

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 134/77
- RR 14 + Shallow
- Temperature 97.6° F
- Pulse 83 BPM
- SpO2 95%
- 10/10 Pain on admission
- Yellowing of sclera
- +1 pitting edema BLE
- RUQ abdominal tenderness



Lab findings/diagnostic tests*:

- Amylase 390 H
- Lipase 2232 H
- Glucose 110 H
- Bilirubin 3.1 H
- Calcium 8.5 L
- Cholesterol 163



Risk factors*:

- HTN (NCTZ)
- Female
- Obesity
- Unemployed
- Uninsured
- h/o high cholesterol

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Acute pain
- Risk for infection

Goal Statement:

My patient will present with decreased pain

Potential complications for the top priority:

- Chronic Pain:
 - fatigue
 - activity changes
 - altered sleep/wake cycle
- Mental health impairment:
 - anxiety from pain
 - depression
 - stress
 - social withdrawal
- Decreased ADL's
 - limited mobility
 - dependent on others
 - weakness/altered gait

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess pain or discomfort q4hr or PRN (0800, 1200, 1600, 2000, 2400, 0400)
Rationale: to aid in understanding reason for severity of pain associated with client's condition and point toward needed interventions for pain management
2. Perform an abdominal focused assessment q4hr or PRN (0800, 1200, 1600, 2000, 2400, 0400)
Rationale: to provide a comparative baseline for abnormalities and properly timed interventions when problems occur
3. Assess vital signs q8hr or PRN (0800, 1600, 2400)
Rationale: to provide a comparative baseline and opportunity for timely interventions when problems are noted
4. Administer Acetaminophen 650 mg q6hr or PRN (0900, 1500, 2400)
Rationale: to help relieve client of pain in their abdomen
5. Administer Famotidine 20 mg IV push q12hr (0900, 2100)
Rationale: to prevent further GI irritation and inflammation causing client pain
6. Administer Potassium Chloride 40 meq once
Rationale: to correct potassium depletion and aid body in enzymatic reactions (contraction of cardiac, skeletal, and smooth muscle, renal function, and transmission of nerve impulses)
7. Encourage and educate client on eating a well-balanced diet upon discharge
Rationale: to further prevent problems (pancreatitis/cholecystitis) from occurring again or getting worse from improper nutrition, such as eating high-cholesterol foods.
8. Encourage 150 minutes of exercise per week, and educate on its importance upon discharge
Rationale: to improve clients pre-diabetes blood glucose, as well as improving client's obesity to avoid further complications
9. Educate on available mental health resources upon discharge
Rationale: to promote mental well-being and decreasing stress while coping with acute pain

(Doenges et al., 2022)



Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Patient reports pain 0/10, RR 16 and normal, BP 141/81, yellowing of sclera decreased and RUQ tenderness did as well. New lab values drawn show: bilirubin: 1.1 H, calcium: 8.7, amylase: 390 H, lipase: 780 H, glucose: 79. Risk factors of hypertension, female sex, and a history of high cholesterol all remain the same.

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