

Firelands Regional Medical Center School of Nursing
Nursing Care Map

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Noticing/Recognizing Cues:

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

Assessment findings*:

1. Abdominal pain for 3 days
2. Bruised and tender abdomen
3. 6/10 pain in lower abdomen
4. Last bowel movement 9 days ago (not usual)
5. Bruise on left upper arm

Only 5 abnormal findings because pt was in hospital for abdominal pain with no other concerns

Lab findings/diagnostic tests*:

1. Hgb 12.3
2. Hct 36.6
3. Creatinine 0.62

Risk factors*:

1. History of small bowel obstruction
2. 74 years old
3. History of paralytic bowel
4. History of BPH
5. History of GERD
6. History of OSA
7. History of HTN

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Acute pain
- Dysfunctional gastrointestinal motility

Goal Statement: Patient will report pain is relieved or controlled, a 1/10 or 2/10 on the 0-10 pain scale

Potential complications for the top priority:

1. Limited mobility
 - a. Muscle weakness
 - b. Inability to perform activities as normal
 - c. More assistance needed with moving from one area to another
2. Change in mental status
 - a. Anxious
 - b. Angry or restless
 - c. Argumentative or defensive
3. Abuse of pain medication
 - a. Seeking higher doses
 - b. Only asking for certain medications
 - c. Refusing treatment other than medications

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Full pain assessment q2h and PRN (0800, 1000, 1200, 1400, 1600, 1800, 2000, 2200)
 - a. Determine if pain has any change in severity, location, and timing, especially after pain medication
2. Vital sign assessment q4h and PRN (0800, 1200, 1600, 2000)
 - a. Determine if pain is causing any shortness of breath or affecting other vital signs like blood pressure and heart rate
3. Mobility q2h and PRN (0800, 1000, 1200, 1400, 1600, 1800, 2000, 2200)
 - a. Rotating in the bed and/or moving around the room (ex: Bed to bathroom) to help GI motility to help relieve pain in abdomen
4. Apply heat to incision PRN
 - a. Apply a warm blanket over abdominal incision to help relieve the pain as the patient desires
5. Relaxation exercises PRN
 - a. When pain worsens patient will perform deep breathing and meditation to help relieve and distract from pain
6. Tylenol 325 mg q6h and PRN (0800, 1400, 2000)
 - a. To help relieve mild pain
7. Hydrocodone 10 mg q6h and PRN (0800, 1400, 2000)
 - a. To help relieve moderate pain
8. Morphine q3h (0800, 1100, 1400, 1700, 2000)
 - a. To help relieve severe pain
9. Educate on medication abuse
 - a. To decrease risk of medication dependence
10. Educate on mobility to reduce GI pain
 - a. Mobility helps bowels move which will help reduce abdominal pain
11. Educate of pain relieving techniques other than medication
 - a. To help patient relieve pain on their own to decrease risk of medication dependence and for times when medication is not available

(Deglin et al., 2024)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

Continue plan of care

- Patient rates pain 2/10
- Patient able to get up and move Ad lib
- Patient had a bowel movement during hospital stay
- Patient able to perform independent activities
- Patient able to perform pain relief measures other than medications
- Pruritus on arm and abdomen has not worsened or gotten better

Reference:

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

Deglin, J. H., Vallerand, A. H., & Sanoski, C. A. (2024). *Davis's drug guide for nurses* (19th edition). F. A. Davis Company: Skyscape Medpresso, Inc