

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Abby McNulty

Date 11/4/2024

Noticing/Recognizing Cues:

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

Assessment findings*:

- Shortness of breath
- Episodes of confusion
- BP 160/73 mm/Hg
- 4+ pitting edema in bilateral LE
- Non-productive cough
- Crackles in lungs
- Limited mobility/weakness
- John Hopkins score 18
- Left facial droop
- Weak pulses (doppler was needed)

Lab findings/diagnostic tests*:

- Troponin 14.6
- BNP 241
- Chloride 94 L
- Carbon dioxide 34.2 H
- BUN 42 H
- Creatinine 2.66 H
- WBC 2.8 L
- RBC 3.45 L
- Hgb 9.7 L
- Hct 29.6 L

Risk factors*:

- CHF
- Dysphagia
- Dementia
- h/o HTN
- h/o CKD
- h/o falls
- Cardiac pacemaker
- Age 87
- TCIA
- Alzheimer disease

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired gas exchange
- Fluid volume excess
- Ineffective breathing pattern
- Self-care deficit
- Deficient knowledge

Goal: Patient will have improved gas exchange by discharge.

Potential complications for the top priority:

- | | | |
|-------------------------|------------------------|-----------------------------|
| 1. Respiratory Failure | 2. Sepsis | 3. Dehydration |
| • Bradypnea | • Febrile | • Poor skin turgor |
| • Decreased SpO2 | • Difficulty breathing | • Headache |
| • Altered mental status | • Hypotension | • Dry mouth, lips, tongue |
| • SOB | • Tachycardia | • Thirst |
| • Cyanosis | • Mental Confusion | • Confusion or irritability |
| • Coughing or wheezing | • Oliguria | • Concentrated urine |

Nursing interventions for the top priority:

1. Assess patient & vital signs q4H and PRN (0800, 1200, 1600, 2000)

Rationale: to provide a baseline for timely interventions when problems are noted

2. Assess patient's respiratory system focusing on respiratory rate, depth, any use of accessory muscles, and auscultating lung sounds q4H and PRN (0800, 1200, 1600, 2000)

Rationale: to determine if the patient's oxygenation is improving or not. Noting the patient's respirations, SpO₂, and auscultating lung sounds will provide pertinent information on what intervention to implement next

3. Assess patient's level of consciousness and mental status q4H and PRN (0800, 1200, 1600, 2000)

Rationale: an altered mental status can be an indirect measurement of oxygen being impaired and can indicate further complications (Doenges et al., 2022)

4. Administer the prescribed oxygen therapy (3L/min via nasal cannula) as ordered

Rationale: provide more oxygen to the lungs and body tissues to improve oxygenation

5. Administer the prescribed medications as ordered: Albuterol 3 mL inhalation QID (0800, 1400, 2000, 0200), Guaifenesin 1200 mg PO BID (0900, 2100), Furosemide 40 mg IVP BID (0800, 1600), Piperacillin/Tazobactam 3.375g q6H IV (0800, 1400, 2000, 0200), and Azithromycin 500 mg PO daily (0900).

Rationale: to improve the process of healing pneumonia and to help the patient receive adequate oxygenation

6. Review lab data/diagnostics in the patient's medical chart especially looking at ABGs, CBC, and chest x-rays daily (Doenges et al., 2022)

Rationale: to assess if the lab values are going back to the healthy levels and to see if the pneumonia is improving by looking at the chest x-rays

7. Elevate the patient's head of bed sitting the patient upright which will help facilitate respiratory function by gravity and encourage deep breathing and coughing exercises q2H (Doenges et al., 2022)

Rationale: to help the patient clear secretions and to have an open airway

8. Encourage adequate fluid intake q2H

Rationale: to help promote hydration and for mobilization of secretions but being cautious about not giving too much fluid because that could increase pulmonary congestion/edema (Doenges et al., 2022)

9. Encourage getting good, adequate rest to promote relaxation daily

Rationale: adequate sleep will promote healing and will help the patient to be more alert

10. Educate the patient and primary care provider on proper nutrition, how to use oxygen, and how to properly take/administer medications as ordered

Rationale: good nutrition promotes healing, teaching about oxygen promotes safe use of it, and properly taking/administering meds will provide positive patient outcomes

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Patient is still experiencing shortness of breath with episodes of confusion
- Patient still has 4+ pitting edema in bilateral LE
- Patient continues to have a non-productive cough with crackles in lungs
- Patient had a BP of 123/70 mm/Hg after reassessing 3 hours later

Continue plan of care.

Reference: Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurse's pocket guide: Diagnoses,*

prioritized interventions, and rationales (16th ed). F. A. Davis Company: Skyscape

Medpresso, Inc.