

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:

- T 97.9
- BP 154/91
- SpO2 98% on RA
- Pulse 73 bpm
- RR 18
- Confusion
- Unsteady gait
- Dizziness
- Speech disturbances
- Unilateral weakness
- Facial drooping on one side
- Hypoactive reflexes

Lab findings/diagnostic tests:

- CTA
 - o Blockage in right cerebral artery
- MRI
 - o Diagnosed Transient Ischemic Attack
- Low Hematocrit 39.3
- Low Hemoglobin 13.1
- Low Sodium 134 mEq

Risk factors:

- Age
- Anemia
- Dementia
- Diabetes Mellitus
- Atrial Fibrillation
- Chronic Obstructive Pulmonary Disease
- Hypertension
- Neuropathy
- Prior Cerebral Infarction

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired Cerebral Perfusion
- Impaired Mobility
- Impaired Mental Status

Goal Statement: The patient will have improved cerebral perfusion.

Potential complications for the top priority:

- Stroke
 - Facial droop
 - Sudden confusion
 - Trouble speaking or garbled speech
 - One-sided weakness
- Impaired Mobility
 - Difficulty walking
 - Frequent falls
 - Slow movement
- Aspiration
 - Coughing/choking during eating
 - Wheezing after eating
 - Sudden SOB after eating

Responding/Taking Actions:

Nursing interventions for the top priority:

1. **Assess level of LOC, mental status, and speech using Glasgow Coma Scale**
Frequency: Every 4 hours and PRN
Rationale: Early detection of neurological changes allows prompt intervention to prevent worsening cerebral perfusion or stroke progression.
2. **Assess vital signs (BP, HR, RR, SpO₂, P)**
Frequency: Every 4 hours and PRN
Rationale: Monitoring for hypertension, bradycardia, or respiratory changes helps identify signs of deteriorating cerebral perfusion.
3. **Assess fall risk and implement safety precautions**
Frequency: Every shift, PRN
Rationale: Neurological deficits increase fall risk; safety measures prevent injury and support safe mobility.
4. **Monitor labs for any changes in values (sodium, hematocrit, hemoglobin)**
Frequency: Daily and PRN
Rationale: Electrolyte imbalances and anemia can impair oxygen delivery to the brain and increase risk of ischemia.
5. **Maintain head of bed at >35° at all times**
Frequency: Always (AAT)
Rationale: Promotes cerebral venous drainage, reduces intracranial pressure, and enhances oxygen deliver
6. **Encourage adequate fluid intake (e.g., offer water hourly)**
Frequency: At least once per hour while awake
Rationale: Hydration supports blood volume and cerebral circulation.
7. **Reposition patient to alternate sides and elevate extremities as needed**
Frequency: Every 2 hours
Rationale: Prevents pressure injuries, supports venous return, and reduces risk of aspiration and edema.
8. **Assist patient with ambulation using gait belt and one-person assist**
Frequency: Every 4 hours and PRN
Rationale: Promotes circulation, prevents deconditioning, and supports safe mobility.
9. **Consult with occupational and physical therapy**
Frequency: Once per day or per provider order
Rationale: Promotes functional recovery, patient mobility, and supports discharge planning.
10. **Educate patient and family on stroke warning signs, medication regimen, and home safety strategies**
Frequency: Daily and during discharge planning
Rationale: Increases awareness, promotes adherence, and empowers the patient and caregivers to prevent further complications

(Doenges et al. , 2022)

Evaluation of the top priority:

-Patient's mental status and cognition improved
-Normal reflexes -Patient ambulated with one person assist
-Speech pattern has improved

-No facial drooping
-Lab values dropped further (HCT 12.3, HGT 36.3)
-Patient denies dizziness

Continue plan of care

References:

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