

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name __Abigail Foote__

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Noticing/Recognizing Cues:

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

Assessment findings*:

- Splinting/guarding abdomen
- Muscle aches
- Clubbed fingernails
- Surgical cite unintentionally reopened
- Lower abdomen pain rated 7/10
- Abdomen tender and sensitive to touch
- Purulent discharge from surgical site
- High blood pressure
- Barrel chest
- Large amounts of continuous drainage with foul odor

Lab findings/diagnostic tests*:

- WBC- 10.6
- Creatinine- 0.58
- Sodium- 134
- Urine Ketones- 2+
- Mono #- 1.2
- Eos #- 0.6
- Neut #- 11.6
- Glucose- 154

Risk factors*:

- 60 years old
- Smoker 1-pack per day
- COPD
- Appendicitis
- Fibromyalgia
- Small bowel obstruction
- Crohn's disease

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Infection
- Acute pain
- Decreased activity tolerance
- Impaired comfort

Goal Statement:

To prevent further worsening of infection.

Potential complications for the top priority:

- Risk for Sepsis
 - o Change in mental status
 - o Tachycardia
 - o Fever/chills or sweating
 - o Hypotension
 - o Oliguria
- Risk for malnutrition
 - o Weakness/fatigue
 - o Dry, inelastic skin
 - o Hair loss
 - o Bradycardia
 - o Hypotension
- Risk of confusion
 - o Lach of awareness
 - o Disruption of memory/thinking
 - o Sudden changes of mental abilities

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess patients' vital signs q4h
 - a. To make sure the patient does not have a fever or experiencing tachycardia/ hypotension
2. Assess patient's pain q4h
 - a. To be able to comfort the patient before care
3. Assess the site where the infection is located
 - a. It is important to see where the location is to help determine what it can affect more rapidly.
4. "Observe changes in skin color and warmth at insertion site if invasive suture, surgical incisions, and wounds" (Doenges, 2022).
 - a. Can show the severity of the infection.
5. Observe the discharge color, amount, order from the site as well. Q8h PRN
 - a. This could help indicate the onset of the infection
6. Administer pain medications as needed. Q4h
 - a. This will help for being able to work on the specific site
7. Administer antibiotics as ordered for the patient.
 - a. This will help fight off the infection before the infection worsens.
8. Perform wound care using what is order sterile/clean wound cleaning. Q8h
 - a. This will help promote further infection
9. Encourage adequate nutrition and hydration Q2h
 - a. This will help promote healing
10. Encourage early ambulation Q2h
 - a. To prevent further skin breakdown.
11. Educate the patient on the correct skin care needed as well as a dressing change routine
 - a. This will help faster healing occur
12. Educate on smoking cessation
 - a. This to provide encouragement to the patient about needing a good health to provide adequate healing.
13. Educate on nutrition needs
 - a. This will help patient meet their eating needs
14. Education on medication regimen
 - a. This will help improve infection with taking the right medications at the right times.

Evaluation of the top priority: **Continue Plan of Care.**

- Splinting of abdomen; the patient still maintains splinting
- Muscle ache only located in the abdomen; Muscle aches have reduced from the entire body down to just the abdomen
- Surgical site packed and cleaned; site packed and closed to help from irritants
- Lower abdomen pain rated 4/10; pain was reduced after intervention of pain medication
- Purulent discharge from surgical site; this has stayed the same from patients' admission
- Abdomen is tender and sensitive to touch; this finding has continued to stay the same.
- WBC count has remained at 10.6
- The creatinine level of 0.58 has remained the same.
- Urine ketones have remained the same of 2+
- The mono # remained the same of 1.2
- The Neut # remained the same of a level of 11.6
- The Eos # of 0.6 remained the same as well.
- Glucose levels improved through the patient stay to range in the 70's.

Reference: Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses,*

prioritized interventions, and rationales (16th ed). F. A. Davis Company: Skyscape

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