

**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\*:**

- BP 170/94
- Wound vac on left hip
- Bruise on right side of abdomen
- Redness around her vagina
- 5/10 pain
- SOB on exertion
- not ambulating since July
- confused
- hard of hearing
- abnormal gait
- muscle weakness
- Catheter Foley
- SOB on exertion
- Sore on her coccyx

**Lab findings/diagnostic tests\*:**

- Xray low pelvis w/LT x table hip inflammatory and infection, dislocation of Left hip prosthesis 1 week
- Infection due to previously s/x mucoid tissue
- WBC 18.1
- Hgb 9.6
- Hct 29.2
- MCV 78.4
- RDW 16.9
- Neut 15.2
- Mono 1.3
- Sodium 126
- Chloride 96
- CO 18.8
- Anion gap 15.6
- BUN 37
- Creatine 1.48

**Risk factors\*:**

- Dementia
- Left hip f/x July
- Hyponatremia
- Acute kidney injury
- Syncope
- Fall risk
- 86-year-old
- Hypertension
- Dislocation left prosthesis of left hip joint

**Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:**

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

- Impaired urine elimination
- Impaired physical mobility
- Impaired skin integrity and risk for impaired skin integrity
- Acute pain
- Impaired sitting
- Risk for adult falls
- Risk for infection
- Risk for injury

**Goal statement: Patient will ambulate to chair for meals**

**Potential complications for the top priority:**

**DVT**

- leg swelling
- warmth affected area
- change in skin color
- inflammation

**Impaired skin integrity:**

- Pressure injury
- Redness noted at bony prominence
- Pain associated with pressure injury

**Falls-Mobility:**

- Presence of injury from falling,
- Abnormal gait,
- Patient reports recent falls,

### Responding/Taking Actions:

#### Nursing interventions for the top priority:

1. Assess vital signs every 4 hours and PRN  
Rationale: To determine a change in patient status
2. Assess Pain level every 4 hours and PRN  
Rationale: To determine how much pain she is in
3. Assess integumentary every 4 hours and PRN  
Rationale: To determine there is no pressure injuries
4. Assess lung sounds every 4 hours and PRN  
Rationale: To determine no trouble breathing
5. Administer Vancomycin 1.75 gm in dextrose 5% water 500ml @ 285.714 HR IV infused  
Rationale: To treat infection in her left hip
6. Administer Cefepime 20m in 50ml 6mls/hr IV Q12H SCH  
Rationale: To treat infection left hip joint
7. Administer Heparin 5,000 unit SUBQ Q8HR  
Rationale: To prevent blood clots
8. Oxycodone 5mg PO Q4HR PRN  
Rationale: To treat pain but only give if pain not better after 60 minutes after Tramadol
9. Tramadol 50 mg PO Q6H PRN  
Rationale: To treat pain if pain is 1-5 on pain scale
10. Educate on ambulating and moving  
Rationale: To prevent pressure ulcers from forming and Doenges et al (2022) says to promote optimal level of function and prevent complications.
11. Educate patient on nutrition  
Rationale: To improve protein intake and strength

### Reflecting/Evaluate Outcomes:

#### Evaluation of the top priority:

- Vitals signs T: 98.3 F. BP: 164/91, P: 95, RR: 16, Pulse ox 97%
- WBC 13.0 went down since the day before
- Increase nutrition ate 100% breakfast
- Ambulated to chair for breakfast 1 hour
- Pain 0/10

**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.