Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name _Destiny Houghtlen____ Date __11/03/23__

Noticing/Recognizing Cues:

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

Assessment findings*:

- 2L of oxygen
- CHF
- Cough
- Bp: 97/57
- Temp: 97.1
- Oxygen: 87%
- Top dentures
- Brusing on upper extremities and lower
- Lung sounds clear and diminished
- History of Hypertension
- History of COPD
- Shortness of breath
- Barrel chest

Lab findings/diagnostic tests*:

- RBC = 3.56L
- Hgb = 11.4L
- RDW = 20.1H
- PT = 14.6H
- Carbon Dioxide = 35.7H
- Potassium = 3.2L
- Calcium = 7.7L
- Urine culture = Gram negative Bacilli
- CXR = small right sided pleural effusion

Risk factors*:

- 78 years old
- ETOH abuse
- Previous smoker (3 weeks without smoking)
- History of hypertension
- History of heart artery stent (x2)
- History of cardiac Cath

Interpreting/Analyzing Cues/ Prioritizing Hypotheses/ Generating Solutions:

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

- Impaired Gas Exchange
- Decreased activity tolerance and risk for decreased activity tolerance
- Decreased cardiac output and risk for decreased cardiac output
- Excess Fluid Volume
- Impaired comfort
- Impaired physical mobility
- Impaired skin integrity and risk for impaired skin integrity
- Impaired walking
- Ineffective airway clearance
- Ineffective breathing pattern
- Risk for adult falls
- Risk for decreased cardiac tissues perfusion.
- Risk for electrolyte imbalance
- Risk for impaired cardiovascular function
- Risk for injury

Potential complications for the top priority:

- Confusion
  1 oxygen levels decreasing
  2. Carbon dioxide increase
  3. changes in patients' personality
- Fluid overload
  1.edema
  2.weight gain
  3.high blood pressure
- Dyspnea
  1.shortness of breath
  2.wheezing
  3.tightness in the chest

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Nursing interventions for the top priority:

1. Assess vital signs every 4 hours and PRN
   - To ensure the patients oxygen levels and respiratory rate stay in the normal range.
2. Assess the patient's neurological status every 8 hours and PRN.
   - To determine if the patient's neurological status changes due to the lack of oxygen. This could show if the levels of oxygen are decreasing at any point in time.
3. Auscultate the patients lung sounds every 4 hours and PRN
   - To determine the patients breathing properly and ensure their airway is clear.
4. Observe the patients use of accessory muscles and breathing pattern every 8 hours and PRN.
   - To determine if the patients' breathing patterns change at any time or if the patient is struggling to breath.
5. Encourage the patient to cough and deep breath every 2 hours.
   - To determine the patient is opening up their airway.
6. Provide nasal cannula oxygen PRN.
   - to ensure the patient is getting the correct amount of oxygen they need.
7. Elevate the head of the bed PRN.
   - to ensure the patient is in a good position and to help the patient get some relief with breathing.
8. Encourage the patient to turn and reposition every 2 hours.
   - To help the patient with breathing and opening up their airway.
9. Monitor the patient's intake and output every 4 hours and PRN.
   - To ensure the patient does not have fluid overload at any point.
10. Administer Budesonide/ Formoterol Fumarate 2 puffs BID.
    - To treat airflow obstruction in this patient due to COPD.
11. Administer Ipratropium Bromide 0.5mg PO daily.
    - To treat bronchospasms associated with COPD.
12. Administer sodium chloride 20meq PO daily.
    - To restore moisture to the pulmonary system.
13. Educate the patient PRN on weighing herself everyday with the same amount of clothes on.
    - To ensure she is not retaining fluid.
14. Educate the patient PRN on properly taking the medications prescribed. (Doenges, M.E., 2019)
    - To ensure the patient is properly taking the right medications at the right time.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- BP = 118/64
- Temp = 97.5
- Carbon Dioxide = 32.4
- Oxygen = 94%
- Age = 78 years old
- Medication (Budesonide/ Formoterol Fumarate, Ipratropium Bromide, and Sodium Chloride)
- Lung sounds = clear and diminished
- Barrel chest
- Continue plan of care

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2019). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (15th ed). F. A. Davis Company: Skyscape