

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name _____

Date _____

Noticing/Recognizing Cues:

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

Assessment findings*:

- Lethargic
- Spo2 85%
- Limited sensation in feet
- Pain 9/10
- Pain with cough
- Numbness and tingling
- SOB
- Right Clavicle dressing
- Limited range of motion
- Generalized weakness
-

Lab findings/diagnostic tests*:

- RBC 3.38 (low)
- Hgb 10.3 (low)
- Sodium 129 (low)
- Blood glucose 324
- Right clavicular joint washout

Risk factors*:

- Post op
- 63 years old
- High fall risk
- Telemetry
- Hypertension
- Diabetes
- Neuropathy
- Dialysis
- Smoker
- Mother Is caregiver



Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

- Pain
- Infection
- Ineffective airway clearance

Potential complications for the top priority:

Increased heart rate

- o Chest pain
- o Irregular heart rhythm
- o Irregular heart beat

Decreased mobility

- o Unsteady gait
- o Inability to turn in bed
- o Refusal to move

Infection

- o Shortness of breath
- o Fever increase
- o Cough with purulent sputum

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess pain level every 4 hours
 - This allows me to see if my patients pain is increasing or decreasing and helps me decide if pain medication is needed
2. Monitor vital signs every 4 hours
 - This will help me see if his pain levels are worsening based on his vitals
3. Assess respiratory status every 4 hours
 - To see if my patients shortness of breath and breathing is getting better or worse because if it's getting worse other things will need to be done to stabilize my patient
4. Administer morphine sulfate 2 mg IV-Push every 4 hours or prn
 - To help decrease severity of my patient pain
5. Administer oxycodone 5-325mg 1 tablet PO every 6 hours or prn if pain is a 6-10
 - To help decrease severity of pain if he rates it a 6-10 on the pain scale
6. Administer acetaminophen 650 mg PO every 6 hours or prn if pain is a 5-10
 - To help decrease severity of pain if he rates it a 1-5 on the pain scale
7. Reassess pain levels every hour after pain medication
 - Reassessing every hour lets me know if the medications are working for my patient and decreasing his pain levels
8. Provide education to patient about other way to manage pain levels besides medication such as watching your favorite show and distracting yourself
 - This can help prevent addiction to the pain medication by providing alternative methods to decrease his pain levels

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- SOB is resolved
- Pain with cough is resolved
- SpO2 94%
- Dressing is cleaned and intact
- Range of motion is still limited due to surgery on Right shoulder
- Pain is now an 8/10 due to being one day postop

I would still continue care for this patient to help him achieve normal function and decrease his pain levels