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*:

- LLE redness
- LLE edema
- LLE blisters
- Pain: 8/10 during ambulation
- Headache
- Diarrhea
- Moderate serous drainage from wound
- BP: 167/90
- Wears glasses

Lab findings/diagnostic tests*:

- Hgb: 11.5
- Hct: 33.5
- Na+: 135
- Glucose: 174
- Albumin: 3.3
- WBC: 10.9
- Anti-streptolysin: 524; positive
- Urinalysis: cloudy, trace protein, 250 glucose, >2 urobilinogen

Risk factors*:

- Type II diabetes mellitus
- Hypertension
- Anemia
- Melanoma
- Sleep apnea
- 67-years-old
- BMI: 36.5

Interpreting/Analyzing Cues/ Prioritizing Hypotheses/ Generating Solutions:

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

- Impaired skin integrity
- Decreased activity tolerance
- Impaired physical mobility
- Acute pain
- Impaired comfort
- Risk for infection

Potential complications for the top priority:

- Pain
  - pain ≥7/10
  - facial grimacing
  - impaired physical mobility
- Sepsis
  - Fever
  - Elevated WBC count
  - Chills
- Decreased circulation
  - Nonpalpable pulses to LLE
  - Capillary refill >3 seconds
  - Necrosis

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Pain Assessment: Q4H/PRN (0800, 1200, etc.)
    a. To assess pt's comfort status and need for administration of pain medication
2. Wound Assessment: Q4H/PRN (0800, 1200, etc.)
    a. To monitor progress of wound healing
    b. To determine if wound care can continue as ordered or if it needs to be modified
3. Assess Vital Signs: Q4H/PRN (0800, 1200, etc.)
    a. To monitor for abnormal vital signs as an indication of worsening infection
4. Assess Dorsalis Pedis and Posterior Tibial Pulses and Capillary Refill of Left Leg: Q4H (0800, 1200, etc.)
    a. To assess blood flow and oxygen delivery to area
5. Administer Antibiotics as Ordered: Q24H (0930) – Ceftriaxone 1g/50mL IV
    a. To treat infection of LLE
6. Administer Pain Medication: Q6H/PRN (0800, 1400, etc.) – Tramadol 50 mg, Tylenol 1g
    a. To promote comfort for patient and promote activities of daily living
7. Change Dressing: daily/PRN – wrap vashe soak gauze over wound for 15 minutes; apply xeroform, ABD pads, kerlix, and ace bandage
    a. To promote healing of area and prevent further infection
8. Educate pt on wound care
    a. To promote continuing healing of infected area
9. Educate pt on signs/symptoms of worsening infection
    a. To make patient aware of need to seek medical attention

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- No presence of blisters
- No serous drainage noted
- WBC: 8.4
- Continuing redness of LLE
- Continuing edema of LLE

Continue plan of care