

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

Student Name  Jessica Greaves

Date  November 20,2023

**Noticing/Recognizing Cues:**

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

**Assessment findings\*:**

- Diminished Lung Sounds
- Shortness of Breath
- Pitting Edema +1
- Bp- 114/60
- SPO2- 95%
- Temperature- 98.0
- Skin is Pallor
- Cool Skin
- Fatigue
- Dentures
- Glasses

**Lab findings/diagnostic tests\*:**

- CXR- Mild Bibasilar Atelectasis
- WBC- 5.2 Low
- RBC- 3.25 Low
- Hgb- 6.0 Low
- Hct- 20.5 Low
- Platelets- 134 Low
- Glucose- 170 High
- Albumin- 3.1 Low
- EGD- 6 AV Malformations
- Creatinine- 38
- Cl- 99
- BUN- 14
- Total Protein- 6.5

**Risk factors\*:**

- Age 83
- BMI 28.3 kg/m<sup>2</sup>
- History of Hypertension
- History of Transient Ischemic Attack
- History of Gastrointestinal Bleed
- History of Chronic Obstructive Pulmonary Disease
- History of Barrett's Esophagus
- History of Atrial Fibrillation
- Watchman Implant Surgically Placed Left Atrial Appendage 7/16/2023
- History of Diabetes Mellitus
- History of Hyperlipemia
- Anemia Due to AV Malformations

**Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:**

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

- Decreased Cardiac Output Related to Anemia and Diminished Oxygen-Carrying Capacity
- Risk for Impaired Gas Exchange
- Risk for Fluid Volume Excess
- Risk for Anemia
- Risk for Impaired Skin Integrity
- Risk for Falls
- Risk for Infection

**Potential complications for the top priority:**

1. Hypoxia
  - 1: Shortness of Breath
  - 2: Cyanosis
  - 3: Confusion
2. Tachycardia
  - Rapid Heartbeat
  - Shortness of Breath
  - Dizziness or Light Headedness
3. Heart Failure
  - Edema
  - Rapid or Irregular Heartbeat
  - Shortness of Breath

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

Student Name  Jessica Greaves

Date  November 20, 2023

**Responding/Taking Actions:**

**Nursing interventions for the top priority:**

**1. Assess Vital Signs q4h and PRN**

Rationale: Close monitoring of vital signs allows for early detection of changes in cardiovascular status, helping to identify inadequate tissue perfusion and the need for prompt intervention.

**2. Administer Supplemental Oxygen at 2L per minute as Prescribed**

Rationale: Supplemental oxygen increases the oxygen concentration in inspired air, enhancing oxygenation of tissues and alleviating symptoms of hypoxia.

**3. Administer Blood Products as Prescribed**

Rationale: Pack red blood cells increase the oxygen-carrying capacity of the blood, addressing the primary cause of decreased cardiac output related to anemia.

**4. Positioning q2h and PRN**

Rationale: Elevating the head above the bed promotes optimal lung expansion and aids in improving oxygenation.

**5. Fluid Management/ I&Os AAT**

Rationale: Adequate hydration supports blood volume, contributing to optimal cardiac output. Careful monitoring ins necessary to prevent fluid volume overload.

**6. Monitor for Complications q4h and PRN**

Rationale: Vigilant monitoring allows for early detection and intervention in case of complications, such as hypoxia or signs of heart failure, preventing further deterioration.

**7. Activity Management AAT**

Rationale: Pacing activities prevents excessive fatigue and conserves energy, reducing the workload on the heart and supporting overall cardiac function.

**8. Promote Safety AAT**

Rationale: Implementing safety measures reduces the risk of falls and injuries, especially in patients with GIB as well as patients who experience fatigue due to decreased cardiac output.

**9. Patient Education as Often as Possible Before Discharge**

Rationale: To enhance the patients understanding and compliance with treatment plan. Empowering the patient to actively participate in their care and recognize signs of worsening cardiac output.

Firelands Regional Medical Center School of Nursing  
Nursing Care Map

Student Name  Jessica Greaves

Date  November 20, 2023

Reflecting/Evaluate Outcomes:



**Evaluation of the top priority:**

- The patient will demonstrate improved tissue perfusion as evidenced by stable vital signs, absence of pallor within 24-48 hours.
- The patient will achieve and maintain oxygen saturation levels within the prescribed target range 98% during rest and activity within the next 24 hours.
- The patient will report a decrease in fatigue and increased ability to participate in activities of daily living without experiencing undue shortness of breath within 48 hours.
- The patient's hemoglobin levels will remain between 13.0-17.0 for 72 hours, indicating an improvement in red blood cell production and enhanced oxygen-carrying capacity.
- The patient's hematocrit levels will remain between 38.8-50.0 for 72 hours, indicating an improvement in red blood cell production and enhanced oxygen-carrying capacity.
- Continue plan of care.