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

**Student Name** _____Melisa Fahey_____          **Date** _November 19, 2023____

**Noticing/Recognizing Cues:**

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

### Assessment findings*:

- BP 186/76
- P 82
- R 40
- T 97.7
- SpO$_2$ 96%
- Wt 128.9 lbs
- BMI 22.1
- Unsteady gait
- Confused
- Pain 6/10 Rt arm, Rt shoulder, BLE

### Lab findings/diagnostic tests*:

**Labs**

- Hgb 11.1 L          Na 140          Ca 8.5 L
- Hct 32.5 L          K 3.0L          Mg 1.3 L
- WBC 11.3            Cl 108 H        Lipase 10.0 L
- Glucose 147 H
  Urine Culture
  - Ecoli 40K colonies
  - Enterococcus 30K Colonies

**Diagnostic tests**

- Rt Hummerus fracture (XR)

### Risk factors*:

- Degenerative changes Rt AC & glenohumeral joints
- 80 yr old female
- Trouble ambulating
- Alzheimer's
- Dementia
- History of Falls
- Limited ROM
- Muscle weakness
- Mild protein-calorie malnutrition
- H$_2$O-electrolyte imbalance

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

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

- Impaired Physical Mobility
- Imbalanced nutrition: less than body requirements
- Chronic Confusion
- Bathing, Dressing, Feeding, Toileting Self-Care Deficit
- Adult Pressure Injury and Risk for Adult Pressure Injury
- Acute Pain
- Decreased Activity Tolerance and Risk for Decreased Activity Tolerance
- Impaired Bed Mobility
- Impaired Memory
- Impaired Tissue Integrity and Risk for Impaired Tissue Integrity
- Impaired Standing
- Impaired Transfer Ability
- Risk for Adult Falls
- Risk for Aspiration
- Risk for Electrolyte Imbalance

### Potential complications for the top priority:

- **Falls-Mobility**
  - Abnormal gait          Alzheimer's
  - Presence of injury from fall
  - Mild protein-calorie malnutrition
  - Decreased muscle strength
- **Malnutrition**
  - Frail elderly syndrome
  - Inadequate intake
  - Degenerative conditions

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**Responding/Taking Actions:**

**Nursing interventions for the top priority:**

1.   Assess patient's gait to determine presence of patient's physical impairment Q 4 H and PRN.
2.   Assess patient's pain level to help with mobility Q 4 H and PRN.
3.   Assess patient's vital signs to help determine possible stress and sadness due to immobility Q 4 H and PRN.
4.   Encourage Incentive Spirometer 10 times/hr.
5.   Educate pt that this increases oxygen levels and prevents things from becoming stagnant in lungs which can cause pneumonia daily due to Alzheimer's.
6.   Ambulate patient to chair for every meal.
7.   Educate patient that this helps with oxygenation, strength, and aspiration (sitting up) every time patient is ambulated due to Alzheimer's.
8.   Encourage patient to ambulate around the room 3 times/day.
9.   Educate patient that ambulating around the room helps prevent further complications like pneumonia and other organs in the body from not working as well like bowels.
10.  Encourage patient that an increased protein intake with each meal and snacks.
11.  Educate patient that an increase in protein intake improves strength which helps with the unsteady gate and muscle loss with every meal.
12.  Turn patient Q2H to prevent pressure ulcers.
13.  Educate patient that turning Q2H will help to prevent skin breakdown and pressure ulcers Q2H.
14.  Sit patient on side of bed and dangle legs 3 times/day.
15.  Educate patient that this promotes circulation and increase in oxygenation before discharge.
16.  Apply SCD's or anti-embolic stockings when patient is in bed.
17.  Educate patient that this promotes blood flow in lower extremities to help prevent blood clots daily due to confusion and Alzheimer's.

**Reflecting/Evaluate Outcomes:**

**Evaluation of the top priority:**

- XR results unchanged
- Unsteady gait
- Pain level @ 1/10
- Continue plan of care