Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name: Molly Plas Date: 1-26-2024

Noticing/Recognizing Cues:

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

Assessment findings*:

- BP- 170/91
- Pulse- 95
- T- 98.1
- O2 sats- 99% on RA
- RR- 18
- Pain- 8/10, abdomen
- Pain- 5/10, right upper and lower extremities
- Unsteady gait
- NPO
- N/V
- Right sided weakness
- Right hand contracture
- Uses walker.
- Right sided numbness/tingling
- Pressure injury on right heel

Lab findings/diagnostic tests*:

- HGB- 12.8 (L)
- HCT- 38.6 (L)
- Na- 138
- K- 3.9
- Cl- 98
- Co2- 33.7 (H)
- Glucose- 140

No diagnostic testing reported.

Risk factors*:

- CVA, paralysis of the right side
- Smoker
- Depression
- HTN
- Malnutrition
- Diabetes
- Pressure sore over heel of the foot.
- Hyperglycemia

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired physical mobility
- Impaired skin integrity
- Imbalanced nutrition
- Pain

Potential complications for the top priority:

Falls- Mobility:
- Abnormal gait
- pain
- paralysis

Pressure injury:
- Blistering, broken skin, or an open wound
- Deep- tissue injury that can affect the muscles, tendons, and bones.
- Significant pain

Depression:
- Quiet, sad, not happy
- Not able to do normal daily activities.
- tiredness

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name: Molly Plas Date: 1-26-2024

Responding/Taking Actions:

Nursing interventions for the top priority:

Assess patients' developmental level, motor skills, ease and capability of movement, posture, and gait.
- **To provide a baseline for timely interventions**

Evaluate for presence and degree of pain.
- **To determine if pain management can improve mobility.**

Assess skin, noting any skin disruption and general skin health every 4 hours.
- **To prove a baseline for timely intervention when problems are noted.**

Cleanse wound and skin; Apply appropriate dressing.
- **To prevent impaired mobility for a long period of time.**

Evaluate patient's ability to care for skin and hygiene practices on admission and every 8 hours.
- **To identify risk for injury and safety requirements.**

Get patient up in chair every 2 hours and for meals.
- **To improve patients' mobility**

Obtain a FSBS AC and HS.
- **To determine a change in patient status and need for insulin.**

Administer Morphine IV push q4 PRN.
- **To relief pain in the body.**

Administer Reglan PRN
- **Prevent N/V, stimulates motility of upper GI tract.**

Educate on deep breathing exercises.
- **To assist with breathing and clear secretions to prevent infection.**

Educate on mobility.
- **To strengthen the upper and lower extremities and promote blood flow**

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- **Regular diet w/ Clear Liquids**
- **Rates pain 5/10, pain management.**
- **Patient turns Independently.**
- **Glucose- 140**
- **Decrease pain in sore on the bottom of the right heel.**

Continue Plan of Care