

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name: Ava Lawson

Date: 2/7/24

Noticing/Recognizing Cues:

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

Assessment findings*:

- O2: 93 on RA
- intermittent nausea since 2/3/24
- last emesis 2/5/24
- diarrhea every 3-6 hours since 2/3/24
- weakness & fatigue
- type 2 diabetes
- abdomen soft & tender
- hyperactive bowel sounds
- Acute kidney injury
- Gastroenteritis

Lab findings/diagnostic tests*:

- WBC: 16.6 (H)
- RBC: 5.50 (H)
- Stool: Negative C-Diff
- Urine: specific gravity: 1.037 (H)
- Protein: 30(H) glucose: 1000(H)
- RBC: 5-9(H) WBC: 20-49 (H)
- Potassium: 3.4(L)
- BUN: 41(H) -Creatinine: 1.38 (H)

Risk factors*:

- BMI: 50.8 (H) -age 53
- Hx of fibromyalgia
- anxiety -Hx of diverticulosis
- bipolar schizoaffective
- borderline personality disorder
- HTN -CHF -GERD
- Hx of neuropathy
- coronary artery disease

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Deficient Fluid Volume
- imbalanced nutrition
- risk for impaired skin integrity
- Diarrhea
- nausea/vomiting

Potential complications for the top priority:

- imbalanced electrolytes: monitor I's & O's, assess urine coloration & stool consistency, assess BP
- insufficient fluid intake: ensure IV fluids are ordered to keep adequate hydration, assess I's & O's, monitor BP, HR & Temperature
- malnutrition: monitor BMI, daily weights for unintentional weight loss, assess mucus membranes

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Responding/Taking Actions:

Nursing interventions for the top priority:

- Assess Vitals Q4HR & PRN: changes in vitals are associated with fluid volume loss
- Assess Skin Q8HR: take note in cold, pale, moist skin associated with dehydration
- Assess urine & output Q4HR & PRN: assess color & high specific gravity associated with dehydration
- Assess mucus membranes Q4HR: dry & pale mucus membranes associated with dehydration
- Note changes in mental status/irritability PRN: indication of inadequate hydration/hypovolemic shock
- Review labs PRN: to evaluate the body's response to dehydration & determine replacement needs
- Administer & maintain Plasma-Lyte IVF 1000mL bag @100 mL/hour
- Administer Flovastor 250 mg BID to resolve diarrhea
- Educate on adequate hygiene PRN: to resolve UTI & prevent future infection

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- | | |
|-------------|-----------------------------|
| -T: 97.6 | -No nausea noted on 2/8/24 |
| -P:97 | -Bowel sounds WNL on 2/8/24 |
| -RR: 14 | -WBC: 8.5 |
| -BP: 110/75 | -RBC: 4.46 |
| -O2: 93 RA | -Potassium 3.5 |

Continue Plan of Care