

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name: Molly Plas

Date: 3/15/24

Noticing/Recognizing Cues:

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

Assessment findings*:

- BP- 132/79
- T- 97.7
- HR- 91
- SPO2- 96 (RA)
- BMI- 42.0 kg
- Pain 8/10 of the right hip
- Mild weakness in lower extremities
- Non-pitting edema in the ankles
- Increased swelling in the right lower extremity from 2/13 to 2/14
- Unsteady gait
- SOB on exertion with activity.
- X1 assist with walker.

Lab findings/diagnostic tests*:

- RBC- 3.43 (L)
- Hgb- 10.6 (L)
- Hct- 30.6 (L)
- Urine- cloudy

Diagnostics:

Lumbar spine X-ray: Scoliosis, posterior transpedicular hardware fixation L4-L5

Ultrasound- to rule out DVT in right lower extremity.

X-ray of hip

Risk factors*:

- Anxiety
- Depression
- High fall risk
- 74-year-old female
- Obese
- HTN
- Hyperlipemia
- Type 2 diabetes
- Post-op anemia
- Fusion of lumbar spine
- Right and left hip arthroplasty.
- Failed conservative hip osteoarthritis management.

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Pain
- Impaired mobility
- Impaired skin integrity
- Impaired bowel function

Potential complications for the top priority:

Impaired Mobility

1. Pneumonia
 - Crackles in lungs
 - Green/yellow mucous
 - Chest pain when coughing and taking deep breaths.
2. DVT
 - Skin is warm to the touch.
 - Cramping of the affected leg, beginning in the calf
 - Swelling of foot, ankle, or leg on one side

Impaired skin integrity

1. Pressure ulcer.
 - Discoloration of the skin
 - Blistering, broken skin or open wound
 - Drainage- pus like

Impaired bowel function

1. Bowel obstruction
 - Constipation
 - N/V, Diarrhea
 - Decreased appetite.

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Responding/Taking Actions:

Nursing interventions for the top priority:

Assess pain level, location, duration, radiation, what makes it better or worse every 4 hours.

- To provide baseline for timely intervention when problems are noted.

Assess patient's lung sounds every 2 hours and PRN.

- To provide baseline for timely intervention when problems are noted.

Assess patient's lower extremities every 2 hours and PRN.

- To identify risk for DVT

Monitor and document wound, and skin around wound every 4 hours and PRN.

- To identify status of the wound and prevent risk for infection.

Monitor patients' ability to perform activities of daily living every 8 hours.

- To provide status and provide baseline for further comparison.

Monitor patients' skin for tissue injury or damage every 8 hours and PRN.

- To provide status for further evaluation and comparison.

Administer Heparin SUBQ daily.

- To treat/prevent blood clots.

Administer Sennosides/Docusate 8.6-50mg 2 tablets PO BID SCH

- To treat/prevent constipation.

Administer Oxycodone 5mg PO every 4 hours PRN.

- To help alleviate pain.

Encourage deep breathing and coughing every 2 hours.

- To keep the lungs clear.

Educate on TEDs/SCD every shift and during discharge.

- For DVT prevention

Educate on early ambulation or mobilization every 2 hours.

- Promotes circulation and reduces risks associated with immobility.

Educate on safety measures at home every shift and during discharge.

- To prevent falls.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Pain 6/10 right lower extremity
- Increased swelling in the right lower extremity; non-pitting edema in ankles.
- SOB on exertion with activity only; denies chest pain and tightness, bases of lungs are clear.
- Patient increased amount of activity performed at PT and OT.
- Increase in strength and ADLs.

Continue plan of care

