Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name _Ava Lawson_____ **Date** _____

Noticing/Recognizing Cues:

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

Assessment findings*:

- -T: 97.9 F
- -HR: 91
- -BP: 137/60
- -RR: 16
- -SpO2:98%
- -Generalized Weakness
- -Edema in Left Wrist
- -Suprapubic catheter
- -Abdominal Hernia
- -Left foot wound
- -Stage 2 pressure ulcer on right ischium
- -Urine dark yellow and cloudy

Lab findings/diagnostic tests*:

- Lab Findings:
- -BUN: 48 (H)
- - Creatinine: 4.33 (H)
- -RBC: 2.91 (L)
- -Hgb: 9.1 (L)
- -Hct: 27.0 (L)
- -BNP:634 (H)
- Diagnostic Tests:
- -Chest x-ray: Left base atelectasis
- -Urinalysis: Positive for E-coli, Klebsiella, proteus vulgaris

Risk factors*:

- 75 y/o male
-Hx Colon Cancer
-End Stage Renal Disease
-Right leg below the knee amputation
-Hx smoking/alcohol abuse
-Wheelchair & Prosthetic use

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- -Impaired Urinary Elimination
- -Acute Pain
- -Impaired Skin integrity
- -Ineffective Personal Hygiene
- -Impaired Mobility

Potential complications for the top priority:

Urinary retention
-Bladder stretching
-Fullness
-Lower abdominal discomfort
-Lower abdominal distention
Bladder Damage
- -blood in urine
- -excessive/difficulty urinating
- -lower abdominal pain
Kidney damage
-increased BUN
- increased creatinine
-Kidney Infection
-Sudden Urge
-Frequent urination
-Difficulty producing urine

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name _Ava Lawson_____ **Date** _____

Responding/Taking Actions:

Nursing interventions for the top priority: **Use your skyscape and find nursing interventions related to the priority problem you identified make sure to prioritize interventions (Assess, Do or implement, educate) make sure the interventions are pertinent to your patient.**

-Assess neurological status; note alterations in mental status Q8H and PRN
Rationale: to monitor for confusion due to increased risk for infection
-Assess vital signs Q4H
Rationale: To determine any signs indicating infection
-Assess pain rating regarding urinary elimination, noting location, duration, intensity, back or flank pain
Rationale: To differentiate between bladder or kidney as cause of dysfunction
-Assess patients' pattern of elimination
Rationale: For comparison of current situation
-Assess frequently for bladder distention
Rationale: To reduce the risk of infection/ autonomic hyperreflexia
-Determine patient's usual daily fluid intake
Rationale: To help determine level of hydration and if fluid is being retained
-Encourage fluid intake
Rationale: To maintain renal function
-Demonstrate proper positioning of catheter drainage tubing and bag
Rationale: To facilitate drainage, prevent reflux and complications of infection
-Review medication regimen
Rationale: Determine if patient is on any drugs that can alter bladder or kidney function
-Review labs and urinalysis
Rationale: To determine if there are any metabolic conditions
-Educate patient on proper hygiene of the perineal area
Rationale: To reduce the risk of infection or skin breakdown

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- **T: 97.9 HR: 89 RR: 16 SpO2: 99%**
  Denies abdominal pain; abdomen soft & non-tender.
  Creatinine levels decreased: 2.90
  BUN levels decreased after hemodialysis.
  BNP levels decreased after hemodialysis.
  Urine light yellow, clear
  ***Did not receive another urinalysis while in my care**