

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Lynnette Swinehart

Date _____

Noticing/Recognizing Cues:

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

Assessment findings*:

- Non healing wound in 3 months-worsened past 2 days
- Recent fall one month ago
- BP-100/60
- HR-120
- T-99.0
- Pain 6/10 Bilateral lower legs
- Numbness and tingling Bilateral lower legs
- No BM in 2 days
- Incontinence
- Decreased appetite
- Skin tenting
- Peri wound- swelling, red, hot
- Unknown how wound was obtained.
- Right sided weakness HX of stroke
- Unsteady gait
- Wound left shin 2 x2 cm- periwound pink, wound base pink, small amount serous drainage
- Wound right heel- 2x3cm, edematous, red, hot

Lab findings/diagnostic tests*:

- WBC- 15,000
- Glucose-200
- Albumin-2.8
- CT scan of bone- no osteomyelitis

Risk factors*:

- Diabetes mellitus
- HTN
- Hyperlipidemia
- History of falls (high risk for falls)
- CVA with right sided weakness
- 82 years old
- Poor appetite
- Decreased mobility

Potential complications for the top priority:

Sepsis- WBC greater than 12, or less than 4, elevated temp or below normal temperature, hypotension, increased confusion, elevated heart rate.

Dehydration- skin tenting, lethargy, dizziness, impaired renal function, dry mouth lips, skin.

Osteomyelitis- Fever, warmth, redness, pain

Gangrene- Pain, numbness, foul smelling drainage, poor circulation

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired tissue integrity
- Acute pain
- Imbalanced nutrition
- Impaired physical mobility
- risk for infection
- risk for metabolic syndrome

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Vitals BP, HR, Pox, temp, RR, pain every 4 hours - Rationale: Change in vital signs can indicate change from baseline health status, indicating health decline.
2. Medications administered as ordered Metformin 500 mg by mouth BID, Vancomycin 500 mg IV every 6 hours, Lisinopril 5 mg by mouth daily, Ambien 5 mg by mouth at bedtime as needed for sleep IV NS at 100 mL/hr - Rationale: Metformin for management of diabetes, Lisinopril for HTN, Ambien for sleep, and IV vancomycin for infection IV fluids for hydration,.
3. Monitor/document percentage of breakfast lunch and dinner meals consumed daily. If patient consumes less than 50% of meal offer alternate diabetic option- Rationale: proper nutrition is important for wound healing, patient with diagnosis of severe malnutrition.
4. Document fluid Intake and output daily- Rationale: patient is at risk for dehydration due to sever malnutrition.
5. Offload pressure from right heel, and left shin at all times- Rationale: Alleviating pressure from heel to promote wound healing.
6. Reposition every 2 hours to prevent further skin impairment-rationale: Patient is at risk for further skin impairment due to poor nutritional status and impaired mobility.
7. Dressing change to right heel and left shin daily, document appearance of wound, periwound and drainage-Rationale: determine if current treatment is effective.
8. Obtain ordered labs CBC, CMP, CXR, wound culture, blood culture in AM- rationale: Compare labs to previous labs for changes, wound culture to be sure appropriate antibiotic is ordered, blood cultures to rule out sepsis.
9. Wound measurement weekly- Rationale: monitor wound for decrease or increase in size indicating if current treatment is effective and if wound is healing
10. Provided education daily on diabetic diet- rationale : proper nutrition is important for wound healing and managing blood sugar.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

1. Left shin measurements 1.5 x 1.5 cm, right heel 2x2 cm
2. No falls for 2 weeks
3. BP 116/84, HR 84, Temp 98.6, Pain 2/10
4. No further complaint of numbness and tingling
5. Eating 75% of 3 meals per day
6. Skin integrity improvement, skin turgor without tenting.
7. WBC 9,000
8. Albumin 3
9. AC and HS blood sugars remain below 150

- Continue this plan of care.