

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name _____

Date _____

Noticing/Recognizing Cues:

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

Assessment findings*:

- Hypertension (148/60)
- Weak Pulse (Bilateral Lower Extremities)
- Pain 7/10 (Right Knee)
- Bipedal Non-Pitting Edema (2+)
- Constipation
- Hard of Hearing (Hearing Aids)
- Partial Vision impairment (Glasses)
- Top & Bottom Dentures
- No Drainage from wound dressing

Lab findings/diagnostic tests*:

- BUN 60 (High)
- Creatinine 2.31 (High)
- Hemoglobin 9.1 (Low)
- Hematocrit 27.7 (Low)
- Red Blood Cells 3.28 (Low)
- UA positive for Staph
- Platelets 103 (Low)
- PT 14.0 (High)

Risk factors*:

- Age (83)
- Coronary Artery Disease (Chronic)
- Hypertension (148/60)
- Thrombocytopenia
- Chronic Kidney Disease (Stage 3)
- Peripheral Artery Disease
- Multiple falls within 6 months
- Constipation (Last BM 3/17)
- Low Mobility (Last out of bed 3/20)
- Cellulitis (Bilateral Lower Extremities)

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Risk for decreased Cardiac Tissue Perfusion
- Ineffective Tissue Perfusion
- Risk for metabolic syndrome
- Risk for Surgical Site Infection
- Excess Fluid Volume (Edema)

Potential complications for the top priority:

- Edema
 - o Hypertension
 - o Abnormal Pulse (Weak)
 - o Weight Gain
- Skin Breakdown
 - o Fatigue
 - o Neuropathy
 - o Pain
- Immobility
 - o Skin Breakdown
 - o DVT
 - o Constipation

**Firelands Regional Medical Center School of Nursing
Nursing Care Map**

Student Name _____

Date _____

Responding/Taking Actions:

Nursing interventions for the top priority:

1. **Assess patient pain for intensity using a pain scale, location, and precipitating factors TID**
 - a. To determine comfort level, increased pain, and treat pain
2. **Monitor vital signs, especially pulse and blood pressure Q4hr**
 - a. To determine proper circulation especially in Lower extremities
3. **Assess Cardiac and circulatory status TID**
 - a. To determine if angioplasty is working properly to provide blood flow post-op
4. **Assess wound dressings**
 - a. To determine they remain dry and intact without heavy drainage
5. **Assess Skin Integrity every 4 Hours**
 - a. To Determine wound remains intact, and level of Edema
6. **Assess needs for Blood thinner Q8hr**
 - a. To determine clotting levels are within a safe range to prevent blockage in arteries
7. **Assess Nutritional Status and Meal tolerated**
 - a. To determine proper nutrition is being provided to assist with wound healing, and determine if the patient is tolerating the food appropriately
8. **Ambulate Patient TID**
 - a. Encouraging regular exercise and mobility can help maintain muscle strength, help with constipation, and prevent further mobility loss.
9. **Collaborating with the interdisciplinary team**
 - a. Collaborating with the team, including physical therapist, occupational therapist, and other healthcare professionals, can help develop an individualized plan of care for the patient.
10. **Provide education to the patient**
 - a. Educate the patient on the importance of preventing future gangrene by maintaining good hygiene, managing any underlying health conditions, continuing to not smoke, and keeping the affected area clean and dry.



Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name _____

Date _____

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Blood Pressure (122/57)
- Increased Weak Pulses (Bilateral Lower Extremities with doppler)
- Improved LLE Strength (50%)
- +2 Non-pitting edema Bilateral Lower Extremities
- Dressings Dry and Intact
- Pain improved with Norco (4/10 from 8/10)
- Hemoglobin Worsened (9.0)
- Hematocrit Remains (27.7)
- Platelet Count Improved (115)
- Coronary Artery Disease remains the same (Chronic)
- Thrombocytopenia improved (Platelet Count Increase)
- Peripheral Artery Disease increased with surgery (IR performed Peroneal Artery Angioplasty 2/22)
- Mobility increased post-op (Ambulated to bathroom c walker 2x assist)
- Cellulitis continues underneath wound dressings
- Continue plan of care with addition to Home Health after discharge