

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*:

- Moderate weakness in right upper extremity
- Mild weakness in right lower extremity
- Right side facial droop
- Wears brief at all times, uses a periwick at night only, for incontinence
- BP 108/72, HR 68, RR 12, Temp. 97.6, SpO2 100%
- Hypoactive bowel sounds x4 quadrants
- Unsteady gait
- Generalized weakness
- Last bowel movement 3 days ago
- New onset of dysphagia
- Uses wheelchair, cane, and walker to move

Lab findings/diagnostic tests*:

- Hgb 11.6 L
- Hct 33.5 L
- Creatinine 0.52 L
- Barium swallow test confirmed new onset of dysphagia
- MRI of brain showed acute stroke left posterior limb of the internal capsule

Risk factors*:

- Age, 70 years
- Current everyday smoker
- Hypertension
- History of stroke
- Hyperlipidemia

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired physical mobility
- Risk for aspiration
- Risk for impaired skin integrity
- Risk for falls
- Risk for nutrition deficit
- Risk for impaired cardiovascular function
- Risk for abnormal bowel pattern/constipation

Goal Statement: Patient will have improved physical mobility

Potential complications for the top priority:

- Pressure injury
 1. Redness
 2. Moisture
 3. Opening of skin
- Pneumonia
 1. Cough
 2. Shortness of breath
 3. Fever
- DVT
 1. Swelling in lower legs
 2. Edema with pitting in lower legs
 3. Increased temp. of lower legs
 4. Increased pain in calf

Responding/Taking Actions:

Nursing interventions for the top priority:

(Doenges, et. al., 2022)

1. Assess temperature, color, and edema of lower legs Q4H PRN
 - a. To determine adequate blood flow to lower extremities
2. Assess for numbness or tingling in right arm Q4H PRN
 - a. To determine if worsening condition of right upper extremity
3. Assess location, duration, and quality of pain Q4H PRN
 - a. To determine if pain is too much to move
4. Assess skin and ensure mepilex is intact on coccyx Q2H PRN
 - a. To determine any skin breakdown or issues
5. ROM assessment before ambulating
 - a. To determine ability to assist with ambulation
6. Assess gait with assistive devices PRN
 - a. To determine if correct use of devices
7. Assess nutritional and energy levels after meals
 - a. To determine energy for activities like PT and OT
8. Check and change Q2H and pillows under heel at all times
 - a. To prevent skin breakdown and irritation
9. Place patient on Fall Precautions during admission and monitor safety Q4H PRN
 - a. To decrease risk of falls
10. Diclofenac Sodium Gel 10 mL on left hand BID
 - a. To suppress pain and inflammation of skin
10. Administer Aspirin 81 mg in the morning and Q4H PRN
 - a. To decrease pain, making ambulation more comfortable
11. Administer Tylenol 325 mg at night and Q4H PRN
 - a. To decrease pain throughout the night
12. Encourage patient to reposition themselves Q2H PRN
 - a. To prevent long exposure to pressure in one area
14. Educate on importance of ambulation Q24H PRN
 - a. To encourage patient to ambulate
15. Education on how to use assistive devices Q24H PRN
 - a. To promote patient safety
16. Educate on smoking cessation Q24H PRN
 - a. To limit risk factors of stroke or other medical issues
17. Educate on monitoring temperature, swelling, and pain in lower extremities Q24H PRN
 - a. To reduce risk of serious cardiovascular issues in lower extremities
18. Educate on reporting new onset cough and shortness of breath Q24H PRN
 - a. To decrease risk of pneumonia and treat symptoms promptly
19. Educate on monitoring and reporting any new redness or soreness on bony prominences Q24H PRN
 - A. To decrease risk of pressure injury and treat symptoms promptly

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Moderate weakness in right upper extremity remains the same
- Mild weakness in right lower extremity remains the same
- Continues to use wheelchair and walker, cane discontinued
- Gait remains the same
- Generalized weakness remains the same
- No new MRI ordered
- Uses a daily nicotine patch

Reference: Doenges, M. E., Moorhouse, M. F., and Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses prioritized interventions, and rationales* (16th ed.). F. A. Davis Company: Skyscape Medpresso, Inc.