

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*:

- Lungs Clear/Diminished
- SOB with exertion.
- Moist productive intermittent cough
- Small amount of clear mucus
- General Weakness
- Mild weakness in BLE
- Abnormal and Unsteady gait
- SPO2 91% on room air
- Blood pressure 159/74
- Expressed Anxiety

Lab findings/diagnostic tests*:

- Hemoglobin - 12.5
- Platelets - 128
- Sodium - 132
- Chloride - 97
- Calcium - 8.1
- Chest CTA - Prominent atherosclerotic disease and mural thrombus with ulceration present at the distal descending thoracic aorta

Risk factors*:

- COPD
- Coronary artery disease
- CABG with cardiac stents
- Obstructive sleep apnea with CPAP
- Difficulty clearing secretions
- Presented with hypoxia upon admission
- Daily smoker (8-9 cigarettes)
- Daily substance user (alcohol)
- Mural Thrombus in descending aorta
- Pt age of 76

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

- Impaired gas exchange
- Decreased cardiac output.
- Impaired mobility
- Risk for adult falls.
- Risk for noncompliance with ordered physician regiment.
- Risk for bleeding with current use of Aspirin, Plavix, and Enoxaparin
- Risk for infection - specifically Pneumonia due to history of COPD.
- Risk for injury related to substance intoxication or withdrawal.

Potential complications for the top priority:

- Hypoxia
 - -Confusion and change in patient mentation
 - -Dyspnea
 - -Increased shortness of breath with exertion
- COPD exacerbation
 - -decreased SPO2
 - -persistent dry cough
 - -Tachycardia and Tachypnea
- Hypoxemia
 - -Pallor especially in peripheral extremities
 - -Cool skin in peripheral extremities
 - Altered ABG and Decrease in Hgb/HCT

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess respiratory system and overall vital signs – standard medurg intervals is every 4 hours and PRN, Assess improvement in lung sound and function
2. Specifically monitor SPO2 for need of PRN supplemental oxygen – standard intervals of every 4 hours and PRN, watch SPO2 to see improvement or worsening with treatments
3. Ensure Respiratory administers schedule Symbicort breathing treatment – check eMAR to verify medication has been given , this medication will help treat his COPD exacerbation
4. Administered scheduled Guaifenesin to help thin mucus – 600 mg PO BID
5. Administer scheduled Tamiflu to help treat current diagnosis of Flu A – 75 mg PO per scheduled time by physician
6. Monitor labs such as Hgb and HCT from a CBC and potential repeat chest CTA to monitor progression of thrombus and AAA- monitor if thrombus is preventing sufficient cardiac output and oxygen to body causing hypoxemia
7. Elevate the head of the bed to allow for proper lung expansion d/t poor expansion with lying flat – at all times possible.
8. Monitor patients respiratory status and if they are having increased SOB, if so offer PRN albuterol treatment – upon patient rounds ask if pt is having an SOB or Dyspnea (every 2 hours)
9. Provide incentive spirometer to help with lung expansion and prevention of pneumonia – I usually instruct patients to use the incentive spirometer in between their tv show during commercials. (general teaching on admission and PRN)
10. Teach patient cough/turn and deep breathing exercises to promote clearing of secretions. – preform task every 2 to 4 hours
11. Promote intermittent exercise to help with improving shortness of breath during exertion. – promote ambulation as tolerated when needing to use the bathroom or during the day in available times
12. Educate on need of yearly chest x-ray/respiratory exam due to being a daily smoker. – upon admission and discharge
13. Give overall education on smoking cessation with health benefits and consequences of persistence with smoking – education can be provided during admission and PRN as well educationally papers about smoking cessation on discharge

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Sustaining SPO2 levels above 90%
- Decrease in complaints of shortness of breath with exertion.
- Patient has returned to previous baseline oxygen use and/or decrease in supplemental oxygen need.
- Pt having relief in thickness of secretions and now able to clear secretions more easily with Guaifenesin.
- Reassessment of lungs during respiratory assessment - checking for improvement in lung sounds
- Discontinuing plan of care due to patient being discharged home.
- Follow up appointment with PCP to continue to monitor lung function and overall respiratory status once out of hospital.
- Pt has every 6 month follow ups with the VA to continue to monitor and assess current AAA – can also view thrombus and determine if causing any blockage