

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*:

- Hypotension 100/68
- Mild Weakness x4
- Multiple Scabs x4
- Multiple Bruises x4
- Pain 8/10 Right Rib Area
- Decreased Urine Output <500
- Peripheral Edema +1 Non-pitting
- Ascites
- No visible drainage from Pleurx

Lab findings/diagnostic tests*:

- 122 Sodium
- 24 BUN
- 2.20 Creatinine
- Blood Sugar 152
- CT showed viscous fluid in the lungs
- Bilateral Atelectasis

Risk factors*:

- Multiple falls in past 6 months
- Malnourished
- Cirrhosis (Chronic)
- Acute Kidney Injury (Chronic)
- Sciatica (Chronic)
- Type 2 Diabetes
- Age (62)

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired Physical Mobility
- Fluid and Electrolyte Imbalance
- Excess Fluid Volume
- Ineffective Health Self management

Potential complications for the top priority:

- Pneumonia
 - o Advantageous Lung Sounds
 - o Low Pulse Oxygen
 - o Elevated WBC
- Constipation
 - o Last Bowel Movement (5 Days)
 - o Firm Abdomen
 - o Lower Abdominal Discomfort
- Pressure Ulcer
 - o Redness (Blanchable)
 - o Pain (8/10)
 - o Drainage (Absent)

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Responding/Taking Actions:

Patient Name _____

Date _____

Nursing interventions for the top priority:

- **Assess musculoskeletal system every 8 hours**
 - The first step would be to assess the patients mobility status, including the type and extent of their mobility impairment.
- **Assess Pain every 8 Hours**
 - To determine discomfort
- **Assess Skin Integrity every 4 Hours**
 - To Determine skin remains intact, and level of Edema
- **Perform Safety Assessment TID**
 - Monitoring my patient for falls and taking steps too prevent them, such as ensuring adequate lighting and removing tripping hazards, can help keep them safe
- **Ambulate Patient TID**
 - Encouraging regular exercise and mobility can help maintain muscle strength and prevent further mobility loss.
- **Encourage Exercise Every 2 Hours**
 - To assist strength x4 & reduce potential for DVT
- **Assist to chair for meals BID/PRN**
 - To promote independence of daily activities
- **Collaborating with the interdisciplinary team**
 - Collaborating with the team, including physical therapist, occupational therapist, and other healthcare professionals, can help develop an individualized plan of care for the patient.
- **Provide education to the patient**
 - Providing education on mobility techniques, safe transfers, and proper use of assistive devices can empower the patient to manage their mobility impairment more effectively



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Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- **+1 Pitting Edema in Lower Extremities**
- **Improved Strength x4 Extremities (25%)**
- **Ability to perform ADL's and change direction without loss of balance**
- **Multiple Bruises & Scabs remain on Upper Extremities**
- **Reduced fall risk during short distance household ambulation (Clean Environment)**
- **Educate about importance of ambulation (Printed Handout on types of exercises)**
- **Pain Continues 8/10 Right Rib Area (Refused Pain Medications)**
- **Appetite has increased with Diabetic Diet**
- **Most Recent CT scans show viscous fluid in lungs bilaterally**
- **Chest XR shows atelectasis bilaterally, more predominant on Right Lung**
- **No recent scans for Cirrhosis ordered at this time**
- **Abdomen remains distended and tender**
- **Continue Plan of Care**