

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Kaden Troike

Date 11/8/23

Noticing/Recognizing Cues:

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

problem*

Assessment findings*:

- 10/10 Pain
- Hypertension
- Fractured Right Hip
- Numbness and Tingling RLE from bypass surgery years ago
- Chest Pain
- Shortness of breath on inhalation
- Muscle weakness
- Pacemaker
- Prostate seeds
- Risk for falls

Lab findings/diagnostic tests*:

- WBC 15.0 H
- RBC 3.50 L
- Hemoglobin 11.1 L
- Hematocrit 32.7 L
- Episodes of atrial fibrillation with inverted T waves
- Chest x-ray clear

Risk factors*:

- Age
- Former smoker
- Had 3 strokes
- H/O Chronic Illness -lung cancer and prostate cancer
- Impaired skin integrity
- General weakness
- Obesity
- CABG 3 years ago

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/

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

- Impaired Physical Mobility
- Impaired Skin Integrity
- Pain

Potential complications for the top priority:

Imbalanced Nutrition

- Abdominal cramping
- Pain
- Constipation or Diarrhea
- Lethargy

Pressure Injuries

- Acute Pain or discomfort
- Abscess or blister
- Macerated skin
- Hematoma

Constipation

- Fewer than 3 stools a week
- Sense of obstruction without defecation
- Straining
- Vomiting, headache, fatigue

Evaluation:

Reflecting/Evaluate Outcomes:

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess client's motor skills, ease and capability of movement, posture, and gait q8h. - To determine presence of characteristics of clients unique impairment
2. Pain assessment and degree of pain q4h. - To determine if pain management can improve mobility
3. Obtain client's perception of activity and exercise needs and impact on current situation. - Helps understand expectations and beliefs related to activity and potential long term effect of immobility and identifies barriers preventing growth
4. Safety and Falls assessment daily - Client may be restricting activity because of weakness or debilitation or fear and anxiety
5. Assess nutrition status and energy level daily - Deficiencies in nutrients, electrolytes, minerals, and water can negatively affect energy and activity tolerance
6. Skin assessment q8h/support affected body part with pillows or gel pads - To ensure no pressure injuries are developing
7. Implement turning schedule q2h or self reposition. To promote healing, independence, and prevent pressure injuries
8. Use assistive devices like a walker, cane, or wheelchair q4h - To promote muscle strength increase and improve gait
9. ROM and ADLs twice a day whether dangle, stand, walk to chair, or bathroom q4h or PRN - Helps with circulation in the lower extremities, muscle weakness, and independence

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- WBC 15.0 H
- RBC 3.50 L
- Hemoglobin 11.1 L
- Hematocrit 32.7 L
- Maintain or increase strength and function of affected hip
- Participate in ADLs and desired activities
- 10/10 Pain/Chest Pain
- SOB on inspiration
- Muscle Weakness
- Risk for falls
- Continue plan of care