

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*:

- Two-person assist with walker
- John Hopkins High Fall risk
- Right had skin tear- no drainage
- Left forehead skin tear, serosanguinous drainage
- Left elbow tow skin tears, serosanguinous drainage
- Right hip wound vac
- Lower partial dentures
- Right and left hearing aids
- Decreased cognitive function; A&O x1 with intermittent confusion
- Constipation
- Dry mucous membranes
- Apnea present during sleep
- Preventative Mepilex on coccyx
- PT/OT working with patient ambulation
- Telesitter

Lab findings/diagnostic tests*:

- Hgb- 10.1x10⁹/L
- Urinalysis- Orange in color
- Pelvis X-ray- AP & lateral views obtained: osteopenia, right femoral neck fracture with minor displacement, no dislocation, small marginal spurs

Risk factors*:

- 87 years old
- History of falls
- History of dementia
- History of arthritis
- History of dysphagia
- Chronic anemia
- Urinary incontinence
- Live in independent living

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired Skin Integrity
- Self-care deficit
- Decreased activity tolerance
- Impaired physical mobility
- Risk for adult falls
- Risk for injury
- Impaired urinary elimination
- Risk for peripheral neurovascular dysfunction
- Acute pain
- Impaired gas exchange
 - o (Venes 2021)

Goal Statement: Patient will have improved mobility following hip surgery, education on proper transfer techniques for prevention for fall prevention.

Potential complications for the top priority:

- Delirium
 - o Hallucinations, sleep disturbance, diminished interest/pleasure, physical and autonomic overactivity (Meyers 2023)
- Respiratory Distress
 - o Cyanosis, dyspnea; tachypnea, wheezing, stridor, coughing, weakness, lethargy, fatigue, confusion
- Deep Vein Thrombosis
 - o Calf swelling, increased skin temperature impaired venous return, tenderness, low grade fever, tachycardia, hypoxia

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess wound vac integrity for drainage Q4 hours and PRN
2. Assess degree of pain Q4 hours and PRN
3. Assess John Hopkins Score Q4 hours and PRN
4. Assess vital signs Q4 hours and PRN
5. Assess circulation Q4 hours and PRN
6. Assess bony prominences Q2 and PRN
7. Focused assessment of right hip Q4 and PRN
8. Turn and reposition Q2 hours and PRN
9. Monitor patient orientation Q4 and PRN
10. Wound care per healthcare provider order daily and PRN
11. Administer Tylenol 1000mg PO Q4 hours and PRN
12. Administer Oxycodone 5mg PO Q6 hours and PRN
13. Monitor patient nutritional intake TID and PRN
14. Encourage fluid intake Q1 and PRN
15. Educate on the need for PT/OT QD and PRN
16. Educate on importance of nutrition and vitamins PRN
17. Educate on importance of ambulation PRN
18. Educate on wound care PRN

Rationale: To promote blood flow to the wound and assess integrity of dressing

Rationale: To ensure patient is comfortable and medicated properly

Rationale: To ensure correct fall precautions are implemented to protect patient from future falls

Rationale: To obtain baseline and watch for changes that may indicate patient decline

Rationale: Check the capillary refill of the extremities including color, warmth, and sensation; ensure proper blood flow

Rationale: To prevent further deterioration of skin

Rationale: To watch for drainage from wound vac and reinforce as needed

Rationale: To reduce stress on pressure points and promote circulation to tissues

Rationale: To reorient patient to environment to maintain comfortability and decrease anxiety

Rationale: To assess, apply, and promote healing to wounds

Rationale: To keep patient comfortable throughout their stay and pain tolerated

Rationale: To control pain following procedure

Rationale: To assist patient with meals and monitor for dysphagia and adequate nutritional intake for wound healing

Rationale: To aid in adequate hydration and accurate documentation of intake

Rationale: To assist patient with early ambulation following surgery

Rationale: To aid in appropriate healing of skin and tissues and general health maintenance

Rationale: To promote healing and range of motion for patient

Rationale: To ensure patient has proper understanding of wound needs and dressing changes that will be performed

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Patient ambulating with moderate assistance to and from bathroom
- Hip and Pelvis X-ray: interval hemiarthroplasty of right hip; no hardware complication, appropriate position
- PT/OT working with patient daily to reach ambulation goals and to assist with therapy until released to rehab
- Wound vac remained intact
- Fall risk score remains HIGH risk due to fall within the last 6 months

Continue Plan of Care.

Reference:

- Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24th ed). F. A. Davis Company: Skyscape Medpresso, Inc.
- Myers, E. (2023). *RNotes: Nurse's clinical pocket guide* (6th ed). F.A. Davis Company: Skyscape Medpresso, Inc.