

Firelands Regional Medical Center School of Nursing
Nursing Care Map

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Date _____

Noticing/Recognizing Cues:

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

Assessment findings*:

- BP- 155/93mmHg
- P- 52
- High fall score
- SOB on exertion
- Stand by assist
- Dizziness
- Chest pressure
- Urine incontinence
- Bowel incontinence

Lab findings/diagnostic tests*:

- Glucose: 117
- Urine glucose: 1,000
- Eosinophils 0.5

Risk factors*:

- Age 82
- Smoker
- History of Hypertension
- History of Ataxia
- Coronary artery disease
- Reduced sensation of touch in extremities
- Recent Fall

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- decreased cardiac tissue perfusion
- risk for unstable blood pressure
- Risk for Fall
- Impaired Mobility

Goal Statement: Patient will be able to ambulate around his room without assistance.

Potential complications for the top priority:

1. Pressure Injury
 - dehydration
 - hyperthermia
 - skin redness
2. Deep Vein Thrombosis
 - Swelling in extremities
 - leg pain
 - cramping in extremities
3. Depression
 - Feeling worthless
 - Feeling helplessness
 - Feelings of guilt

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess vital signs q4h and PRN

Rationale- Check to see if blood pressure and pulse improved.

2. Assess gait of patient when ambulating q4h and PRN

Rationale- Check if patient is moving in a stable manner when ambulating.

3. Ambulate patient q4h and PRN

Rationale: This would help the patient to allow circulation and blood flow.

4. Encourage to drink fluids q2h and PRN

Rationale: To help improve blood circulation in the body.

5. Educate on nutrition, before discharge

Rationale: To enhance circulation and promote healthy skin.

6. Educate on having the patient monitor blood pressure at home, before discharge

Rationale- For the patient can monitor their blood pressure to prevent complications of a heart attack, stroke, or dizziness leading to a fall.

(Doenges et al., 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- BP - 129/80
- P- 54
- Patient states, "I feel light-headed when I get up and walk around"
- Patient states "I don't have any pressure in my chest"
- Patient states, "I don't have any dizziness"
- High Fall Score
- Urine incontinence
- Bowel incontinence
- SOB on exertion
- Stand by assist
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Terminate 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.