

**Firelands Regional Medical Center School of Nursing
Nursing Care Map**

Student Name Trenton McIntyre

Date 11/17/23

Noticing/Recognizing Cues:

ACUTE PAIN

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

Assessment findings*:

- Chest soreness rated as a 3/10.
- Diminished lung sounds throughout
- Fatigue
- Glasses
- Dark Yellow Urine
- Heartburn
- Blood pressure 151/87 upon arrival
- Midsternal pain 3/10
- Respirations 20 upon arrival

Lab findings/diagnostic tests*:

- Troponin 26.8 upon arrival
- Upper sternal fracture via CT
- T12 wedge compression fracture CT
- Retrosternal Hematoma via CT
- Vertebral body height 10-20% loss CT
- Calcification of cerebral arteries CT

Risk factors*:

- Age 72
- Motor vehicle Accident
- Hx: HTN
- Hx: High cholesterol
- Hx: Rectal Abscess

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Acute Pain**
- Disturbed Sleep Pattern
- Impaired Physical Mobility
- Impaired Comfort
- Fatigue

Potential complications for the top priority:

- Anxiety**
- Impaired Nutrition**
- irritability
- reduced appetite
- trouble sleeping
- fatigue
- shaking
- delayed wound healing
- difficulty concentrating
- feeling weaker
- Impaired Mobility**
- decrease in muscle strength
- need for assistance w/ ambulation
- short of breath during/after activity
- motor skill limitation

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Responding/Taking Actions:

Nursing interventions for the top priority:

1.

Assess the patient for their perception of pain along with behavior; done on initial pain assessment to ensure appropriate treatment of pain.

Determine if the patient has a history of chronic pain; done on initial pain assessment to determine if there is non-related pain that will have an effect on the acute pain.

Perform pain assessments Q4H or as pain is communicated to assess the improvement of pain status or identify any worsening symptoms.

Administer Divalid 0.5 mg Q4H PRN IV for pain; given as needed to control the patient's pain level and achieve pain scale goals.

Identify and implement non-pharmacological ways to minimize pain such as repositioning or ensuring adequate rest periods; done during patient rounds to promote multiple aspects of pain management.

Educate the patient on overuse of OTC pain meds to prevent liver toxicity; done during rounds to ensure the pain is being treated properly.

Educate the patient on relaxation techniques such as breathing and visual imagery to promote reducing pain; done during patient rounds.



Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

Chest soreness reassessed as a persistent 4/10.

Initial pressure of 151/87 reassessed as 121/79 during clinical after lisinopril.

Midsternal pain reassessed as a persistent 4/10.

Diminished lung sounds reassessed as normal and clear throughout.

There is no evaluation or reassessment in any of the CT findings such as his upper sternal fracture, T12 wedge compression fracture, or retrosternal hematoma.

Plan of care to be continued.