

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name: Caitlyn Silas

Date: 3/22/2023

Noticing/Recognizing Cues:

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

Assessment findings*:

1. Abnormal gait
2. Walker
3. RUA PICC line
4. Mid-line incision with prevena wound vac
5. Right hip replacement with prevena wound vac
6. Right Nare NG tube
7. Right JP drain

Lab findings/diagnostic tests*:

1. WBC 14.9 H – possible infection
2. Lactic Acid 2.6 – possible infection
3. RBC 3.11 L – malnutrition or blood loss from surgery
4. Hgb 9.2 L – malnutrition or blood loss from surgery
5. Hct – 27.1 L – malnutrition or blood loss from surgery
6. Abdomen CT – perforated gastric ulcer

Risk factors*:

1. Mobility Issues
2. Age 72
3. Asthma
4. Skin Cancer
5. Breast Cancer
6. Right hip replacement surgery
7. Hysterectomy
8. Mastectomy

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

1. Risk for infection (Myers, E., 2018)
2. Imbalanced Nutrition
3. Impaired mobility
4. Acute pain
5. Risk for thrombosis
6. Risk for constipation

Potential complications for the top priority:

1. Sepsis
 - a. Lactic acid 2.6 H
 - b. WBC 14.9 H
 - c. Warm skin
 - d. Low blood pressure
2. Poor wound healing
 - a. Redness
 - b. Skin breakdown
3. Cdiff
 - a. Liquid stools
 - b. Abdominal cramping
 - c. Rapid heart rate

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess vital signs
 - a. Every 4-8 hours to help determine any sign of infection.
2. Assess for any weight change
 - a. Daily, weight change can indicate malnutrition, infection, or fluid overload
3. Monitor intake and output
 - a. Every 8 hours, make sure fluid requirements are getting met and output is adequate to ensure no fluid overload is present
4. Administer Meds
 - a. Pantoprazole (Protonix) 40mg BID IV-Push
 - i. An anti-ulcer agent, it helps decrease the acidity of the stomach contents
 - b. Ertapenem (Invanz) 1gm IV push daily
 - i. An anti-infective, helps prevent infection in the body
 - c. Enoxaparin (Lovenox) 40mg SQ daily
 - i. An anticoagulant, helps with prevention of blood clots due to being immobile
 - d. Hydromorphone (Dilaudid) 1mg IV-Push PRN q6h
 - i. A pain medication to help with any pain and discomfort
 - e. Docusate Sodium (Colace) 100mg PO BID
 - i. Stool softener, helps loosen any stool that needs to be released since she has not gone in multiple days due to surgery and new medications
5. Educate on the need for adequate nutrition
 - a. Every day, remind that all nutrients are needed in meals and are important for proper vitamin and electrolyte replacement as well as for proper wound healing and prevent infection. She is no longer on a full liquid diet, so she is now able to have intake of the nutrients she needs

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

1. Abnormal gait – maintains the same
 2. Walker – maintains the same
 3. RUA PICC line – maintains the same, no infection present, dressing is dry and intact, no redness
 4. Mid-line incision with prevena wound vac – maintains the same, dry and intact
 5. Right hip replacement with prevena wound vac – removed, suture is well approximated and pink
 6. Right Nare NG tube – removed, taking oral fluids well
 7. Right JP drain – maintains the same, no output draining
- Continue plan of care