

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\*:

- Pain in lower back 10/10
- Headache 7/10
- Dizziness
- Nausea
- Rhonchi in left lower lobe
- Dry cough
- 103-degree Fahrenheit ever
- Tachycardia P:167
- Low Blood pressure 98/65
- Chills
- Stiff Neck
- Wears glasses

Lab findings/diagnostic tests\*:

- Lactate 3.1
- Hemoglobin 9.6
- Hematocrit 28.3
- WBC 2.9
- Calcium 7.9
- BUN 5
- RBC 3.46
- Chest X-ray revealed mild infiltrate change left lower lobe of the lung.
- CT Scan revealed pneumonia in left lower lobe.

Risk factors\*:

- History of POTS
- Dizzy spells with black vision
- Immunodeficiency
- Has had a cholecystectomy
- Low socioeconomic status: The patient lives in an RV with a family of 4. Poor sleeping arrangements and stress can contribute to pain.
- Morphine: The patient will need to adjust to receiving no morphine after receiving it routinely at the hospital.

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

Nursing priorities\*:

- Pain
- Impaired gas exchange
- Risk for fall
- Inadequate nutrition

Goal Statement: The patient's back pain and headache will improve to a 3/10.

Potential complications for the top priority:

Deep Vein Thrombosis

- o Pain
- o Could be asymptomatic
- o Warm erythema
- o Fever
- o Lethargy
- o Chills
- o General weakness
- o Anxiety

Muscle Atrophy (Cleveland Clinic)

- Numbness or tingling
- Fatigue
- Impaired walking or balance
- Weakness
- Extremity smaller than the other

Depression

- Higher levels of pain
- Fatigue
- Social Isolation
- Anxiety
- Suicidal ideations

## Responding/Taking Actions:

### Nursing interventions for the top priority:

- **Administer Assess vital signs every 4 hours and PRN**
  - Rationale: To determine a change in patient status (Potter et al. (2023). The patient reports to have 10/10 lower back pain and 8/10 headache.
- **Morphine Sulfate 2mg IV Push every 4 hours and PRN**
  - Rationale: To control the patient's pain
- **Administer Ceftriaxone 1 gram IV Push daily 1800**
  - Rationale: To treat patients' pneumonia
- **Administer Azithromycin 500mg PO every 24 hours**
  - Rationale: To treat patients' pneumonia.
- **Encourage deep breathing and coughing exercises every 2 hours**

Rationale: promote airway clearance and collection of sputum. (Potter et al. (2023)
- **Assess patient's cough, amount and type of secretions every 4 hours, and PRN**

Rationale: To determine the ability to protect own airway
- **Ambulation every 2 hours and PRN**

Rationale: To reduce pain and improve circulation
- **Encourage hydration every 2 hours and PRN**
  - Rationale: To help prevent the accumulation of viscous secretions and improve secretion clearance
- **Assess physical and emotional factors affecting safety every 4 hours and PRN**

Rationale: The patient's home was lost due to a house fire. She has an increased risk of mental health issues due to this recent trauma and grief.

## Reflecting/Evaluate Outcomes:

### Evaluation of the top priority:

- Decreased pain. Back pain was originally a ten and was degraded to an eight. The headache was originally an 8/10 and degraded to 7/10.
- Lung sounds are clear throughout
- Cough diminished slightly, non-productive
- Lactate: 0.7 WNL
- T: 97.3
- HR: 90
- BP: 100/68. The patient's BP is usually low.
- WBC 2.7. decreased and below normal limits. continued monitoring  
Rationale: To assess for improvement or worsening of infection.
- The patient states to have no nausea or dizziness
- Hemoglobin 10.5 Improved but below normal limits. continued monitoring
- Hematocrit: 30.8 Improved but below normal limits. continued monitoring
- Calcium 8.2 Improved but below normal limits. continued monitoring
- BUN 4. Below normal limits, continued monitoring

Continue plan of care.

Reference: Potter, P., Perry, A., Stockert, P., & Hall, A. (2023). Fundamentals of nursing (11th ed.). Elsevier.

Cleveland Clinic. (n.d.). *Muscle atrophy*. Retrieved November 17, 2024, from <https://my.clevelandclinic.org/health/diseases/22310-muscle-atrophy>