

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Caitlin Gresh

Date 2/13/24

Noticing/Recognizing Cues:

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

Assessment findings*:

- NC 2L/min
- Acute Urinary Tract Infection
- Lung sounds - inspiratory and expiratory wheezes
- a/o x2
- Temp 98.1
- SpO2 99% on 2L
- Pulse 95
- Resp 16
- BP 150/85
- Muscle Weakness
- NPO until evaluated by ST.
- 22g right wrist Lactated Ringers 1000 mL at 100 mL/hr.

Lab findings/diagnostic tests*:

- Platelets - 104 L (2/6/24) 84 L (2/7/24)
- Calcium - 8.1 L (2/7/24)
- Magnesium - 1.9 (2/6/24) 1.6 L (2/7/24)
- CXR - 2/6/24 shallow inspiration with bibasilar parenchymal changes
- Urine Culture - 2/6/24 high blood alcohol levels
- ECG - 2/6/24 Normal sinus rhythm, left axis deviation.
- Ethanol - 0.285 High

Risk factors*:

- Alcohol Abuse
- Hx of Cocaine Abuse
- Hx of Drug Abuse
- Current Smoker
- Age - 65
- Chronic Hep C
- HTN
- Walker use
- Unreliable transportation
- Pancreatitis
- On disability

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Impaired Gas Exchange
- Ineffective Breathing Pattern
- Risk for Physical Trauma
- Risk for self-directed/other directed violence.
- Risk for aspiration

Potential complications for the top priority:

- Hypoxemia
 - o Abnormal ABGs
 - o Cyanosis
 - o Low SpO2
- Acute Altered Mental Status
 - o Disorientation
 - o Self-Harm (falls)
 - o Unconscious
- Delayed Wound Healing
 - o Cap Refill > 3 seconds.
 - o Necrosis
 - o Purulent Drainage

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess O2 levels with vitals Q4h or PRN – Assessed to prevent hypoxemia or changes in patient status.
2. Assess respiratory system q4hrs and PRN – Assess to monitor oxygenation and complications that may occur in the lungs.
3. Assess LOC q4hrs and PRN – Helps to assess for any oxygenation changes in the brain.
4. Monitor Labs and diagnostics daily and PRN – Done to assess for any changes that may affect care provided, possible change in care plan, and to assess improvement or unimprovement in patients' status.
5. Monitor albuterol treatment being administered q4hrs PRN per respiratory therapy – Medications used to maintain patent airway.
6. Encourage patient to cough and deep breath Q2h, PRN, and when in patients' room – Used to promote oxygenation and proper breathing techniques.
7. Teach patient how to use incentive spirometer and encourage patient to use at least 5 times per hour while awake on admission – Incentive spirometer used to promote lung expansion and prevent atelectasis.
8. Keep head of bed at a degree of at least 30 degrees AAT – Done to help breathe easier, help with lung expansion, drainage, and any secretions that may be produced.
9. Administer O2 when SpO2 falls below 92% PRN as ordered – O2 therapy to prevent hypoxemia and hypoxia.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority: **Discontinue Plan of Care**

- Patient SpO2 levels have been maintained at 99% with O2 at 2L per NC.
- Patient lung sounds have improved to clear lung sounds.
- Patients HOB has been maintained at or above 30 degrees.
- Patients LOC is maintained at alert and orientated x2.
- Patient complies with cough and deep breathing exercises and SpO2 levels elevate when exercise is performed.
- Patient was taught how to use the incentive spirometer. Teach back method was used to evaluate if teaching was effective.
- No new CXR
- No new urine culture.