Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Elizabeth McCloy **Date** 01/26/2023

Noticing/Recognizing Cues:

Highlight all related/relevant data from the Noticing boxes that support the top priority problem

Assessment findings*:

- Lungs sounds diminished throughout
- Dyspnea on exertion
- Nonpitting, puffy bilateral ankles
- Nonproductive cough
- Weakness
- Unable to lie flat without orthopnea
- HR 49/min
- Head pain 7/10
- Double mastectomy

Lab findings/diagnostic tests*:

- Troponin 29 ng/mL
- BMP 1948
- Digoxin 2.1 ng/mL
- Hgb 10.8 g/dL
- Hct 33.4%
- Chest Xray: cardiomegaly with left lower lobe airspace disease and small left pleural effusion
- EKG: Atrial fibrillation
- Echo: L ventricle mildly dilated EF 15-20%, L ventricular diastolic dysfunction, L atrium appears severely dilated, trace of mitral/tricuspid regurgitation

Risk factors*:

- Age 70
- Atrial Fibrillation
- Congestive Heart failure
- Hypercholesteremia
- Breast Cancer

Interpreting/Analyzing Cues/ Prioritizing Hypotheses/ Generating Solutions:

Nursing priorities*: *Highlight the top nursing priority problem*

- Decreased Cardiac Output
- Acute Pain
- Activity Intolerance
- Excess Fluid Volume
- Risk for Impaired Skin Integrity
- Deficient Knowledge
- Ineffective Tissue Perfusion
- Risk for Impaired Gas Exchange
- Fatigue
- Fear
- Anxiety
- Powerlessness

Potential complications for the top priority:

- Respiratory failure
  1. Bradypnea
  2. Diaphoresis
  3. Mental status change and decreased LOC
  4. Chest wall retractions, increased work of breathing
  5. Decreased SPO_2 or $PaCO_2$
- Sepsis
  1. Tachycardia
  2. Hypotension
  3. Hyper- or Hypothermia
  4. Confusion, lethargy
  5. WBC>12 or <4
  6. Oliguria
  7. Lactic acid level >2
- Renal Failure
  1. Hypotension
  2. Increased BUN/Creatinine
  3. Lethargy
  4. Metabolic acidosis-Elevated Bicarb
  5. Hematuria

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess VS Q4hr and PRN
   Rationale: Monitor for improvement of HR, BP, Temperature, SPO_2, and RR indicating improvement in prescribed treatments.
2. Monitor BMP daily; serum electrolytes, urine osmolarity, and urine specific gravity
   Rationale: To assess for improvement or worsening fluid build-up in body (decreased renal function).
3. Monitor Daily Weights
   Rationale: To assess for sudden weight gain which indicates fluid retention.
4. Monitor Strict I's/O's
   Rationale: To ensure diuretic medication treatment is working properly (adjust dosage accordingly), and s/s of fluid overload/deficit.
5. Assess Respiratory status, crackles in lungs, respiratory pattern, SOB, and orthopnea
   Rationale: To monitor for s/s of accumulation of fluid in the lungs.
6. Assess pain Q4hr and PRN
   Rationale: To promote healing, and comfort.
7. Encourage ambulation during wake hours Q2hr and PRN
   Rationale: Prevent and preserve skin integrity as well as decrease swelling in extremities.
8. Medications as ordered: Lasix (furosemide) 4 mL IV-Push BID, Aspirin chew 81mg PO Daily, Lipitor (atorvastatin) 20mg PO Daily, Coreg (carvedilol) 12.75 mg PO Daily, Xarelto (rivaroxaban) 20 mg Daily, Aldactone (spironolactone) 12.5 mg PO Daily (HOLD Digoxin and Lisinopril until directed to resume by PCP/Cardiologist).
   Rationale: To promote diuresis, and medical management through prescribed treatments.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- VS within normal parameters, T 97.5F, HR 72 bpm, BP 118/74, RR 20/min, SPO_2 98% RA
- Denies pain in head
- No s/s of dyspnea, or orthopnea
- No edema in bilateral ankles
- Lung sounds clear throughout
- Steady gait, no s/s of immobility or weakness
- Lab values remained the same, pt to follow up with PCP for further eval.

Pt to follow up with PCP and cardiologist in 3-5 days to elevate effectiveness of medication regimen, and continuation of care with CHF.