

**Firelands Regional Medical Center School of Nursing
Nursing Care Map**

Student Name _____

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Date _____

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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
 - o Discoloration of skin
 - o Swelling
 - o Tender areas
 - o Puss-like drainage
- Atelectasis/pneumonia
 - o Difficulty breathing
 - o Rapid, shallow breathing
 - o Chest pain
 - o Coughing
- Infections
 - o Pain in affected area
 - o Swelling
 - o Bruising
 - o Bleeding
- Deconditioning and loss of function
 - o Shortness of breath
 - o Muscle weakness
 - o 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 PROPERLY.
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, ELECTROLYTES, 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 TISSUES 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 et al., 2023)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- MAINTAIN NEUROLOGICAL STATUS OF X2 BY DISCHARGE.
- DECREASED PAIN LEVEL WITH PHYSICAL ACTIVITIES BY DISCHARGE.
- DECREASED PITTING EDEMA TO 1+ BY NEXT DAY.
- WILL HAVE ADEQUATE SKIN AND WOUND INTERGITY OF HIP SURGERICAL SITES DAILY.
- INCREASED PHYSICAL MOBILITY WHEN ASSISTED WITH STAND AND PIVOTING FROM BED TO WHEELCHAIR DAILY.
- IMPROVEMENT IN WBC AND HGB LAB COUNTS BY DISCHARGE
- 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.