

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name- Karsyn Brewer

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Noticing/Recognizing Cues:

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

Assessment findings*:

- Pain- headache 3/10- constant lingering
- Wears glasses
- Missing teeth
- Amputated big toes on both feet
- Edema bilateral lower extremities- non-pitting.
- Red and hot area on the right shin (cellulitis)
- Right foot ulcer
- Lower extremity tingles
- BP 109/66
- Wound dressing on right foot

Lab findings/diagnostic tests*:

- WBC 11.5 (H)
- Na 129 (L)
- Cl 96 (L)
- Glucose 295 (H)
- A1C 11.1 (H)
- Lactic acid 3.3 (H)
- Wound culture on ulcer positive for group B strep bacteria
- Foot X-ray shows soft tissue swelling and gas likely to the site of ulceration along the third digit.
- Foot MRI shows no findings of acute osteomyelitis yet, soft tissue wound with extended scarring of toe amputations.

Risk factors*:

- Weight (131 kg, 35.2 BMI)
- Type 2 diabetes
- Smoker
- Hx of drug and alcohol abuse
- Age, 50
- Previous surgeries- AAA repair and open heart
- Noncompliant with the diabetic diet
- Hx of Abdominal hernia

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired skin integrity
- Impaired mobility
- Risk for delayed recovery
- Infection

Goal Statement: Patient will have improved signs of infection by discharge

Potential complications for the top priority:

- Sepsis- WBCs, fever, confusion, chills, RR, HR.
- Osteomyelitis- Swelling at the wound site, foul-smelling drainage, wound not healing, fever/chills, WBCs.
- Impaired mobility- Joint stiffness, edema, pressure sores, lack of hygiene, and use of mobility devices.

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess R foot wound daily and PRN for redness, swelling, or drainage.
 - r. Detect early signs of infection
2. Assess lower extremity daily and PRN for edema, color, and temperature.
 - r. Monitor circulation to the legs
3. Assess capillary refill to toes daily and PRN
 - r. Check for proper blood flow
4. Monitor glucose AC/HS and PRN
 - r. High glucose levels delay proper healing
5. Monitor A1C q3 months
 - r. Monitor long-term control of diabetes
6. Monitor labs such as WBC daily
 - r. Evaluate for decreased WBC count
7. Monitor Vital Signs q4hr and PRN
 - r. Check for any changes to VS
8. Administer Zosyn 3.375g IV q6hr (0200, 0800, 1400, etc)
 - r. Treat infection
9. Administer Insulin SC AC/HS and PRN
 - r. Control and maintain glucose levels

Nursing interventions for the top priority:

10. Encourage q2hr repositioning and elevate legs
 - r. Decrease the risk of pressure sores and blood clots
11. Encourage frequent ambulation as tolerated
 - r. Improves circulation
12. Encourage a high-protein and controlled-carb diet per shift and PRN
 - r. Maintain proper nutrition and promote wound healing
13. Educate on proper wound care and foot care at home per shift and PRN
 - r. Prevent further damage and prevent new ulcers
14. Educate on proper diet and proper glucose control per shift and PRN
 - r. Promote and maintain proper homeostasis
15. Educate on the risks of smoking per shift and PRN
 - r. Prevent the risks of further complications
16. Educate on signs of infection per shift and PRN
 - r. Prevent further complications of infection

(Doenges et al., 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- The right foot Ulcer dressing is dry and intact.
- Decreased redness on the right shin
- WBC 4.4
- No second foot X-ray or MRI done
- Glucose 292
- Edema non-pitting bilateral lower extremities

- No new wound culture done
- A1C was not done again
- WBC 4.4
- No lower extremity tingles
- No plan to amputate additional toes

Terminate plan of care-patient discharged

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