

**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\*:**

- BP: 108/56
- SPO2: 95% RA
- Frequent voiding
- Frequent nausea
- Frequent lightheadedness
- Frequent dizziness
- Frequent tremors
- Bilateral lower extremity edema, non-pitting puffy
- Bilateral lower foot edema, pitting 1+, puffy
- Bilateral lower extremity tingling/numbness
- Mild left sided weakness
- High fall risk
- Walker for ambulation
- Fluid restriction 1500 mL

**Lab findings/diagnostic tests\*:**

- RBC: 3.24 L
- Hgb: 99 L
- Hct: 29.8 L
- Total protein: 4.9 L
- Albumin: 3.0 L
- Glucose: 115 H
- Ejection Fraction: 35-40%

**Risk factors\*:**

- Age 76
- Glasses
- Hx: HTN, DM, Parkinson's, Crohn's, thyroid cancer and removal surgery, hypothyroidism, menieres, heart failure, atrial fibrillation, heart palpitations, generalized weakness, cataract surgery, right sided hearing loss
- Diagnosis: Takosubo syndrome, Parkinson exacerbation, syringomyelia, NSTEMI, DVT

**Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:**

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

<ul style="list-style-type: none"> <li>• <b>Decreased cardiac output</b></li> <li>• Risk for decreased cardiovascular tissue perfusion</li> <li>• Impaired cardiovascular function</li> <li>• Ineffective self-health management</li> <li>• Risk for fluid volume imbalance</li> <li>• Decreased activity tolerance</li> <li>• Impaired bowel continence</li> <li>• Impaired physical mobility</li> </ul>	<ul style="list-style-type: none"> <li>• Adult risk of fall</li> <li>• Readiness for enhanced knowledge</li> <li>• Risk for bleeding</li> <li>• Nausea</li> <li>• Anxiety</li> </ul>
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**Goal:** Patient will have improved cardiac output.

(Myers, 2023)

**Potential complications for the top priority:** (Myers, 2023) (Venes, 2021)

1. **Thrombosis**  
-Swelling of the lower extremities, pain or soreness in the lower extremities, warm skin, Dyspnea, skin redness
2. **Arrhythmias**  
-Fatigue, heart palpitations, anxiety, breathless, altered rhythms, chest pain, dyspnea, fainting
3. **Hypotension**  
-Dizziness, lightheaded, vertigo, nausea, heart palpitations, weakness
4. **Fluid Imbalance**  
-Fluid retention, weight gain, decreased output, edema, dyspnea, electrolyte imbalance

## Responding/Taking Actions:

### Nursing interventions for the top priority:

- Vital signs q4h and PRN**  
Rationale: Monitor for improvement of blood pressure and SPO2.
- Assess mental status q4h and PRN**  
Rationale: Monitor for confusion and patient's condition.
- Perform cardiovascular assessment q4 and PRN**  
Rationale: Monitor patients' condition and pulses for improvement and/or worsening.
- Perform musculoskeletal assessment q4 and PRN**  
Rationale: Monitor patients' condition and ROM, capillary refill, strength, pulses, and condition of the lower and upper extremities for improvement and/or worsening.
- Implement fluid restriction of 1500 mL q24h**  
Rationale: To prevent fluid retention, fluid overload, pulmonary edema, peripheral edema, and further complications.
- Monitor lab values q12h and PRN**  
Rationale: Compare and ensure that all lab values have improve, are WNL, or correlate with disease process and/or medication therapy. Monitor for the need of medication therapy or stopped medication therapy.
- Administer medication: Carvedilol 12.5 mg PO BID**  
Rationale: Manage hypertension and heart failure, promote improved cardiac output.
- Administer medication: Apixaban 10 mg PO BID**  
Rationale: Treatment for DVT and prevention of possible DVT. Reduce risk of stroke.
- Administer medication: Vitamin B-12 1,000 mcg PO daily**  
Rationale: Increase energy levels along with promoting nerve function and communication.
- Measure every intake and output daily**  
Rationale: Monitor for fluid retention or overload, along with ensuring adequate nutrition.
- Physical and occupational therapy per schedule**  
Rationale: To improve strength, ROM, balance, gait, and promote overall health.
- Educate patient and family on medications, disease processes, possible complications, fluid restriction, nutrition, and elimination once a day and PRN**  
Rationale: To promote improving patients overall health. Including enhancing knowledge on medication therapy, disease processes, and interventions to prevent further complications

(Myers, 2023)

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## Reflecting/Evaluate Outcomes:

### Evaluation of the top priority:

- BP: 112/75
- SPO2: 97%
- No change, frequent voiding
- No change, frequent nausea
- No change, frequent lightheadedness
- No change, frequent dizziness
- No change, frequent tremors
- BLE edema, non-pitting puffy
- Bilateral lower foot edema, pitting 1+, puffy
- BLE tingling/numbness
- Mild left sided weakness
- High fall risk
- Walker for ambulation
- 1500 mL fluid restriction
- Currently no new labs
- No new cardiac function testing

Continue

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

Medpresso, Inc.

Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24<sup>th</sup> ed). F. A. Davis Company:

Skyscape Medpresso, Inc.

Vallerand, A. H., Sanoski, C. A., & Deglin, J. H., (2022). *Davis's drug guide for nurses* (18<sup>th</sup> ed).

F. A. Davis Company: Skyscape Medpresso, Inc.