

Firelands Regional Medical Center School of Nursing
Nursing Care Map

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Noticing/Recognizing Cues:

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

Assessment findings*:

- Pulse rate 110
- Suicidal ideation (no plan)
- Depressed 5/10
- Homicidal Ideations
- Anxiety
- Flat affect
- Irritable
- Withdrawn

Lab findings/diagnostic tests*:

- Potassium 3.4 (L)
- Glucose 120 (H)
- Calcium 8.2 (L)
- Total Bilirubin 0.2 (L)
- AST 10 (L)
- Total protein 5.8 (L)
- Cholesterol 123 (L)
- Cocaine screen positive H

Risk factors*:

- Cocaine use
- Everyday smoker
- Bipolar disorder
- Homeless
- Substance abuse
- PTSD
- Marijuana use

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Responding/Taking

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

- Anxiety
- Compromised family coping
- Defensive coping
- Fear
- Hopelessness
- Impaired mood regulation
- Impaired social interaction
- Ineffective coping
- Ineffective impulse control
- Risk for suicidal behavior
- Risk for injury

Potential complications for the top priority:

- Anxiety
 - Restless
 - Irritable
 - Sweating
- Depression
 - Withdrawn
 - Tired
 - Low mood/ sad
- Substance abuse
 - Elevated mood
 - Paranoid
 - Hallucination

Nursing interventions for the top priority:

1. Assess contributing factors and degree of risk on admission and each day.
 - This allows the staff to be aware of what may trigger the pt.
2. Assess physical complaints on admission and PRN.
 - To ensure staff is aware if the pt cannot eat, sleep, etc.
3. Assess coping behaviors on admission and PRN.
 - To ensure the pt has good coping behaviors and if they do not, they can get the help needed.
4. Ask directly if the pt is thinking of acting on thoughts or feelings PRN each day.
 - To ensure the pts safety.
5. Determine drug use of "self" medicating on admission and PRN.
 - To ensure the pts safety and risk of withdrawal
6. Note the behaviors indicative of intent to harm one's "self" or others
 - To ensure the pt is safe
7. Administer Atomoxetine 25mg PO daily.
 - This will help with the pts ADHD to increase attention span.
8. Administer Oxcarbazepine 300mg PO BID.
 - This is for management of the pts bipolar disorder
9. Administer Sulfamethoxazole/Tmp 800mg PO BID
 - To treat the pts urinary tract infection
10. Administer Duloxetine 30mg PO daily
 - To help with the pts depression.
11. Educate the pt on resources that can be used each day
 - This will give the pt options to get the help they need.
12. Educate the pt on the proper use of the medications and not to stop taking them on her own.
 - To ensure the pt is properly taking her medications and will not have any reactions to the medications.
13. Promote the development of internal control by helping the pt find new ways to deal with the problems she has currently.
 - This will ensure the pt has a good system to deal with the problems she is facing. (Doenges, M.E., 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Pulse rate 90 improved
 - Suicidal ideations no change
 - Depressed no change
 - Anxiety no change
 - Flat affect no change
 - Irritable no change
 - Withdrawn no change
 - Potassium no change
 - Glucose no change
 - Calcium no change
 - Total bilirubin no change
 - Total protein no change
- AST no change
 - Cholesterol no change
 - Cocaine screen no change
- Continue plan of care

Reference: Doenges, M.E., Moorhouse, M.F & Murr, A.C (2022). Nursespocketguide: Diagnosis