

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Sydney Fox

Date 2/20/2025

Noticing/Recognizing Cues:

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

Assessment findings*:

- Glasses
- Dentures
- Mild weakness
- Low fat diet
- Oxygen: 2L
- Limited range of motion in neck
- SOB on exertion
- Dizziness
- Nausea
- Temperature: 97.6 F
- Heart rate: 90
- Respirations: 14
- BP: 111/58
- SpO2: 97%
- Peripheral saline lock
- Last BM 2/15/25
- Walker

Lab findings/diagnostic tests*:

- Troponin: 818 H
- BUN: 43 H
- Creatinine: 1.69 H
- Glucose: 142 H
- Magnesium: 1.2 L
- WBC: 7.2
- RBC: 3.30L
- Co2: 24.8
- Hgb: 10.4L
- Hct: 31.2 L
- Co2: 24.8
- Gallbladder Ultrasound: gallstones 5mm
- Head CT: no acute intracranial abnormality
- Cervical spine CT: multilevel flowing anterior secondary DISH, multi facet arthropathy with facet fusion C2-C3. Severe degenerative changes in C1- C2 with moderate canal narrowing, fusions of upper lung.

Risk factors*:

- Age: 88
- Hx: Arthritis
- Hx: Hypertension
- Hx: of falls
- Hx: Diabetes
- Hx: Hypothyroid
- Hx: CKD
- Joint stiffness
- Pain
- Hx: carpal tunnel release in both wrists

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired physical mobility
- Risk for adult falls
- Chronic Pain
- Decreased activity tolerance

Goal Statement:

Patient will maintain or increase strength and function

Potential complications for the top priority:

- Pressure injury
 - Swelling
 - Increased pain and discomfort
 - Tenderness, and redness
- Impaired circulation
 - Delayed capillary refill
 - Numbness or tinging
 - Cyanosis
- Falls and injury
 - Visible bruising or swelling
 - Decreased mobility
 - Dizziness and lightheadedness

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess patient's vital signs q4h and PRN.

Rationale: To identify any trends, and monitoring changes in SpO2.

2. Assess patient's mobility level q8h and PRN.

Rationale: Having the patient perform plantar flexion by pushing the balls of their feet downward against your hands and then perform dorsiflexion by pulling their feet back toward their shins against resistance. To determine strength and progression of weakness in the extremities.

3. Assess gait and respiratory status of patient q8h and PRN.

Rationale: Can help identify any changes in balance, strength, and coordination in the patient's ability to walk and perform ADLs.

4. Assess patient's pain, SOB, nausea, and dizziness q4h and PRN.

Rationale: To see if the factors of pain, nausea, and dizziness is part of the underlying cause of the impaired ability for patient to walk.

5. Assess the patient's skin integrity q12h and PRN.

Rationale: Early detection of any pressure injuries and bruising if the patient is having frequent falls.

6. Assess patient's musculoskeletal assessment q4h and PRN.

Rationale: To identify any changes in gait, strength, balance, coordination, and movement.

7. Implement fall precautions AAT.

8. Monitor patients, glucose, BUN, Hgb, Hct q8h and PRN.

Rationale: To determine hydration, glycemic control, and kidney function.

Rationale: To keep the patient safe, with bed alarms, yellow signs and wrist band, to ensure the patient will have an assist when getting out of bed.

9. Administer Duloxetine 60mg PO daily.

Rationale: Is an antidepressant and pain inhibition.

10. Administer allopurinol 100mg PO daily

Rationale: It lowers the serum uric acid levels, reducing inflammation attacks.

11. Administer Gabapentin 300mg PO BID.

Rationale: Decreases postherpetic pain and leg restlessness.

12. Educate patient on proper walker use daily and PRN.

Rationale: To promote proper use of the walker and improve gait.

13. Educate patient on heating and cooling therapy daily and PRN

Rationale: To provide comfort and relief to patient's joints.

14. Educate patient on the importance of using the call light.

Rationale: To prevent falls and give extra support while healing.

15. Educate the patient and family to have a clutter free environment daily and PRN.

Rationale: Keep rooms free of clutter, throw rugs, extension cords, anything that may be a tripping hazard.

16. Educate patient on the importance of exercises, stretching and walking daily and PRN.

Rationale: Exercise, stretching, and walking daily can help maintain and gain strength in the patient's muscles and joints.

(Myers, 2023)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- | | | |
|-----------------------------------|-------------------------|---|
| • Glasses | - BUN no change | -Hx: arthritis |
| • Mild weakness | -Glucose no change | - Hx: of falls |
| • Limited range of motion in neck | -Hgb no change | - Joint stiffness |
| • Last BM 2/15/25 | -Hct no change | - Pain |
| • SOB on exertion | -Gallbladder ultrasound | -Hx: carpal tunnel release in both wrists |
| • Dizziness | - Cervical spine CT | |
| • Nausea | | |
| • Decreased activity tolerance | | |
| • Walker | | Continue plan of care |

Reference:

Myers, E. (2023). *RNotes: Nurse's clinical pocket guide* (6th ed). F.A. Davis Company: Skyscape Medpresso, Inc.