

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name: Ava Lawson

Date : 2/2/23

Noticing/Recognizing Cues:

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

Assessment findings*:

- BP: 174/84
- P: 78
- RR:18
- T: 97.6F
- SpO2: 90 on RA
- Dyspnea on exertion
- diminished & wheezing lung sounds
- non-productive cough

Lab findings/diagnostic tests*:

- Hgb: 11.7 (L)
- Sodium: 134(L)
- Chloride: 95 (L)
- CO2:3 3.1 (H)
- BUN: 40 (H)
- Glucose: 123 (H)
- Calcium: 10.7 (H)
- Magnesium: 1.7(L)

Risk factors*:

- Hx smoking; 20 years 1 pack per day -87 y/o
- acute hypoxemic respiratory failure
- exacerbation of COPD -ankle fracture
- pneumonia -Hx of MI
- abnormal gait - anxiety -insomnia
- general weakness -osteoarthritis & osteopenia
- acute hypoxic respiratory failure -Solitary Kidney
- cane for daily ambulation
- impaired vision & glasses

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- | | |
|------------------------|--|
| -Impaired Gas Exchange | -Risk for Thrombosis |
| -impaired mobility | -Risk for Lonliness |
| -Risk for adult falls | -risk for Impaired urinary elimination |
| - Acute Pain | -insomnia |
| -Risk for Infection | -Risk for impaired skin integrity |

Potential complications for the top priority:

- | | | |
|-------------------------------|----------------|--------------------------|
| -Respiratory arrest | -dyspnea | -hypoxemia |
| -decreased RR rate | -restlessness | -irritability |
| -decreased SpO2 | -cyanosis | -pulmonary edema |
| - High CO2 levels/hypercapnia | -bradypnea | -accessory muscle use |
| -absence of lung sounds | -nasal flaring | -asthma |
| -confusion | -tachycardia | -neuromuscular disorders |

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Responding/Taking Actions:

Nursing interventions for the top priority:

- Assess Respiratory status; SpO₂, use of accessory muscles & RR Q2HR (provides insight on the work of breathing, adequacy of ventilation & potential of pulmonary/cardiac compromise)
- Assess for dyspnea on exertion & frequent position changes (Reflecting on effort to ease breathing)
- Assess breath sounds, note areas of diminished lung sounds/abnormal lung sounds (Evaluate need for O₂ supplement)
- Assess cough, sputum and effectiveness of the cough (affects the ability to clear the airways of secretions)
- Assess level of consciousness and mental status changes (Decreased LOC is a side effect of impaired oxygenation & impairs the body's ability to protect the airway)
- Note reports of restlessness, solemnness, & headache on arising (Associated with diminished oxygenation)
- Monitor vital signs & cardiac rhythm Q4HR (all vital signs are impacted by impaired oxygenation)
- Evaluate SpO₂ and ABG's (to determine oxygen levels & CO₂ retention) -Administer Levofloxacin IV per Dr order (for exacerbation of COPD and pneumonia)
- Elevate HOB (Improves respiratory function by gravity) -Administer Guaifenesin (for nonproductive cough once per day)
- Encourage coughing & deep breathing/fluid intake /frequent position changes (Promotes optimal chest expansion & mobilization of secretions)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Stable SpO₂ at 90% RA
- Less dyspnea on exertion with respiratory therapy treatments
- Lung sounds clear & diminished
- Denies pain, chest symmetrical & non-labored breathing
- Less frequent cough with respiratory therapy treatments & medications

Continue Plan of Care

