Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name ____________________________________ **Date** ________________________

Noticing/Recognizing Cues:

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

Assessment findings*:

T – 98.2

P – 66

R – 24

BP – 162/ 93

O2 Sat – 94%

Hematuria

3-Way Catheter

Continuous Bladder Irrigation

Urinary Retention with 3L drained upon insertion of

Urinary Catheter

Fall Risk due to IV Infusion

Fall Risk due to Indwelling Catheter

+

Lab findings/diagnostic tests*:

RBC – 3.50
3.08
2.89

Hgb – 10.9
9.8
9.2

Hct – 32.5
28.7
27.1

WBC – 7.6
8.6
10.7

I&O's – 3000L
2250L
750L
500L
450L

Elevated BUN

Elevated Creatinine

Renal Ultrasound

CT scan showing Hydronephrosis + Renal Cysts

+

Risk factors*:

Hematuria

BMI 30.0 kg

Hypertension

Throat Cancar

Thyroid Disease

Penicillin Allergy

71- year-old-male

Acute Kidney Injury

History of Chronic Illness

Interpreting/Analyzing Cues/ Prioritizing Hypotheses/ Generating Solutions:

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

Impaired Urinary Elimination:
Dysfunction in urine elimination

Risk for Infection:
Vulnerable to invasion and multiplication of pathogenic organisms, which may compromise health.

Risk for Bleeding:
Susceptible to decrease in blood volume, which may compromise health.

Ineffective Protection:
Decrease in the ability to guard self from internal or external threats, such as illness or injury.

Potential complications for the top priority:

Impaired Urinary Output
Urinary Retention
Urinary Incontinence
Frequent Voiding

Risk for Infection
Acute Pain
Numbness; Swelling
Bleeding; Hematoma

Risk for Bleeding
Altered Mental Status
Decreased Blood Pressure
Increased Temperature/Heart Rate

Ineffective Protection
Dyspnea
Thrombocytopenia
Impaired Tissue Healing

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Responding/Taking

Nursing interventions for the top priority:

Monitor the patient's Intake and Output Q1H.
Documentation of the patient's intake and output can help determine and monitor hydration status and urinary function.

Assess the Continuous Bladder Irrigation Q1H.
To ensure that the saline is infusing at the correct rate and that there aren't any clots obstructing the tubing.

Maintain the Bladder Irrigation PRN depending on the Infusion Rate.
To ensure that there is fluid present in the bag and to avoid air bubbles from infiltrating the tubing.

Urinary Catheter Management/Maintenance Daily
To ensure that the tubing is still functioning, isn't due for changing, and/or developing bacteria.

Assess Urine Characteristics Q1H.
To ensure the fluids patency and to determine if the hematuria is progressing or digressing.

Encourage the patient to increase Clear Fluid Intake Daily.
Increasing fluid intake can help increase urine production and facilitate the flushing out of bacteria without irritating the urinary tract system.

Encourage Frequent Voiding once Indwelling Catheter is removed.
Urinating frequently facilitates emptying of the bladder, reducing urine stasis, re-infection, and distention.

Encourage Bladder Training once Indwelling Catheter is removes/prior to discharge.
Establishing a regular elimination pattern by voiding every 2-3 hours (even when the urge isn't felt) can train the bladder to empty.

Teach the patient signs and symptoms that need immediate medical attention STAT.
Hematuria can develop into complications if the underlying cause is left untreated. Encourage the patient to seek medical consultation for fever, changes in urination, foul urine odor, weight changes, or flank pain.

Reflecting/Evaluate

Evaluation of the top priority:

Vital Signs: BP – 140/80

Labs: RBC – 5.0, Hgb – 16, Hct – 45, WBC – 5.0, I&O's – 30mL/hour

Denies the need of the Indwelling Catheter.

Continue Plan of Care

Denies presence of blood in urine.

Denies bladder pain/retention.

Corrected Electrolyte Imbalance.