

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*:

- BP: 154/76
- Temperature: 97.5
- Blood glucose: 116
- Pain: 10/10
- Walker for ambulation
- Initial left side facial droop
- Mild left sided weakness
- Left sided numbness and tingling
- High fall risk
- Nonpitting puffy edema LLE
- +1 pitting puffy edema RLE
- Slightly diminished lung sounds anteriorly and posteriorly throughout
- Weight bear as tolerated

Lab findings/diagnostic tests*:

- RBC: 3.59 L
- Hgb: 10.2 L
- Hct: 29.2 L
- RDW: 15.6 H
- Na: 134 L
- BUN: 32 H
- Creatinine: 1.38 H

Risk factors*:

- Age 74
- Glasses
- Partial lower dentures
- Hx: Type 2 diabetes, hypertension, vitamin D deficiency, UTI, edema, overactive bladder, lower back severe degenerative disc disease, weakness, cerebrovascular accident (CVA)
- Diagnosis: right sided CVA and weakness

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired physical mobility
- Risk for thrombosis
- Decreased activity tolerance
- Risk for unstable blood glucose level
- Risk for unstable blood pressure
- Adult fall risk
- Risk for bleeding
- Chronic pain

Goal: Patient will have improved physical mobility by discharge.
(Myers, 2023)

Potential complications for the top priority:

(Myers, 2023)
(Venes, 2021)

1. Thrombosis
 - Swelling, pain, warmth, redness, tenderness, numbness, tingling, chest pain, and dyspnea
2. Decreased cardiac output
 - Tachycardia, bradycardia, arrhythmias, SOB, fatigue, hypotension, dizziness, lightheaded, LOC, cool skin, decreased output
3. Skin breakdown
 - redness, pain, altered sensation, changes in texture, wounds/sores, non-blanchable erythema, altered skin temperature

Responding/Taking Actions:

Nursing interventions for the top priority:

- Vital signs q4h and PRN**
Rationale: Monitor for improvement of blood pressure and temperature.
- Assess mental status q4h and PRN**
Rationale: Monitor for confusion and patient's condition.
- Perform neurological, cardiovascular, musculoskeletal, and respiratory assessment q4h and PRN**
Rationale: Monitor patients' condition and improvement of lung sounds, mobility, ROM, strength, and condition of the upper and lower extremities.
- Monitor lab values q12h and PRN**
Rationale: Monitor values for improvement and/or worsening. Monitor for the need for medication therapy or withhold of medication therapy.
- Administer medication: carvedilol, aspirin, clopidogrel, lidocaine patch, lisinopril, and enoxaparin as ordered**
Rationale: Manage hypertension, prevent and treat thrombosis, control pain, lower heart rate, and improve cardiac output.
- Physical, occupational, and speech therapy per schedule**
- Rationale:** To improve left sided weakness and overall physical mobility.
- Up to chair for meals and PRN**
Rationale: Promote ambulation and proper digestion.
- Promote ambulation with walker**
Rationale: Promote improvement of physical mobility and safe use of assistive devices.
- Educate patient on medication adherence q12h and PRN**
Rationale: Promote overall health and prevent further complications and symptoms.
- Educate family on disease process, therapy, medications, preventative measures, possible complications, nutrition, and mobility once a day and PRN**
Rationale: To promote improving patients overall health. Enhance knowledge on medication therapy, disease process, and interventions to manage disease and prevent further complications

(Myers, 2023)

(Vallerand et

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- BP: 151/70
- Temperature: 97.5
- Blood glucose: 119
- Pain: 8/10
- No change, walker for ambulation
- No left sided facial droop
- No change, mild left sided weakness
- No change, left sided numbness and tingling
- Non-pitting puffy edema RLE
- Clear lung sounds
- No change, weight bear as tolerated
- No change, non-pitting puffy edema LLE
- No change, High fall risk
- Currently no new labs or diagnostics

Continue

plan of care

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

Venes, D. (2021). Taber's cyclopedic medical dictionary (24th ed). F. A. Davis Company: Skyscape Medpresso, Inc.

Vallerand, A. H., Sanoski, C. A., & Deglin, J. H., (2022). Davis's drug guide for nurses (18th ed). F. A. Davis Company: Skyscape Medpresso, Inc.