

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Arabella Escobedo

Date 3/25/23

Noticing/Recognizing Cues:

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

problem***m**,

Assessment findings*:

Confused alert to person
L sided weakness
Diminished lung sounds
PICC line in right arm
Restlessness
Garbled speech
Weakness in legs
Sluggish pupil dilation
Hypotension BP 89/42
Wheelchair assist x2
Refused fluids and meals
Wounds on left foot and ankle

Lab findings/diagnostic tests*:

RBC 3/21 3.72L 3/22 3.65 L
BUN 3/21 3/22 57 H
Potassium 3/21 3.1 L 3/22 3.7
Creatinine 3/21 4.85 H 3/22 6.53 H
X-Ray of left foot showing wound progression
Phosphate 2.5 L
Albumin 3.1 L

Risk factors*:

Former smoker
Former alcoholic
Hyperlipidemia
Kidney stones
Atrial fibrillation
DVT of iliofemoral veins
Hypotension
Family history of lung cancer
ESRD
History of falls
Dialysis

Nursing priorities*:

Highlight the top nursing priority problem

Inadequate nutritional intake
Altered mental status
Risk for sepsis
Risk for falls

Potential complications for the top priority:

Decreased nutritional intake Dehydration
-Atrophy -Dry mucus membranes
-Muscle weakness -Poor skin turgor
-Pressure injury -Poor urine output
-Delayed wound healing -Muscle weakness

Risk for injury
-Falls
-Bruises, cuts, fractures
-Concussion or head injury

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Place patient on fall precautions
-To ensure the safety of patient
2. Assess patients neuro status Q2hr
-To notice any decline or improvement in LOC
3. Assess patient's intake and output
-To monitor kidney function
4. Administer Midodrine 10mg PO QDay
-To assist patient with low blood pressure
5. Administer Allopurinol 100mg QDay
-To aide with patients current kidney function
6. Encourage fluids
-To improve hydration status
7. Provide consistent reassurance to patient
-To comfort patient

Evaluation of the top priority:

Confusion has improved patient now follows commands	-Weakness in legs, no improvement
Garbled speech, has not improved	-Refused fluids and meals, improved patient fed self
Wheel chair assist x2, declined patient is now a hoyer	
Restlessness, patient took a nap improved	
BUN, new results not in	
Creatinine, new results not in	
Alcoholism no longer a drinker, improved	*Continue plan of care
Hypotension, improved BP 111/42	