

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name ___Aubrey Yost_____

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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- 98.3 F
- BP- 132/74
- P- 82
- RR- 28
- O2- 96% on 2L NC
- Unsteady gait
- Glasses
- Lung sounds clear & diminished
- Doppler used on bilateral dorsalis pedis
- SOB on inspiratory & expiratory
- Purewick for voiding
- Severe hard of hearing/bilateral hearing aids
- Confused at times
- Edema bilaterally on lower extremities
- ACE bandage bilateral lower extremities
- Unstageable pressure ulcer on right heel

Lab findings/diagnostic tests*:

Lab Findings:

- Glucose- 107(H)
- Prothrombin time- 23.5(H)
- Carbon dioxide- 35.3 (L)
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Diagnostic Tests:

- Left foot x-ray- linear metallic foreign body
- Pulse Volume Recording- mild vascular disease

Risk factors*:

- 84 year-old male
- Fall risk
- Diabetes
- Obese weighing 149.3kg
- Trouble ambulating
- AFib
- Hypertension
- Lymphedema
- Former smoker

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired skin integrity
- Acute pain
- Risk for infection
- Impaired mobility

Goal Statement: Patient will have timely healing of skin lesions or wounds without complications by discharge.

Potential complications for the top priority:

Infection:

- Fever
- Red surrounding skin
- Increased WBC

Mobility:

- Use of assistive devices
- Edema
- Pressure ulcers

Delayed wound healing:

- Constant pressure
- Poor circulation
- Inadequate diet

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess respirations including respiratory rate, depth, and accessory muscle use Q4H and PRN
Rationale: To identify respiratory distress and work of breathing
2. Assess and monitor vital signs and O2 levels Q4H and PRN
Rationale: To determine changes in patients' status
3. Assess and document peripheral circulation using the doppler every shift
Rationale: To determine compromised peripheral perfusion and detect changes in circulation
4. Assess circulation, sensation, and skin integrity of the lower extremities when ACE bandages are in place every shift
Rationale: To ensure the bandages are not too tight and impair circulation, causing numbness/tingling, or lead to skin breakdown
5. Auscultate lung sounds Q8H
Rationale: To determine if ventilatory effort is sufficient to deliver enough oxygen and rid the body of carbon dioxide
6. Implement fall prevention and mobility support measures PRN
Rationale: Using assistive devices and providing supervised mobility helps maintain safety, prevents injury, and supports proper balance
7. Encourage elevation of lower extremities to promote venous return and reduce edema Q2H or PRN
Rationale: To decrease venous pressure, improve circulation, and help move excess fluid back toward the central circulation, reducing swelling
8. Administer Mepilex border foam to coccyx Q3D
Rationale: To help protect pressure ulcer on coccyx
9. Administer hydrogel to wound bed, top with adaptic with ABD pad, and secure with kerlix and ACE wraps daily
Rationale: To help protect and cure the unstageable ulcer on the heel
10. Clean wound with vashe, put xeroform gauze on wound bed, top with adaptic and gauze, and secure with kerlix and ACE wraps daily
Rationale: To help protect and cure the wound on lower leg
11. Encourage ambulation and repositioning Q2H
Rationale: To help prevent new pressure ulcers from forming
12. Educate on proper hygiene and wound cleaning before discharge
Rationale: To allow proper healing of wound and keep skin integrity as healthy as possible

(Doenges et al., 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Vital signs: O2 stats-95% on RA, RR-28
- Patient presents with SOB on inspiratory and expiratory
- Doppler used on bilateral dorsalis pedis pulses
- Ulcer is unstageable, odor and necrosis present
- Wound has scant amount of discharge, odor and erythema present
- +2 edema in bilateral lower extremities

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.