

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\*:

- Lung sounds clear, diminished
- Pain 6/10 in throat and chest
- 2L Oxygen via NC
- Non-productive, dry cough
- Tingling in toes
- Telemetry NSR
- States feeling depressed from recent loss

Lab findings/diagnostic tests\*:

- Hgb 11.3
- WBC 17.7
- RDW 15.7
- Neut # (Auto) 16.5
- Lymph # (Auto) 0.8
- Worsening bilateral airspace opacities suspicious for pneumonia
- Pneumonia involving left lung

Risk factors\*:

- Age 72
- COPD
- Pulmonary fibrosis
- H/O hypoxia
- Bronchiectasis
- H/O TIA (May 2021)
- H/O bone marrow transplant
- H/O leukemia (remission)
- Diabetes
- Hypothyroidism
- HTN
- Guardian
- Financial problems

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

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

- Impaired gas exchange
- Acute pain
- Immobility
- Ineffective coping
- Nausea
- Decreased activity tolerance

Potential complications for the top priority:

- Respiratory Acidosis
  - Decreased Hgb
  - Altered ABG
  - Tachycardia
- Respiratory Failure
  - Tachycardia
  - Increased respirations
  - Cyanosis
- Hypoxemia
  - Decreased SpO2
  - Increased respirations
  - Pallor

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**Responding/Taking Actions:**

**Nursing interventions for the top priority:**

1. Assess level of consciousness/cognition and ability to protect own airway every 4 hrs and PRN
  - To identify potential for airway problems
2. Assess and monitor respirations including respiratory rate, depth, use of accessory muscles every 4 hrs and PRN
  - To identify respiratory distress, work of breathing, and adequacy of alveolar ventilation.
3. Auscultate breath sounds every 8 hrs
  - To determine if ventilatory effort is sufficient to deliver enough oxygen and rid the body of carbon dioxide.
4. Assess patient's cough/gag reflex, amount and type of secretions and swallowing ability every 4 hrs and PRN
  - To determine ability to protect own airway.
5. Monitor vital signs and O2 saturations every 4 hrs
  - To determine a change in patient status
6. Administer Ipratropium (Albuterol) 0.5-3mg 3ml INH every 4 hrs
  - To treat patient's exacerbation of COPD
7. Administer Budesonide Neb 0.5mg INH every 4 hrs
  - To treat patient's exacerbation of COPD
8. Encourage deep breathing and coughing exercises every 2 hrs and PRN
  - To help clear the secretions
9. Encourage fluid intake of at least 2000 mL/day every 2 hrs and PRN
  - To help thinning out of the secretions
10. Encourage the use of incentive spirometer every 2 hrs and PRN
  - To keep the lungs expanded/prevent collapse of lung

**Reflecting/Evaluate Outcomes:**

**Evaluation of the top priority:**

- Lung sounds clear, diminished
- Non-productive, dry cough
- 2 L Oxygen via NC
- Pain 6/10 in throat and chest

Modify plan of care.

