

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Hannah Castro

Date 11/20/23

Noticing/Recognizing Cues:

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

Assessment findings*:

- Bilateral crackles in lung bases
- Bilateral lower extremity 2+ edema
- A - fibrillation
- Pacemaker
- BP - 162/108
- SOB on exertion
- Orthopnea
- Fatigue/weakness
- Foley catheter

Lab findings/diagnostic tests*:

Diagnostic Tests:

- LV systolic dysfunction ejection fraction 20-25% with moderate aortic stenosis
- Chest X-ray - pulmonary edema

Lab Findings:

- BUN - 40 (H)
- Creatinine - 1.43 (H)
- Glucose - 160 (H)
- Magnesium - 1.8 (L)
- Urine culture - nitrite positive

Risk factors*:

- 83 years old
- Diabetes Mellitus
- IBS
- HTN
- Fibromyalgia
- Diverticulitis
- Hyperlipidemia
- Hypothyroidism
- Arthritis
- Chronic kidney disease
- Neuropathy
- Peptic ulcer disease
- History of COVID-19

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

Cardiac Output:

- Decreased cardiac output

Excess Fluid Volume:

- fluid that is backed up in the legs due to heart failure

Skin Integrity:

- risk for impaired skin integrity

Mobility:

- impaired physical mobility

Gas Exchange:

- impaired gas exchange due to being SOB on exertion and orthopnea

Fatigue:

- Risk for weakness

Potential complications for the top priority:

Cardiac Output:

- Bradycardia
- Orthopnea
- Crackles in lung bases

Excess Fluid Volume:

- Presence of S3 heart sound
- Weight gain over a short period of time
- Altered mental status

Impaired Skin Integrity:

- Disrupted skin surface
- Hematoma
- Altered skin color and/or turgor

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess heart rate, rhythm, and blood pressure Q4H.
Rationale: To identify if patient is in tachycardia/bradycardia, and/or an irregular heart rhythm is present
2. Assess skin for pallor and/or cyanosis Q4H.
Rationale: To identify if patient is getting an adequate amount of oxygen to the tissues.
3. Assess for any calf tenderness Q4H.
Rationale: To identify if the patient is experiencing a blood clot.
4. Auscultate apical pulses Q4H.
Rationale: To identify if the patient is experiencing dysrhythmias and/or heart murmurs.
5. Palpate peripheral pulses Q4H.
Rationale: To make sure patient still has circulation in these areas.
6. Monitor urine output Q4H.
Rationale: To make sure patient is receiving adequate blood flow through the kidneys since heart failure could affect the kidneys.
7. Administer Lasix 40 mg IV – Push Daily as ordered.
Rationale: To reduce extra fluid in patient's body.
8. Administer Apresoline 25 mg PO BID as ordered.
Rationale: To treat patient's HTN.
9. Administer Toprol XL 50 mg PO Daily as ordered.
Rationale: To treat patient's HTN, angina, and heart failure.
10. Administer Aldactone 12.5 mg PO Daily as ordered.
Rationale: To treat patient's HTN, edema, and decrease levels of aldosterone in kidneys.
11. Encourage changing positions slowly and dangling legs before standing.
Rationale: To reduce the risk for orthostatic hypotension.
12. Encourage patient to receive regular check-ups with their healthcare provider.
Rationale: To indicate if there is deteriorating cardiac function, heart failure.
13. Educate patient on how to monitor their weight, pulse, and BP at home.
Rationale: To detect change and provide timely intervention.
14. Educate on the sign/symptoms that will need prompt attention from their healthcare provider.
Rationale: To provide timely intervention.
15. Review medications, diet, and exercise/activity plan with patient.
Rationale: To properly care for long-term cardiac conditions.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Bilateral crackles with non-productive cough
- Bilateral lower extremity 1+ edema
- A-fibrillation
- Pacemaker
- BP - 142/90
- Patient presents with increased SOB on exertion
- Patient presents with increased fatigue/weakness
- Orthopnea

Modify plan of care.