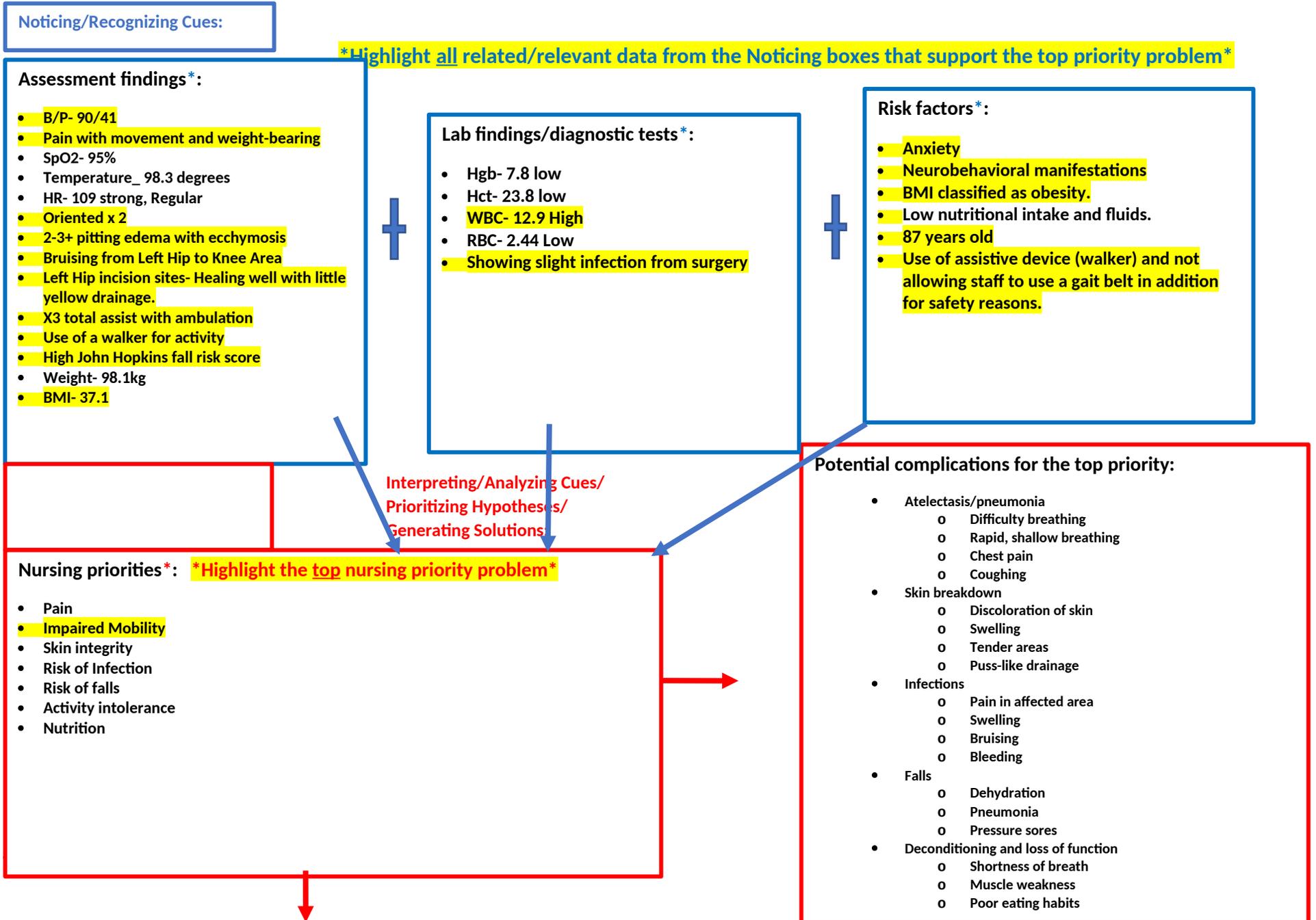


Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Jennifer Collins

Date 11/03/2023



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Responding/Taking Actions:

Nursing interventions for the top priority:

1. **Pain Control – if pain is not controlled, patient will develop difficulty in being physical mobile.**
 1. Assess pain level q4h.
 2. Provide measures to relieve pain before it becomes severe.
 3. Acknowledge and accept the client's pain.
 4. Provide nonpharmacologic pain management for pain level less than 3.
 - i. Provide cognitive behavioral therapy for pain management.
 5. Provide cutaneous stimulation or physical interventions.
 - i. Massage
 - ii. heat and cold application
 6. Provide pharmacologic pain management for pain level above 7.
2. **Assessing Mobility Status and the Need for Assistance- need to gage client's physical ability daily as she continues to strength her legs and hip flexibility.**
 1. Check for functional level of mobility.
 2. Evaluate the client's ability to perform activities of daily living efficiently and safely daily.
 3. Identify barriers to mobility.
 4. Assess the type of assistance the clients require:
 - i. Dependent; Maximum assistance; Moderate assistance; minimal assistance; stand by assist; or independent.
 5. Identify the client's weight bearing status.
 - i. Non-weight bearing; toe touch weight bearing; partial weight bearing; weight bearing as tolerated; or full weight bearing.
3. **Range of Motion Exercises and physical therapy- continue work in increasing flexibility and strengthening to improve patient's independence.**
 1. Assess the strength to perform ROM to all joints.
 2. Assess the presence or degree of exercise-related pain and changes in joint mobility.
 3. Help client understand her limitations and abilities with motivation.
4. **Client Positioning, Moving, and Transferring- important to keep patient mobile to prevent embolisms and DVT's.**
 1. Promoted and facilitate early ambulation when possible. Aid with each initial change: dangling legs, sitting in chair, and ambulation.
 2. Allow the patient to accomplish tasks at his or her own pace.
 3. Turn and position the client every two hours or as needed.
5. **Providing a safe environment for the client- important to keep patient safe in her environment to prevent future falls and trips.**
 1. Assess the safety of the environment, making sure that it is clutter-free.
 2. Explain importance of calling for help if needing to get up.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- With increased activity and mobility, I should note decreased ecchymosis, pitting edema 1+, and bruising daily with physical therapy.
- See increased ability and strength in increments to stand on both legs fully and walk further distances on daily basis with physical therapy.
- Motive patient to participate in more ADL's without nursing assistive to establish more independence daily.
- See improvements in skin integrity at the surgical sites daily with no yellow pussy drainage.
- Continue leg and hip exercises daily to increase ROM improvements.
- Continue plan of care by collaborating with physical therapy staff.