

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\*: 7**

- Difficulty swallowing and getting words out (paralyzed vocal cords)
- Posterior RLL Insp./ exp. Wheezes (cleared upon coughing)
- Right upper bicep bruise (lab draw)
- 159/75
- On heparin drip
- Dentures
- Feeds self
- Pale skin

**Lab findings/diagnostic tests\*:**

- CXR- PE
- Echo- not resulted
- Anti-xa- 0.67

**Risk factors\*: 5**

- Hx of smoking
- 72M
- HX of TIA
- Paralyzed vocal cords
- HTN
- MVA (resulting in punctured lung and cervical spine fx)
- On heparin drip

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

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

- Risk for aspiration
- Chronic pain
- Risk for bleeding
- Impaired gas exchange

**Goal Statement:**

Patient will have improved lung sounds.

**Potential complications for the top priority:**

- MI- chest pain, dysrhythmia, tachycardia, elevated troponins, ST elevation
- Respiratory distress- Increased: RR, HR, BP, decreased SP02, short of breath, struggling to catch breath, cyanosis, confusion
- Pneumonia- fever, SOB, crackles, wheezes, productive cough



### Responding/Taking Actions:

#### Nursing interentions for the top priority:

1. Assess vitals Q4 and prn
  - Assessing for change in vitals.
2. Assess respiratory status Q4 and prn
  - Auscultate the lungs, assess SpO2, RR, pattern, and depth.
3. Assess patient for signs of bleeding (Heparin) Q4 and prn
  - Assess if the patient feels lightheaded, dizzy, new or worsening bruising, weakness, drop in blood pressure, pain, and blood in stool. Appt. results or anti xa.
4. Educate patient on heparin prn and upon administration
  - Educate the patient to report signs of bleeding, report/ avoid falls, and seek medical care in these cases.
5. Encourage and educate patient on ambulation Q4 and prn
  - Encourage mobility in preventing pneumonia, pressure injuries, muscle wasting, and the importance of completing activities of daily living.
6. Consult Speech Therapy to assess swallowing prn
  - To assess the patients' difficulty swallowing and select a better suited diet for the patient. To help prevent aspiration and pneumonia.
7. Assess pain Q4 and prn
  - To ensure the patient is comfortable and not experiencing chest pain, numbness and tingling, dizziness, and lightheadedness.
8. Assess IV site Q2 and prn
  - To ensure the heparin infusing is not occluded and or infiltrating into the tissues.

(Doenges 2022)

### Reflecting/Evaluate Outcomes:

#### Evaluation of the top priority:

- No new CXR of RLL PE
- EKG not resulted
- Blood pressure 138/68
- Dysphagia screen- No consult with speech therapy at this time
- Heparin/ signs of bleeding: new anti xa 0.69

Continuing plan of care

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