

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Kaden Troike

Date 2/15/24

Noticing/Recognizing Cues:

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

Assessment findings*:

- HTN - BP 132/71, 158/80, and 164/72
- Subdural Hematoma on arms, hips, and buttocks
- Confused and noncomprehensive
- Alert x1
- Bloody Penile drainage
- Foley/Couday Catheter
- Awakes to tactile stimuli
- Wound above left eyebrow
- Thin, elastic, dry skin
- Generalized Weakness

Lab findings/diagnostic tests*:

- Parital Skull Fracture
- Posterior Left Maxillary Sinus Fracture
- Posterior Frontal Sinus Fracture
- Lateral Sphenoid Spiral Fracture
- Non-drainable intraorbital hematoma
- RBC 3.54 L
- Hgb 10.6 L
- Hct 31.7 L
- Plt count 143 L
- RDW 15.0 H

Risk factors*:

- Recent Falls
- Age 88
- History of Chronic Illness
- CHF
- AFib
- Chews Meds
- Former smoker
- Risk for bleeding

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Impaired Skin Integrity
- Chronic Confusion
- Impaired Mobility

Potential complications for the top priority:

- Pressure Injury
 - pain or discomfort
 - Absess or blistering
 - Hematoma
- Sepsis
 - chills
 - tachycardia
 - mottled skin
- Stroke
 - slurred speech
 - facial droop
 - unilateral weakness
 - unaware of person, place, and time

Evaluation:

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Skin assessments q8h - to recognize signs and symptoms of early onset skin breakdown and pressure injuries
2. Neurological assessments q8h- to recognize early signs of stroke, LOC, mental status, speech, and weakness
3. Dressing changes on coccyx q8h - to promote healing and reduce risk of infection
4. Turning and repositioning q2h or PRN- to prevent redness on boney prominences and pressure injuries
5. Give Cardizem 240mg once daily - to prevent episodes of Afib, HTN, and angina
6. Perineal care/Catheter care q8h or PRN - to ensure cleanliness, reduce risk of infection, kill possible bacteria in folds
7. Ensure adequate nutrition - proper protein intake to promote healing and increase skin durability
8. Monitor telositter to watch for pulling or removal of catheter and IV - for patient safety and prevention
9. Educate patient on swallowing the pill whole and not chewing it up since it is a delayed control - to ensure adequate absorption and medication effectiveness
10. ADLs, ambulation to chair, or dangle BID - to promote muscle strength, hypertrophy, and circulation to increase healing progression
11. Labs and diagnostics daily - to monitor electrolytes, RBCs, Hgb, Hct, Plt count, and RDW
12. Emotional and spiritual support- to improve mood and overall quality of life due to lack of support system

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Assess Vital Signs for HTN - BP 132/71, 158/80, and 164/72
- Skin assessments for subdural Hematoma on arms, hips, and buttocks
- Neurological assessments for being confused and noncomprehensive
- Genitourary assessments for bloody penile drainage
- Thin, elastic, dry skin
- Wound above left eyebrow
- Generalized weakness
- Awakes to tactile stimuli
- Continue Plan of Care
- Weakness