

Firelands Regional Medical Center School of Nursing  
Nursing Care Map

Student Name: Kayla Jameson

Date: 10-27-2025

Noticing/Recognizing Cues:

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

Assessment findings\*:

- BP: 174/89 mmHg
- SOB on exertion
- Productive cough, clear thick sputum
- Hearing impaired
- Wheezing on bilateral anterior and posterior lungs
- Pallor noted in bilateral fingertips
- Capillary refill >3 seconds in fingertips
- Pacemaker

Lab findings/diagnostic tests\*:

- WBC 12.0 (High)
- Platelets 128 (Low)
- Na 134 (Low)
- BUN 36 (High)
- Creatinine 1.70 (High)
- BNP 700pg/ml (High)
- Troponin 35ng/L (High)

Risk factors\*:

- Hypertension
- Former smoker
- Age 80
- Cardiomyopathy
- COPD
- Stage 3 chronic kidney disease

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

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

- Impaired gas exchange
- Ineffective airway clearance
- Readiness for enhanced health self-management

Goal Statement: Patient will have improved gas exchange

Potential complications for the top priority:

- Sepsis- Altered mental status, tachypnea, tachycardia, hypotension
- Respiratory Failure- Hypoxia, use of accessory muscles, hypercapnia, diaphoresis
- Dehydration- Hypotension, tachycardia, constipation, weakness, poor skin turgor



### Responding/Taking Actions:

#### Nursing interventions for the top priority:

- 1. Monitor Vital Signs Q4H and PRN**
  - Monitor for alterations in respiratory rate, heart rate, and SpO<sub>2</sub>. Monitor temperature for worsening of an infection
- 2. Focused Respiratory Assessment Q4H and PRN**
  - Auscultate lung sounds, determine wheezing, monitor patient sputum output amount, color and consistency
- 3. Monitor Pallor in Fingertips Q4H and PRN**
  - Check peripheral blood flow and impaired oxygenation
- 4. Monitor WBC Daily**
  - Check for worsening of infection
- 5. Medications as Ordered: Albuterol 3mL, Budesonide 0.5mg inhalation, methylprednisolone sodium succinate 40mg IV push Q12H**
  - To promote oxygenation and reduce inflammation in airways
- 6. Encourage coughing and deep breathing Q2H**
  - Promote clearance of airway secretions (Potter et al., 2026)
- 7. Encourage use of incentive spirometer Q2H**
  - Promote exercise of the lungs to improve breathing strength and endurance
- 8. Promote education on medication use, specifically inhalers, BID**
  - Ensure proper use of equipment, and to prevent gaining further complications

### Reflecting/Evaluate Outcomes:

#### Evaluation of the top priority:

- |   |                                  |
|---|----------------------------------|
| - Age 80                                    | - Elevated Troponin 35ng/L       |
| - WBC 7.8 (WNL)                             | - Former smoker                  |
| - No excess sputum                          | - Cardiomyopathy                 |
| - Pallor noted in bilateral fingertips      | - COPD                           |
| - Capillary refill >3 seconds in fingertips | - Stage 3 chronic kidney disease |
| - SOB on exertion                           |                                  |
| - Nonproductive cough (continuous)          |                                  |
| - Elevated BNP 700pg/mL                     |                                  |

Continue Plan of Care

#### Reference:

Potter, P.A., Perry, A., Stockert, P.A., Hall, A.M., & Ostendorf, W.R. (2026). *Fundamentals of Nursing* (12<sup>th</sup> ed.). Elsevier.