

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name: Mallory Jamison

Date: 10/26/24

Noticing/Recognizing Cues:

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

Assessment findings*:

- Patient reports urinary urgency
- BP 162/88
- High fall risk
- Dry skin
- Muscle tremors
- Muscle weakness
- fatigue

Lab findings/diagnostic tests*:

- Glucose 130 mg/dL
- Urine occult blood 2+
- Urine WBC 5-9 10^3 /microL
- Urine RBC 50-100
- Urine Glucose 150

Patient has no lab findings that relate to his priority problem.

Risk factors*:

- History of depression
- History of diabetes
- History of hyperlipidemia, "an increase of lipids in the blood" (Venes, D 2021).
- History of Parkinson disease
- History of constipation
- History of BPH
- Risk for impaired skin integrity
- Age of 75

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired Physical Mobility
- Impaired Skin Integrity
- Impaired Urinary Elimination

Goal Statement: Patient will have improved physical mobility.

Potential complications for the top priority:

1. Pressure ulcer development
 - Pain
 - Redness
 - Blanching/nonblanchable areas of skin
2. Physical deconditioning
 - Poor eating habits
 - Insufficient muscle mass
 - Joint stiffness
3. Constipation
 - Stomach firmness and distention
 - Indigestion
 - Hard stool

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess vital signs q4h and PRN

Rationale: Monitor for improvement of blood pressure and any signs of intolerance to ambulation.

2. Assess neurological and musculoskeletal status q4h and PRN

Rationale: Monitor extremities for tremors and signs of weakness contributing to impaired physical mobility.

3. Assess skin integrity q4h and PRN

Rationale: Monitor for signs of skin breakdown, pressure injury, or any impaired skin integrity related to decreased ability to reposition.

4. Implement fall precautions AAT

Rationale: To ensure patient is wearing yellow socks when ambulating and decrease risk of injury/falls.

5. Implement ROM and strengthening exercises BID and PRN

Rationale: To prevent physical deconditioning, maintain activity throughout tremors and strengthen mobility skills.

6. Administer Medications as ordered: Carbidopa Levodopa Entacapone 1 tab PO TID 50-200-200mg, Pyridostigmine Bromide 30mg PO BID, Trinexyphenidyl 1mg PO with meals BID and PRN

Rationale: To manage Parkinson disease tremors and weakness

7. Educate on safety precautions and at home strengthening exercises on admission and daily

Rationale: To encourage patient to begin use of a mobility aid and promote improvement in mobility skills.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

1. No signs of impaired skin integrity
2. Patient ambulated in halls with PT without meeting barriers
3. Age 75
4. Patient had daily bowel movements
5. No reports of fatigue
6. BP 114/80
7. Improved muscle strength and tremors
8. No signs or symptoms of depressed feelings
9. High fall risk
10. Patient is being medicated for Parkinson disease

Continue plan of care.

Reference:

Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24th ed). F. A. Davis Company: Skyscape Medpresso, Inc.