

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Leah McNeely

Date 2/16/2024

Noticing/Recognizing Cues:

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

Assessment findings*:

- Abnormal gait
- Limited movement
- Muscle weakness
- Flaccid L hand
- Flaccid L arm
- L hand edema
- L leg weakness
- High BP: 181/75
- SOB on exertion
- Non-productive cough
- Fatigue
- Diminished lung sounds
- Frequency with urination
- Hesitation with urination

Lab findings/diagnostic tests*:

- WBC: 13.9 & 10.6
- Na: 135 & 134
- CO2: 18.6 & 19
- BUN: 49 & 54
- Creatinine: 3.07 & 3.22
- Renal ultrasound: mild prostate hypertrophy
- Head CT: infarcts involving L frontal & R internal capsule
- Brain MRI: subacute ischemia

Risk factors*:

- Hypertension
- COPD
- Smoker
- 68-year-old male
- PAD
- Hyperlipidemia
- Pneumonia
- History of stroke
- Noncompliant with medications at home

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Impaired mobility
- Decreased activity intolerance
- Fatigue
- Impaired transfer ability
- Impaired walking
- Risk for bleeding
- Risk for unstable BP
- Risk for falls for adults
- Risk for infection

Potential complications for the top priority:

- Pneumonia
 - crackles in lungs
 - cough
 - fever
- Constipation
 - hypoactive bowel sounds
 - abdominal pain
 - feeling of bloot
- Musculoskeletal impairments
 - worsened ROM
 - stiffness
 - swelling

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess lung sounds every 4 hours & PRN
 - o Rationale: Monitoring for abnormal lung sounds indicative of pneumonia
2. Assess vital signs every 4 hours
 - o Rationale: Monitoring for pneumonia
3. Assess weakness and flaccidity in L side every 4 hours
 - o Rationale: To provide baseline in case of change
4. Assess for edema every 4 hours
 - o Rationale: Monitoring for worsening edema in the L hand and worsening in other extremities which may be indicative of lung complications
5. Assess fall risk every 8 hours
 - o Rationale: Monitor for change in status and to ensure all appropriate precautions are in place
6. Perform ROM, daily exercises, PT and OT daily
 - o Rationale: Decreases further muscle weakness and improves abnormal gait
7. Administer Aspirin as prescribed every 8 hours
 - o Rationale: To prevent clots and future strokes
8. Administer Plavix as prescribed once daily
 - o Rationale: To prevent clot and future strokes
9. Administer Heparin as prescribed every 8 hours
 - o Rationale: To thin blood and prevent clots/future stroke
10. Encourage patient to cough and deep breathe every 4 hours
 - o Rationale: To prevent accumulation of fluid in lungs
11. Educate patient on signs and symptoms of stroke daily
 - o Rationale: For early detection of possible future stroke
12. Educate patient on signs and symptoms of pneumonia daily
 - o Rationale: For early detection of complications of immobility
13. Educate patient of incentive spirometer daily
 - o Rationale: To one up the alveoli and prevent pneumonia and atelectasis
14. Educate the patient on med compliance at home daily
 - o Rationale: Medication will help prevent future stroke
15. Educate the patient on importance of performing PT and OT daily
 - o Rationale: Physical movement will increase strength

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- No improvement of flaccid L arm
 - No improvement of flaccid L hand
 - Slight improvement in weakness of L leg
 - Standing and pivoting from bed to wheelchair with standby assistance showing slight improvement of limited movement
 - Walking with rail and special cane with physical therapy showing slight improvement of abnormal gait and muscle weakness
 - Continued SOB on exertion with no improvement
- Continue plan of care