

Firelands Regional Medical Center School of Nursing  
Nursing Care Map

Student Name \_\_\_\_\_ Lily Osborn \_\_\_\_\_

Date \_\_\_\_\_ 03/20/2025 \_\_\_\_\_

Noticing/Recognizing Cues:

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

Assessment findings\*:

- X1 with a walker
- Blood pressure 145/78
- Wound on left shoulder
- Wound on left antecubital
- Left eye redness
- Right eye slow blinking
- Syncope
- Dark urine
- Pacemaker
- Low urine output
- Decreased water intake
- Urgency with urination

Lab findings/diagnostic tests\*:

- High Creatine 1.62
- Low WBC 2.3
- UTI
- Abnormal renal ultrasound
- Troponin high 426
- Echo - EF 40-45%
- Hgb low 10.7
- PT high 25.5
- Potassium low 3.4
- UA-
  - Protein 50
  - Occult blood 2+
  - Urine nitrate positive H+
  - Urine WBC innumerable
  - Urine bacteria 4 +
- Urine culture - bacteria 'Klebsiella oxytocol'

Risk factors\*:

- 73 years old
- Hx of Heart disease
- Hx of weak urinary system
- Hx of UTIs
- Hx of stroke
- Hx of 2 TIAs
- Hx of A-fib

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

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

- Impaired urinary elimination
- Impaired skin integrity
- Infection
- Impaired mobility
- Risk for urinary retention
- Risk for electrolyte imbalance

**Goal Statement:** Patient understands UTI diagnosis, and knows how to reduce the risk for infection.

Potential complications for the top priority:

- Dysuria
  1. Discomfort urinating
  2. Burning while urinating
  3. Pain when urinating
- Nocturia
  1. Urinating at night
  2. Sleepiness
  3. Fatigue
- Urinary retention
  1. Difficulty urinating
  2. Pain in the abdomen
  3. Edema in the lower extremities

## Responding/Taking Actions:

### Nursing interventions for the top priority:

1. **Assess VS q4h and PRN especially the BP**  
Rationale: Monitor baseline VS, while looking out for increased BP or decline.
2. **Assess dizziness, and SOB q4h and PRN**  
Rationale: Monitoring patient for signs and symptoms of an episode of syncope.
3. **Monitor Intake and Output q8h and PRN**  
Rationale: Important because "Bladder capacity may be impaired, or bladder contractions facilitating emptying may be ineffective" (Doenges 2022).
4. **Encourage patient to increase their fluid intake daily and PRN**  
Rationale: To help determine the patient's hydration status.
5. **Encourage patient to start a toileting schedule q2-4h and PRN**  
Rationale: Preventing patient from the risk of getting urinary retention.
6. **Administer Carvedilol 12.5 mg PO at 0800 SCH**  
Rationale: Administering Carvedilol to decrease her known Hypertension.
7. **Administer Atorvastatin 10 mg PO at 0900 SCH**  
Rationale: Administering Atorvastatin to decrease her risk of having another stroke or TIA.
8. **Administer Gabapentin 400 mg PO at 0900 SCH**  
Rationale: Administering Gabapentin for the patients right knee numbness and tingling.
9. **Education on patients UTI diagnosis daily and PRN**  
Rationale: Informing the patient why and what lab values are important to understanding this diagnosis.
10. **Educate patient on results from the abnormal renal ultrasound**  
Rationale: Educating her on the diagnosis and explaining what it means reducing confusion.
11. **Educate on post void residual scans after using the restroom daily and PRN**  
Rationale: Educating on the importance of knowing how much urine is left after urinating.
12. **Educate patient on proper personal perineal hygiene daily and PRN**  
Rationale: Perineal hygiene will help reduce risk for another infection, educating on the importance of whipping front to back and no scented soaps.
13. **Educate patient on recognizing the signs and symptoms of urinary retention daily and PRN**  
Rationale: Explaining to the patient to look for difficulty urinating, pain in the abdomen, and edema in the lower extremities.

## Reflecting/Evaluate Outcomes:

### Evaluation of the top priority:

- Increased urine output
- Yellow and clear urine
- Increased water intake
- No urgency
- No Syncope
- Improved creatine 1.21
- Improved WBC 2.3
- Troponin decreased 250
- 73-year-old
- Hx of weak urinary system
- Hx of UTIs

- UA-, no new results
  - Protein 50
  - Occult blood 2+
  - Urine nitrate positive H+
  - Urine WBC innumerable
  - Urine bacteria 4 +
- Urine culture - bacteria 'Klebsiella oxytocol'
- UTI
- Abnormal renal ultrasound
- Improved Hgb 10.7
- PT high 25.5
- Improved potassium 4.1

**Continue Plan of Care**

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