Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name ___Elizabeth McCloy_____

Date ___03/22/2023_____

Noticing/Recognizing Cues:

==*Highlight <u>all</u> related/relevant data from the Noticing boxes that support the top priority problem*==

Assessment findings*:

- Lung sounds diminished throughout
- Nonpitting +1 BLE edema
- ==Unsteady gait==
- ==Weakness==
- ==Frequent Falls==
- ==Confusion==
- Urinary retention
- ==Skin tear to L forearm==
- ==Bruising to BUE==
- ==Walker for ambulation==

Lab findings/diagnostic tests*:

- Na 132
- Glucose 51
- BUN 86
- Creatinine 1.76
- Troponin 101.9 ng/mL
- EKG: Atrial Fibrillation

Risk factors*:

- ==Age 84==
- Atrial Fibrillation
- Congestive Heart Failure
- ==Osteoarthritis==
- Diabetes Mellitus Type II

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

Nursing priorities*: ==*Highlight the <u>top</u> nursing priority problem*==

- ==Impaired physical mobility==
- Acute pain
- Decreased cardiac output
- Excess fluid volume
- Fatigue
- Anxiety
- Fear
- Powerlessness

Potential complications for the top priority:

- Risk for injury
  1. Fractures
  2. Skin tears
  3. Bruises
- Pressure ulcers
  1. Drainage
  2. Nonblanchable erythema area
  3. Skin warm or cool to touch
- Constipation
  1. No bowel movement
  2. Hypoactive bowel sounds
  3. No flatulence

8/11/22 dw Revised 12/2/2022

Student Name _Elizabeth McCloy_____ **Date** _03/22/2023_____

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Perform a musculoskeletal assessment Q8h and PRN.
   Rationale: To monitor s/s of worsening complications of weakness and unsteady gait.
2. Perform a neuro assessment Q8h and PRN.
   Rationale: To monitor for change in condition on cognition.
3. Perform an integumentary assessment Q8h and PRN.
   Rationale: To monitor for current areas of skin concerns and prevent skin breakdown.
4. Assess pain Q4hr and PRN.
   Rationale: To promote healing, and comfort.
5. Monitor I's/O's Q8h and PRN.
   Rationale: To ensure proper hydration and assist in aiding in bowel movements.
6. Encourage ambulation with walker, and up to chair with meals.
   Rationale: To help strengthen muscles and promote peristalsis to aid in bowel movements.
7. Q2turn while asleep and PRN.
   Rationale: To prevent skin breakdown.
8. Educate the patient on proper use of the call light.
   Rationale: To promote safety and prevent falls during patients stay.
9. Educate the patient on proper use of a walker for ambulation.
   Rationale: To promote safety and prevent falls during patients stay as well as boost confidence in ambulation.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Slight improvement with gait, patient still unsteady and showing signs of weakness. Working with PT/OT.
- Patient did not have any falls during stay at hospital, improved.
- Intermittent confusion, slightly improved.
- Skin tear to L arm, and bruising to BUE still present, no improvement.
- Patient still uses walker for ambulation which is unchanged from prior to hospital stay.

Continue plan of care.

Reference:

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (16th ed). F. A. Davis Company: Skyscape Medpresso, Inc.