

Firelands Regional Medical Center School of Nursing Care Map

Student Name Julia Fide

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Highlight all data from each box relevant to top nursing priority

Noticing/Recognizing Cues:

Assessment findings:

Black tarry stools- diarrhea

DOE

Rapid pulse 90 bpm, BP 127/79 temp: 98.1 resp 16

Low O2 85% on 3L NC w/ movement

Pressure ulcerations (stage 2 and stage 3 to right buttocks/coccyx)

Fatigue

Foley due to incontinence

Lab findings and diagnostic test:

Hgb- 10.8 hct-32.6 CO2- 30.7

PT- 13.9 INR- 1.2 PTT-23.2

c-reactive protein- 7.4

rheumatoid factor- 291.2 IU/ML

Glucose-174

Chest x ray-worsening airspace opacities
Which could be chronic or secondary to
Pneumonia

Biopsy of stomach-mild chronic active

Gastritis

CT- duodenal ulceration

Risk factors:

Age arthritis

BMI- 32.3 Peptic ulcers

IBS incontinence

GERD

Hyperlipidemi HTN

Breast cancer

Anemia impaired mobility/ immobility

Interpreting/Analyzing
Cues/Prioritizing
Hypotheses/Generating
Solutions:

Nursing priorities:

- Inadequate oxygenation due to impaired tissue perfusion
- Fatigue due to inadequate tissue perfusion
- Deficient fluid volume due to blood loss from GI bleed
- Increased risk of infection due to pressure ulcer injury

Potential complications:

- Anemia- low platelet count, low RBC count, Hemoglobin, hematocrit. Signs and symptoms include pallor, headache, palpitation.
- Hypovolemia- severe fluid volume loss due to GI Bleed. Signs and symptoms include restlessness, anxiety, SOB, fatigue
- Shock - Low BP, cyanosis, Chest pain, low urine output all due to fluid loss. Signs and symptoms include agitation, confusion, lightheadedness, tachycardia
- Infection

Responding/Taking Actions:

Nursing interventions:

- Assess patient's respiratory system q4 hour (0000,0400,0800,1200,1600,2000) and prn. Rationale: Make sure the patient is receiving adequate oxygenation and check to make sure the patient's condition is not worsening. Making sure oxygenation remains stable.
- Assess for signs and symptoms of shock/hypovolemia q4 hour (0000,0400,0800,1200,1600,2000). Rationale: The patient has an uncontrolled bleed. Shock is a complication of blood loss
- Assess for pain q4 hour (0000, 0400,0800,1200,1600,2000) Rationale: Make sure the patient's pain is well managed. Patient may experience abdominal pain with a GI bleed.
- Assess patient's hydration status q4 (0400,0800,1200,1600,2000). Rationale: to make sure the patient has adequate hydration.
- Perform a focused GU assessment q4 hour (0000,0400,0800,1200,1600,2000) and prn. Rationale: To make sure the patients bleed has not pooled to the abdomen and that there are no changes to the patients condition.
- Monitor patient's vitals q4 hour (0000,0400,0800,1200,1600,2000) and prn. Rationale: To make sure patients vital signs remain stable and the patient's condition was not worsening.
- Monitor intake and output q8 hour (0800,1600) and prn. Rationale: To make sure the patient has not lost too much fluid.
- Monitor patient's hemoglobin, hematocrit, PTT,INR, carbon dioxide whenever new labs are drawn daily. Rationale: To monitor for changes in the patient's condition.
- Educate patient on oxygenation. Rationale: To provide education on the patient's oxygenation status and what to look for with supplemental oxygen use such as headache, difficulty breathing while laying flat.
- Educate patient on fatigue. Teach patient to take frequent breaks while performing ADL's. Rationale: The patient needs to take frequent breaks to conserve energy and to rest when tired.
- Discontinue patient q2 hour (0000,0200,0400,0600,0800,1000,1200,1400,1600,1800,2000,2200) and prn. Rationale: to prevent worsening of existing pressure ulcers and preventing

Reflecting/Evaluate Outcomes:

Evaluation:

Black tarry stool and diarrhea still present upon discharge. Foley discontinued at discharge, incontinence improved.

Patients had low oxygenation and needed supplemental oxygen at time of discharge- 94% on 4L/min. Still experience DOE at time of discharge.

Patient's heart rate was still elevated as evidenced by patients vital signs at time of discharge pulse 106 bpm, blood pressure 127/76. Temperature 97.6 degrees. Patient's respirations increased from 16 to 22 at time of discharge. Patient still experiencing fatigue at time of discharge.

Pressure ulcers on patient's buttocks and coccyx remained unchanged. No new pressure ulcers developed.