

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name _____

Date _____

Noticing/Recognizing Cues:

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

Assessment findings*:

- Pulse 104
- RR 22/min
- SpO2 87% on RA
- Blood Pressure 157/84
- Shortness of breath
- Dark green sputum
- Persistent cough
- Bi-lateral anterior and posterior inspiratory wheeze
- BMI 27.3 kg/m²

Lab findings/diagnostic tests*:

- WBC 21.5 (H)
- Chest x-ray-negative for cardiopulmonary pathology
- MPV 6.2 (L)

Risk factors*:

- Diabetes mellitus
- Current smoker
- Past medical history of ovarian cyst and acute abdominal pain
- History of hypertension
- Past medical history of asthma-like symptoms
- History of depression and anxiety
- Obesity

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Ineffective Breathing Pattern
- Ineffective Airway Clearance
- Ineffective Gas Exchange

Goal Statement: Establish a normal, effective respiratory pattern with oxygen saturation above 95% on room air.

Potential complications for the top priority:

1. Respiratory failure
 - Increased work of breathing
 - Decreased SpO2 or PaO2
 - Increased PaCO2
 - Mental Status change
 - Bradypnea
 - Diaphoresis
2. Atelectasis
 - Decreased breath sounds
 - wheezing upon auscultation
 - Difficulty breathing
 - Tightness in chest
3. Hypoxemia
 - Restlessness
 - Confusion
 - Cyanosis
 - Fatigue
 - Increased heart rate

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess vitals q4hr or PRN

Rationale: To provide a baseline to monitor for improvement or worsening of condition.

2. Assess respiratory pattern q4hr or PRN

Rationale: To provide a baseline to monitor if symptoms worsen.

3. Auscultate lung sound q4hr or PRN

Rationale: To monitor if abnormal lung sounds persist or return to normal.

4. Monitor white blood cell count q24hr or PRN

Rationale: To monitor if infection, or inflammation, continues to persist, worsen, or improve.

5. Monitor Monitor mean platelet volume q24hr or PRN

Rationale: To monitor if inflammation continues to persist.

6. Monitor amount and color of sputum when coughed up BID or PRN

Rationale: To monitor if infection has improved.

7. Elevate head of bed more than 30 degrees or if having trouble breathing put in high fowler's position PRN

Rationale: To decrease pressure on diaphragm and help with drainage (Doenges, Moorhouse, & Murr, 2022).

8. Educate patient on importance of hydration BID or PRN

Rationale: To loosen secretions, or mucus, in throat.

9. Educate patient on smoking cessation BID or PRN

Rationale: To limit respiratory irritants.

10. Educate patient of ambulation BID or PRN

Rationale: To help improve lung function, enhance circulation, and reduce risk of blood clots.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Pulse decreased from 104 to 85
 - RR decreased from 22/min to 16/min
 - SpO2 increased from 87% RA to 93% on RA
 - Blood pressure decreased from 157/84 to 137/ 82
 - Patient stated a decrease in shortness of breath
 - No new sputum was obtained
 - Occasional cough
 - No noted Bilateral anterior and posterior inspiratory wheeze
 - WBC decreased from 21.5 (H) to 12 (H)
 - MPV increased from 6.2 (L) to 7 (H)
- Diabetes Mellitus
 - Current smoker
 - Past medical history of asthma-like symptoms
 - History of depression and anxiety
 - Obesity

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 Medpresso, Inc.