

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Keira Keoghan

Date 11/05/2025

Noticing/Recognizing Cues:

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

Assessment findings*:

- Decreased appetite
- Heart healthy diet
- C/o of shoulder pain (5/10)
- C/o of BLE pain (5/10)
- C/o of medial sacral pain (5/10)
- Stage 2 pressure ulcer injury (coccyx)
- Anxiety present
- Depression present
- Unsteady gait
- Usage of walker
- Johns Hopkins score: 10 (high)
- T: 98.9, BP: 128/66, P: 81, RR: 20, O2 sats: 97 on RA.

Lab findings/diagnostic tests*:

- CBC:
 - WBC- 52.2H
 - RBC- 3.51H
 - Hbg- 9.2L
 - Hct- 29.7L
 - Lymph- 51.7H
- CMP:
 - Total protein- 5.7L
 - Albumin- 3.4L
 - Ast- 11L

Risk factors*:

- Age- 83-year-old male
- H/o smoking
- Stage 4 colon cancer
- Vitamin D deficiency
- Radiculopathy of lumbar region
- Diabetes
- Neuropathy
- BPH
- H/o anemia
- H/o HTN
- PVD

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Pain - Related to pressure ulcer and musculoskeletal discomfort
- Decreased mobility - Impaired physical activity
- Nutrition - Imbalanced nutrition

Goal Statement: Patient will report improvement of pain.

Potential complications for the top priority:

- Infection
 - Bacterial
 - Sepsis
 - Elevated WBC count
- Reduced mobility
 - Greater dependency
 - Muscle atrophy
 - Use of assistive devices
- Impaired nutrition
 - Decreased intake
 - Weight loss
 - Delayed wound healing

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess pain level every 2 hours and PRN
Rationale: To determine pain improvement or decline.
2. Monitor vital signs including T, BP, P, RR, and O2 saturations every 4 hours and PRN
Rationale: To determine pain tolerance & vital signs changes.
3. Assess location of wounds every 4 hours
Rationale: Wounds can influence amount of pain experienced by patient.
4. Assess for referred pain every 2 hours and PRN
Rationale: To assist in determining underlying conditions.
5. Assess for pain location, characteristics, onset, duration, frequency, quality, and intensity every 4 hours and PRN
Rationale: To fully understand the client's pain symptoms.
6. Administer morphine sulfate 2mg IVP every 3 hours and PRN (0600, 0900, 1200, 1500, 1800, 2100, 2400)
Rationale: To provide pain management and comfort for patient.
7. Administer oxycodone 2.5mg (0.5 tablet) PO every 4 hours and PRN (0830, 1230, 1630, 2030, 2430, 0430)
Rationale: To provide pain management and comfort for patient.
8. Administer oxycodone/acetamin 5-325mg (1 tablet) PO every 4 hours and PRN (0830, 1230, 1630, 2030, 2430, 0430)
Rationale: To provide pain management and comfort for patient.
9. Administer lidocaine 4% patch (1 patch) topical daily
Rationale: To provide pain management and comfort for patient.
10. Encourage the patient to eat a high-protein diet AAT
Rationale: To support general wound healing for client.
11. Educate patient on pain management techniques such as meditations on relaxation before discharge
Rationale: To promote effective pain management at home for patient.

(Doenges et al., 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

1. Vital signs: T: 98.3, BP: 128/59, P: 76, RR: 18, O2 sats: 96 on RA.
2. Patient presents with no change in pain level: 5/10 shoulder pain, 5/10 BLE pain, and 5/10 medial sacral pain
3. Minimal improvement of Stage 2 pressure ulcer injury (coccyx)
4. Improved appetite
5. CBC: WBC - 55.1H
6. CMP: Total protein - 5.7L, Albumin - 3.4L
7. Stage 4 colon cancer
8. Radiculopathy of lumbar region

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.