

**Firelands Regional Medical Center School of Nursing  
Nursing Care Map**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

**Noticing/Recognizing Cues:**

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

**Assessment findings\*:**

- Right foot numbness/tingling
- Right foot reddened
- Right foot pain 1/10
- Right dorsalis pedis pulse weak with doppler
- Right posterior tibial pulse weak with doppler
- Right great toe black, numb/tingling
- Glasses
- Missing teeth
- Left ear mild hearing difficulty
- BP 156/95
- Groin dressing
- Groin hematoma

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

- Hgb- 12.3 (L) 2/12
- Hct- 36.3 (L) 2/12
- Angiogram: pending results 2/12
- PVR
  - R first toe gangrene & PAD
  - Severe PAD of RLE at rest
  - Pt. is most likely to have inflow disease of RLE
- Foot X-Ray
  - No acute bony deconstruction
  - Calcaneal spurring
  - Milder degeneration

**Risk factors\*:**

- Esophageal bleeding
- HTN
- Diabetes 1.5, treated as Type 2
- Pancreatitis
- Former smoker
- Abnormal ankle brachial index
- Gangrene of R toe
- Cellulitis
- PVD

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

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

- Ineffective peripheral tissue perfusion
- Impaired tissue integrity
- Disturbed Sensory Perception: Tactile
- Acute Pain
- Risk for infection

**Goal Statement:**

The patient will demonstrate improved tissue perfusion as evidenced by palpable peripheral pulses, warm skin temperature, reduced numbness/tingling in the right foot, and absence of further deterioration within the next 48 hours.

**Potential complications for the top priority:**

- Critical Limb Ischemia (CLI)
  - Persistent pain at rest
  - Severe coldness or bluish discoloration of lower extremity
  - Loss of sensation or motor function in the affected limb
- Infection
  - Redness, warmth, or swelling spreading from affected foot
  - Fever, chills, or elevated WBC count
  - Systemic signs of infection: Tachycardia, hypotension, altered mental status
- Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)
  - Unilateral leg swelling, warmth, tenderness
  - Sudden onset of chest pain or SOB
  - Increased heart rate or unexplained hypoxia

**Responding/Taking Actions:**

**Nursing interventions for the top priority:**

1. Monitor vital signs Q4H and PRN
  - Helps to identify early signs of deterioration, to prevent further complications.
2. Perform neurovascular assessment of affected limb Q4H and PRN
  - Indicate early detection of worsening ischemia or potential acute arterial occlusion.
3. Monitor skin integrity DAILY and PRN
  - PAD causes high risk for developing non-healing wounds due to poor circulation. Early detection can prevent further complications.
4. Monitor blood glucose levels before and after meals, at bedtime, and PRN
  - Poorly controlled diabetes impairs wound healing and worsening perfusion-related complications.
5. Monitor peripheral pulses in the right leg Q4H and PRN
  - Assessing pulses helps detect changes in circulation and identify worsening perfusion early.
6. Monitor the surgical incision site for bleeding, swelling, or signs of infection every shift and PRN
  - Early detection of complications promotes timely interventions and proper wound healing.
7. Encourage active and passive ROM exercises in the lower extremities as tolerated
  - Promotes circulation and prevents complications such as deep vein thrombosis (DVT).
8. Administer prescribed insulin Aspart subcutaneous TID
  - Maintaining blood glucose control supports circulation and wound healing, reducing the risk of complications in patients with impaired perfusion.
9. Administer prescribed Gabapentin 600mg PO QID
  - Gabapentin helps to manage neuropathic pain and discomfort (Vallerand et al., 2022).
10. Administer prescribed aspirin 81mg DAILY
  - Aspirin reduces clot formation, improving circulation in patients with PAD.
11. Administer prescribed Clopidogrel Bisulfate 75mg PO DAILY
  - Clopidogrel prevents clot formation and stent occlusion.
12. Educate patient on signs and symptoms of worsening PAD before discharge
  - Early intervention can prevent complications such as critical limb ischemia and amputation.
13. Educate patient on proper foot care techniques before discharge
  - Prevents further tissue damage and infections.

**Reflecting/Evaluate Outcomes:**



**Evaluation of the top priority:**

<ul style="list-style-type: none"> <li>• Pt. states right foot numbness and tingling improvement.</li> </ul>	<ul style="list-style-type: none"> <li>• Right posterior tibial pulse normal with palpation.</li> </ul>	<ul style="list-style-type: none"> <li>• Groin dressing intact.</li> </ul>	<ul style="list-style-type: none"> <li>• Hct- 33.6 (L) 2/13</li> </ul>	<ul style="list-style-type: none"> <li>• Ankle brachial index Significant improvement was identified after revascularization procedure.</li> </ul>
<ul style="list-style-type: none"> <li>• Right foot redness fading.</li> </ul>	<ul style="list-style-type: none"> <li>• Right great toe remains black with numbness/tingling</li> </ul>	<ul style="list-style-type: none"> <li>• Groin hematoma intact.</li> </ul>	<ul style="list-style-type: none"> <li>• RBC- 3.8 (L) 2/13</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<ul style="list-style-type: none"> <li>• Right dorsalis pedis pulse normal with palpation.</li> </ul>	<ul style="list-style-type: none"> <li>• BP 149/92</li> </ul>	<ul style="list-style-type: none"> <li>• Hgb- 11.6 (L) 2/13</li> </ul>	<ul style="list-style-type: none"> <li>• Venous doppler study- Greater saphenous vein is patent from the groin to the ankle and the size is adequate for conduit.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

Continue plan of care

**Reference:**

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.