

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name _____ Ashley Huntley _____

Date ___ 2/18/23 ___

Noticing/Recognizing Cues:

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

Assessment findings*:

- pain
- numbness and tingling in right lower extremity
- constipation during whole hospital stay
- depression
- walker
- ski irritation to left forearm
- Muscle Spasms
- weakness in Right Leg
- Dizziness on standing
- Surgical Incision Lower back

Lab findings/diagnostic tests*:

- WBC- 15.6
- RBC- 4.47
- Na- 135
- MRI- L3-L4 & L4-L5 narrowing and disk bulging
- Surgery- L4-L5 Lumbar Disectomy

Risk factors*:

- COPD
- Vertigo
- Knee Surgery
- Syncope
- Current smoker
- High Fall Risk

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Acute Pain
- Impaired Physical Mobility
- Stress Overload
- Impaired Skin Integrity

Potential complications for the top priority:

- skin break down (non-blanchable erythema, increased moisture, temperature variation from surrounding skin)
- falls (impulsiveness, impaired gait, recent falls)
- pneumonia- (productive cough, dyspnea, fever)
- constipation- (Hypo-active bowel sounds, lack of flatus, hard abdomen upon palpation)
- DVT (unilateral leg swelling, unilateral leg pain, increased warmth in affected leg)

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess vital signs Q4- To monitor post operatively and assess overall changes to patient status
2. Assess pain Q4 hours- To appropriately manage pain to promote frequent ambulation
3. Assess neurovascular status Q4 hours- To make sure sensations remain intact and monitor for post-surgical complications.
4. Assess bowel sounds and flatus presence Q4 hours- ensuring proper movement throughout the GI system.
5. Assess strength in feet through dorsal and plantar flexion Q4- To asses for any changes to weakness in the lower extremities.
6. Assess surgical site incision Q4- Noting any drainage, redness, dehiscence, or abnormal assessment finding to indicated infection or complications.
7. Administer Flexeril 5mg oral Q8- Reduce muscle spasms and discomfort in the patients back post-surgery
8. Administer Dexamethasone 2mg PO Q12- this corticosteroid is used to decrease inflammation post-surgery to reduce discomfort and promote healing.
9. Administer Acetaminophen 650mg PRN Q4- By keeping pain managed, patients are more likely to ambulate and lead to faster recovery.
10. Administer Sennosides/Docusate 50mg QAM- For treatment of constipation to aid in fecal transport through the intestines due to decreased mobility.
11. Use the walker safely during all ambulation PRN- to reduce the risk of falling and future injuries to the patient
12. Initiate/Maintain the bed and chair alarms PRN- Increasing patient safety by lowering the risk of falls
13. Implement slow position changes PRN- to ensure patient safety and reduce the risk of falls.
14. Teach the patient about smoking cessation PRN- mentioning the importance of quitting and neg health effects that can happen from smoking in hopes of the patient having the desire to quit (Harding et al., 2023)
15. Teach the patient the importance of movement 30-60 minutes after meals QAM - Mass peristalsis occurs during this time period and will help promote normal bowel function. (Harding et al., 2023)

Resource:

Harding, M., Kwong, J., Hagler, D., & Reinisch, C. (2023). *Lewis's medical- surgical nursing: Assessment and management of clinical problems* (12th ed). St. Louis, MO: Elsevier, Inc.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Pain- patient stated the paint was only slightly relived by taking Acetaminophen AEB a pain rating of 5/10 on a verbal 0-10 scale after medicating
- Numbness and Tingling- Patient stated a slight improvement to numbness and tingle in RLE but still present
- Constipation during whole hospital stay- Patient had a bowel movement on 2/15
- Walker- Patient demonstrated proper and safe use of walker.
- Muscle Spasms- Muscle spasms were well controlled by taking Flexeril
- Weakness in right leg- Patient still favors LLE for weightbearing while using the walker to ambulate.
- Dizziness on Standing- Patient was able to relive dizziness with slow position changes and resting slightly in between drastic changes in position (i.e. sitting to standing)

Continue Plan of Care