

Firelands Regional Medical Center School of Nursing  
Nursing Care Map

Student Name Emily Litz

Date 2/24/23

Noticing/Recognizing Cues:

Assessment findings\*:

- Weak thready pulses in LLE
- Purple/ruddy colored L foot
  - >3 sec. capillary return on L foot
  - Diminished posterior tibial pulse on L foot
- Stage 2 wound on coccyx
- Stage 4 wound on L heel with eschar and slough present
- Amputated first and second digits on L foot
- Diabetic neuropathy
  - Type 2 Diabetic/ACHS
- BP: 143/68
- Hypoactive bowel sounds x4 quadrants
- Abdomen distended and firm
  - Abnormal bowel movements
- NPO
- Indwelling foley catheter
- Neurogenic bowels
- Disoriented
  - Abnormal gait w/ frequent falls
- Obese
- RA

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

Lab findings/diagnostic tests\*:

- Hgb - 11.7
- RDW - 15.5
- ESR - 68
- Foot X-ray
  - Soft tissue swelling
- Wound Culture
  - Pending results for bacterial growth

Risk factors\*:

- Obese
- Type 2 Diabetic
- Autoimmune Hepatitis
- Diabetic Neuropathy
- Frequent falls
- Amputated first and second digits on LLE
- Post-op status
- Osteomyelitis
- Impaired memory
- Abnormal gait
- Stage 4 wound on heel with slough and eschar present
- Stage 2 wound on coccyx
- Indwelling foley catheter
- Hoyer lift
- RA

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

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

- Infection
- Type 2 Diabetes
  - Diabetic Neuropathy and ACHS
- Mobility
- Bowel elimination
- Skin integrity
- Urinary elimination
- Post-Surgical status

Potential complications for the top priority:

- Compartment Syndrome
  - Impaired limb movement, numbness, poor perfusion
- Delayed/poor wound healing
  - Purulent drainage, increased WBC, pyrexia
- Sepsis
  - Death, severely high blood sugars, electrolyte loss
- Increased disorientation and confusion
  - Frequent falls, combative, self-harm
- HHS
  - Fatigue, polydipsia, polyphagia

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Responding/Taking Actions:

Nursing interventions for the top priority:

- 1) Assess coccyx and heel wound Q2H: Assess for s/s of infections and increased buildup of slough and eschar
- 2) Assess the 6P's Q2H: Assess perfusion in the BLE for improvement or regression of healing post-op
- 3) Assess pain Q2H: Aids in maintaining patient comfort and vital signs throughout the duration of their care
- 4) Assess surgical wound Q4H: Assess for s/s of infection, perfusion status, and s/s of a DVT
- 5) Assess neuros Q2H: Assess for severe mental status change that can be indicative of internal hemorrhaging or CVA
- 6) Assess catheter site Q4H: Assess for s/s of infection or purulent drainage
- 7) Assess lab values Qshift: Assessment of lab values can help in directing care if there are values such as increased WBC or decreased Hgb
- 8) ACHS Q2H: Check blood sugars for hyper and hypoglycemia due to type 2 diabetes
- 9) Initiate floated heels: Initiate wound prevention to maintain skin integrity and prevent skin breakdown
- 10) Encourage increased hydration: Push fluids to help body fight off infection of osteomyelitis
- 11) Initiate a high-protein diet: Initiate high protein diet to aid in skin and muscle repair pertaining to skin integrity and post-op status
- 12) Initiate antibiotic IV drip: Initiate antibiotics like teflaro for post-op status and treatment of osteomyelitis
- 13) Initiate administration of anti-inflammatories: Initiate anti-inflammatories such as Azathioprine to reduce inflammation from RA
- 14) Initiate pressurized air mattress: Initiation of the air mattress to preserve and maintain skin integrity
- 15) Initiate SCDs: Initiation of SCDs will maintain optimal perfusion and prevent DVT formation



Reflecting/Evaluate

Evaluation of the top priority:

- Facial grimacing with mobility and ADLs
- Ruddy/purple tinted skin color of LLE
- Impaired skin integrity
  - Stage 2 coccyx wound
  - Stage 4 heel wound with slough and eschar present
- 1200 ACHS of 178
  - 0300 ACHS of 53
  - Short-acting and NPH Humulin insulin prescribed together
  - Was still recovering from hypoglycemic event
- Elevated ESR of 68
- Concentrated foul urine odor from foley catheter
- S/S of compartment syndrome
  - Impaired LLE movement, numbness, >3 sec. capillary refill on LLE

**MODIFY PLAN OF CARE**