

Firelands Regional Medical Center School of Nursing
Nursing Care Map

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Date: 1/23/2025

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
- Bilateral foot edema
- Inflamed oral mucosa
- Weak pedal pulses
- Urinary and bowel incontinence
- Missing teeth/use of dentures

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
- CT chest and neck- esophageal wall thickening
- 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
- History of PAD and CAD
- Risk for disturbed body image

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

- Impaired Swallowing
 - Impaired Nutrition: Less than Body Requirements
- Deficient [isotonic] Fluid Volume
- Impaired Skin Integrity
- Mixed Urinary Incontinence
- Impaired Mobility

Potential complications for the top priority:

- * Aspiration Pneumonia
 - Dyspnea
 - Voice changes
 - Lung crackles
- * Malnutrition
 - Fatigue
 - Weakness
 - Impaired wound healing
- * Sepsis
 - Hypotension (Kauffman, M)
 - Tachypnea

Goal Statement:

Patient will display improved swallowing.

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Keep HOB greater than 30 degrees AAT
Rationale: To decrease aspiration risk.
2. Assess vital signs Q4H PRN
Rationale: To establish patient baseline.
3. Assess respiratory status Q4H PRN
Rationale: To monitor for signs of aspiration/infection.
4. Assess PEG tube site Q4H PRN
Rationale: To monitor for drainage, patency, and signs of infection.
5. Assess swallowing ability Q4H PRN
Rationale: To monitor patient's improvement or decline.
6. Assess pain Q4H PRN
Rationale: To determine need for pain medication.
7. Assess mental status Q4H PRN
Rationale: To determine LOC and ensure patient is having no mental conflicts with his condition.
8. Assess IV Q4H PRN
Rationale: To ensure patency in case of need for IV med.
9. Implement Glucose testing before and after meals
Rationale: To determine need for insulin.
10. Assess gastric residual volume before tube feeds
Rationale: To determine placement of the PEG tube.
11. Administer tube flush and Osmolite 1.2 240ml bolus Q4H
Rationale: To monitor patency of tube and ensure patient gets necessary nutrients.

12. 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.
13. Assess patient's tolerance of the tube feed during and following all feeds
Rationale: To monitor for any signs of complications/infection.
14. Collaborate with Speech Therapy on patient's care AAT
Rationale: To ensure patient gets the most appropriate diet and progression back to oral feeds.
15. Collaborate with Respiratory Therapy AAT
Rationale: To have extra personnel/resources in case of aspiration emergency
16. Educate on gradual PO intake once a day
Rationale: To progress back to oral feeds and keep the esophagus active.
17. Educate on tilting the chin forward with HOB High fowlers while consuming oral intake once a day
Rationale: To decrease risk of aspiration.

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**

- Patient displays no signs of disturbed body image
- Dentures fit properly and patient displays no issues with use
- Moist, pink oral mucosa

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>