

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*:

- Reading Glasses
- Edema +1 LLE
- Edema +2 RLE
- Bruising around right knee
- Blisters on right upper thigh
- Pale in the face
- Last bowel movement 2 days ago
- Some urgency to urinate
- High fall risk
- Uses walker
- Toe touch on the right leg
- Wound vac on right knee

Lab findings/diagnostic tests*:

- Hgb 9.7 (L)
- Hct 28.6 (L)
- RBC 3.06 (L)
- BUN 32 (H)
- Glucose 112 (H)
- X-ray: Tibia fracture RLE

Risk factors*:

- Age 74
- History of osteomyelitis
- History diabetes
- History of total right knee replacement
- High BMI (obese)
- Bed Rest

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Decreased activity tolerance
- Impaired physical mobility
- Obesity
- risk for infections
- impaired skin integrity
- risk for constipation

Goal Statement: Patient will display improved physical mobility by discharge

Potential complications for the top priority:

- Decreased circulation
 1. Discoloration of extremities
 2. Confusion/fatigue
 3. Decreased pulses
 4. Clammy skin
 5. Altered heart rate
- DVT
 1. Edema
 2. Pain
 3. Increased warmth in extremities
 4. Redness
 5. Short of breath
- Pressure ulcers
 1. Redness of bony prominence
 2. Skin breaks down
 3. Pain at pressure points

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess vital signs q4hrs for any abnormalities
R: to provide comparative baseline and opportunity for timely interventions and problems
2. Assess patients' developmental level, motor skill, ease, and capability of movement, posture, and gait PRN
R: to determine presence of characteristics of patient unique impairment and to guide choice of interventions
3. Assess fall risk for patient daily/PRN
R: to provide a safe environment for the patient and to determine a plan of care to help the patient ambulate safely
4. Assess mobility score determined for patient daily/PRN
R: to determine patients' level of movement on their own
5. Assess presence and degree of pain PRN
R: to determine if pain management can improve mobility
6. Assess ROM in the right effected extremity
R: To determine the plan of care and interventions of have paint improve ROM if needed
7. Assist or have client reposition self on a regular schedule by individual situation q2h
R: to reduce stress on bony prominences
8. Support effected body parts or joints using pillows, rolls, foot supportors, gel beds, or foam q4h
R: to maintain position of function and reduce risk of pressure ulcers
9. Encourage adequate intake of fluids and nutrient every day
R: promote well-being and maximized energy production
10. Administer medications prior to activity for pain relief PRN
R: to permit maximal effort and involvement in activity
11. Collaborate with OT and PT in providing proper activity for patient every day
R: to develop individual exercise and mobility program for patient
12. Educate on importance and purpose of regular exercise daily
R: can help motivate patient on daily ambulation
13. Educate and demonstrate proper way to use ambulation device every day
R: promotes safety and independence and enhances quality of life (Doenges et al.,2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

• Uses Walker	Age 74	RBC 3.06 (L)
• High Fall risk	History of Osteomyelittis	
• Edema +1 LLE	History of total right knee replacement	
• Edema +2 RLE	High BMI (obese)	
• Bruising around right knee	Bed rest	
• Blisters on right upper thigh	Surgery on right tibia	
• Wound vac on right knee	Hgb 9.7 (L)	
• Toe touch on right leg	Hct 28.6 (L)	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.