

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*:

- Irregular breathing patterns
- 0.1 L O2
- Large gestational size (12 lbs. 5 oz)
- Low/inconsistent SpO2
- Lanugo present
- Possible newborn rash
- Heart monitor present
- Heart murmur

Lab findings/diagnostic tests*:

- FSBS: 68 at 0449, 62 at 0959, 75 at 1100
- CXR: normal
- Abnormal ECHO

Risk factors*:

- 1 day old
- Large gestational size
- 40 cm head
- Weak intercostal muscles
- Body position

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Impaired gas exchange
- Thermoregulation
- Respiratory distress

Potential complications for the top priority:

- Hypoxia (shortness of breath, tachycardia, cyanosis)
- Respiratory distress (restlessness, tachypnea, shortness of breath)
- Sepsis (fever, chills, tachycardia, acute pain)

Responding/Taking Actions:

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Nursing interventions for the top priority:

1. Assess SpO2 continuously to monitor for level of O2 saturation.
2. Assess respiratory rate Q1h to monitor for presence of tachypnea.
3. Assess heart rate continuously to monitor for presence of tachycardia.
4. Assess temperature Q1h to help determine presence of sepsis.
5. Assess skin color Q1h to monitor for cyanosis.
6. Assess for restlessness Q1h to monitor for respiratory distress.
7. Assess for strong cry Q1h to monitor for signs of respiratory distress.
8. Assess for pain Q1h to determine presence of sepsis.
9. Reposition baby at signs of respiratory distress to alleviate symptoms.
10. Give supplementary O2 as needed when SpO2 is low to raise the SpO2.
11. Educate parents on signs and symptoms of respiratory distress at discharge and until fully understood so they know when to call the HCP.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Improved breathing pattern.
- Taken off supplementary O2.
- Large gestational size.
- Improved SpO2.
- Lanugo present.
- Possible newborn rash.
- Heart monitor present.
- Heart murmur
- Baby is out of the nursery and is in mom's room.