

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*:

- 6mm right ureteral stone with hydronephrosis
- Ureteral stent
- Bloody urine with small clots
- Urinary frequency
- Buring with urination
- BP 132/81
- Pain 7/10 in head
- Impaired gait

Lab findings/diagnostic tests*:

- CT abdomen and pelvis showing punctate left nephrolithiasis
- Urethrocytography Retrograde x-ray showing ureteral stone
- Bilateral renal and bladder ultrasound showing absence of ureteral stone

Risk factors*:

- 65 years old
- Female
- Obesity
- History of kidney stones
- History of smoking

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Impaired urinary elimination
- Risk of infection
- Impaired gait

Goal Statement:

Pt will have clear, yellow urine without frequency or discomfort by discharge

Potential complications for the top priority:

- Sepsis (elevated WBC count, fever, pain, swelling)
- Urinary retention (distended bladder, minimal void volume, pain, urinary frequency, sensation of bladder fullness, residual urine, overflow incontinence) (Doenges, M. E., Moorhouse, M. F., & Murr, A. C. 2022)
- Electrolyte imbalance (abnormal electrolyte lab values)

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess v/s q4hr (0700, 1100, 1500, 1900, 2300, 0200)
Rationale: Assess for signs of infection (fever, elevated RR, elevated HR) and HTN
2. Assess the genitourinary system q4hr (0700, 1100, 1500, 1900, 2300, 0200)
Rationale: Assess for signs of infection and other post-op complications (pain, swelling, urinary frequency, distended bladder, small voids, residual urine)
3. Monitor I/O daily (0700, 0700)
Rationale: Monitoring for fluid retention
4. Monitor lab values daily (0700, 0700)
Rationale: Monitoring for signs of infection, kidney dysfunction, and electrolyte imbalance (abnormal lab values)
5. Implement voiding schedule q4hr (0700, 1100, 1500, 1900, 2300, 0200)
Rationale: Promote urine excretion and prevention of overflow incontinence
6. Strain urine AAT
Rationale: Monitor for additional kidney stones
7. Bladder scan prn
Rationale: Assess for urinary retention
8. Administer Phenazopyridine 200 mg PO TID prn
Rationale: Relieve urinary tract pain
9. Encourage ambulation q4hr (0700, 1100, 1500, 1900, 2300, 0200)
Rationale: Promote lung expansion and prevention of atelectasis post-op
10. Encourage coughing and deep breathing q4hr (0700, 1100, 1500, 1900, 2300, 0200)
Rationale: Promote lung expansion and prevention of atelectasis post-op
11. Educate on fluid intake
Rationale: Prevention of further kidney stones
12. Educate on medication compliance
Rationale: Promote wellness

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- 6mm right ureteral stone with hydronephrosis no longer present
- Ureteral stent present
- Bloody urine with small clots still present
- Urinary frequency still present
- Burning with urination still present
- CT abdomen and pelvis, no update at this time

Discontinue plan of care.

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