

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*:

- Rt flank pain
- Sense of burning when urinating
- Anxiety
- Fatigue
- Bladder pressure
- Dysuria
- Foley catheter
- Cloudy, sediment, amber colored urine
- Hydronephrosis

Lab findings/diagnostic tests*:

- WBC 13.9
- BUN 28
- Creatinine 1.62
- RBC 3.44
- Hgb 10.4
- Hct 32.3
- K+ 5.6
- Cystoscopy
- Abdomen/Pelvis CT scan showing 7x6 mL ureteral stone
- Urethrocytography retrograde x-ray: right ureteral stent placement
- Urinalysis/Urine Culture: Appearance: Cloudy, occult blood: 3+, leukocyte esterase: 3+, WBC: innumerable, bacteria: some, and culture: negative

Risk factors*:

- Age 78
- Hyperlipidemia
- Pacemaker
- Asthma
- Crohn's Disease
- Afib
- HTN
- Kidney stones
- Previous back surgery
- Skin cancer of forehead
- Chronic respiratory failure with hypoxia
- Cystoscopy found blood clot in ureter

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired urinary elimination, anxiety, risk for infection, risk for urinary retention, acute pain, and disturbed sleep pattern

Goal Statement: Patient will be able to void per self without having a foley catheter in by discharge.

Potential complications for the top priority:

- Urinary Tract Infection (UTI)
 - Elevated WBCs
 - Altered mental status
 - Burning with urination
 - Fever
 - Cloudy Urine
- Kidney damage
 - Elevated BUN/creatinine levels
 - Dark, concentrated urine
 - Edema
 - Decreased urine output
 - Altered mental status
- Bladder Damage
 - Increased pain
 - Leakage of urine
 - Hematuria
 - Frequent urination
 - Incontinence

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess patient & VS q4H and PRN (0800, 1200, 1600, 2000)
Rationale: to provide a baseline for timely interventions when problems are noted
2. Assess patient's level of pain q4H and PRN (0800, 1200, 1600, 2000)
Rationale: to determine if your patient needs something for the pain and to provide pain comfort measures
3. Assess patient's LOC q4H and PRN (0800, 1200, 1600, 2000)
Rationale: an altered mental status can indicate further complications
4. Assess patient's GU system focusing on s/s of urination q4H and PRN (0800, 1200, 1600, 2000)
Rationale: to determine if patient's urination status is improving or not
5. Administer the prescribed meds as ordered: Ceftriaxone 1 gm IV daily, Amiodarone 200 mg PO daily (0900), Mesalamine 800 mg PO TID (0900, 1400, 2200), Montelukast 10 mg PO daily (0900), Carvedilol 25 mg PO BID (0800, 1700), and Tamsulosin 0.4 mg PO daily (1700)
Rationale: to improve the process of impaired urinary elimination and for treating my patient's UTI
6. Review diagnostics in patients EMR daily and PRN (CT scan, urethrocytography retrograde x-ray) showing a 7x6 mL kidney stone and right ureteral stent placement
Rationale: to provide relevant information on the type of elimination problem the patient is experiencing
7. Review lab values in patients EMR daily and PRN (WBCs, BUN, Creatinine, K+)
Rationale: to assess if lab values are going back down to patient's baseline
8. Provide foley catheter care while assessing the urine in the bag q4H and PRN (0800, 1200, 1600, 2000)
Rationale: to help prevent a CAUTI from occurring and to see if the urine is staying the ruddy color or changing colors because that could indicate a further issue
9. Encourage fluid intake up to 1500-2000 mL/day including cranberry juice to help maintain renal function, prevent infection and formation of kidney stones, and avoid encrustation around catheter daily and PRN (Doenges et al., 2022)
Rationale: to help keep my patient hydrated and to prevent any further kidney stones from occurring
10. Empty the foley bag while noting the characteristics of the urine and remove the foley catheter per provider order
Rationale: to able the patient to be able to void per self because she was being discharged
11. Provide education on the importance of keeping the perineal area clean and dry AAT and provide education on the procedure she had done before discharge
Rationale: to reduce the risk of infection and prevent skin breakdown and so that the patient has all of her questions answered about her ureteral stent placement

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Denies rt flank pain 0/10
- Removal of foley catheter
- Amber colored urine continues
- Burning on urination continues with bladder pressure
- WBCs 10.6
- K+ 4.8
- BUN 24
- Creatinine 1.74
- Dysuria continues
- Ureteral stent treated hydronephrosis

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

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