

**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*:

Shortness of Breath
BLE Edema
Ascites
Firm Abdominal Distention
Weight Gain: Up to 115.3 KG
Bradycardia: 38 BPM
Hypertension: 138/86
Irregular Radial Pulse

Lab findings/diagnostic tests*:

- Abnormal ECG
- Nonspecific Intraventricular Block
- Potassium: 3.1
- CO2: 34.4
- CXR: Cardiomegaly & Pleural Effusions
- BNP: 927
- Bilirubin: 2
- Glucose: 122
- CT: Fatty Liver, Anasarca, & Contracted Gallbladder
- Echocardiogram: 25% to 30% Ejection Fraction

Risk factors*:

- Congestive Heart Failure
- Type 2 Diabetes
- Obstructive Sleep Apnea
- Nonischemic Cardiomyopathy
- Medication Non-Compliance: Diuretics & Coreg
- Obesity: 115.3 KG
- Age: 49
- Knowledge Deficit: Heart Catheter Procedure

**Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:**

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

- Excess Fluid Volume
- Ineffective Health Self-Management
- Decreased Activity Tolerance
- Ineffective Breathing Pattern
- Risk for Impaired Gas Exchange
- Risk for Decreased Cardiac Output
- Goal Statement: Patient will establish a normal effective respiratory pattern and verbalize decreased shortness of breath upon discharge

Potential complications for the top priority:

- | | |
|------------------------------|------------------------------------|
| Hypoxemia | Respiratory Failure |
| - Shortness of breath | Severe dyspnea / labored breathing |
| - Tachypnea | Cyanosis |
| - Cyanosis | Altered mental status |
| - Accessory muscle usage | Tachycardia |
| Respiratory Acidosis | Decreased Cardiac Output |
| - Flushed skin / Diaphoresis | Hypotension |
| - Tachycardia | Tachycardia |
| - Confusion | Weak / thready pulses |
| - Headache | Fatigue / Weakness |

Responding/Taking Actions:

Nursing interventions for the top priority:

1. 1. Assess and monitor respiratory status Q4H - Detect early signs of pulmonary edema, crackles, dyspnea, etc.
2. 2. Assess vitals Q4H - Monitor response to treatment, establish a trend.
3. 3. Assess Edema Q4H - Tracks progression of fluid overload.
4. 4. Monitor Intake and Output along with Urine Q8H - Helps track fluid to prevent overload.
5. 5. Monitor Weights Daily - Big indicator of fluid retention. Helps track response to treatment.
6. 6. Monitor Labs Q24H - Monitor electrolytes, renal function, etc.
7. 7. Position Patient in Semi-Fowler's or Fowlers PRN - Promotes ease of breathing
8. 8. Implement heart healthy diet continuously - Lower sodium diet reduces fluid retention / supports heart health
9. 9. Administer Lisinopril 10mg QID - Used to treat hypertension, blocks creation of angiotensin 2 which causes blood vessels to narrow.
10. 10. Administer Potassium 40mg QID - Improves cardiac output
11. 11. Administer hydralazine 20mg BID - Antihypertensive. Vasodilator.
12. 12. Administer Lasix 40mg BID - Diuretic. Increases fluid output which decreases fluid volume. (Myers, 2023)
13. 13. Elevate Extremities Q2H and PRN and upon discharge - Promotes venous return and reduces peripheral edema.
14. 14. Encourage Patient Ambulation Q4H - Prevents blood clotting, improves circulation, improves GI motility, etc.
15. 15. Educate heart catheter importance QID and upon discharge - Patient refuses to get one and important to try to change mind before they leave. Important procedure for CHF to measure heart function.
16. 16. Educate need for daily weights upon discharge - Helps to recognize signs of worsening CHF
17. 17. Educate need for medication compliance upon discharge - To prevent worsening CHF and hospital readmissions.
18. 18. Educate need for mobility upon discharge - Prevents deconditioning and improves circulation.
19. 19. Educate on importance of low sodium diet upon discharge - Helps control BP and fluid volume.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

Patient no longer short of breath.
Potassium: 3.4
CO2: 32
Glucose: 89
HR: 72 WNL
Ascites decreased.
Abdominal distention improved
Abnormal ECG

Increased activity tolerance.
Patient weight down to 104.7 KG
Patient displays understanding of heart catheter and still refuses.
Patient displays understanding of medications.
Patient's fluid output increased.
Blood Pressure: 122/81 WNL

Patient will continue plan of care.

Reference: Myers, E. (2023). *RNotes: Nurse's clinical pocket guide (6th ed)*. F.A. Davis Company: Skyscape Medpresso, Inc.