

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
- Confused at time
- Blood infusions

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**ASSESS GI Q4 HR AND PRN**
 - * TO ENSURE OF PATIENT STILL HAS TENDERNESS IN ABDOMEN
2. **ASSESS LAB VALUES QD AND PRN (HGB, WBC, BUN) (Doenges et al., 2022)**
 - 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 RECONSTITUTUE, 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 IF HEMOGLOBIN <7 OR AS PROVIDER ORDERED**
 - 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 EVERY MEAL TID (breakfast, lunch, dinner)**
 - TO PREVENT WEAKNESS IN THE LEGS FROM NOT MOVING AROUND AND PROMOTE CIRCULATION
- **EDUCATE THE PATIENT ON LOW FIBER DIET ON ADMISSION AND DISCHARGE**
 - TO MINIMIZE STRAIN ON INTESTINAL LINING AND POTENTNALLY DECREASING BLEEDING
- **EDUCATE ON THE IMPORTANCE OF TAKING MEDICATIONS ON ADEMISSION AND DISCHARGE OR PRN**
 - TO HELP PREVENT GI HEMMORHAGE AND MAINTAIN BLOOD SUGAR**EDUCATE PATIENT ON THE IMPORTAMCE OF NUTRITON AND INCREASING AT MEALS**
 - *TO HELP PROMOTE HEALING, HIGH PROTEIN HELPS WITH HEALING
-

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- BP 124/68
- NON-TENDER ABDOMEN
- PAIN 0/10
- LESS PALE SKIN
- *Patient appetite increased at 75% breakfast
- *LAST BOWEL MOVEMENT NO BLOOD PER PATIENT
- *LAB FINDINGS NO CHANGE DUE TO NOT BEING TO SEE THE NEXT LAB VALUES
- *AGE 85 YEARS OLD
- *ANEMIA
- *DIABETES
- *GI HEMMORGHAGE

CONTINUE PLAN OF CARE

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