

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\*:

- Left forearm skin tear red and dry
- Left hand skin tear red and dry
- Glasses
- Lower partials
- Bilateral hearing aids for mild hearing loss
- SpO2 93% on Room Air
- Generalized Weakness
- Abnormal Gait
- Inability to perform ADLs
- Shuffled gait
- Alert to person and place
- Yellow strong urine
- Incontinent
- Last BM 10/20

Lab findings/diagnostic tests\*:

- Lumbar X-ray shows a L1 compression fracture
- Positive UA for protein (20), Ketones (2+), trace of occult blood, WBC (5-9), yeast (1+)
- Glucose 117
- Chloride 109
- Total Protein 6.3
- PT 25.8
- APTT 36.6
- Potassium 3.4

Risk factors\*:

- Age 73
- Dementia
- History of Falls
- Bladder Cancer
- Prostate Cancer
- Left Wrist Fracture
- Controlled A-fib

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

Nursing priorities\*:

- Impaired Physical Mobility
- Impaired skin integrity
- Decreased Activity Tolerance
- Risk for adult pressure injury
- Disability- associated urinary incontinence
- Chronic confusion
- Risk for adult falls
- Self-Care Deficit: bathing, dressing, feeding, toileting
- Imbalanced Nutrition: less than body requirements
- Risk for impaired
- Risk for infection

Goal Statement: Patient will demonstrate improved mobility before discharge evidenced by performing ADLs independently, repositioning independently, and transferring with a walker.

Potential complications for the top priority:

- Deep Vein Thrombosis (DVT):
  - Pain or cramping in an affected area
  - Increased heart rate
  - Redness in the site
  - Increased temperature of the area
- Impaired Skin integrity:
  - Pain in an area usually over a bony prominence
  - Pressure injury formation
  - Redness or skin loss in an affected area
  - Discoloration
  - Edema
- Decreased Oxygenation:
  - Dyspnea/SOB
  - Decreased respiratory rate
  - Decreased pulse oximetry
  - Shallow breaths
  - Confusion
  - Dizziness

## Responding/Taking Actions:

### Nursing interventions for the top priority:

1. Assess vital signs Q4 hours and PRN (0800, 1200, 1600, 2000, 0000)
  - o To obtain baseline and monitor for changes indicating patient condition declining.
2. Perform a focused musculoskeletal assessment Q4H and PRN (0800, 1200, 1600, 2000, 0000)
  - o To establish a baseline and monitor for patient decreased or increased mobility.
3. Assess pain Q4H and PRN (0800, 1200, 1600, 2000, 0000)
  - o To ensure the patient is comfortable and not in any pain.
4. Assess circulation Q4H and PRN (0800, 1200, 1600, 2000, 0000)
  - o Establish baseline and ensure the patient has proper circulation, monitoring for complications.
5. Assess the John Hopkins Fall Score Q4H and PRN (0800, 1200, 1600, 2000, 0000)
  - o To ensure the patient is safe and the proper safety measures are in place.
6. Administer Rivaroxaban 20 mg PO daily with dinner (1700)
  - o To prevent a DVT or PE
7. Administer Memantine 10 mg PO BID as physician ordered
  - o To decrease symptoms of dementia/cognitive decline.
8. Administer Acetaminophen 650 mg PO Q6H PRN
  - o To ensure patient is comfortable and not in any pain.
9. Turn and Reposition Q2H (0800, 1000, 1200, 1400, 1600, 1800, 2000, 2200, 0000) and PRN
  - o To decrease the risk of pressure injury formation from impaired physical mobility.
10. Assist in performing ADLS (grooming and bathing) at the edge of the bed once a day and PRN
  - o To ensure the patients cleanses oneself and assess their ability to help perform ADLS
11. Pivot or step transfer to chair for meals (0800, 1200, 1700)
  - o To promote mobility and prevent skin breakdown.
12. Assist the patient in performing ROM exercises Q2H (0800, 1000, 1200, 1400, 1600, 1800, 2000, 2200, 0000)
  - o To aid in muscle strengthening and increased mobility.
13. Collaborate with physical therapy and occupational therapy during stay.
  - o To aid in muscle strengthening and increased mobility.
14. Educate the patient and family on the importance of repositioning on admission and before discharge.
  - o To ensure the patient and family understands the importance of repositioning to prevent skin breakdown.
15. Educate the patient and family on fall precautions on admission, during stay, and before discharge.
  - o To ensure the patient and family understands the importance of fall precautions and consequences of continuous falls.
16. Educate the patient and family on the importance of performing hygiene practices at the edge of the bed once daily and PRN.
  - o To improve mobility and improve self-care ability independently

(Doenges et al., 2022)

## Reflecting/Evaluate Outcomes:

### Evaluation of the top priority:

- Left forearm skin tear red and dry.
  - Left hand skin tear red and dry
  - Glasses
  - Generalized weakness
  - Abnormal gait
  - Inability to perform ADLs
  - Shuffled Gait
  - Alert to Person and Place
- No new X-ray orders  
TLSO Brace ordered

Continue Plan of Care

**Reference:** Doenges, M. F., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses pocket guide: Diagnoses, prioritized interventions, and rationales* (16<sup>th</sup> ed). F. A. Davis Company: Skyscape Medpresso, Inc.