

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Colleen Camp

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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 4/10
- Irregular heart rhythm
- Hearing aides
- Glasses
- Right arm laceration
- Dry skin
- Abnormal gait
- Fall precautions.
- BP 149/74

Lab findings/diagnostic tests*:

- WBC- 11.7 H
- NA-128L
- Glucose 149H
- CXR
- Head CT
- KUB X-Ray- degenerative bones

Risk factors*:

- 91 years old
- CAD
- HTN
- CHF
- MI
- AFIB
- Muscular degeneration
- Arthritis
- Fall
- Syncope
- Breast Cancer

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Impaired physical mobility
 - Risk for impaired skin integrity
 - Risk for adult fall
 - Risk for decreased cardiac tissue perfusion.
 - Acute pain
 - Risk for self-care deficit
 - Risk for loneliness
 - Risk for thrombosis
 - Risk for sedentary lifestyle
- (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
 - pneumonia
 - atelectasis

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess blood pressure and heart rate Q4hrs and PRN; to establish a baseline and to ensure the patient does not decline .
2. Assess pain Q2hrs and PRN; to manage pain and to prevent immobility.
3. Assess musculoskeletal system Q4hrs and PRN; to ensure the patient does not have a decrease in strength.
4. Turn and reposition Q2hrs and PRN; to prevent pressure injuries from forming.
5. Assist patient to chair for meals (0800, 1200, 1700); to improve physical mobility.
6. Apply SCD's when patient is in bed (0900, 2100); to prevent a DVT from occurring.
7. Administer Acetaminophen 500mg PO Q4hrs PRN, for pain.
8. Administer topical Voltaren gel 2gm BID, for joint stiffness and pain.
9. Collaborate with therapy on admission and daily to ensure patient regains strength to return to baseline mobility.
10. Educate on the importance of attending all therapy sessions to return to baseline mobility before discharge.
11. Educate on proper use of walker; to ensure safety and prevent future falls before discharge.
12. Educate on the importance of coughing and deep breathing to prevent atelectasis and respiratory complications before discharge.
13. Educate on the importance of performing range of motion exercises on all joints; to prevent muscle weakening before discharge.

(Doenges, Moorhouse, & Murr, 2022).

Evaluation of the top priority:

Stand by assist.

Blood pressure 124/87

Fall precautions.

Mild muscle weakness

irregular heart rhythm

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