

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name _____

Date _____

Noticing/Recognizing Cues:

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

Assessment findings*:

- Poor skin turgor
- BMI 17.9
- Dry skin
- NPO status
- Dry mucous membrane in mouth
- Sores in mouth and throat
- Cane for ambulation
- Generalized weakness
- Dyspnea on exertion
- Dizziness
- Nausea
- Missing teeth
- P.E.G tube
- Skin tear in left arm
- Stage 2 pressure injury on coccyx

Lab findings/diagnostic tests*:

- Sodium 130 (L)
- Chloride 96 (L)
- Glucose 129 (H)
- Calcium 8.5 (L)
- RBC 3.48 (L)
- Hgb 9.4 (L)
- Hct 27.9 (L)
- Platelet Count 482 (H)

Risk factors*:

- Age 67
- Lung Cancer
- Liver Cancer
- Ear Cancer
- Throat Cancer
- Dysphagia
- Lives alone
- History of alcohol abuse
- History of depression
- History of anxiety
- History of emphysema
- History of smoking
- History of vertigo
- Mobility score 7

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Fluid Volume Deficit (Doenges et al., 2022)
- Imbalanced Nutrition: less than body requirements (Doenges et al., 2022)
- Risk for electrolyte imbalance (Doenges et al., 2022)

Goal Statement:

Patient will demonstrate improved hydration status within 24-48 hours.

Potential complications for the top priority:

Electrolyte Imbalance

- Confusion
- Fatigue
- Heart rhythm
- Decrease muscle strength and reflexes
- Urine dark yellow/decrease output

Hypovolemic Shock

- Mental status changes/decreased level of consciousness
- Hypotension
- SpO2 <95%

Delayed Healing

- Increased pain
- Wounds enlarging/change in color
- Decrease peripheral circulation

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess vital signs Q4H PRN (0800, 1200, 1600, 2000)
 - Determines the severity of dehydration and provides a baseline for the patient.
2. Assess mental status Q4H PRN (0800, 1200, 1600, 2000)
 - These signs indicate sufficient dehydration to cause poor cerebral perfusion and/or electrolyte imbalance” (Doenges et al., 2022).
3. Assess skin turgor Q2H PRN (0800, 1000, 1200, 1400, 1600, 1800, 2000)
 - Determine the patient’s hydration status.
4. Assess the patient’s mouth and throat sores Q4H PRN (0800, 1200, 1600, 2000)
 - Determine if the patient is healing properly and if they can return to a normal drinking diet.
5. Monitor urine output Q2H PRN (0800, 1000, 1200, 1400, 1600, 1800, 2000)
 - Concentrated urine is a sign of dehydration.
6. Assess lab values of Sodium, Chloride, Calcium, RBC, Hct, and Hgb daily and PRN (0800)
 - Identify fluid and electrolyte imbalances.
7. Administer Dexamethasone 2 mg PEG Tube BID (0800, 2000)
 - Reduce patients’ inflammation of sores in mouth and throat.
8. Encourage fluid intake of at least 2,000 mL Daily and PRN (0800)
 - Regain lost fluid and electrolytes.
9. Monitor weight daily and PRN (0800)
 - Helps to detect significant fluid loss or gain.
10. Educate patient and family about fluid management at discharge
 - Understanding how to identify risk factors will help prevent the patient from making the deficit worse and improving fluid and electrolyte balance.
11. Educate patient and family about alcohol consumption at discharge
 - Alcohol can cause a diuretic effect.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Skin turgor remains poor
- BMI 17.9
- Skin remains dry
- NPO status continues
- Dry mucous membranes remain
- Sores in mouth and throat remain
- Dizziness continues
- Missing teeth remain
- Sodium 128 (L)
- Chloride 96 (L)
- Glucose 135 (H)
- Calcium 8.5 (L)
- RBC 3.48 (L)
- Hgb 9.4 (L)
- Hct 27.9 (L)
- Throat cancer remains
- Dysphagia continues
- Living alone does not change
- History of alcohol abuse

Continue 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