

**Firelands Regional Medical Center School of Nursing  
Nursing Care Map**

Student Name Isabella

Date 11/16/2024

**Noticing/Recognizing Cues:**

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

**Assessment findings\*:**

- 3-way chronic indwelling catheter
- BP: 147/54
- SpO2 96% 2L NC
- Last BM 3 days ago
- Lung sounds diminished
- Right leg numbness and tingling
- Edema right leg 3+ pitting, shiny, puffy
- Edema left leg non-pitting, shiny, puffy
- Severe weakness in lower extremities
- Mild weakness in upper extremities
- Stage 2 coccyx wound
- Skin cool to touch
- Soft heels
- High fall risk

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

- CXR: right pleural effusion, airspace opacities, ronchi
- RBC: 2.96 L
- Hgb: 8.9 L
- Hct: 27.5 L
- K: 3.2 L
- BUN: 72 H
- Creatinine: 4.64 H
- Glucose: 132 H
- Ca: 8.1 L
- Total protein: 6.2 L
- Albumin: 3.0 L
- PT: 19.4 H
- RDW: 15.1 H

**Risk factors\*:**

- Age 79
- BMI 31.3kg/m2
- History of falls
- Widower
- Hx of HTN, diabetes mellitus, stroke, acute kidney injury, UTI, urinary retention, depression, right hip surgery, hemorrhagic cystitis, left carotid artery stenosis, and hospital acquired pneumonia
- Not able to ambulate
- Glasses

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

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

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Impaired physical mobility</li> <li>• Impaired skin integrity</li> <li>• Risk for decreased cardiac tissue perfusion</li> <li>• Impaired gas exchange</li> <li>• Adult pressure injury</li> <li>• Imbalanced nutrition</li> <li>• Risk for urinary tract injury</li> <li>• Adult fall risk</li> <li>• Risk for constipation</li> </ul> | <ul style="list-style-type: none"> <li>• Overweight</li> <li>• Impaired comfort</li> <li>• Ineffective coping</li> <li>• Risk for loneliness</li> </ul> |
|---|---|

(Myers, 2023)

**Potential complications for the top priority:**

1. Sepsis
  - Altered mental status, tachycardia, tachypnea, febrile, WBC >12 or <4, lactic acid >2, nausea, vomiting, pain, chills, skin discoloration
2. DVT
  - Swelling of the lower extremities, pain or soreness in the lower extremities, warm skin, SOB, skin redness
3. Deconditioning
  - Muscle inactivity, decreased strength, pain with activity, SOB, difficulty ambulating, poor appetite and diet, confusion

(Myers, 2023)  
(Venes, 2021)



## Responding/Taking Actions:

### Nursing interventions for the top priority:

- 1. Assess vital signs q4h and PRN**  
**Rationale:** Monitor for improvement of blood pressure and patient's condition.
- 2. Assess mental status q4h and PRN**  
**Rationale:** Monitor for confusion and patient's condition.
- 3. Assess musculoskeletal and neurological q4h and PRN**  
**Rationale:** Monitor patient's condition and assess ROM, strength, and condition of the lower and upper extremities for improvement.
- 4. Assess pain q4h and PRN**  
**Rationale:** To manage patients' pain and ensure they are medicated appropriately.
- 5. Medication as ordered: Colace 100mg PO QHS, Tylenol 650mg PO q6h PRN, Compazine IV push q4h PRN**  
**Rationale:** To manage pain for comfort, prevent constipation, and manage nausea and vomiting.
- 6. Q2H turn and reposition and PRN**  
**Rationale:** Promote relief of pressure on bony prominences along with improving circulation and oxygenation.
- 7. Apply SCD's q8h increments and PRN**  
**Rationale:** To improve circulation and prevent blood clots.
- 8. Up to chair for meals and PRN**  
**Rationale:** To promote digestion, appetite, mobility, oxygenation, circulation, and decreases pressure points.
- 9. Encourage coughing, deep breathing, ROM and muscle strength activity participation every hour and PRN**  
**Rationale:** To improve range of motion, strength, circulation, and oxygenation.
- 10. Physical and Occupational therapy once a day and PRN**  
**Rationale:** To improve strength, ROM, participation, sensory, and to promote overall health.
- 11. Educate patient and family on proper nutrition, mobility exercises and participation, medications, and bowel elimination BID and PRN**  
**Rationale:** To promote improved mobility and overall health. Promoting bowel elimination, patient participation, improved ROM, strength, and correct medication usage.

(Myers, 2023)

## Reflecting/Evaluate Outcomes:

### Evaluation of the top priority:

- |  |                                      |                           |
|--|--------------------------------------|---------------------------|
| - 3-way chronic indwelling catheter maintained | - Mild weakness in upper extremities | - Hct: 24.4               |
| - No bowel elimination                         | - Stage 2 coccyx wound               | - Glucose: 288 H          |
| - Denies right leg numbness and tingling       | - Skin cool to touch                 | - Ca: 7.5 L               |
| - Edema right leg 3+ pitting, shiny, puffy     | - Soft heels                         | - No other new labs drawn |
| - Edema left leg non-pitting, shiny, puffy     | - No new CXR                         |                           |
| - Severe weakness in lower extremities         | - Hgb: 7.9 L                         |                           |

Continue plan of care.

**Reference:** Myers, E. (2023). *RNotes: Nurse's clinical pocket guide* (6<sup>th</sup> ed). F. A. Davis Company: Skyscape

Medpresso, Inc.

Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24<sup>th</sup> ed). F. A. Davis Company:

Skyscape Medpresso, Inc.