

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name _____

Date _____

Noticing/Recognizing Cues:

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

Assessment findings*:

- Absent BM in past 48 hrs
- Pain 5/10 lower elbow
- Pain 4/10 L Shin
- Poor appetite
- Unsteady gait
- BP 159/81
- Diminished low lung sounds
- HoH mostly R ear
- Dry mucous membranes
- Tenting
- Hand capillary refill >3secs
- A/O x2
- SOB w/exertion
- Lower extremity edema
- Pale conjunctiva

Lab findings/diagnostic tests*:

- RBC-3.19 L
- Hgb-9.6 L
- Hct-29.1
- Chloride-114 H
- CO2-18.3L
- BUN-33 H
- Creatinine-3.21 H
- Calcium-10.6 H
- Protein-6.0 L
- Albumin-3.4 L
- CXR- showed degenerative changes in the shoulders +thoracic spine
- Abd/Pelvis CT scan- extensive soft tissue masses R lobe 3.5cm, L lobe 4 cm

Risk factors*:

- Age-94
- Hearing loss
- Malnutrition
- Bowel obstruction
- HTN
- Dementia
- Hospitalization
- Chronic Kidney Disease
- Hyperlipidemia
- Gastroesophageal reflux disease
- Vitamin D deficiency
- Anemia
- History of falls
- Basal cell carcinoma
- Osteoarthritis
- History of hip and back pain
-

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired Physical mobility
- Acute Urinary Retention
- Knowledge Deficit
- Impaired Skin integrity
- Bone Demineralization

Goal Statement: Patient will ambulate w/walker Q4hrs, and PRN to the bathroom, as well as Q2 turns.

Potential complications for the top priority:

- DVT (Deep vein thrombosis)- unilateral leg swelling and or warmth, pain, tenderness, cramping (especially in the calf), redness or discoloration over affected area, decreased peripheral pulses or coolness distal to the clot, sudden SOB or chest pain may indicate pulmonary embolism
- Atelectasis- Diminishes or absent breath sounds in lung bases, Dyspnea or increased work breathing, Tachypnea, decreased O2 levels, productive cough with thick secretions
- Pressure injuries- non-blanchable erythema over bony prominences, pain or tenderness over elbows, heels, hips or sacrum, moisture changes

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Encourage and assist with ambulation as tolerated, at least 2-3 times per day. Rationale: Regular movement promotes circulation, prevents venous stasis, reduces risk for deep vein thrombosis (DVT) and constipation, and helps maintain muscle tones and joint flexibility. It also improves respiratory function and overall well-being. (Potter et al., 2026).
2. Reposition the patient every 2 hours and encourage weight shifts when sitting. Rationale: Frequent position changes reduce pressure on bony prominences, preventing skin breakdown and pressure injuries. This also aids in improving comfort and promoting circulation to dependent areas.
3. Assess pain level before activity and administer prescribed analgesics 30 minutes before ambulation or mobility exercise. My patient had an order for Acetaminophen 650mg PO PRN Q6hr for a pain 1-3 or a fever MAX dose being 4gm/24hrs, that could be given. Rationale: Effective pain control facilitates mobility, allowing the patient to participate more fully in physical activity without excessive discomfort or fatigue.
4. Collaborate with physical therapy and occupational therapy for ROM exercises could be active or passive twice daily. My patient did have a consult with OT and PT, but I did not physically see them during my time there. Rationale: ROM exercises prevent contractures, maintain joint flexibility, and promote strength and coordination. And collaboration ensure safe techniques tailored to the patient's tolerance and physical limitations.
5. Monitor for complications of immobility daily ex: DVT, atelectasis, constipation, skin breakdown. Rationale: Early identification of complications allows for timely interventions to prevent deterioration and maintain function across multiple body systems.
6. Encourage adequate oral fluid and nutritional intake throughout the day (minimum 6-8 cups/day as tolerated). The medical team was in the middle of deciding whether to put him on strict I's and O's which I believe would be relevant intervention. Rationale: Adequate hydration and nutrition improve strength, energy, tissue repair, and bowel regularity all of which are necessary for optimal mobility and recovery.
7. Involve family or caregivers in mobility care and reinforce use of safety precautions when in contact with them and when they're present. Doing this as much as possible and using the teach-back method. Rationale: Family participation ensures continuity of care, promotes safety awareness, and increases patient engagement in activity and exercise routines.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Pain 0/10 lower elbow
 - Pain 0/10 L shin
 - Poor appetite
 - Unsteady gait
 - BP- 123/65.
 - Normal vesicular breath sounds
 - HoH
 - A/O x2
 - SOB w/ exertion
 - Lower Extremity edema- increased to +2
- RBC- 3.26L
 - Age- 94
 - Hgb- 9.8
 - Hct- 29.4
 - BUN- 27 H
 - Creatinine- 2.84 H
 - Protein- not reevaluated
 - Albumin- not reevaluated
 - CXR- not reevaluated
 - Abd/Pelvis CT scan- not reevaluated
- hearing loss
 - malnutrition
 - HTN- chronic
 - Dementia- chronic
 - chronic kidney disease- chronic
 - Vitamin D Deficiency
 - Anemia-
 - History of falls
 - Osteoarthritis- Chronic
 - History of hip and back pain- overall pain 0/10
- "Revise 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.

Potter, P. A., Perry, A. G., Stockert, P. A., Hall, A. M., & Ostendorf, W. R. (2026). *Fundamentals of Nursing* (12th ed.). Elsevier.