

Firelands Regional Medical Center School of Nursing  
Nursing Care Map

Student Name: Tommy Dendinger

Date: 11/14/2025

Noticing/Recognizing Cues:

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

Assessment findings\*:

- **Pulse rate: 56**
- RR: 18
- **Bp: 132/68**
- SpO2: 100% on RA
- T: 97.2 F
- **Amputation on right foot- first through third digits**
- **Foley catheter in place**
- Urine is amber, pink/red colored
- **Bilateral lymph edema**
- 1200 mL fluid restriction
- Renal diet non dialysis
- 2g sodium diet

Lab findings/diagnostic tests\*:

- WBC: 2.5 (L)
- RBC: 4.29
- HgB: 14.2
- Hct: 41.9
- Platelets: 92 (L)
- **Glucose: 52 (L)**
- Albumin: 3.6
- **CXR: Airspace opacities in lung bases, degenerative changes in shoulders and thoracic spine**
- **Foot X-Ray: degenerative changes throughout hindfoot and midfoot**
- Renal ultrasound: ascites in right upper quadrant
- Na: 137
- K: 5.9 (H)

Risk factors\*:

- **Age: 79**
- History of:
  - HTN
  - Hyperlipemia
  - Atrial fibrillation
  - **Ulcers in both legs**
  - **DVT**
  - CKD
  - **Arthritis**
  - **Type 2 diabetes mellitus w/hyperglycemia**
  - **Type 2 diabetes mellitus w/diabetic neuropathy**
  - **Total right knee replacement**
  - **Falls**
  - CHF

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

Nursing priorities\*:

- **Impaired mobility**
- Fall prevention
- Urinary retention
- Urinary tract infection
- Impaired skin integrity
- DVT Prevention

**Goal Statement:** Patient will have improved mobility by discharge.

Potential complications for the top priority:

- **Falls from impaired mobility**
  - Abnormal gait
  - Patient reports recent falls
  - Injury resulting from fall
- **Impaired skin integrity**
  - Pressure injury
  - Pain associated with pressure injury
  - Redness located at bony prominence
- **Issues with circulation**
  - Orthostatic hypotension
  - DVT
  - Decreased cardiac function

### Responding/Taking Actions:

#### Nursing interventions for the top priority:

1. Assess vital signs Q4H and PRN  
Rationale: To monitor any status changes in pulse, temperature, and blood pressure.
2. Assess pain Q4H and PRN  
Rationale: To monitor any changes in pain rating and to treat pain as ordered.
3. Assess for skin breakdown Q4H and PRN  
Rationale: To assess skin integrity and identify any possible pressure injury formations.
4. Reposition Q2H and PRN  
Rationale: To prevent the formation of pressure injuries.
5. Monitor nutritional status and patients report of energy level Q2H and PRN  
Rationale: Deficiencies in nutrition and water can negatively affect energy and activity tolerance.
6. Administer PRN pain medications as ordered  
Rationale: To keep patient pain level under control.
7. Encourage use of call light and to wait for assistance before ambulating.  
Rationale: To prevent falls and assist with ambulation.
8. Encourage adequate intake of fluids and food  
Rationale: To promote well-being and maximize energy production.
9. Educate the patient, and patients' family on decision making  
Rationale: Enhances commitment to plan and optimizes outcomes.

(Doenges et al. , 2022)

### Reflecting/Evaluate Outcomes:

#### Evaluation of the top priority:

- Pulse rate: 56
- RR: 16
- Bp: 118/55
- SpO2: 100% on RA
- T: 97.4 F
- Foley catheter removed
- WBC: 4.2
- RBC: 3.88 (L)
- HgB: 12.8 (L)
- Hct: 37.8 (L)
- Platelets: 55 (L)
- Glucose: 102 (H)
- Albumin: 3.1 (L)
- Na: 135 (L)
- K: 3.7
- Age: 79

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.