

Firelands Regional Medical Center School of Nursing  
Nursing Care Map

Student Name Josh Hernandez

Date \_\_\_\_\_

Noticing/Recognizing Cues:

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

**Assessment findings\*:**

- \*right sided weakness
- \*Abnormal Swallowing
- \*oxygen 93%
- \*Diminished lung sounds
- \*Unsteady gait
- \*Aphasic
- \*Wound on coccyx
- \*wound on ankle

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

- (Labs)
- \*HCT 38.4 L
- \*Albumin 16.3 L
- \*Magnesium 4.5 L
- \*RBC 3.8 L
- \*Hgb12.3 L

(Diagnostic)

- \*MRI of the brain showed diffusion on restriction in the medial medulla, representing acute ischemic stroke

**Risk factors\*:**

- \*75 years old male
- \*Stroke
- \*unsteady gait
- \*assistance with eating
- \*gout
- \*hyperlipidemia

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

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

- \*Impaired bowel continence
- \*Impaired skin integrity
- \*Impaired swallowing
- \*risk for aspiration
- \*risk for infection
- \*Impaired physical mobility

**Potential complications for the top priority:**

- \*pneumonia
- crackles in lungs
- Shortness of breath
- productive cough
- \*Pressure ulcers
- non-blanchable skin
- warm skin
- taught skin
- \*DVT
- Leg Pain
- Swelling in one leg
- redness in the affected leg

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. \*assess level of consciousness and cognition and ability to protect own airway every 4 hrs and PRN
2. -To identify potential for airway problems
3. \*Assess patients cough/gag reflex amount and type of secretion and swallowing ability every 2 hours and PRN
4. -Ability to protect airway
5. \*Assess right sided strength every 6 hours and PRN
6. -Monitor for change in improvement and encourage movement
7. \*Assess lung sounds by auscultating every 4 hours
8. -to note a change in baseline in the lung sounds
9. \*Assess vital signs and O2 with pulse oximeter every 2 hours and PRN
10. -to monitor and see if there has been a change of status in vital signs and as well as change in O2 saturation
11. \*Reposition patient every 2 hours
12. -avoid any skin breakdown and promote circulation
13. \*Provide adequate rest between activities every 6 hours
14. -helps limit oxygen needs and the consumption
15. \*administer baclofen 10mg (1 tablet)
16. -manages pt's of neuralgia
17. \*Administer clopidogrel bisulfate 75 mg 4 tab PO daily
18. -reduces risk of MI and stroke
19. \*Collaborate with with physical medicine and occupational or physical therapists in providing range of motion every 3 hours while awake
20. -limit or reduce effects and complications of immobility
21. \*Encourage coughing and deep breathing every 2 hours
22. -clearing airway of any secretions the patient may have
23. \*Encourage fluid intake every 3 hours
24. -increase mobilization of secretions
25. \*Encourage incentive spirometry every hour 10 times
26. -to improve their lung strength and help expand lungs

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- \*patients lungs sounds clear
- \*Patients oxygen is 96%
- \*patients has an unsteady gait
- \*patient has wound on coccyx
- \*patient has wound on ankles
- \*patient presents with right sided weakness
- \*will continue plan of care