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*:

- Alert x2- s
- B/P 143/85
- Impaired swallowing
- Productive cough
- Hypoactive abdominal sounds
- 5/10 pain with physical activity
- Strong pulses in left and right arms & legs
- +2 pitting edema lower extremities
- Wound on coccyx – stage 1
- Surgical site wounds- staples and stitches in 4 different locations on right hip
- 2 assist stand and pivot
- Uses motorized wheelchair to ambulate
- High John Hopkins Score

Lab findings/diagnostic tests*:

- WBC- 11.2 H
- Hgct- 26.8 L
- Hgb- 8.8 L
- Co3- 16.6 L
- Cl- 111H
- BUN 48 H
- X-ray showed fracture of the right proximal femur and basal neck fracture.

Risk factors*:

- Age- 83 years old
- History of Hypertension
- History of Depression
- History of left ischemic stroke
- History of GERD
- History of right hemiparesis
- Hyperlipidemia
- History of iron anemia
- History of impaired mobility
- History of heart failure
- History of neurological deficiency

Interpreting/Analyzing Cues/ Prioritizing Hypotheses/ Generating Solutions:

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

- Impaired Physical Mobility
- Impaired Swallowing
- Impaired Skin Integrity
- Risk of Falls
- Risk of Infection
- Decreased activity tolerance
- Chronic confusion
- Acute pain
- Adult pressure Injury

Goal Statement:

Patient will return to baseline mobility by discharge.

Potential complications for the top priority:

- Skin breakdown
  - Discoloration of skin
  - Swelling
  - Tender areas
  - Puss-like drainage
- Atelectasis/pneumonia
  - Difficulty breathing
  - Rapid, shallow breathing
  - Chest pain
  - Coughing
- Infections
  - Pain in affected area
  - Swelling
  - Bruising
  - Bleeding
- Deconditioning and loss of function
  - Shortness of breath
  - Muscle weakness
  - Poor eating habits

Responding/Taking Actions:

Nursing interventions for the top priority:

1. ASSESS PATIENT'S VITAL SIGNS EVERY 4 HOURS AND PRN
    a. *RATIONALE: MONITOR FOR SIGNS OF INFECTION, SUCH AS INCREASE TEMPERATURE, HEART RATE, AND BLOOD PRESSURE.*
2. ASSESS PAIN EVERY 4 HOURS AND PRN
    a. *RATIONALE: TO ENSURE PATIENT IS COMFORTABLE AND MEDICATED PROPERALLY.*
3. ASSESS MOBILITY STATUS EVERY 4 HOURS AND PRN
    a. *RATIONALE: IDENTIFYING THE SPECIFIC GUIDES DESIGN OF OPTIMAL TREATMENT PLAN.*
4. ASSESS PATIENT'S ABILITY TO PERFORM ADL'S EFFECTIVELY AND SAFELY ON A DAILY BASIS
    a. *RATIONALE: TO DETERMINE PRESENCE OF CHARACTERISTICS OF CLIENT'S UNIQUE IMPAIRMENT AND TO GUIDE CHOICE OF INTERVENTIONS.*
5. ASSESS PATIENT OR CAREGIVERS' KNOWLEDGE OF IMMOBILITY AND ITS IMPLICATIONS
    a. *RATIONALE: WITH THE PATIENT ALREADY HAVING A HISTORY OF IMMOBILITY, WE WANT TO EDUCATE THE CAREGIVERS ABOUT RISK OF SKIN BREAKDOWN, MUSCLE WEAKNESS, THROMBOPHLEBITIS, CONSTIPATION, PNEUMONIA, AND DEPRESSION.*
6. ASSESS NUTRITIONAL STATUS AND CLIENT'S REPORT OF ENERGY LEVEL
    a. *RATIONALE: DEFICIENCIES IN NUTRIENTS AND WATER, ELECTROLYES, AND MINERALS CAN NEGATIVELY AFFECT ENERGY AND ACTIVITY TOLERANCE.*
7. EVALUATE THE SAFETY OF THE IMMEDIATE ENVIRONMENT
    a. *RATIONALE: OBSTACLES SUCH AS THROW RUGS, PETS, AND OTHERS CAN FURTHER IMPEDE ONE'S ABILITY AND REDUCE DANGER OF FALLS*
8. TURN AND POSITION EVERY 2 HOURS, OR AS NEEDED
    a. *RATIONALE: TO OPTIMIZE CIRCULATION TO ALL TISSUSES AND TO RELIEVE PRESSURE ON BONY PRIMENCE.*
9. PERFORM PASSIVE OR ACTIVE ASSISTIVE ROM EXERCISES TO ALL EXTREMITIES EVERY 6 HOURS
    a. *RATIONALE: TO PROMOTE INCREASED VENOUS RETURN, PREVENT STIFFNESS, AND MAINTAIN MUSCLE STRENGTH AND ENDURANCE.*

(MYERS, 2023)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- MAINTAIN NEUROLOGICAL STATUS OF X2 BY DISCHARGE.
- WILL HAVE DECREASED PAIN LEVEL WITH PHYSICAL ACTIVITIES BY DISCHARGE.
- WILL HAVE DECREASED PITTING EDEMA IN LOWER EXTREMITIES AT DISCHARGE.
- WILL HAVE ADEQUATE SKIN AND WOUND INTERGITY OF HIP SURGERICAL SITES DAILY.
- WILL HAVE INCREASED PHYSICAL MOBILITY WHEN ASSISTED WITH STAND AND PIVOTING FROM BED TO WHEELCHAIR DAILY.
- WILL HAVE AN IMPROVEMENT IN WBC AND HGB LAB COUNTS BY DISCHARGE
- WILL SHOW NO ADDITIONAL BONE DEFORMITIES OF THE RIGHT HIP JOINT AT DISCHARGE
- CONTINUE PLAN OF CARE

Reference:

Myers, E. (2023). RNotes: Nurse's clinical pocket guide (6th ed). F.A. Davis Company: Skyscape Medpresso, Inc.