

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name: Morgan Leber

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Noticing/Recognizing Cues:

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

Assessment findings*:

- BP 108/69
- Right hip and knee pain 8/10 with movement
- Right hip fracture
- Glasses
- Walker for ambulation
- Surgical wound with staples
- Abnormal gait
- Dizziness
- Muscle weakness
- Non-pitting puffy edema on right lower extremity
- Vertigo

Lab findings/diagnostic tests*:

- RBC 3.44
- Hgb10.8
- Hct 32.1
- Plt 525
- Mg 1.8
- Total protein 5.2
- Albumin 3.0
- Prealbumin 16.0

Risk factors*:

- History of knee surgery
- History of gastric bypass surgery
- History of cholecystectomy
- History of total hysterectomy
- History of tonsillectomy
- History of intestinal obstruction
- History of chronic back pain
- Vertigo
- Migraines
- Depression
- Thyroid disease
- Hypothyroidism
- Rheumatoid arthritis
- Heel spur
- Pelvic prolapse
- Cystocele

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Acute pain
- Impaired physical mobility
- Risk for adult falls

Goal Statement:

Patient will rate their pain a 2/10 with movement by discharge.

(Doenges et al. 2022)

Potential complications for the top priority:

- Deep Vein Thrombosis
 - Calf pain
 - Edema
 - Redness
 - Warmth
- Pressure Injury
 - Breakdown of tissue
 - Erythema
 - Sensation or temperature changes
 - Tenderness
- Pneumonia
 - Chest pain
 - Shortness of breath
 - Fever

(Myers, 2023)

(Sawyer-Sommers, 2023)



Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess vital signs Q4H and PRN (0800, 1200, 1600, 2000, 0000, 0400)
 - Rationale: Establish baseline data to identify any complications
2. Assess pain Q4H and PRN (0800, 1200, 1600, 2000, 0000, 0400)
 - Rationale: To provide proper pain management interventions
3. Perform a wound assessment Q4H and PRN (0800, 1200, 1600, 2000, 0000, 0400)
 - Rationale: To ensure wound is well approximated with staples and there are no signs of infection
4. Perform a musculoskeletal assessment BID and PRN (0900, 2100)
 - Rationale: To establish baseline mobility level and assess how the patient tolerates movement
5. Administer Oxycodone IR 5mg PO Q4H and PRN (0800, 1200, 1600, 2000, 0000, 0400)
 - Rationale: To treat 8-10 pain level
6. Administer Lidocaine 4% Patch 2 patch topical daily (0900)
 - Rationale: To provide a local anesthetic to the area the patient is having pain
7. Administer Diclofenac Sodium 1% Gel 2gm topical BID (0900, 2100)
 - Rationale: To help with rheumatoid arthritis
8. Administer Acetaminophen 1,000mg PO Q8H (0600, 1400, 2200)
 - Rationale: To treat pain if necessary
9. Administer Methocarbamol 1,000mg PO QID (0900, 1400, 1800, 2200)
 - Rationale: To help relax muscles to help with the pain management
10. Administer Bupropion XL 300mg PO daily (0900)
 - Rationale: To help with depression
11. Administer Enoxaparin 40mg SUBCUT daily (1000)
 - Rationale: To prevent DVT from prolonged resting in bed
12. Implement turning and repositioning Q2H and PRN (0800, 1000, 1200, 1400, 1600, 1800, 2000, 2200, 0000, 0200, 0400, 0600)
 - Rationale: To prevent sores from developing due to prolonged pressure on areas from resting in bed and provides another approach to pain management
13. Collaborate with occupational therapy and physical therapy daily
 - Rationale: To promote and help the patient return to baseline to perform ADLs efficiently
14. Collaborate with provider daily
 - Rationale: To ensure pain management is adequately controlled
15. Educate the importance of ambulation along with turning and repositioning before discharge
 - Rationale: To promote healing and reduce the risk of pressure sores
16. Educate about non-pharmaceutical interventions that can be performed alongside pain medications before discharge
 - Rationale: To provide an alternative approach to pain management
17. Educate ways to approach pain management with prescribed medications before discharge
 - Rationale: To ensure adequate knowledge of at home meds and proper medication administration
18. Educate on signs and symptoms of DVT, pressure injuries, pneumonia, along with other potential complications before discharge
 - Rationale: To ensure patient understands what to look out for and when to report symptoms
19. Provide a handout on at-home exercises that can be performed around the house or in bed before discharge
 - Rationale: To provide another alternative approach to pain management allowing the patient be involved with their care
20. Develop a proper plan of care for when the patient goes home before discharge
 - Rationale: To ensure the patient understands what is expected and how to continue care at home

(Doenges et al. 2022)



Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Right hip pain 10/10 with movement
- Right hip fracture
- Surgical wound pink, well approximated, and no drainage or odor

Continue Plan of Care.

Reference:

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurse's pocket guide: Diagnoses, prioritized interventions, and rationales* (16th ed). F. A. Davis Company: Skyscape Medpresso, Inc.

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

Sawyer-Sommers, M. (2023). *Davis's diseases and disorders: A nursing therapeutics manual* (7th ed). F. A. Davis Company: Skyscape Medpresso Inc.