

Firelands Regional Medical Center School of Nursing
Nursing Care Map

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Date 3/19 and 3/20

Noticing/Recognizing Cues:

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

Assessment findings*:

- Bowel sounds hypoactive x4 quadrants
- Abdomen firm and distended
- Last BM 3/15/25
- Flatulence present
- NG tube in place at 60 cm, clamped
- SpO2 90% on RA with no shortness of breath
- Temperature 99.3 degrees Fahrenheit
- BP 164/82
- HR 76
- RR 18
- Multiple episodes of nausea and vomiting
- Extreme pain throughout abdomen
- Wound vac over abdomen incision
- Lactated Ringers infused at 75 in right wrist IV

Lab findings/diagnostic tests*:

- RBC 3.44
- Hgb 11.5
- Hct 32.5
- Lymph # 0.5
- Calcium 8
- Total Protein 6
- Albumin 3.1
- Chest x-ray confirmed placement of NG tube
- Abdomen x-ray confirmed placement of NG tube
- Abdomen/Pelvis CT showed small bowel obstruction

Risk factors*:

- History of malignant neoplasm of prostate
- History of knee surgery
- History of hernia repair
- Arthritis
- Age, 75

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Acute pain
- Fatigue
- Imbalanced Nutrition: Less than body requirements
- Impaired gas exchange
- Risk for falls
- Risk for infection
- Dysfunctional Gastrointestinal Motility

Goal Statement: Patient will experience improved bowel function

Potential complications for the top priority:

- Fluid and electrolyte imbalance
 - o Muscle weakness and cramps
 - o Headache
 - o Edema
- Infection
 - o Fever
 - o Redness at site
 - o Drainage at site
- Wound dehiscence
 - o Separation of incision
 - o Increased pain
 - o Bleeding at site

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Check Vital Signs Q4H PRN
 - a. To ensure patient is within his normal value ranges
2. GI Assessment Q4H PRN
 - a. To assess for any changes in bowel function
3. Respiratory Assessment Q4H PRN
 - a. To assess for signs of respiratory distress
4. Assess IV sites Q2H PRN
 - a. To ensure IVs are patent and have no infiltration
5. Assess NG Tube Q2H PRN
 - a. To ensure tube has not been moved from 60 cm
6. Administer Potassium Chloride 40 meq PO once 0800
 - a. To prevent hypokalemia
7. Administer Valsartan 80 mg PO once daily for SBP >185
 - a. To manage high blood pressure
8. Administer Famotidine 20 mg Q12H
 - a. To reduce stomach acid production
9. Administer Tylenol Q6H PRN
 - a. To relieve pain in abdomen
10. Encourage use of incentive spirometer Q4H PRN
 - a. To promote lung expansion
11. Encourage use of flutter device Q4H PRN
 - a. To break up mucous in the lungs
12. Encourage coughing and deep breathing Q4H PRN
 - a. To promote lung expansion
13. Educate on mobility Q2H PRN
 - a. To promote gastrointestinal function
14. Educate on protecting wound once discharged during discharge preparation
 - a. To promote safety and healing of surgical incision
15. Educate on removal of wound vac during discharge preparation
 - a. To ensure patient will keep wound vac on until removal is ordered

(Doenges, et. al., 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

Bowel sounds unchanged

- Abdomen still distended, but is now soft
- Last bowel movement 3/20/25
- Flatulence still present
- NG tube removed
- SpO2 96%
- No nausea or vomiting
- Intermittent minimal pain, rated 2/10

Wound vac still over incision, no change
No new CT ordered

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.