

Firelands Regional Medical Center School of Nursing
Nursing Care Map

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Date 4/2/25

Noticing/Recognizing Cues:

Assessment findings*:

- VS 157/91-124-91% BIPAP- afebrile - 22
- Wears glasses
- Cough
- SOB
- SCD's BLE
- 14 John Hopkins score
- Sinus tachycardia
- RT side chest infusaport
- Palliative care
- Previously passed barium swallow
- Bruises, redness, skin tear on Upper extremities
- Foley catheter, no appetite
- HTN, 59 Y/O FEMALE
- anorexia

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

Lab findings/diagnostic tests*:

- Rhinovirus (+)
- WBC 16.6 HI
- RBC 3.15 HI
- HGB 9.7 LO
- Platelets 135 HI
- Lymphocytes 5 LO then 3 LO
- PH 7.1, PCO2 7.2

Risk factors*:

- 3 PPD
- COPD
- Lung cancer metastasized to right rib, brain, Legs
- Anxiety (has prn Xanax)
- Chronic hypoxia
- Bronchitis
- Wheel chair bound
- A fib hx
- RT hilar adenopathy
- 6.7 cm RT apical mass
- Intracranial metastasis
- RT frontal lobe mass 2cm
- CHEST CTA mediastinum → RT adenopathy

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

- Impaired gas exchange
- Impaired skin integrity
- Risk for impaired skin integrity
- Imbalanced nutrition
- Impaired physical mobility
- Pain, chronic

Goal Statement: "Patient will verbalize understanding of causative factors and appropriate interventions." (Doenges, 2022)

Potential complications for the top priority:

- Death
 - o No pulse
 - o Absent vital signs
 - o No signs of life
- Respiratory arrest
 - o Cyanosis
 - o Irregular breathing
 - o Nasal flaring
- Cardiac arrest
 - o ST elevation
 - o SOB
 - o Epigastric pain radiating down LUE

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Note respiratory rate, depth, use of accessory muscles, pursed lip breathing, pallor/cyanosis q1h until discharge
 - a. Pt is tachypneic, deep respirations, head bobbing, accessory muscle usage, pt pale. Pt in respiratory acidosis. Has a DX of lung cancer and positive for rhinovirus. Monitor resp effort.
2. Obtain hourly vital signs q1h and cardiac rhythm q1h and PRN until discharge
 - a. To monitor instability/stability in health status. Pt has a hx of a-fib. Pt also tachycardiac and tachypneic.
3. Encourage frequent position changes and deep breathing and coughing exercises q1h and prn until discharge
 - a. Promotes postural changes, a preventative measure for pneumonia and to prevent skin breakdown.
4. Encourage high calorie snacks q4h and PRN until discharge
 - a. Helps to consume more nutrients dense foods. Pt is small and fragile. Pt c/o no appetite. With anorexia, pt is burning more calories than is being consumed.
5. Administer prescribed breathing treatments as ordered until discharge
 - a. To promote breathing and also helps to ease anxiety.
6. Medicate patient with Xanax PRN for anxiety as ordered until discharge
 - a. Helps ease anxiety, and also helps with breathing as pt won't be fixated on her SPO2 stat's.
7. Medicate patient with oxycodone PRN for c/o pain as ordered until discharge
 - a. Pt c/o of chest pain d/t lung cancer, and has respiratory failure. Pt is also on a BIPAP.
8. Medicate with Methylprednisolone sodium/PF 40 mg IV push BID until discharge
 - a. Pt is positive for rhinovirus. The steroid will help suppress inflammation and the normal immune response and help promote easier breathing.
9. Administer Ceftriaxone 1gm @ 100ml/hr everyday as ordered until discharge
 - a. Pt is positive for rhinovirus.
10. Administer Azithromycin 500mg @ 250ml/hr every day until discharge
 - a. Pt is positive for rhinovirus
11. Educate on disease process r/t to cancer, medications, comorbidities every shift and PRN until discharge
 - a. To alleviate anxiety, and provides over all education on health status.
12. Educate on fall prevention at home and hospital every day and PRN until discharge
 - a. Has a john Hopkins score of 14, small fragile, body went through a couple rounds of chemo.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- CHEST CTA mediastinum → RT adenopathy
 - RT hilar adenopathy
 - 6.7 cm RT apical mass
 - Intracranial metastasis
 - RT frontal lobe mass 2cm
 - VS 98.0, 98 hr, 10rr, 91% BIPAP, 112/72
 - Cough improving, lung sounds clear to minimal wheezes
 - Receiving treatment for rhinovirus
 - NNO for lab work
 - BIPAP dependent
 - Ensure shakes, drinks fluids as tolerated
- *stopped smoking
*anxiety managed with Xanax PRN
- *breathing treatments BID

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