

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 147/30
- HR 130
- Fatigued
- Depression 9/10
- Suicidal ideations 9/10
- Decreased Appetite
- Withdrawn

Lab findings/diagnostic tests\*:

- Pos for cocaine
- Pos for opiates
- K+ 3.3 L
- Ca 8.5 L
- Vitamin D 16.6 L
- Cholesterol 116 L

Risk factors\*:

- Incarcerated
- Bipolar disorder
- Alcohol abuse
- Drug abuse
- Anxiety
- Depression

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

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

- Risk for suicidal behavior
- Risk for injury to self
- Risk for impaired judgement
- Schizophrenia
- Hopelessness

Goal Statement:

My patient will have decreased suicidal ideations

Potential complications for the top priority:

- Injury to self:
  - Bruises
  - Scratches
  - Cuts/burns
- Substance Abuse:
  - Weight loss
  - Tremors
  - Restlessness/sedation
- Isolation:
  - Decreased social anxiety
  - Avoiding conversations
  - Staying at home or in room
- Self-neglect:
  - Poor dental hygiene
  - Poor self-grooming
  - Lack of showering

### Responding/Taking Actions:

#### Nursing interventions for the top priority:

1. Assess degree of risk potential for suicide on admission  
Rationale: Determining warning signs allows for immediate interventions
2. Maintain observation of client and check environment for hazards upon admission and AAT  
Rationale: Increases client safety and may reduce risk of impulsive behavior
3. Administer Amlodipine 10 mg PO DAILY  
Rationale: Lowers BP to reduce physical feelings of anxiety
4. Administer Sertraline 75 mg PO DAILY  
Rationale: To help treat feelings of depression'
5. Encourage expression of feelings and make time to listen to concerns AAT  
Rationale: Acknowledges reality of feelings and that they are okay
6. Help client identify more appropriate solutions/behaviors PRN  
Rationale: To lessen sense of anxiety and associated physical manifestations.
7. Encourage engaging in physical activity programs PRN  
Rationale: Promotes feelings of self-worth and improves wellbeing

(Doenges et al., 2022)

### Reflecting/Evaluate Outcomes:

#### Evaluation of the top priority:

- Vitals remain as BP 147/133 + HR 113
- Still reporting depression and suicidal ideations high at 9/10
- Appetite remains decreased
- Pt remains withdrawn and fatigued in room
- No new labs drawn

Continue plan of care

#### 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