

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Destiny Hamman

Date _____

Noticing/Recognizing Cues:

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

Assessment findings*:

- SPO2 70% upon admission
- Shortness of breathe upon exertion
- bilateral posterior rhonchi throughout
- Bilateral anterior wheezes throughout
- Lower posterior lobes diminished
- Dry intact dressing for chest tube
- 99.3 degrees temperature
- Distended abdomen
- Ulcer on left foot
- Lesion on right great toe
- On 4 Liters of oxygen via nasal cannula with humidification
- Chest tube in place draining a pink tinged fluid

Lab findings/diagnostic tests*:

- Chest x-ray showed plural effusion
- Lab culture tested positive for pneumonia
- D-dimer of 808 which is high
- Platelets 104.7 which is high
- Red blood cell count 3.48 which is low
- Hemoglobin count is 12.1 which is low
- Hematocrit count is 36.4 which low
- Platelet count is 15.7 which is high

Risk factors*:

- Former Chronic smoker
- History of having trapped lung
- History of plural effusion in 2018
- possible clot formation from high d- dimer
- Drinker
- Hypoxia
- Hypertension
- High cholesterol
- cataracts
- Age

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Impaired gas exchange
- Impaired tissue perfusion
- Ineffective airway clearance
- Excessive fluid volume
- Risk for suffocation

Potential complications for the top priority:

- Respiratory failure
 - Chest wall retraction
 - Use of accessory muscles
 - Bradypnea
 - Decreased SPO2
- Cerebral hypoxia
 - memory loss
 - Cyanosis
 - Tachypnea
 - Difficulty paying attention
 - Uncontrolled movement
 - Seizures in severe cases
- Hypoxemia
 - Dyspnea
 - Wheezing
 - Cough
 - Tachypnea
 - Tachycardia

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name ___Destiny Hamman_____

Date _____

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Check lungs sounds every 2 hours.
 - Checking the lungs sounds to make sure there is no absent sounds in any portion of the lung and to help make sure the pneumonia is getting better.
2. Monitor Chest tube every 2 hours.
 - To ensure intact and is working properly.
3. Administer Acetaminophen every 6 hours by mouth.
 - To get give of pain at chest tube site and for chest pain.
4. Administer spironolactone once a day in the morning by mouth.
 - The medication with help gets rid of fluid in the lungs because it is a diuretic.
5. Administer Ampicillin/ sulb through IV every 6 hours.
 - The antibiotic is used for his pneumonia and possible sepsis.
6. Encourage deep breathing every 2 hours.
 - This will help his lungs expand to help prevent any further development of pneumonia.
7. Encourage meals 3 times daily.
 - Giving meals to patient will help with the protein intake and help heal him faster.
8. Educate patient on exercising at least 30 minutes each day.
 - Educating patient on exercising can help build pulmonary rehabilitation.
9. Educate patient on Pursed lip breathing.
 - Pursed lip breathing can help relieves shortness of breath when it occurs.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- 95% Spo2 with 4 L of oxygen via nasal cannula
- D - dimer 808
- Anterior lung sounds clear upon expiration and inspiration
- I would continue plan of care. His anterior lungs sound sounded better and he was able to breathe well without the chest tube in. He did not go into respiratory distress with the chest tube coming out and stayed at around 95 - 96%. Overall the antibiotic seems to be effective with plan of care so we will continue with this plan.
- Lungs sounds still diminished in base
- Posterior Lung sounds Rhonchi throughout
- Still shortness of breath upon exertion.