Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name __Brock Fortman_____ **Date** ___Nov 13, 2025____

Noticing/Recognizing Cues:

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

Assessment findings*:

- Pain in back (lumbar and thoracic) 8 of 10
- Pain in BLE (knees , calves and feet) 9 of 10
- BP 146/67
- SpO2 90%
- RR 10
- Generalized weakness
- Walker for limited ambulation
- Inconsistent communication and memory
- Clubbed fingers and toes
- Stage I pressure injury on R heel
- Abdomen distended, round and soft
- Scaly, red skin on both legs below knee
- Purewick catheter with dark amber urine
- Mepilex in place over sacrum
- Broken, missing and yellow teeth
- Dry blood around right big toe nail ("stubbed")

Lab findings/diagnostic tests*:

- WBC: 12.4 x10E3/uL
- Neut: 8.7 x10E3/uL
- HGB: 10.1 g/dL
- HCT: 32.1 %
- MCHC: 31.6 g/dL
- RDW: 17.9 %
- Chest X-ray:
  - o interstitial prominence and hazy airspace opacity suggests congestive heart failure
  - o surgical clips noted along left chest wall
- Chest CT:
  - o "tiny" right-sided pleural effusion
  - o Degenerative changes in the thoracic spine
  - o Dependent atelectasis in lung bases
  - o 14mm hypoattenuating nodule in left thyroid base

Risk factors*:

- Spouse died 3 weeks prior
- Lives alone / Socially isolated
- Returned to ER same day after discharge
- Age 79
- Mastectomy of left breast (cancer)
- History of diabetes
- History of UTIs
- Right hip replacement
- Lumbar spine fusion surgery
- High fall risk
- Fall within the past 6 months
- Inability to perform ADLs

Interpreting/Analyzing Cues/ Prioritizing Hypotheses/ Generating Solutions:

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

- Pain (both chronic and acute)
- Impaired Mobility
- Impaired Skin Integrity
- Risk for Infection
- Impaired Comfort
- Impaired Gas Exchange
- Risk for Hopelessness

Goal Statement: Decrease pt's back and BLE pain to a moderate level (4-6 of 10) to allow her increased mobility with the ultimate goal of regaining her ability to perform ADLs and tolerate pain.

Potential complications for the top priority:

- Psychological distress
  - o Risk of suicide, depression, and further isolation – monitor q12h with verbal assessments
- DVT
  - o PE, CVST, RVT, and PVT– monitor q8h for pain in chest, head, abdomen, also red/discolored skin and distended veins
- Sepsis
  - o Monitor q8h for signs of infection: lung sounds, temp, pain, bradycardia, low BP, clammy skin or rash, confusion, chills
- Pressure Injuries
  - o Monitor bony prominences and full skin assessment q12h

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess for pain q4h and PRN
   Rationale: To ensure the pain has not spread or gotten worse (i.e. >9 of 10 in legs and >8 of 10 in back)
2. Assess for changes in vital signs and q4h and PRN
   Rationale: To maintain health in primary bodily systems and to monitor side effects of pain medications (e.g. liver for Tylenol and RR for Ultram)
3. Administer scheduled pain medications: acetaminophen 1000mg PO q8h and gabapentin 300mg BID
   Rationale: To manage chronic pain in back (and generalized pain)
4. Administer PRN pain medication: tramadol 50mg q6h
   Rationale: To provide PRN relief with acute pain episodes.
5. Work with physician and pharmacist to develop "step up/step down" options to keep pain tolerable (<6) with the expectation that it will not be eliminated
   Rationale: To provide additional relief PRN in order to break the cycle of pain causing a sedentary lifestyle causing pain
6. Evaluate the pt's pattern of coping and locus of control (internal and external) daily and PRN
   Rationale: To determine the pt's ability to take responsibility for her actions and work to improve her overall health
7. Provide consistent access PRN to hospital and community resources for support
   Rationale: To connect the pt with FRMC social services, home health and/or assisted living care to maintain progress toward pain reduction and improved health
8. Encourage active daily participation in multidisciplinary pain management plan PRN
   Rationale: To help pt acquire the ability to manage chronic pain and recover the ability to perform some/many/most ADLs
9. Educate pt PRN on possible nonpharmacological interventions for pain control such as deep breathing exercises, heat/cold applications, water therapy, progressive muscle relaxation, a pain scale diary, and/or biofeedback
   Rationale: To find one or several ways to manage or minimize pain while encouraging mobility and distraction
10. Educate pt BID and as much as tolerated on the effects of her chronic pain inhibiting mobility (and that lack of mobility causing acute pain)
    Rationale: To give the pt the medical understanding she will need to improve health when psychologically ready

(Doenges et al. , 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Pain in both back and legs improved ("7" of 10) after administration of pain medicine
- Pt ambulated to chair with assistance demonstrating improved strength, Purewick to be discontinued with improved ambulation to toilet
- Doppler ultrasound found strong bilateral pulses in both dorsalis pedis arteries, legs raised intermittently for improved circulation and for continued healing of heel PI
- Pt communicated more clearly and asked more direct questions, demonstrating improvement in mental state
- Pt demonstrated productive cough upon request with no reported pain in lungs, follow up chest X-ray and CT to confirm continued improvement
- Focused skin assessment showed improvement in skin color (less red), turgor (less flaky), and no blood on toe after PCT bed bath

Continue Plan of Care.

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.