

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*:

- Generalized weakness in LE
- Right leg pain rating 9/10 on exertion
- +1 pitting edema in R leg
- +2 pitting edema in L leg
- 3 L of oxygen
- Clear and diminished lung sounds
- Mepilex patch on coccyx
- Bruise on L hip and scattered throughout UE
- Numbness and tingling in LE
- SOB on exertion
- Poor appetite
- Walker for ambulation
- Incontinent
- Non-productive intermittent cough

Lab findings/diagnostic tests*:

- WBC -2.3 L
- RBC- 2.32 L
- Hgb- 8.8 L
- Hct -25.6 L
- Platelets 82
- Ca- 6.7 L
- CXR- may be retrocardiac infiltrate
- ECO- 60-75%

Risk factors*:

- Age 79
- History of Multiple Myeloma
- History of CVA
- History of DVT
- History of HTN
- Anxiety
- History of dysphagia
- History of Flu
- History of Pneumonia

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Impaired skin integrity
- Impaired physical mobility
- Risk for infection
- Ineffective airway clearance
- Impaired nutrition
- Excess fluid volume

Goal Statement: To gain strength and energy enough to return home healthy.

Potential complications for the top priority:

- Sepsis
 - Fever
 - Tachycardia
 - Hypotension
- Delayed healing
 - Reddened skin
 - Swelling
 - Persisting pain
- Systemic inflammation
 - Fatigue
 - Malaise
 - Increased susceptibility to infections

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess and monitor vital signs very closely, specifically RR, O₂, and BP Q4H and PRN.
Rationale: To create baseline and to detect signs of infection.
2. Perform a respiratory assessment Q4H and PRN.
Rationale: Identifies worsening pneumonia symptoms like SOB or low O₂ levels.
3. Assess for signs of skin breakdown Q2H and PRN.
Rationale: To ensure pt does not obtain a pressure injury while recovering.
4. Monitor hydration status and I&O's Q2H and PRN.
Rationale: Prevents dehydration, which can delay recovery.
5. Administer Azithromycin (antibiotic) 250 mg PO Q24H as prescribed.
Rationale: Is used to target infection and prevent complications.
6. Administer Acyclovir (antiviral) 400 mg PO BID as prescribed.
Rationale: To prevent recurrence and promote healing.
7. Administer oxygen therapy if needed.
Rationale: Supports breathing and prevents hypoxia.
8. Educate on deep breathing and coughing exercises.
Rationale: Helps clear secretions and prevent lung infections.
9. Educate on importance of physical mobility.
Rationale: To prevent pressure injuries and worsening pneumonia.
10. Encourage hydration and nutrition.
Rationale: Ensures pt is getting enough fluids and electrolytes for adequate healing.

(Doenges et al.. 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Lung sounds are clear and WNL.
- Pt is getting stronger and stable when ambulating.
- Pt symptoms are improving as the days go on.
- Swelling in legs has significantly reduced.
- Pain while ambulating reduces to a 4/10 and able to be tolerated with or without medication.
- Productive and clear cough to show decreased signs of infection.
- Hydration and nutrition status has significantly improved.
- Weakness and fatigue levels increase to improve ADLS.

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 Medpresso, Inc.