

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*:

- Rates pain rating 9/10
- Left elbow was swollen, warm, and reddened
- Right arm bruising
- Foley catheter
- Fall precautions
- Partial bottom dentures
- Full upper dentures
- Generalized weakness
- Abnormal gait
- Alert to self only
- BP 141/72

Lab findings/diagnostic tests*:

- K+ 6.7
- CT showed increased soft tissue swelling
- X-ray showed tissue swelling
- BUN 77

Risk factors*:

- 87 years old
- CAD
- HTN
- Degenerative disc disease
- Hyperlipidemia
- Hyperthyroidism
- Osteoarthritis
- Ovarian cancer
- Dementia

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired physical mobility
- Chronic confusion
- Risk for impaired skin integrity
- Impaired urinary elimination
- Labile emotional control
- Risk for adult fall
- Risk for decreased cardiac tissue perfusion
- Acute urinary retention
- Acute pain
- Risk for self-care deficit

(Doenges, Moorhouse, & Murr, 2022).

Goal Statement:

Patient will have returned to baseline mobility level before discharge.

Potential complications for the top priority:

- DVT:
 - erythema
 - pain
 - swelling
- Pressure ulcers
 - pain
 - skin loss
 - non blanchable erythema
- Respiratory complications
 - decreased oxygen levels
 - nasal flaring
 - use of accessory muscles

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess vitals Q4hrs and PRN; to establish a baseline and to ensure the patient does not decline.
2. Assess pain Q2hrs and PRN; to ensure the patient is not in any pain.
3. Assess genitourinary system Q4hrs and PRN; to ensure that the foley is intact, draining, and secured.
4. Assess musculoskeletal system Q4hrs and PRN; to ensure the patient does not have a decrease in strength.
5. Turn and reposition Q2hrs and PRN; to prevent pressure injuries from forming.
6. Provide catheter care Q4hrs and PRN; to prevent CAUTI.
7. Assist patient to chair for meals (0800, 1200, 1700); to improve physical mobility.
8. Apply SCD's when patient is in bed (0900, 2100); to prevent a DVT from occurring.
9. Administer Oxycodone 5mg PO Q6hrs PRN, for severe to moderate pain.
10. Educate on foley catheter care; to ensure patient understand the importance of peri care to prevent an infection before discharge.
11. Collaborate with therapy on admission and daily to ensure patient regains strength to return to baseline mobility.
12. Educate on proper use of walker; to ensure safety and prevent future falls before discharge.
13. Educate on the importance of performing range of motion exercises; to prevent muscle weakening before discharge.

(Doenges, Moorhouse, & Murr, 2022).

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Pain rated 0/10.
- Left elbow shows increased swelling and warmth.
- Fall precautions.
- Foley catheter
- Mild muscle weakness
- Abnormal gait
- No order for additional CT or Xray
- 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. Davis Company: Skyscape