

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name: Madison Wright

Date 11/18/24

Noticing/Recognizing Cues:

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

Assessment findings*:

- Numbness and tingling in the bilateral lower extremities
- Dyspnea on exertion
- Weak right radial pulse
- Pain 7/10
- Temperature 97.6° F, Pulse rate 77, Respiration rate 14, Blood pressure 128/69, Pulse Ox 97%
- Limited Mobility/ Unsteady Gait
- Chronic Stage 3 abdominal wound (7cm x 14 cm x 4.4 cm with slough noted)
- Peripheral Edema

Lab findings/diagnostic tests*:

- Total protein 5.7
- Albumin 2.8 (L)
- Glucose 186 (H)
- RBC 3.08 (L)
- Hgb 9.3 (L)
- Hct 27.9 (L)
- Wound Culture Pending

Risk factors*:

- Diabetes
- Neuropathy
- Arthritis
- Hypothyroidism
- Kidney Disease
- On Disability
- High BMI
- Lack of family support system
- Supraventricular tachycardia (SVT)
- Degenerative joint disease (DJD)

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired skin integrity
- Infection
- Pain
- Knowledge deficit related to wound care

Goal Statement:

Patient will present with improved skin integrity

Potential complications for the top priority:

- Sepsis:
 - Fever >100.4 ° F
 - Tachycardia
 - Hypotension
 - Altered mental status
- Impaired Mobility:
 - Altered gait
 - Difficulty turning
 - Decreased fine/gross motor skills
 - Expresses discomfort
- Pain:
 - Appetite changes
 - Diaphoresis
 - Pupil dilation
 - Guarding behavior

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess Skin, noting any disruptions + general skin health Q4H (0800, 1200, 1600, 2000, 2400, 0400)

Rationale: To provide a baseline for timely interventions when problems are noted

- 2.. Asses Vital Signs for any abnormalities Q8H or PRN (0800, 1600, 2400)

Rationale: To provide a baseline for timely interventions when problems are noted

- 3.. Assess Pain or Discomfort Q4H (0800, 1200, 1600, 2000, 2400, 0400)

Rationale: To provide a baseline for timely interventions when problems are noted

4. implement Repositioning Schedule Q2H (0800, 1000, 1200, 1400, 1600, 2000, 2200, 2400, 0200, 0400, 0600)

Rationale: To reduce stress on pressure points and promote circulation

5. Implement dressing changes per protocol Q8H (0800, 1600, 2400)

Rationale: For wound healing and to best meet the needs of the client

6. Administer pain medications per provider's orders, Tramadol 50 mg, Acetaminophen 1,000 mg Q6H or PRN (0800, 1400, 2000, 0200)

Rationale: To reduce pain or discomfort for patient

7. Administer Vancomycin 1.25 mg IV Q12H (0900, 2100)

Rationale: To assist with wound infection healing

8. Encourage the intake of optimum nutrition, including vitamins and protein PRN

Rationale: To provide a good nitrogen balance to aid in skin and tissue healing and to maintain general good health

9. Encourage early ambulation or mobilization PRN

Rationale: Promotes circulation and reduces risks associated with immobility

10. Encourage and educate good skin hygiene PRN

Rationale: To reduce risk of dermal trauma, improve circulation and promote comfort

(Doenges et al., 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Patient still reports of numbness and tingling in BLE, 7/10 pain, and the chronic Stage 3 abdominal wound (7cm x 14 cm x 4.4 cm with slough noted) showed no change. Lab values remained the same as no new labs were drawn. Risk factors for my patient still include diabetes, hypothyroidism, kidney disease, and a high BMI.
- 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