

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 97/59 on admission
- Glasses
- Cane and walker for ambulation
- Right side hemiparesis
- Dysarthria
- Unsteady gait
- Right facial droop
- Chest pain

Lab findings/diagnostic tests*:

- Brain MRI showed cortical atrophy
- Neck CTA showed mild distal PCA plaque and focal plaque in right proximal ICA
- RBC- 3.07 (L)
- Hgb- 10.9 (L)
- Protein 6.1 (L)

Risk factors*:

- AKI
- Smokes 30 ppy
- Alcohol abuse
- HTN
- Age 75
- Anxiety
- Depression
- PTSD
- Hx of Acute left MCA ischemic stroke
- Iron deficiency
- Hypomagnesemia

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Ineffective cerebral tissue perfusion
- Risk for fall and injury
- Impaired nutrition
- Impaired speech
- Impaired mobility

Goal: patient will have optimal cerebral tissue perfusion as evidenced by a Glasgow coma scale greater than 13, a stable blood pressure, and absence of new neurological deficits.

Potential complications for the top priority:

- Stroke
 - Sudden unilateral weakness or numbness, arm weakness (inability to raise an arm), confusion, Speech difficulties (aphasia), vision problems (ex. Blurred vision)
- Vascular dementia
 - Memory loss, personality change, changes in mood (ex. Depression), inability to focus and slow processing of information
- Blood clot formation (ex. DVT)
 - Swelling, warmth, redness, calf or thigh pain, and tenderness in weak/affected leg.

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Neuro assessments q4hr, monitoring: mental status, motor skills, speech, and LOC
 - o Determines any early signs of decline or improvements in the pts neurological function.
2. Monitor vital signs, especially blood pressure and pulse ox, q4hr
 - o An elevated blood pressure can worsen cerebral perfusion. O2 sat less than 90% can decrease oxygen supply to the brain.
3. Monitor ECG continuously
 - o Strokes can produce dysrhythmias so early detection of abnormalities like Afib, which can increase risk for stroke, is important.
4. Administer aspirin 81mg po daily, as ordered
 - o For TIA prophylaxis, as it is an antiplatelet, preventing formation of new clots.
5. Administer clopidogrel 75mg PO daily, as ordered
 - o Another antiplatelet agent for prophylaxis.
6. Administer Heparin 5,000units/mL subcutaneously, daily, as ordered
 - o An anticoagulant For DVT prophylaxis, to prevent further complications.
7. Administer Antihypertensive meds: lisinopril 10mg PO daily as ordered, and carvedilol 12.5mg PO daily, as ordered
 - o Promotes vasodilation and reduces strain/risk for blockage. Manages the pts HTN which is a major risk factor for stroke.
8. Active ROM
 - o Promotes circulation and helps prevent DVT by encouraging movement in immobilized or weakened limbs.
9. Teach pt and family about stroke warning signs (FAST)
 - o Timing is essential. Pts should seek immediate medical care
10. Teach pt Smoking cessation
 - o Smoking nearly doubles the risk for ischemic strokes and worsens HTN by damaging blood vessels.

(Doenges et al., 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Pt bp improved: 130/76
 - Pt reports no chest pain
 - Pt regained strength in right upper extremities
 - Pt still has garbled speech
 - Pt still has a slight right sided facial droop
 - Pt still has unsteady gait and ambulates with a walker
 - No new Brain MRI or neck CTA results
- Discontinue plan of care.

Reference: Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurse's pocket guide: Diagnosis, prioritized interventions, and rationals* (16th ed). F. A. Davis Company: Skyscape Medpresso, Inc.