

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*:

- Weakness
- Numbness/ tingling
- Edema
- Low SpO2 readings
- Low blood pressure readings
- Delayed capillary refill
- Pain in lower extremities
- Unable to stay awake and does not awake to verbal stimuli
- Shortness of breath with exertion

Lab findings/diagnostic tests*:

- High RDW
- Low PLT count
- High A1C
- High Creatinine
- X-Ray normal
- Electrocardiogram- Normal
- Transthoracic electrocardiogram- Ejection fraction 45%

Risk factors*:

- Homeless
- Drug abuse
- Obese
- Tobacco user
- Pickwickian syndrome
- Hypothyroid

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Poor Nutrition
- Decreased Mobility
- Pain
- Impaired gas exchange

Potential complications for the top priority:

- Respiratory arrest
 - Cyanosis
 - Absence of breath sounds
 - Decreased oxygen saturation levels
 - Does not awake to stimuli
 - Delayed capillary refill
 - Crackling sound in the lungs
 - Low blood pressure
- Decreased cardiac function
 - Decreased heart rate
 - Lethargic
 - Irregular heart rhythm
 - Swelling/edema
 - Hypertension

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Be sure patient is following 1600 fluid restriction ordered by doctor.
 - a. This was to reduce the swelling in the extremities due to fluid retention.
2. Administer Lasix 40 mg. IV push BID @800 and 1600 as ordered by doctor.
 - a. This was so that the patient can get rid of excess fluid through the urine.
3. Be sure patient is using bipap machine as ordered by the doctor. (during the day, 2 hours on and 2 hours off, inspiratory and expiratory, on all night, and pressure setting on)
 - a. The pressure setting is on to force the capillaries open, the bipap was ordered to raise the patient's O2 saturation.
4. Be sure patient is using nasal cannula as ordered by the doctor. (2 liters when bipap is not on)
 - a. This was ordered so the patient could still get adequate oxygen when the bipap does not have to be on
5. Note respiratory rate, depth, use of accessory muscles, pursed- lip breathing, and areas of pallor.
 - a. Provides insight into the work of breathing, adequacy of alveolar ventilation, and potential for pulmonary or cardiac compromise.
6. Note client's report/ perceptions of breathing ease.
 - a. Client may report a range of symptoms including air hunger or shortness of breath.
7. Observe for dyspnea on exertion or gasping, changing positions frequently, and tendency to assume three- point position.
 - a. Reflecting effort to ease breathing.
8. Assess level of consciousness and mentation changes
 - a. A decreased level of consciousness can be an indirect measurement of impaired oxygenation, but it also impairs one's ability to protect the airway, potentially further adversely affecting the oxygenation.
9. Monitor vital signs and cardiac rhythm.
 - a. All vital signs are impacted by changes in oxygenation.
10. Elevate the head of the bed and position the client appropriately.
 - a. Elevation or upright position facilitates respiratory function by gravity; however, a client, in severe distress will seek a position of comfort.
11. Encourage frequent position changes and deep breathing and coughing exercises. Use incentive spirometer, chest physiotherapy, and intermittent positive pressure breathing, as indicated.
 - a. Promotes optimal chest expansion, mobilization of secretions, and oxygen diffusion.
12. Discuss implications of smoking related to the illness or condition at each visit. Encourage client to stop smoking; recommend smoking cessation programs.
 - a. To reduce health risks and/ or prevent further decline in lung function.
13. Emphasize the importance of nutrition.
 - a. In improving stamina and reducing the work of breathing
- 14.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Oxygen went from 60% to 97%
- Denies pain 0/10
- Patient is able to stay awake and wakes with verbal stimuli
- Edema remained the same in extremities
- Able to sit himself up in bed

Continue plan of care