

**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*:

- Wears glasses
- Walker/Wheelchair for ambulation
- Pain 5/10 overnight but 0/10 during day
- Right sided weakness in arm
- Wound with steri strips on left side of chest, impairs mobility because it is a pacemaker that was placed 4 weeks ago, patient was instructed to not rotate or raise arm above their head.
- Wears CPAP at night
- O2 runs lower 94-95%
- incentive spirometer use
- felt "dizzy" after standing for 3 ½ minutes for OT
- Pt. States tingling of fingers on right side
- Right leg weak/ foot drop

Lab findings/diagnostic tests*:

- Prealbumin 13.5 L
- Albumin 2.8 L
- Glucose 147 H

Risk factors*:

- Age 68
- Hx stroke
- Hx diabetes
- Hx MI
- Hx CABG
- Hx diabetic neuropathy
- Sedentary Lifestyle
- Hx hypertension
- Hx CAD
- Hx Afib

**Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:**

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

- Impaired physical mobility
- Impaired standing
- Risk for adult falls

Potential complications for the top priority:

- Impaired physical mobility
 - 1.) Pressure Ulcers
 - Assess for redness/skin breakdown
 - Assess pain
 - Assess for any drainage/ signs of infection
 - 2.) Infection
 - Assess lung sounds for atelectasis
 - Monitor WBC count
 - Assess for signs of pneumonia such as fever
 - 3.) DVT
 - Assess for pain
 - Assess Neurologic function/ LOC
 - Assess for swelling

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess pain q4hr and PRN
- To determine if this could be contributing to decreased inactivity
2. Assess VS q4hr and PRN
- To determine if S/S resolving. (IE; low O2 could lead to LOC and decreased mobility)
3. Assess use of incentive spirometer q1hr and PRN
- To promote full lung expansion and adequate oxygenation
4. Encourage ambulation/movement q4hr and PRN
-to decrease risk of DVT and help promote healing
5. Administer Furosemide 20 mg PO daily
-To decrease risk of edema/hypertension, as edema could potentially limit ambulation.
6. Administer Gabapentin 100mg PO q8hr
-To decrease the effects of diabetic neuropathy and restless legs, which could contribute to limited mobility.
7. Administer Tylenol PRN
-To decrease pain that could be another complication to decrease ambulation.
8. Educate patient on ambulation on admission, throughout and upon discharge
- To promote awareness so that the patient understands why it's important.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- 1.) increased walker use and decreased wheelchair use
- 2.) increased standing tolerance
- 3.) Patient denies any pain
- 4.) O2 increased to 96%
- 5.) Increased strength in right hand
- 6.) Decreased right foot weakness/drop post therapy
- 7.) Blood sugar 74 prior to breakfast
- Continue plan of care