

Firelands Regional Medical Center School of Nursing  
Nursing Care Map

Student Name: Mallory Jamison

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Noticing/Recognizing Cues:

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

Assessment Findings:

- Abdomen firm, tender and distended
- Walker for ambulation
- Left plantar ulcer
- Right heel ulcer
- Left fifth toe ulcer
- 10/10 PEG tube site pain
- Difficulty swallowing
- CT chest and neck- esophageal wall thickening

Lab and diagnostic findings:

- WBC 13.2
- Hgb 10.8
- Blood Glucose 261
- Urine protein 1,000
- RBC 3.65
- Hct 31.8
- EGD- ulcerated strictures in esophagus
- History of PAD and CAD
- Esophageal Biopsy: Esophageal cancer

Risk Factors:

- Former smoker
- Age 81
- Risk for aspiration
- Risk for dehydration
- Risk for infection
- History of hypertension
- History of CHF

Nursing Priorities: **\*Highlight the top priority problem\***

- Impaired Swallowing
  - Impaired Nutrition: Less than Body Requirements
  - Deficient [isotonic] Fluid Volume
    - Wheezing
    - \* Malnutrition
  - Weakness
  - Impaired wound healing
  - \* Sepsis
  - Hypotension (Kauffman, M)
  - Tachypnea
  - Altered LOC
- Fatigue

Potential complications for the top priority:

- \* Aspiration Pneumonia
  - Cough
  - Dyspnea

Goal Statement:

Patient will display improved swallowing.

**Responding/Taking Actions:**

**Nursing interventions for the top priority:**

1. Assess vital signs Q4H PRN  
Rationale: To establish patient baseline.
2. Assess respiratory status Q4H PRN  
Rationale: To monitor for signs of aspiration/infection.
3. Assess PEG tube site Q4H PRN  
Rationale: To monitor for drainage, patency, and signs of infection.
4. Assess swallowing ability Q4H PRN  
Rationale: To monitor patient's improvement or decline.
5. Assess pain Q4H PRN  
Rationale: To determine need for pain medication.
6. Assess IV Q4H PRN  
Rationale: To ensure patency in case of need for IV med
7. Implement Glucose testing before and after meals  
Rationale: To determine need for insulin.
8. Administer tube flush and Osmolite 1.2 240ml bolus Q4H  
Rationale: To monitor patency of tube and ensure patient gets necessary nutrients.
9. Administer Aspirin chew 324 mg PO Q4H PRN, Insulin Aspart NovoLOG Flexpen PRN, Magnesium Oxide 400mg PO BID, and Pantoprazole 40 mg PO BID  
Rationale: To maintain pain, blood sugar, adequate nutrition, and acid reflux.
10. Educate on gradual PO intake one a day  
Rationale: To progress back to oral feeds and keep the esophagus active.

**Reflecting/Evaluate Outcomes:**

**Evaluation of the top priority:**

- Abdomen non-firm, non-distended, improved tenderness
- PEG tube site pain 3/10
- Patient progressing to more oral fluids
- WBC improved
- Blood Glucose improved
- Age 81
- Former smoker
- EGD ulcerated strictures in esophagus
- CT chest and neck- esophageal wall thickening
- Esophageal biopsy- esophageal cancer

Continue plan of care.

**Reference:**

Kauffman, M. (2010). *Skyscape Clinical Consult: Skyscape mobile app*. Skyscape Medpresso inc. <https://www.skyscape.com/product/skyscape-clinical-consult>