

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name ___ Abigail Foote _____

Date ___ 1/30/25 _____

Noticing/Recognizing Cues:

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

Assessment findings*:

- SpO2- 94%
- Diminished lung sounds
- Short of breath on exertion
- Unsteady gait
- Generalized weakness
- Moist productive cough
- Constant back pain rated 6/10
- Labored breathing
- Sputum production that is thin yellow/tan tint
- Dry/fragile skin
- Blood pressure of 173/79
- Abdominal bruising
- Fluid restriction of 1200 mL

Lab findings/diagnostic tests*:

- WBC- 18.6
- Hgb- 11.6
- Hct- 32.1
- RDW- 15.8
- Neut #- 14.8
- Mono #- 1.8
- Sodium- 135

Risk factors*:

- COPD
- Current smoker
- Age of 72
- Hypertension
- Rib fracture
- Chronic back pain
- Osteoporosis

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

- Impaired gas exchange
- Decreased activity tolerance
- Ineffective airway clearance
- Ineffective breathing pattern
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Goal Statement: Patient will have improved gas exchange.

Potential complications for the top priority:

- Pressure Ulcer
 - Change in skin color/texture
 - Swelling
 - Area of skin that is warmer or cooler to touch
- Death
 - No pulse
 - No respiratory rate
 - Cyanosis
- Respiratory Acidosis
 - Tachycardia
 - Confusion
 - Wheezing in lungs

Responding/Taking Actions:

Nursing interventions for the top priority:

1. "Note the presence of conditions that can cause or be associated in some way with gas exchange problems" (Doenges, 2022). Per shift.
2. Focused respiratory assessment on patient Q4h
3. Assess level of mental status Q4h
4. Monitor patients' labs per shift.
5. Elevate patients head of bed and appropriately position patient at all times.
6. Encourage position changes as well as coughing and deep breathing exercises Q2h.
7. Encourage the use of the incentive spirometer and flutter device Q2h.
8. Maintain adequate fluid intake Q2h.
9. Encourage ambulation as tolerated for the patient Q2h.
10. Encourage adequate resting periods Q2h.
11. Administer respiratory medications as Budesonide/Formoterol inhalation Q12h, Albuterol/Ipratropium inhalation Q12h, Guaifenesin PO Q12h.
12. Administer antibiotic medication of Ertapenem IV daily.
13. Educate on smoking cessation by discharge.
14. Educate on nutrition needs by discharge.
15. Education on medication routine by discharge.
16. Educate on respiratory devices for at home by discharge.

Reflecting/Evaluate Outcomes:

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

- SpO2 status improved to 95%.
- Lung sounds are still diminished.
- Cough is suppressed but intermediate with moisture and production.
- Patient still experiences short of breath on exertion but can tolerate activities.
- Patient has improved to unlabored breathing.
- Sputum has maintained a thin yellow/tannish substance.
- Monitored labs of WBC, Hgb, Neut #, Mono # are maintained.

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