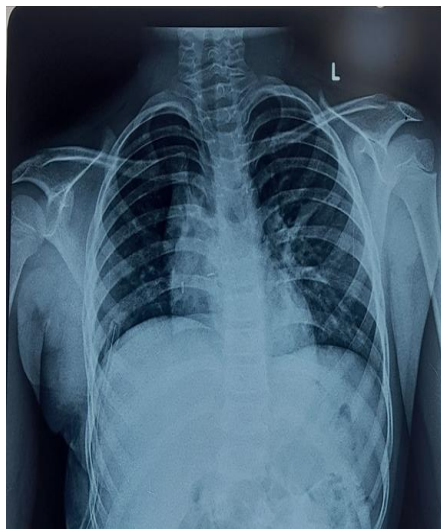


Copyright: © 2025 by the authors. Submitted for possible open access publication under the terms and conditions.

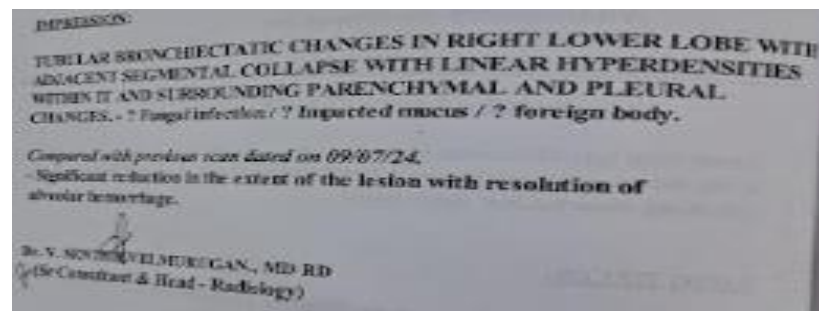
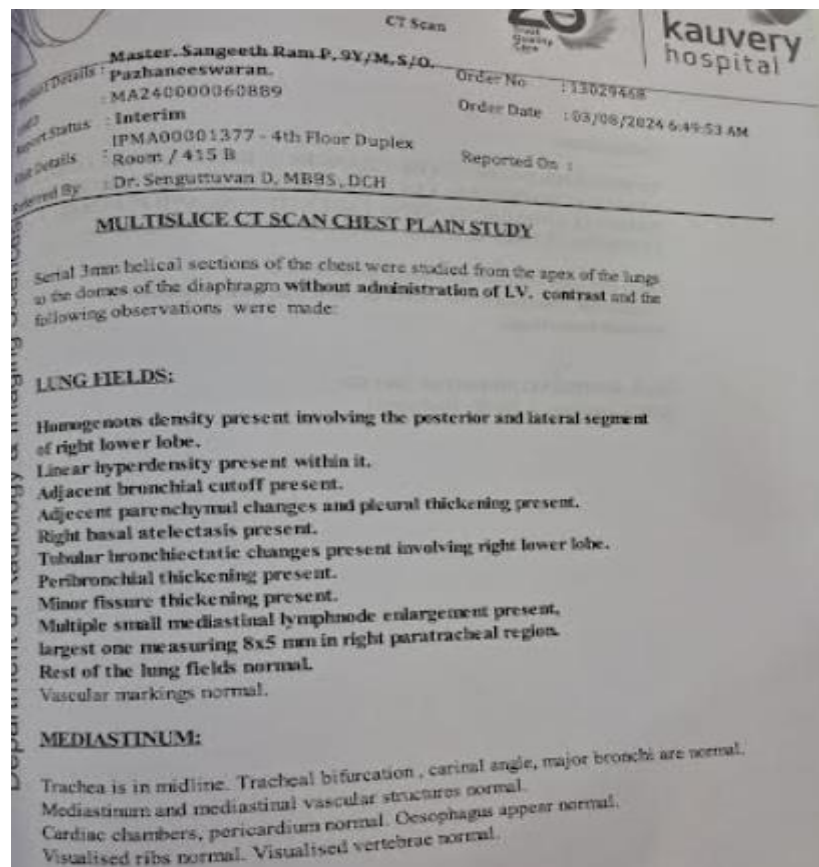
2.2. X-Ray: Pre OP



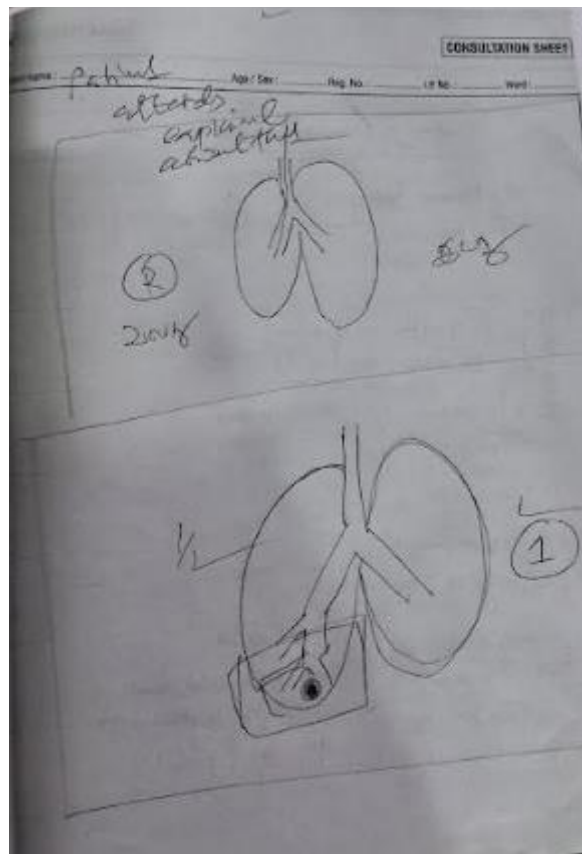
2.3. X- Ray: Post OP



2.4. CT Chest



2.5. Doctor Notes



Tubular bronchiectasis changes in right lower lobe with adjacent segmental collapse with linear hyper densities within it and surrounding parenchymal and pleural changes.

Fungal infection /? Impacted mucus/? Foreign body

2.6. Bronchoscopy

Active bleeding from right lower lobe posterior basal segment

2.7. Immediate Care

1. After receiving the patient, we stabilized him with the orders from the doctor.
2. As preventive measures of Inj. Magnex 1.7 gm, Inj. Clindamycin 340 mg, Inj. Para were given.
3. Vitals signs assessed and found pain score 3/10.
4. Immediately started IV fluids DNS 70 ml hr.
5. Examined the patient head to toe assessment
6. Duty doctor explained patient's condition to the parents
7. Patient was under condition monitoring.

2.8. Nursing Management

Preoperative care

1. Patient shifted to critical care unit with doctor order and continuous cardiac monitoring
2. Nurses maintained every two hours monitoring vitals and I\O charts

3. Nurses skilled in IV fluids and blood sampling techniques obtained the blood investigation like CBC, ESR, Sodium, Potassium, RFT, Blood Grouping Typing, Serology with a sterile technique to prevent thrombophlebitis
4. Doctor explained the patient's condition to the parents. Nurses obtained consent for the critical procedure after proper counselling
5. Nurses AIDET technique (Acknowledge, Introduce, Duration, Explanation and Thank you) was adapted while communicating with the patient and parents to gain their confidence & improve the satisfaction level.
6. Gain the patient confidence.
7. Clear the Lungs field
8. Teach respiration control and inspiration holding
9. Teach postural awareness
10. Teach arm, trunk and leg exercises
11. Teach mobility around the bed.

Intraoperative care

1. Close monitoring of the patient.
2. Patient shifted to CTICU in stable condition.
3. Patient shifted with Right side ICD bag.

2.9. Operation notes

Operation Done: Right posterior clot thoracotomy - Right lower lobectomy + Removal of foreign body.

Findings

1. Impacted foreign body- right lower lobe postero basal segment.
2. Right lower lobe mild bronchiectasis change
3. Rest of middle and upper lobe normal
4. Fissures were well focused
5. In view of recurrent hemoptysis was planned for lobectomy.

2.10. Post-operative care

Pain management

Inj.Paracetamol 500MG TDS

Psychological support

Wound support

Support the patient's incision and intercostal drain sites with firm but gentle pressure, but did not give pressure directly on the incision or drain site.

Positioning

Early up right position-upright position in and out of the bed as soon as possible after patient is woken up, with endotracheal tube still in place.

Early mobilization and ambulation

With help of physiotherapist, the patient was mobilized.

Lung expansion maneuvers

1. Deep breathing exercise
2. Used spirometer exercise only inspiration avoid expiration

Management

Patient had surgical treatment on 04.08.2024 & drug orders were followed as per doctor's advice

Drugs	Dose	Frequency
Tab. Augmentin	625mg	1/2-0-1/2
Tab. Pan	40mg	1-0-1
Tab. Para	500mg	1-1-1
Tab. Locasamide	50mg	1-1-1
Neb. Foracort		1-0-1

ICD Removed on 11.08.2024

Patient condition improved and he was discharged in a stable hemodynamic status with the following advice.

Discharge advice

Diet advice – 1500 Kcal low Fat Diet.

Daily activity advice - Avoid lifting Weights for 3 months. To continue chest physiotherapy.

Medication advice

Drugs	Dose	Frequency
Tab. Augmentin	625mg	1/2-0-1/2
Tab. Pantoprazole	40mg	1-0-1
Tab. Paracetamol	500mg	1-1-1
Tab. Locasamide	50mg	1-0-1
Tab. Levoflox	250mg	1-0-0
Tab. Allegra	120mg	1/2-0-1/2
Syp. Gaviscon	5ml	1-0-1

Review after 2 weeks

Outcome

On discharge patient was hemodynamically stable.