

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\*:

- Right sided facial drooping
- Lower Extremity weakness
- HTN 164/55, sitting, right arm
- Headache: pain 6/10
- New onset bilat blindness
- Irregular HR
- 2 seizures within a short time
- Confused at times
- Edema: +2 LLE (ankle/foot) +0 RLE
- Urinary retention
- Cauda catheter in place
- Dizzy at times
- Fell at home

Lab findings/diagnostic tests\*:

- RBC 2.65 10x<sup>6</sup>/uL (Low)
- Hgb 9.1g/dL (Low)
- HCT 26.4% (Low)
- Platelet count 118 10x<sup>3</sup>/uL (Low)
- Troponin 42 ng /mL (High)
- MRI of head shows hypodensities in bilat occipital lobes, LT greater than RT. LT cerebral hemisphere "Looks like scattered posterior acute ischemic stroke. The bilateral involvement explains his partial cortical blindness and the LT occipital lobe being more involved than the RT explains his homonymous hemianopia."

Risk factors\*:

- Age 71
- Recent H/O fall
- Recent H/O seizures

There are only three because everything else fit into other categories.

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

Nursing priorities\*:

\*Highlight the top nursing priority problem\*

- Ineffective cerebral tissue perfusion
- Impaired circulation
- Acute pain
- Unstable blood pressure
- Risk for falls

Goal Statement: Patient will have effective cerebral tissue perfusion.

Potential complications for the top priority:

- Mobility impairment
  - Unsteady gait
  - Decreased bone density
  - Sarcopenia
- Dysphagia
  - Coughing
  - Decreased SpO<sub>2</sub> when swallowing
  - Aspiration pneumonia
- Decreased skin integrity
  - Infection
  - Pressure injuries
  - Decreased function

## Responding/Taking Actions:

### Nursing interventions for the top priority:

1. Focused neurological assessment 3 times a day 0700, 1500, 2300  
Rationale: To identify decreased neurological status
2. Assess vital signs every four hours  
Rationale: To identify potential changes in vital signs that relate to changes in neurological status 0700, 1100, 1500, 1900, 2300
3. Monitor lab results every morning, and when necessary, RBC, Hgb, HCT, Platelet count, troponin  
Rationale: To determine if abnormal lab results are improving or worsening
4. Administer Atorvastatin 80 mg PO daily  
Rationale: to lower his high cholesterol and triglyceride levels reducing the risk of serious cardiovascular events
5. Administer Clopidogrel Bisulfate 60 mg PO daily  
Rationale: To prevent blood clots, myocardial infarction, and stroke
6. Administer Clonidine 0.1 mg PO HS  
Rationale: To treat high blood pressure to keep blood vessels relaxed
7. Administer Labetalol HCl 5 mg IV push every 4 hours PRN  
Rationale: To decrease blood pressure, slowing the heart rate and improve circulation
8. Administer Acetaminophen 1,000 mg PO every 6 hours PRN for pain  
Rationale: To reduce pain and increase patient's comfort (Doenges et al 2022)
9. Patient to sit in chair TID for meals and stay in chair for as long possible  
Rationale: To improve weakness and core strength and improve digestion
10. Educate patient on signs and symptoms of stroke and to call EMS immediately, when patient is ready and at the right time  
Rationale: To decrease possible chance of stroke and decrease affects of new onset of stroke
11. Encourage patient to increase protein intake and educate the importance of proper protein intake, when patient is ready and at the right time  
Rationale: To Increase total protein blood levels for improve nutritional status and improved skin integrity

## Reflecting/Evaluate Outcomes:

### Evaluation of the top priority:

- |                 |   |   |
|-----------------|---|---|
| • RBC-3.7       | Serial blood pressure is showing improvement with last blood pressure | Headache remains between 2-6 on pain scale 0-10 |
| • Hgb 13.2      | Lower extremity weakness better AEB almost normal gait pattern        | No change in new onset blindness                |
| • HCT 38        | Right sided facial drooping is less obvious                           | No falls at hospital                            |
| • Platelets 145 | BLE edema: LLE +2 pitting edema and RLE +0 pitting edema              |   |
| • Troponin 15   | Patient states no dizziness since day of admission                    |   |
- Continue plan of care.

Reassessment shows effectiveness: labs improving, LE weakness, facial drooping, dizziness, B/P, no falls More monitoring needed: edema, H/A, blindness,

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.