

**Firelands Regional Medical Center School of Nursing  
Nursing Care Map**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Noticing/Recognizing Cues:

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

**Assessment findings\*:**

Erythema on right shoulder/arm  
 Non-pitting Edema and puffiness on right arm/shoulder  
 T: 97.6  
 BP: 99/61  
 SPO2: 99  
 RR: 18  
 P: 71  
 Patient is not experiencing pain  
 Radial and brachial pulses palpable  
 Patient on telemetry  
 Uses a cane for ambulation  
 Hyperactive bowel sounds

**Lab findings/diagnostic tests\*:**

- Albumin: 3.2 (L)
- WBC: 6.2 10/30
- WBC: 11.9 H: 10/28
- Na: 125
- K: 5.4
- Cl: 94
- Positive C&S for Strep Dysgalactiae from aspirated purulent drainage
- RBC: 3.5 (L)
- Hgb: 9.5 (L)
- Hct: 28.9 (L)
- Neutrophil: 9.5 H 10/28
- Neutrophil: 5.2 10/30
- Lymph: 1.5 10/28
- Lymph 0.6 10/30

**Risk factors\*:**

Prostate cancer  
 Liver cancer  
 Diabetes  
 Neuropathy  
 Neutrophilia  
 Stage 3 chronic kidney disease  
 Anemia  
 PICC line  
 Age: 86

Interpreting/Analyzing Cues/  
 Prioritizing Hypotheses/  
 Generating Solutions:

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

- Infection
- Risk for infection
- Impaired mobility
- Impaired skin integrity

**Goal Statement:** The patient's infection will be resolved and will remain free of future infection as evidenced by normal temperature, normal white blood cell count, absence of purulent drainage from incision site, redness, swelling, and edema.

**Potential complications for the top priority:**

- Sepsis:
  - infection can spread to the blood stream, causing a systemic infection and can lead to organ failure
  - S&S: Fever, hypotension, tachycardia, clammy/sweaty skin, confusion, and Lactic acid >2
- Abscess formation:
  - uncontrolled localized infection can lead to a buildup of pus within tissues
  - S&S: Fever, chills, fatigue, loss of appetite, weight loss
- Osteomyelitis:
  - uncontrolled infections can spread to the bone with close proximity
  - S&S: bone pain, nausea and vomiting, swelling, heat/warmth over the area, pus/discharge is infection is near a wound
- Chronic or recurrent infections (PICC line):
  - persistent infection may occur due to immunosuppression or inadequate treatment
  - S&S: swelling/edema, pain, purulent drainage, redness, and warmth around insertion site, increased WBC count, positive blood cultures

## Responding/Taking Actions:

### Nursing interventions for the top priority:

Assess patients' nutrition and oral intake of food daily

- Rationale: Malnutrition weakens the immune system, and increases the risk of infection

Assess the patients skin integrity on the right arm/shoulder every two hours

- Rationale: To monitor improvement or worsening of skin breakdown; broken or thin skin allows microorganisms to enter the body easier

Monitor patient's lab values, such as WBC, RBC, Hct, Hgb, and albumin daily

- Rationale: To monitor the improvement or worsening of the infection. A high white blood cell count indicates an infection, or the infection has spread in the body.

Monitor vital signs, especially temperature heart rate, and blood pressure every four hours

- Rationale: To monitor for improvement or progression of infection

Cleanse incision site with appropriate antimicrobial topical or solution every 8 hours, or when dressing change is completed

- Rationale: To reduce the potential for additional growth of bacteria

Administer antibiotic: Ceftriaxone-2mg in 50mL at 100mL/hr Q24hrs

- Rationale: To kill the bacteria and to treat the patient's infection

Apply ice/cold pack to the area of swelling for no more than 30 minutes at a time

- Rationale: To reduce the swelling/edema in the right arm, ice promotes vasoconstriction to help reduce inflammation and pain

Elevate the right arm using pillows for 15-30 minutes at a time

- Rationale To reduce swelling and inflammation: elevating the effective limb uses gravity to help circulation, which decreases swelling and improves venous return

Practice and emphasize constant and proper hand hygiene by all caregivers and visitors

- Rationale: To remove microorganisms from the skin before interacting with the patient; hand washing is the first line of defense against infection

Educate on routine hygiene care

- Rationale: Adequate hygiene care reduces bacterial colonization on the skin

Educate the patient on proper nutrition requirements, specifically protein

- Rationale: Adequate nutrition promotes the body's immune response, and protein intake promotes the healing of wounds

Educate the importance of taking the antibiotics as scheduled

- Rationale: Premature discontinuation of treatment when a patient begins to feel well may result in the return of the infection, and/or development of drug-resistant strains

Educate the importance of monitoring for infection at PICC line site daily, and to seek medical attention if signs are noticed

- Rationale: Monitoring for infection at PICC line site, like redness around insertion site, edema, and purulent drainage, allows prevention of bloodstream infection by early recognition and intervention

(Doenges et al. , 2022)

Reflecting/Evaluate Outcomes:



**Evaluation of the top priority:**

10/29:

T: 97.6  
BP: 99/61  
SPO2: 99  
RR: 18  
P: 71

Lab Values:

WBC: 11.9 (H) on 10/28  
WBC: 6.2 on 10/30  
Lymphocytes: 1.5 on 10/28  
Lymphocytes: 0.6 on 10/30  
Neutrophil: 9.5 (H) on 10/28  
Neutrophil: 5.2 on 10/30

Dressing from surgery remained intact, and free from drainage

Erythema/redness remained the same and hasn't spread

Edema noted to have decreased in the slightest amount

Patient reports no pain

10/30:

T: 97.3  
P:80  
BP: 102/55  
SPO2: 100 %  
RR: 18

Albumin: 3.2 (L)

Continue plan of care

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