

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\*:

- Drowsy
- L Hip islet dressing
- L Hip surgical wound
- Rated 8/10 pain in left hip
- Purewick external catheter
- Moderate weakness in bilateral hand grasps
- Severe weakness in bilateral plantar/dorsiflexion
- Wears glasses
- Missing teeth
- Uses ambulatory aid (walker)
- Had a fall within the last 6 month
- Blood pressure 106/68 mmHg
- SCD pumps
- Unsteady gait
- Limited range of motion in lower left extremity

Lab findings/diagnostic tests\*:

- Hgb: 11.5 (low)
- Na: 135 (low)
- Glucose: 107 (high)
- Hip MRI showed non displaced fracture
- Hip MRI showed partial tear of the gluteus medius and minimus tendons
- Abdomen & pelvis CT showed mild atelectasis & slight right pleural effusion

Risk factors\*:

- History of fibromyalgia
- History of bipolar disorder
- History of schizophrenia
- Age 65
- History of falls
- Surgical procedure
- History of Irritable Bowel Syndrome
- Vertigo
- Migraines
- Cannabis Abuse
- Empyema with VATS
- Former smoker

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

Nursing priorities\*:

- Acute pain
- Impaired mobility
- Risk for constipation
- Risk for thrombosis
- Risk for impaired gas exchange
- Decreased activity tolerance
- Risk of falls
- Impaired skin integrity

(Doenges, Moorhouse, & Murr, 2022)

**Goal Statement:** Patient will have decreased pain (rated 3-4/10) in the left hip before discharge.

Potential complications for the top priority:

- Impaired mobility & decreased physical function
  - Limited ROM, unsteady gait, falls, & joint pain
- Constipation
  - Upset stomach, nausea, vomiting, fecal impaction, straining during defecation, & infrequent bowel movements
- Risk for chronic pain development
  - Pain lasting 6 months or greater, radiating pain, fatigue, insomnia, dependence on analgesics
- Respiratory complications (Doenges, Moorhouse, & Murr, 2022)
  - Shallow breathing, respiratory depression, confusion, hypoxia, cyanosis, low spO2, & use of accessory muscles

## Responding/Taking Actions:

### Nursing interventions for the top priority:

1. Assess vital signs Q4 hours & prn (0800, 1200, 1600, 2000, & 0000): to gather baseline vitals to compare if complications arise.
2. Pain assessment Q4 hours & prn (0800, 1200, 1600, 2000, & 0000): to see if patient is in any pain, or if pain has improved or worsened.
3. IV assessment Q4 hours & prn (0800, 1200, 1600, 2000, & 0000): to make sure IV is intact and patent to prevent infection, and
4. Pain assessment 30 minutes-1 hour prior to giving pain medication: to see if patient's pain has improved, worsened, or stayed the same.
5. Focused circulatory assessment Q4 hours & prn (0800, 1200, 1600, 2000, & 0000): to check for capillary refill, pulses, and color on lower and upper extremities to ensure adequate circulation.
6. Focused musculoskeletal assessment Q4 hours & prn (0800, 1200, 1600, 2000, & 0000): to check for improved or worsened weakness in patient.
7. Administer 0.5mg of hydromorphone (dialudid) Q4 hours prn IV push: to improve or minimize patient's pain.
8. Administer 650mg of Acetaminophen (Tylenol) Q4 hours prn PO: to improve or minimize patient's pain
9. Collaborate with PT/OT prior to therapy: so medication can be given prior to therapy, so patient can tolerate therapy better/longer.
10. Reposition patient Q2 hours & prn: to prevent skin break down and pressure ulcers.
11. Change left hip islet dressing per physician order: to prevent infection and making sure patient dressing stays dry and intact.
12. Walking daily in the hallway with ambulatory aide: to promote early ambulation to promote healing.
13. Educate patient to perform ROM exercises daily: to strengthen muscles, bones, and joints.
14. Educate patient on performing incentive spirometry 5-10x an hour when awake: to expands lungs after surgery and prevent atelectasis.
15. Educate patient on coughing and deep breathing every hour: to help expand lungs to prevent atelectasis after surgery.
16. Educate patient on risks of taking opioid analgesics before discharge: to make sure patient is taking medications as prescribed to prevent addiction or dependence, and promote healing.
17. Educate patient on non-pharmacological methods of pain relief before discharge: patient can help body relax without becoming dependent on analgesics, and to promote healing.

## Reflecting/Evaluate Outcomes:

### Evaluation of the top priority:

- Pain rated 6/10 in left hip
- Weight bearing on left leg as tolerated
- Ambulating as tolerated
- Ambulates as a 1 assist with a walker
- Left hip islet wound dressing is dry and intact
- Severe weakness still present with plantar and dorsiflexion- will continue to monitor
- Will continue to monitor VS and blood pressure
- Increased ROM present on left lower extremity
- No new diagnostic tests or imaging ordered at this time

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 Medpresso, Inc.