

Firelands Regional Medical Center School of Nursing  
Nursing Care Map

Student Name: Kennedy Cantelli

Date March 22nd & 23rd, 2023

Noticing/Recognizing Cues:

\*Highlight all related/relevant data from the Noticing boxes to develop the priority problem\*

Assessment findings\*:

- Alert and Oriented X2
- Telemetry- Sinus Rhythm
- Pain 5/10 on Right Lower Back
- 20-gauge saline lock IV in R wrist
- Walker for Ambulation- 2 Assist
- Bed-Side Commode
- Uses visual aids (Glasses)
- Decreased ROM in LLE
- Bilateral Cataracts
- HIGH FALL RISK

Lab findings/diagnostic tests\*:

- Glucose (high)= 129
- Creatinine (low)= 0.61
- Platelet Count (low)= 111,000
- Hemoglobin (low)= 10.2
- Hematocrit (low)= 29.0
- Red Blood Cell Count (low)= 3.16
- Sodium (low)= 133
- Femur X-ray-- Displaced Intertrochanteric Fracture of Left Femur

Risk factors\*:

- Age (81)
- Female
- History of Arthritis
- History of Breast Cancer
- History of Hypertension
- History of Hypercholesterolemia
- Family History of Breast & Lung Cancer
- History of Left Knee Replacement
- History of Lumpectomy of Left Breast
- Dementia

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

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

- Impaired Physical Mobility
- Self-Care Deficit
- Acute Pain
- Risk for Trauma
- Anxiety

Potential complications for the top priority:

- Deep Vein Thrombosis due to poor circulation from immobility:
  - o Signs & Symptoms to monitor Include:
  - o Throbbing or cramping pain in one leg usually in leg or calf
  - o Swollen veins that are hard or sore when touched
  - o Warm, red skin around painful area
- Skin Breakdown due to Increased Pressure without Ambulation:
  - o Signs & Symptoms to monitor Include:
  - o Tender Areas
  - o Extremely Pain from Unusual changes in skin color
  - o Soft and thin skin around surrounding skin
- Pneumonia due to Decreased ROM and mobility in the lower extremities:
  - o Signs & Symptoms to monitor Include:
  - o Fever, sweating, and shaking chills
  - o Rapid, shallow breathing
  - o Shortness of breath and productive cough

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Responding/Taking Actions:

Nursing interventions for the top priority:

- o Assess Vital Signs to be Within Normal Limits q4H and PRN (@0800, 1200, 1600, 2000)
  - Rationale: To monitor for improvement and assess if there are any changes in status
- o Assess Pain Levels q2H and PRN (@0800, 1000, 1200, 1400, 1600)
  - Rationale: To monitor for improvement and provide the proper response to pain level tolerance
- o Perform a Neurological/Musculoskeletal Assessment q4H and PRN (@0800, 1200, 1600, 2000)
  - Rationale: To assess for improvement of range of motion in the left lower extremity due to fracture
- o Administer Tramadol 50 mg PO q4H or PRN (@0800, 1200, 1600, 2000)
  - Rationale: To treat patient's pain
- o Assess nutritional status and client's report of energy
  - Rationale: To promote fast wound/fracture healing and adequate rest periods
- o Educate Patient on the importance of repositioning and ambulating q2H or PRN Tramadol 50 mg PO q4H or PRN (@0800, 1000, 1200, 1400)
  - Rationale: To promote fast wound/fracture healing and reduce the risk for skin breakdown
- o Provide client with time to perform ADL's and mobility-related tasks
  - Rationale: To limit fatigue and promote self-independence

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Pain 0/10
- Walker for Ambulation- 2 Assist
- Decreased ROM in LLE
- HIGH FALL RISK
- Alert and Orientated X2
- Continue Plan of Care

References: Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2019). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (15<sup>th</sup> ed). F. A. Davis Company: Skyscape Medpresso, Inc.