Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name _____Gracey Crabtree_____ Date _____11/11/2024_____

Noticing/Recognizing Cues:

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

Assessment findings*:

- LLQ hip pain 10/10 radiating.
- T- 97.5
- BP- 172/81
- O2 Stats- 97% on RA.
- RR- 18
- PT. reports 10/10 pain, worse when ambulating.
- Pacemaker
- Wound on right wrist
- Walker for ambulation
- Unsteady gait
- Bruising on Lower extremities specially the Left hip.
- Last BM was 11/3/24

Lab findings/diagnostic tests*:

- Lab findings on 11/4/24
- BUN- 18
- Glucose- 101 (High)
- CT scan- showed lesions on pt. sacrum.
- CT Spine scan- Clear

Risk factors*:

- Age- 90
- Recent fall
- Arthritis
- History of Hypotensive
- History of hypertension
- High cholesterol
- History of Syncope

Interpreting/Analyzing Cues/ Prioritizing Hypotheses/ Generating Solutions:

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

- Acute Pain
- Impaired mobility
- High Risk for falls and safety
- High Risk for constipation

Goal Statement: Patient will rate pain 1-2 by discharge. Or patient will report that the pain is relieved or controlled by discharge.

Potential complications for the top priority:

Medication Dependance

- Ct Scan showing lesions on Sacrum, pending MRI to rule out cancer.
- Patient seeking higher medication doses
- Patient complains of higher pain levels
- Patient complains of frequency of pain medication administration

High Falls-mobility

- Syncope
- Abnormal gait
- Dizziness
- History of falls

Impaired Skin integrity

- High glucose levels
- Immobility
- Presence of bruising

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess and monitor Vital signs q4, PRN, @ 0800.

Rationale: you want to assess vital signs every 4 hours or PRN to make sure the patient's pain is not affecting their vitals and causing underlying issues with their condition.

2. Assess pain q4, PRN, @ 0900.

Rationale: To identify where the pain is located, on a scale of 0-10 what the pt rates their pain, how it feels, describing their pain, when it started, what makes it better, and what makes it worse.

3. Focused assessment of the hip and lower extremity area q4, PRN, @ 1000.

Rationale: To identify the local region of the pain, check for redness, skin breakdown, or any other abnormal findings within the site where the pain is located.

4. Administer Acetaminophen 1000mg, PO, 2 tablets, PRN, @ 1100.

Rationale: To control pain, Help with main management.

5. Evaluate pt. response to pain, reevaluate pain 30 minutes-1 hour after given pain medication, @1130-1200.

Rationale: To identify whether the pain has decreased, or if you need to find other options to help with the pain management, this is to help identify If you need to reevaluate your plan of care.

6. Assist pt. with exploring other methods for better control of pain management, @1300.

Rationale: To help better manage the pain since patient didn't have any other orders for medications and patient was still rating her pain 10/10 after medications were given.

7. Positioning changes q4, PRN, @1400 .

Rationale: To help prevent patient from increased pressure in pain sites.

8. Educate on Medications by discharge.

Rationale: To help patient gain a better understanding of the reasons they are receiving the mediation, the side effects that can occur, and the benefits of receiving the medications.

9. Educate on the importance of ambulating AAT, @1600.

Rationale: To help patient gain a better understanding of the benefits of ambulating to help increase circulation in the blood and limbs.

10. Educate on the importance of monitoring pt signs and symptoms with the hip pain by discharge.

Rationale: To help patient gain a better understanding of the signs and symptoms they can look out for when it comes to their hip pain and the region and site its coming from. Along with the effects that the signs and symptoms can lead to.

(Doenges et al. , 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Vital signs: T- 97.6, Pulse- 67, RR- 17, BP- 168/77, O2 Stats- 98% on RA.
- Pain assessment- patient still rates pain 10/10 after administration of medications.
- Pain site assessment- site was normal, minimal bruising to the LLQ and of the hip. No noted pressure injuries at this time.
- CT scan showed lesions on the sacrum, waiting for MRI results.
- Age-90
- History of recent falls.
- Arthritis
- Syncope. Had an episode on 11/6/24. Called a MET due to the episode.
- LLQ hip pain 10/10 rating unchanged, Bruising on lower extremities, specifically the left hip.
- Acute pain.

Continue with 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.