

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name: Sydney Fox

Date _____

Noticing/Recognizing Cues:

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

Assessment findings*:

- **BP: 89/61**
- **Mild Weakness**
- Lower extremities: +1 pitting edema
- Distended abdomen
- Skin tear on left shin
- Redness on coccyx area
- Nausea
- **Loss of appetite**

Lab findings/diagnostic tests*:

- Sodium: 119 L
- Potassium: 5.4 H
- Chloride: 93 L
- Carbon dioxide: 20.4 L
- **Creatinine: 0.6 L**
- Glucose: 111 H
- **Alkaline phosphate: 198 H**
- Total protein: 4.9 L
- Albumin: 2.4 L
- **Urine specific gravity: 1.044 H**
- Paracentesis ultrasound:
- Abdomen/ pelvis CT: redemonstration of large amount of ascites. Redemonstration of pancreatic cancer findings. Biliary stent. Hepatic hypodensities and chronic appearing changes. Moderate constipation. Solid and cystic pelvic lesion. Hiatal hernia.

Risk factors*:

- **Age: 74**
- **History of pancreatic cancer**
- **History of thyroid cancer**
- **History of hypothyroidism**
- **Malnutrition**

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- **Fluid volume deficient**
- Imbalanced nutrition
- Impaired skin integrity

Goal Statement:

Patient will have improved fluid volume status.

Potential complications for the top priority:

- Sepsis:
 - Confusion
 - Tachycardia
 - Hypotension
 - Hyper or hypothermia
- Falls:
 - Nausea or vomiting
 - Pain and tenderness
 - Dehydration
 - Dizziness, syncope
- Activity tolerance:
 - Fatigue
 - Inability to perform daily activities
 - shortness of breath
 - heart rate

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess patient vitals every 4 hours, and PRN.

Rationale: Changes in vital signs are associated with hypovolemia.

2. Assess skin turgor, daily and bathe daily.

Rationale: To promote comfort and safety

3. Monitor labs daily (sodium, calcium, Magnesium, Chloride).

Rationale: To evaluate the body's response, to bleeding and other fluid loss.

4. Assess patient's input and output daily.

Rationale: prevents peaks and values fluid volume.

5. Daily weight in the morning

Rationale: To evaluate if patient is retaining weight.

6. Administer magnesium oxide 400mg PO daily.

Rationale: Helps in replacement in deficiency state. Therapeutic classification is mineral and electrolyte replacements

Supplements, laxatives. Pharmacologic classification is saline.

7. Administer pantoprazole 40mg PO daily.

Rationale: Decreases acid secretion in hypersecretory conditions. Therapeutic classification is an antiulcer agent.

8. Administer sodium bicarbonate 1,300 mg PO BID

Rationale: Helps control antacid and alkalization. Therapeutic classification is antiulcer agent.

Pharmacologic classification is a alkalinizing agent.

9. Administer sodium chloride 1gm PO TID.

Rationale: Is to replace in deficiency state and maintain homeostasis. Therapeutic classification is Mineral and electrolyte replacements/ supplements.

10. Administer sodium potassium phosphate 1 packet PO TID

Rationale: Helps with concurrent fluid ingestion. Therapeutic classification is a laxative.

Pharmacologic classification is an osmotic effect.

11. Educate patient on hydration

Rationale: Promote rehydration by carrying a water bottle around with them.

12. Educate patient on nutrition

Rationale: Promote good nutrition, protein shakes. To reduce risk for recurrence of malnutrition.

(Doenges et al. , 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- BP: 85/51
- Mild weakness
- Creatinine 0.58 L
- Calcium 7.2 L
- Chloride 102
- Potassium 4.3
- Loss of appetite
- Sodium 128 L
- Alkaline phosphate 142 H
- Pancreatic cancer
- Thyroid cancer
- Hypothyroidism
- Malnutrition
- Age 74
- Fluid volume deficient
- 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.