

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

Student Name \_\_\_\_\_

Date \_\_\_\_\_

**Noticing/Recognizing Cues:**

**Assessment findings\*:**

Vital signs: temperature: 98.0  
**Blood pressure: 147/74**  
 Pulse rate: 55  
 Respiratory rate: 16  
 Pulse ox: 97% (RA)

Abnormal GI/GU assessment due to colon cancer diagnoses.

- Slow Hypoactive bowel sounds.
- Hasn't had a bm in week.
- Slight abdomen distention

Abnormal heart sounds on assessment  
 Unsteady gait when first getting up.

-Stress incontinence

**\*Highlight**

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

ECHO: 65-70%  
 Labs

10/24	10/25
Sodium: <b>127 (L)</b>	130 (L)
BUN: <b>35 (H)</b>	32 (H)
Creatine: <b>2.31 (H)</b>	1.89 (H)

Urinalysis:

**Urine appearance slightly cloudy and orange in color.**

UR: 34(H)  
 UR Random **124.) (H)**

**Noticing boxes that support the top priority problem\***

**Risk factors\*:**

- Fall risk: 9 high fall risk
- Generalized weakness.
- Fever
- Fatigue
- Age
- Stress Incontinence

**Unsteady gait**

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

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

- Constipation and risk for constipation
- Fatigue
- Impaired bowel continence
- **Impaired urinary elimination**
- Mixed urinary incontinence
- Risk for adult falls
- Risk for urinary tract injury
- (acute/chronic) urinary retention and risk for urinary retention

**Potential complications for the top priority:**

UTI  
 Kidney stones  
 Alcohol or caffeine consumption use of aspartame  
 fecal impaction involuntary sphincter relaxation  
 improper toilet in position ineffective toilet tin habits obesity pelvic  
 Oregon police prolapse weekend bladder muscles we can support a pelvic  
 structure



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**Nursing interventions for the top priority:**

impaired urinary elimination:

1. Assess the patient will demonstrate proper bladder emptying techniques, including double voiding and complete emptying of the bladder, to prevent urinary retention and reduce the risk of urinary tract infections, as evidenced by maintaining a post-void residual volume of less than 50 mL and reporting clear, odor-free urine.  
-To make sure the patient is voiding completely out with out the risk of getting UTI.
2. Assess the patient for participating in the identification and management of factors contributing to urinary incontinence, including keeping a bladder diary, identifying triggers, and seeking appropriate treatment options, as evidenced by documenting potential causes and implementing interventions to manage incontinence.  
-To make sure and monitor that the patient is getting up on a timely manner to keep a diary is keeping a schedule of voiding.
3. Provide the patient education on proper fluid intake and voiding schedule, monitoring their input and output to maintain a balanced fluid balance, prevent bladder distension, and minimize urinary leakage, as evidenced by maintaining a voiding frequency of every 2 to 3 hours and reporting no episodes of urinary leakage or bladder distension.  
-To monitor how much the patient is taking in and out on a daily basis.
4. Provide education that the patient will demonstrate an understanding of the rationale behind prescribed treatments for incontinence and retention, including medications, exercises, and lifestyle modifications, by explaining the purpose and benefits of the recommended interventions to the healthcare provider.  
-To monitor what the medications that she is taking and how it affects her body.
5. Provide education the patient will verbalize understanding of their condition, including the causes and potential consequences of urinary incontinence and retention, as evidenced by accurately explaining the condition and its impact on their daily life during education and counseling sessions with healthcare providers.  
-To make sure the patient knows their condition with the teach back method. Setting up an appointment with maybe urologist to help with further education with urinary issues.

**Reflecting/Evaluate Outcomes:**

**Evaluation of the top priority:**

**Abnormal GI/GU assessment**

- Slow Hypoactive bowel sounds. Educate on proper daily activities to get bowels
- Hasn't had a bm in week. Suggest a stool softner or laxative to get relief after a prolong experience with constipation
- Sligh abdomen distention. Increase fluid intake to get some hydration in .

**Abnormal heart sounds on assessment. Education on heart medication and the reason the use of these medications**

Unsteady gait when first getting up. Suggest using ambulatory assistance device such as walker or cane.

- Stress incontinence. Suggest a daily bladder training and education on using a bladder diary to keep the risk of incontinence away,