

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

Student Name

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Date

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**Noticing/Recognizing Cues:**

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

**Assessment findings\*:**

-10/10 pain rating in RLE

-Numbness tingles BLE

-BP: 141/75

-Uses a wheelchair for mobility

-Below the knee right sided amputation

-Sluggish pupils

-Stump wrapped with ACE wrap

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

-WBC: 14.6H

-RBC: 3.09L

-Foot MRI: cortical erosion consistent w/  
Osteomyelitis

-Urinary Analysis: Negative

-Micro Wound specimen: Positive for:  
Streptococcus Anginous / soft tissue infection.

-Blood Glucose level: 154 Mg/DL

**Risk factors\*:**

-Lives alone

-Hx of HTN

-Hx of Type 2 Diabetes

-Hx of Arthritis

-Hx of GERD

-Hx of Sepsis

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

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

- |                               |                             |
|-------------------------------|-----------------------------|
| • -impaired mood regulation   | -impaired physical mobility |
| -impaired home maintenance    | -impaired skin integrity    |
| • -impaired health management | -risk for infection         |
| -Acute pain                   | -Risk for adult Falls       |
| -Self neglect                 | -Risk for injury            |

**Goal Statement: Patient will have improved skin integrity by discharge.**

**Potential complications for the top priority:**

- |                  |                           |                             |
|------------------|---------------------------|-----------------------------|
| • <u>Sepsis:</u> | <u>Amputation:</u>        | <u>Necrosis / Gangrene:</u> |
| • -Fever         | -Slow/ non healing wounds | -Discoloration              |
| • -Hypotension   | -infection                | -Severe pain                |
| • -Tachycardia   | -toe nails thickening     | -Foul smelling discharge    |

## Responding/Taking Actions:

### Nursing interventions for the top priority:

1. 1.ASSESS WOUND: RLE QD AND PRN
  - ASSESS DRAINAGE, ODOR, SKIN FOR INFECTION AND HEALING; ESTABLISH BASELINE DATA
2. 2.ASSESS VITAL SIGNS Q4 HOURS AND PRN
  - TO OBTAIN BASELINE AND WATCH FOR CHANGES THAT MAY INDICATE PATIENT DECLINE
3. 3.ASSESS LAB VALUES QD AND PRN (WBC, RBC, BGL)
  - TO OBTAIN BASELINE AND DETERMINE WHAT FACTORS ARE RELATED TO IMPROPER WOUND HEALING
4. 4.ASSESS PAIN Q4 HOURS AND PRN
  - TO ENSURE PATIENT IS COMFORTABLE AND MEDICATED PROPERLY
5. 5.ASSESS JOHN HOPKINS FALL SCORE Q4 HOURS AND PRN
  - TO ENSURE PROPER PRECAUTIONS ARE IN PLACE TO PROTECT PATIENT FROM HARM
6. 6.ASSESS CIRCULATION Q4 HOURS AND PRN
  - CHECK CAPILARY REFILL, COLOR, WARMTH, AND SENSATION TO ENSURE PROPER BLOOD FLOW; ESTABLISH BASELINE DATA
7. 7.ASSESS HISTORY OF PAST SKIN PROBLEMS ON ADMISSION
  - TO HAVE AN UNDERSTANDING IF PATIENT IS VULNERABLE TO PROBLEMS
8. 9. EDUCATE ON IMPORTANCE OF NUTRITION AND USE OF VITAMINS PRN
  - TO AID IN APPROPRIATE SKIN AND TISSUE HEALING AND TO MAINTAIN GENERAL GOOD HEALTH
9. 10. EDUCATE ON IMPORTANCE OF HYGIENE CARE PRN
  - TO ENSURE THAT PATIENT UNDERSTANDS IMPORTANCE OF HYGIENE RELATED TO OVERALL HEALTH
10. 11. EDUCATE ON DIAGNOSIS OF DIABETES PRN
  - TO ENSURE PATIENT UNDERSTANDS DISEASE AND RISK RELATED TO DISEASE
11. EDUCATE ON WOUND CARE PRN
  - TO ENSURE PATIENT HAS ADEQUATE UNDERSTANDING OF WOUND CARE AND DRESSING CHANGES

8. Administer Oxycodone PO 5mg for pain levels rated 3-7, 10mg for a pain rating of 7-10 PRN (as stated in **Deglin, J. H., Vallerand, A. H., & Sanoski, C. A. (2024)** you should watch for respiratory depression when giving this medication)

## Reflecting/Evaluate Outcomes:

Evaluation of the top priority: **1. Pain is still rated 10/10 in right lower extremity**

**2. Patient still experiences numbness/tingles BLE**

**3. Below knee amputation: no new data**

**4. Stump ACE wrap is changed out daily**

**5. WBC: 5.0**

**9. Blood Glucose Level: 99Mg/DL**

**6. RBC: 3.16**

**7. Foot MRI: No New Data**

**8. Micro Wound specimen: No new data**

**Continue Plan of Care**

**Reference:** Deglin, J. H., Vallerand, A. H., & Sanoski, C. A. (2024). *Davis's drug guide for nurses* (19<sup>th</sup>ed). F. A. Davis Company: Skyscape Medpresso, Inc.