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 apacities, 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*

- Impaired physical mobility
- Impaired skin integrity
- Risk for decreased cardiac tissue perfusion
- Impaired gas exchange
- Adult pressure injury
- Imbalanced nutrition
- Risk for urinary tract injury
- Adult fall risk
- Risk for constipation
- Overweight
- Impaired comfort
- Ineffective coping
- Risk for loneliness

(Myers, 2023)

Goal Statement:

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 boney 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.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- 3-way chronic indwelling catheter maintained
- No bowel elimination
- Denies 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
- No new CXR
- Hgb: 7.9 L
- Hct: 24.4
- Glucose: 288 H
- Ca: 7.5 L
- No other new labs drawn

Continue plan of care.

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

Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24th ed). F. A. Davis Company: Skyscape Medpresso, Inc.