

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Ashley Huntley

Date 1/25-1/26

Noticing/Recognizing Cues:

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

Assessment findings*:

- Anterior and Posterior throughout expiratory wheezes, Rhonchi, and Crackles
- Shortness of breath on Exertion
- Chest Pain (8/10) while coughing
- Headache (7/10)
- Productive cough
- Clear, thick sputum
- Increased BP
- Cool Extremities

Lab findings/diagnostic tests*:

- CO2 20.8 L
- BUN 7 L
- Lymph 0.8 L
- Chest X-ray- Left Lower Lobe Airspace Disease
- Sputum Culture Gram (+) Cocci

Risk factors*:

- Age
- Former Smoker
- Pneumonia
- COPD
- HTN

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired Gas Exchange
- Ineffective Airway Clearance
- Acute Pain
- Nausea

Potential complications for the top priority:

- Reduced Quality of Sleep (reports < 6hrs. of sleep, frequent wake periods, takes >30 mins. to fall asleep)
- Impaired Physical Function (decreased ROM, Skin Break down, reluctance to move)
- Impaired Pulmonary Function (decreased SpO2, shallow & labored breathing, abnormal ABG's)

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess Pain Q4H- Rationale: to ensure patient comfort and minimize pain to encourage ambulating as often as tolerated (Nurse's Pocket Guide, 2022)
2. Assess Vitals Q4H- Rationale: to monitor for any generalized change in oxygenation on blood pressure
3. Assess lung sounds Q4- Rationale- To monitor lung sound and make sure that they were improving with all of the interventions being performed. (Nurse's Pocket Guide, 2022)
4. Assess Mobility Q4- Rationale- Dyspnea can be very exhausting for a pt. with COPD so assessing mobility to know how frequently she is moving about it very important. (Nurse's Pocket Guide, 2022)
5. Assess nutritional Intake TID- Rationale- Patient had low protein levels indicated through BUN levels and the patient needs to intake to heal properly.
6. Administer Doxycycline 100mg PO Q12- Rationale- To treat her current diagnosis of pneumonia.
7. Administer Ceftriaxone 1gm PO Q8 Rationale- To treat her current diagnosis of pneumonia.
8. Administer Ibuprofen 400mg Q6H PRN- Rationale- To help relieve chest pain associated with cough and a headache.
9. Administer acetaminophen 600mg PO Q6H PRN Rationale- To help relieve chest pain associated with cough and a headache.
10. Apply Lidocaine patch 12H every 24HPRN- Rationale- To relieve the pain in chest from continued coughing.
11. Administer Amlodipine 5mg BID- Rationale- To treat hypertension.
12. Administer guaifenesin 1200mg PO daily- Rationale- To help facilitate mucus movement from lungs.
13. Administer benzonate 100mg PO TID PRN- Rationale: To relieve persistent cough associated with her COPD and pneumonia.
14. Educate on pursed lip breathing- Rationale: to help her control her dyspnea not only with this exacerbation but also throughout daily life outside of the hospital.
15. Educate on splinting- Rationale: Rationale: To ease some discomfort while coughing.

Reference:

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Anterior and Posterior throughout expiratory wheezes, Rhonchi, and Crackles- Throughout the day lung sound improved AEB expiratory wheezes and crackles in only the bases.
- Shortness of breath on Exertion- Pt. Still experienced significant dyspnea while ambulating AEB frequent rests and rapid breathing.
- Chest Pain while coughing- Pt. only was relived of discomfort when not coughing AEB pain rating 7/10 after medicating.
- Headache Pt. headache aggravated while coughing, she only was relived of discomfort when not coughing AEB pain rating 7/10 after medicating.
- Productive cough- This is an expected finding for a patient with pneumonia.
- Clear, thick sputum- Sputum was found to have gram (+) cocci and pt. is receiving oral and IV antibiotics.
- Increased BP- Patient has a history of hypertension that is well controlled on her medication.

Continue plan of care