

Firelands Regional Medical Center School of Nursing
Nursing Care Map

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Date: January 30, 2025

Noticing/Recognizing Cues:

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

Assessment findings*:

- Hearing aides
- Muscle weakness
- Numbness and tingling
- Lightheadedness
- Atrial fibrillation
- Telemetry
- Impaired vision - Glasses left at home
- Foley catheter
- Hypertension
- UTI
- BP 113/7

Lab findings/diagnostic tests*:

- RBC 3.71 L
- Hgb 12.9 L
- Hct 37.3% L
- Na 125 L (Hyponatremia)
- Cl 96 L
- CO2 20.6 L
- Urinalysis (+) - Leukocyte esterase, RBCs, WBCs, no bacteria

Risk factors*:

- 89 years old
- Home alone
- High fall risk
- Assistive device - walker
- Depression and anxiety
- No appetite
- Former smoker - cigarettes
- Had not eaten in two days
- H/O CHF
- Chronic anticoagulation
- H/O AKI

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

- Urinary retention
- Perceived constipation
- Impaired physical mobility

Goal Statement: Patient will demonstrate improved muscle strength and control of any limitations regarding his mobility.

Potential complications for the top priority:

- Gastrointestinal problems
 - Abdominal pain and discomfort
 - Constipation
 - Inability to pass gas
- Risk for falls
 - Muscle weakness
 - Arrhythmias
 - Lightheadedness
 - Low blood pressure
- Impaired skin integrity
 - Painful and tender areas on skin
 - Numbness and tingling
 - Presence of pressure injuries

Responding/Taking Actions:

Nursing interventions for the top priority:

- Assess the patient's vital signs, especially blood pressure, q4h and PRN (0800, 1200, etc.)
 - It is important to assess the patient's vital signs to provide signs of potential complications related to their impaired physical mobility. A change in blood pressure can cause the patient to experience a variety of symptoms, including a feeling of lightheadedness and/or fainting. This not only can impair their physical mobility but also can be a safety issue for the patient.
- Assess the patient's nutritional status, including fiber intake, and client's report of energy level daily and PRN.
 - Deficiencies in nutrients, water, electrolytes, and minerals can cause a negative effect to energy and activity tolerance to perform physical mobility. This can impact a patient's health and gives time to manage any nutritional balances, resulting in possible changes in treatment plan. It is important to incorporate a high-fiber diet into your nutrition because insufficient fiber can cause constipation. Patients with impaired physical mobility are at an increased risk of experiencing gastrointestinal problems.
- Perform a focused musculoskeletal assessment and evaluate muscle strength q8h and PRN (0800, 1600, etc.).
 - Evaluating the patient's muscle strength helps to identify their functional capability to move, as well as their limitations. This is important to assess often to prevent complications and further decline.
- Monitor the patient's lab values/diagnostics for any changes in health status and indications of a new or reoccurring problem daily and PRN.
 - Lab values/diagnostics can help identify potential complications and underlying medical problems. Specific lab values to monitor for impaired physical mobility include sodium and potassium levels. An electrolyte imbalance can affect muscle action which can limit the ability to move and participate in activities.
- Implement fall precautions based on the patient's functional ability to move, health status, and safety daily and PRN.
 - A patient's decreased ability to move increases the risk for falls. The result of a fall can lead to serious injuries and changes in health status: Head injuries, bone fractures, lacerations, and more. It is important that the risk for falls is assessed, as well as precautions in place, to prevent possible harm to patients.
- Encourage patient ambulation by walking in the hallways after every meal and PRN.
 - By ambulating in the hallways after meals, this helps improve their digestion by stimulating bowel movements. This would improve physical mobility and maintain muscle strength. Walking can also help to maintain a healthy blood pressure and increase circulation.
- Administer Amiodarone (Cordarone) 100mg PO daily.
 - This medication suppresses arrhythmias in patients with atrial fibrillation. Arrhythmias (irregular heartbeats) can cause dizziness due to reduced blood flow to the brain. This could potentially lead to impaired mobility and an increase in falls. (Myers, 2023)
- Administer Docusate (Colace) 100mg PO BID.
 - This medication promotes incorporation of water into the stool, acting as a stool softener. Administered orally, it prevents constipation. Patients with impaired physical mobility are at an increased risk of experiencing constipation.
- Administer Sennosides (Senokot) 8.6mg PO BID.
 - This medication provides treatment for constipation and has a laxative action. The active components of senna (sennosides) alter water and electrolyte transport in the large intestine, resulting in an accumulation of water and increased peristalsis. Patients with impaired physical mobility are at an increased risk of experiencing constipation.
- Educate the patient to perform ROM exercises while sedentary and inactive q2h and PRN (0800, 1000, etc.).
 - Performing range of motion (ROM) exercises even when sedentary helps to maintain muscle and improve functional mobility. This exercise is extremely important in geriatric patients due to the decrease in ROM as aging occurs. This can help to slow the decline of the patient's ability to move efficiently.
- Educate the patient on the reasoning for fall precautions and the importance of using the call light when needing assistance daily and PRN.
 - This reduces the risk of falls and promotes their safety to ask for help when attempting physical mobility activities while in the hospital. This prevents complications from occurring due to attempting activities independently when patient safety is a priority.
- Educate and demonstrate proper use of walker and any assistive devices used for mobility to ensure safety of the patient daily, before discharge, and PRN.
 - It is crucial to demonstrate proper use of any assistive device in use to promote and maintain the safety of the patient. When a patient has impaired physical mobility, they are at an increased risk for falls. Using a walker can maintain balance and improve the patient's independence and quality of life.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- 89 years old
- Home alone
- High fall risk
- Assistive device – walker
- Had not eaten in two days
- Na levels – No new lab value
- No numbness and tingling
- Decreased muscle weakness
- Impaired vision – Patient discharged with access to glasses at home
- Foley catheter – Reassess to be taken out in one week
- BP 175/85
- No lightheadedness

Continue Plan of Care.

Reference: Myers, E. (2023). *RNotes: Nurse's clinical pocket guide* (6th ed). F.A. Davis Company: Skyscape Medpresso, Inc.