

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*:

- Bp- 158/65
- Open wound on R lower leg
- Bilateral BKA
- ST 1 coccyx
- Aching pain 8/10 R leg
- Hoyer lift
- Aching coccyx pain 8/10

Lab findings/diagnostic tests*:

- WBC- 18.2
- RBC: 3.29
- Hgb: 8.7
- Hct: 26.4
- Na: 132
- Cl: 91
- BUN: 32
- Creatinine: 7.08
- Glucose 111
- Blood culture: morganelle morganii

Risk factors*:

- Age- 92
- Diabetes
- End-stage renal failure
- Hx of hyperlipidemia
- Hx of Tia
- Hx of MI
- Hx of amputation

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired physical mobility
- Chronic pain
- Decreased activity tolerance
- Impaired transfer mobility
- Risk for disturbed body image
- Decreased activity tolerance
- Chronic confusion
- Chronic kidney injury
- Adult pressure injury

Goal Statement: Patient will work to perform ADLs while transitioning to this new lifestyle.

Potential complications for the top priority:

1. Infection
 - Fever
 - Elevated WBC
 - Increased HR
2. Pressure Ulcers
 - Discoloration
 - Texture change (firm, boggy, squishy)
 - Drainage
3. Sepsis
 - Fever or low temp
 - Rapid breathing and heart rate
 - Altered mental status

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess patients pain levels Q4H and PRN
 - To provide comfort and healing.
2. Assess skin and surgical site for any abnormalities Q2H and PRN
 - To create baseline and note any changes with the skin or surgical site.
3. Assess musculoskeletal Q4H and PRN
 - To provide physical movement and healing.
4. Assess vital signs Q4H and PRN
 - To create baseline and note of any significant changes.
5. Evaluate patients' ability to perform ADLs and care for wound site
 - To ensure safety and decrease risk of injury.
6. Implement turning schedule Q2H and PRN
 - Provide comfort, prevent pressure injuries, and promote circulation.
7. Document whether dressing is dry and intact, as well as wound itself.
 - To create baseline for any further complications
8. Administer medications per physicians' orders
 - To establish comfort.
9. Collaborate with PT/OT
 - To promote physical mobility as much as possible.
10. Encourage patient to perform ADLs to best of their ability
 - To promote self-care and motivation.
11. Educate patient, family, or caregiver on wound care, nutrition, safety, and position changing
 - To help the healing process and promote adequate circulation.

(Doenges, M. E., & Murr, A.C. 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Blood pressure is down to a steady, healthy rate
- Wounds are getting adequate protein to heal
- Pain severity decreases to a 2-3/10 regarding amputation
- Denies pain in the coccyx area or any new sensation found
- Lab values and cultures present with normal values

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.