

Firelands Regional Medical Center School of Nursing
Nursing Care Map

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Date ___01/25/2025

Noticing/Recognizing Cues:

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

Assessment findings*:

- Left arm weakness
- Left leg weakness
- Tenting of skin
- Oral cavity dry
- Missing/stained teeth
- Abnormal gait
- Complains of dizziness
- Episodes of incontinence
- Redness on right buttock
- Fall precautions
- Aspiration precautions
- Pain 7/10



Lab findings/diagnostic tests*:

- RDW on 1/16 16.44
- Positive H+ Nitrate in urine
- Urine yeast +1 (Van Leeuwen & Bladh 2023).
- Blood sugar 160
- Hgb on 1/23 11.6
- Mono # 1.0H
- WBC on 1/23 6.5



Risk factors*:

- History of falls
- Dementia
- Age-81 years old
- Left side weakness
- Dehydration
- Urinary urgency
- History of right CVA
- Language barrier

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Nutrition imbalance
- Impaired movement
- Incontinence
- Memory loss
- Impaired skin intactness
- Communication impairment

Goal Statement: This patient will improve ambulation upon discharge.

Potential complications for the top priority:

- Dehydration
 - 1. Dry mucous membranes
 - 2. Decrease output
 - 3. Tachycardia
- Pulmonary embolism
 - 4. SOB
 - 5. Chest pain
 - 6. Low O2 and PaCO2
- Pneumonia
 - Crackles at base of lungs
 - Atelectasis
 - Chest pain

Evaluation:

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Implement fall precautions upon admission
-To protect the patient from sustaining any injuries during transfer
2. Pain assessment Q4hr
-To assess any pain before ambulation
3. Vital signs Q4hr
-To assess blood pressure prior to transfers
4. Assess the patient's need and request further consultants for physical therapy and occupational therapy upon admission
-To have PT/OT assist the patient further with their functional needs
5. Apply yellow grip socks Q transfers
-To give the patient a safe stance while transferring
6. Encourage the patient to continue being up as tolerated by frequent ambulation Q2hr during the day
-To decrease the patient's risk of a pulmonary embolism
7. Increase the amount of fluid intake Q2hrs
-To promote hydration
8. Educate the patient on the importance of the use of an incentive spirometer Q8 hours
-To help expand the lungs and prevent atelectasis
9. Educate the patient on the importance of coughing and deep breathing Q8 hours
-To promote healthy lung expansion and lung health

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Left arm weakness- still the same
 - Left leg weakness- still the same
 - Abnormal gait- still the same
 - Complains of dizziness- no further complaints
 - Fall precautions remain in place
 - Pain 4/10 upon reassessment
 - Positive H+ nitrate in urine- no update
 - Yeast urine +1- no update
- History of falls, no further falls
 - Dementia, memory still impaired
 - Urine urgency, void 5x urgency increased
 - History of right CVA, no change
- Continue plan of care.

Reference: Van Leeuwen, A. M. & Bladh, M. L. (2023). *Davis's comprehensive manual of laboratory and diagnostics tests with nursing implications* (10th ed). F.A. Davis Company: Skyscape Medpresso, Inc.