

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\*:

1. Blood in stool
2. Generalized weakness
3. Dizziness
4. Bowel sounds present X4 quadrants.
5. Abdomen soft, round, non-tender, non-distended
6. Temperature 97.4
7. Diarrhea

Lab findings/diagnostic tests\*:

- Carbon dioxide - 31.9H
- BUN - 31H
- Occult blood test - positive
- Magnesium - 1.8L
- Carcinoembryonic AG - 3.9H
- Colonoscopy - a 10cm mass in the descending colon was found.
- Endoscopy - N/A

Risk factors\*:

- 96 years old
- Dehydration
- External hemorrhoids
- Diet
- Hypertension
- History of myocardial infarction

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

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

- Abnormal bowel movements (blood in stool)
- Monitor frequency of bowel movements
- Abnormal gait
- Educate patient on importance of fluid and electrolyte intake.
- Educate patient on importance of consuming a high fiber diet.
- Educate patient on signs and symptoms of worsened condition such as black tarry stool.

Potential complications for the top priority:

- Pain
  - Elevated blood pressure.
  - Decrease in mobility.
  - Facial grimacing.
- Anxiety
  - Elevated heart rate.
  - Insomnia
  - Tremors.
- Anorexia
  - Decreased appetite.
  - Increased physical weakness.
  - Water-electrolyte imbalance

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**Responding/Taking Actions:**

**Nursing interventions for the top priority:**

1. Implement a high fiber diet immediately to promote regular bowel movements and regular peristalsis.
2. Implement increased fluid intake by encouraging fluids each time nursing staff is in pt. room, educate patient on calculating oral intake and developing a routine of drinking 200-300ml of water every hour.
3. Ambulate patient TID to encourage peristalsis and to reduce generalized weakness.
4. Monitor pain hourly to ensure the patient has not developed any pain in the abdomen.
5. Monitor bowel sounds closely each shift to ensure no changes in regular sounds in all 4 quadrants.
6. Assess vital signs every 4 hours to determine if there have been any concerning changes.
7. Conduct a focused assessment every 4 hours and monitor for pain, any bowel movements, distention, hardness, or tenderness of abdomen.

**Evaluation of the top priority:**

- Patient will be discharged with a negative occult blood test.
- Patient will have normal bowel sounds in all four quadrants.
- Patient will be educated on the importance of ambulating TID each day.
- Patient will be educated on the benefits of a high fiber diet and hydration program to be implemented at home.
- Patient will live the rest of her life comfortably despite potential negative outcomes.
- Patient will understand the condition of their colon and understand the potential outcomes of their decision on whether to operate on the mass.
- Continue plan of care based on patient decision on whether to operate on the mass.
- Patient will continue to have normal physical traits of the abdomen.
- Patient will have soft, brown bowel movements.
- External hemorrhoids will be further assessed by a healthcare provider.
- Patient will have a normal frequency of bowel movement.

