

**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*:

- O2 sat 92 RA
- BP 158/76
- Patient did not want to ambulate or get out of bed
- Lower abdominal pain of 7/10 on admission
- Mild nausea
- Last BM 02/05/24
- Hyponatremia
- Tenderness of abdomen
- Hypoactive bowel sounds

Lab findings/diagnostic tests*:

- WBC 13.0 - high
- Neut # 9.4 - high
- Mono # 1.0 - high
- CT abdomen pelvis with contrast showed atherosclerotic changes in the coronary arteries and thoracic area, there was atelectasis in the lung bases
- Abdomen X-ray showed air within the stomach and mild air and stool within the colon.
- X-ray showed splenic granulomas and calcifications within the pelvis that correlated with uterine fibroid on CT.
- Degenerative change at the lumbar spine, greatest at L3-4

Risk factors*:

- Age 75 years old
- Smoker- tobacco products and nicotine patch
- H/O pneumothorax
- Hard of hearing, predominantly in the right ear
- H/O thyroid disorder
- H/O osteoporosis
- H/O hyperlipidemia
- H/O arthritis
- Vascular disorder of the intestine
- Noninfective gastroenteritis and colitis

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

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

- Constipation and Risk for Constipation
- Imbalanced nutrition: less than body requirements
- Impaired comfort
- Impaired gas exchange
- Risk for electrolyte imbalance
- Sedentary lifestyle

Potential complications for the top priority:

1. Hemorrhoids
 - Pain and discomfort
 - Bleeding
 - Itching
 - Swelling
 - Vein distention
2. Impaction
 - Bloating
 - Bowel obstruction
 - Leaking of stool
 - Nausea
 - Restlessness
3. Bowel incontinence
 - Leaking of stool
 - Discomfort or pain
 - Infection
 - Bloating
 - Loss of urgency

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Responding/Taking Actions:

Nursing interventions for the top priority:

- Assess patient's dietary patterns, exercise, laxative use, and history on admission.
- Assess vital signs q4h or PRN to see if blood pressure increases or decreases and to monitor fever that may indicate infection.
- A focused assessment of bowel sounds will be performed BID or PRN to monitor hypoactive bowel sounds, abdomen distention, masses, and skin.
- Assess for pain q4h or PRN, along with onset, intensity, duration, and frequency of pain.
- Abdominal X-ray and CT to help diagnose causes of abdominal pain and constipation, patient will be NPO before CT. Monitor results of X-ray and CT as available.
- Patient will be given polyethylene glycol, 1 powder pack mixed with 4-8oz beverage daily to help treat constipation by drawing water into GI.
- Patient will be given 8.6 mg (2 tablets) of sennosides daily to treat constipation.
- Patient will be given 1 gm NS in 50mL Ceftriaxone to help treat any infections in the body, specifically in GI.
- Patient will be given Enoxaparin 40mg subcutaneously daily as a preventative for VTE, DVT, and PE since they are mostly in bed with little physical activity.
- Ambulation will be performed BID or as tolerated by the patient to promote blood flow and gastrointestinal function.
- The patient will be given a meal high in nutrients and fiber to promote bowel movement during mealtime.
- After the patient has a bowel movement, a stool sample will be obtained for culture and sensitivity. Monitor stool for color and consistency.
- The patient will be educated about medication they are taking before medication administration and again before discharge.
- Educate the patient on the importance of nutrition, fiber intake, and fluid intake before discharge.
- Educate the patient on laxative use and misuse so the bowel does not become dependent on the laxative.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Patient denies pain
- WBC, neutrophils, and monocytes stayed high
- Abdomen no longer tender
- Patient does not complain of nausea or vomiting but did not have a bowel movement
- Blood pressure decreased to a normal range
- Patient ambulated with physical therapy
- Bowel sounds hyperactive

Continue plan of care