

Firelands Regional Medical Center School of Nursing  
Nursing Care Map

Student Name Destiny Houghtlen

Date 2/1/2024

Noticing/Recognizing Cues:

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

**Assessment findings\*:**

- Dentures
- Dizziness
- Headache
- Increased blood pressure (145/80)
- Nonpitting puffy edema in the lower extremities
- Ptosis
- Eye was twitching
- Telemetry
- Poor appetite
- Glasses
- Pain (3/10)

**Lab findings/diagnostic tests\*:**

- Hgb= 11.4(L)
- Cl = 111(H)
- Urine specimen glucose = 250 (H)
- MRI = cortical atrophy with moderately severe chronic microvascular ischemic changes
- CT = mild calcification without critical stenosis or occlusion

**Risk factors\*:**

- 70 years old
- History of depression
- History of anxiety
- History of anemia
- History of fibromyalgia
- History of umbilical hernia
- Lack of understanding medical advice
- Medication nonadherence
- hypertension

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

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

- Acute pain
- Anxiety
- Decisional conflict
- Decreased activity tolerance and risk for decreased activity tolerance
- Decreased cardiac output and risk for decreased cardiac output
- Decreased diversional activity engagement
- Deficient knowledge
- Disturbed sleep pattern
- Fatigue
- Imbalanced energy field
- Impaired comfort
- Impaired physical mobility
- Impaired standing
- Impaired walking
- Risk for decreased cardiac tissue perfusion
- Risk for imbalanced fluid volume
- Risk for impaired cardiovascular function
- Stress overload
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**Potential complications for the top priority:**

- Hypertension
  - increased blood pressure
  - dizziness
  - headache
- Tachycardia
  - increased pulse rate
  - bounding pulses
  - faster heart sounds
- Hypoxia
  - decreased spo2
  - rapid breathing
  - increased respiratory rate

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess the patient for chest pain q4h and PRN.  
-To determine if there are any early signs of cardiac issues.
2. Assess and monitor the patient's vital signs q4h and PRN.  
- To ensure the patient's blood pressure and pulse rate are in a normal range.
3. Assess the patient's extremities for edema and proper circulation q4h and PRN.  
-To ensure the patient is not experiencing fluid overload.
4. Assess the patient for shortness of breath or any difficulty breathing q8h.  
-To ensure the patient is getting the proper oxygen that she needs and make sure gas exchange is occurring as it should.
5. Assess the patient's pain level q4h.  
- To ensure the patient is receiving any PRN medications they have if she is in pain.
6. Monitor the patient for any signs of a decrease in adult activities of daily living and increase in fatigue PRN.  
-To ensure the patient can continue doing normal activities and this will help with promoting circulation.
7. Monitor the patient's intake and output PRN.  
- To ensure the patient is not retaining fluids or taking too much in.
8. Monitor the patient's pulse rate and heart sounds q4h.  
-The patient is on telemetry so this will ensure her heart rate is normal.
9. Review the patient's labs and diagnostic tests PRN.  
-To ensure I am up to date on any new findings with the patient.
10. Ensure the patient is resting enough and doing more than their body can manage PRN.  
-This will ensure the patient does not over do more than their body can handle which keeps the patient safe.
11. Administer medications as they are ordered in the MAR.  
- This ensures the patient is receiving the proper medication needed to maintain their health problems.
12. Educate the patient on measuring her weight at home each day with the same amount of clothes on each time and if there is an increase in weight to contact their doctor.  
-This ensures the patient is educated and knows what to look for when she goes home.
13. Educate the patient to take her amlodipine besylate properly and as prescribed.  
-This ensures the patient will be able to manage her health issues at home properly.
12. Educate the patient on monitoring her blood pressure regularly each day (Doenges, M.E., 2022  
-This ensures the patient will know if her blood pressure is high and she will be able to contact her doctor if it is extremely abnormal.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Blood pressure (137/81)
- MRI = cortical atrophy with moderately severe chronic microvascular ischemic changes
- Headache
- Dizziness
- Pain (2/10)
- Hgb = 11.4(L)
- Nonpitting puffy edema in the lower extremities
- No new results for CL and CT
- Patient was on telemetry

Continue plan of care Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2019). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (15th ed). F. A. Davis Company: Skyscape