

Firelands Regional Medical Center School of Nursing  
Nursing Care Map

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Noticing/Recognizing Cues:

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

Assessment findings\*:

- Bloody stools
- Abdomen tender
- SCD's
- Pale SKIN
- Walker ambulation
- Incontinence wears a brief
- Confused
- PAIN 2/10
- BP 99/67
- Right eye blind
- Poor appetite
- Muscle weakness bilateral legs

Lab findings/diagnostic tests\*:

- CT Abdomen- Atelectasis change noted in coronary artery and thoracic aorta
- WBC- 14.4 H
- RDW- 15.6 H
- Neut: 9.5 H
- Mono 1.3 H
- aPTT 24.9 L
- RBC 3.32 L
- HGB 9.0 L
- HCT 28.2

Risk factors\*:

- Age 85 years old
- h/s Anemia
- h/x diabetes
- h/x GI Hemorrhage
- Alzheimer's
- h/x frequent falls
- hyperlipidemia

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

Nursing priorities\* : **\*Highlight the top nursing priority problem\***

- Impaired physical mobility
  - Risk for bleeding
  - Risk for decrease cardiac tissue perfusion
  - Risk for impaired cardiovascular function
  - Risk for deficient fluid volume
- Goal Statement: To maintain patient from having another GI bleed and maintain hemoglobin stable

Potential complications for the top priority:

- Sepsis
  1. Confusion
  2. WBC >12 or <4
  3. Muscle weakness
- Shock
  1. Confusion
  2. SOB
  3. Pale skin
  4. Hypotension
- Anemia
  1. Decrease in hemoglobin levels
  2. Decrease in red blood cells
  3. Bleeding hemorrhage

### Responding/Taking Actions:

#### Nursing interventions for the top priority:

1. Asses vital signs Q4 hours and PRN
    - TO OBTAIN BASELINE AND WATCH FOR CHANGES THAT MAY INDICATE PATIENT DECLINE
  2. ASSESS LAB VALUES QD AND PRN (HGB, WBC, BUN)
    - TO OBTAIN BASELINE AND DETERMINE WHAT FACTORS ARE RELATED TO POTENTIAL HEMMORGHAGE
  - 3 ASSESS PAIN Q4 HOURS AND PRN
    - TO ENSURE PATIENT IS COMFORTABLE AND MEDICATED PROPERALLY
  - 4 ASSESS CIRCULATION Q4 HOURS AND PRN
    - CHECK CAPILARY REFILL, COLOR, WARMTH, AND SENSATION TO ENSURE PROPER BLOOD FLOW; ESTABLISH BASELINE DATA
  - ASSESS STOOLS Q4 AND PRN
    - TO ENSURE PATIENT DOES NOT HAVE ANOTHER GI BLEED
  - ADMINISTER PANTOPRAZOLE 40 MG IV PUSH BID (10 ML RECONSTITITUE, SLOW PUSH 2-3 MIN)
    - TO REDUCE STOMACH ACID PRODUCTION TO HELP PREVENT UPPER GI BLEED
  - ADMINISTER INSULIN GLARGINE 20 UNITS SUBQUE DAILY (GIVE 0.2 ML)
    - TO CONTROL BLOOD GLUCOSE AND PREVENT THE RISK OF BLEEDING
  - ADMINISTER 2 UNITS OF TYPE A BLOOD INFUSION
    - TO GET HEMGLOBIN LEVELS UP AND PREVENT BLEEDING OUT
  - ENCOURAGE SDC'S Q2 HOURS
    - TO PREVENT ANY BLOOD CLOTS DUE TO NOT AMBULATING
  - ENCOURAGE GETTING OUT OF BED AND SITTING IN CHAIR FOR QMEAL
    - TO PREVENT WEAKNESS IN THE LEGS FROM NOT MOVING AROUND AND PROMOTE CIRCULATION
  - EDUCATE THE PATIENT ON LOW FIBER DIET
    - TO MINIMIZE STRAIN ON INTESTINAL LINING AND POTETNTIALLY DECREASING BLEEDING
  - EDUCATE ON THE IMPORTANCE OF TAKING MEDICATIONS
    - TO HELP PREVENT GI HEMMORHAGE AND MAINTAIN BLOOD SUGAR
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### Reflecting/Evaluate Outcomes:

#### Evaluation of the top priority:

- BP 124/68
- NON-TENDER ABDOMEN
- PAIN 0/10
- LESS PALE SKIN

CONTINUE PLAN OF CARE

**Reference:** Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (16<sup>th</sup> ed). F. A. Davis Company: Skyscape