

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name : Alivia West Date 10-29-2025 - 10-30-2025

Noticing/Recognizing Cues:

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

Assessment findings*:

- **Dyspnea**
- Stoma Beefy Red
- Stool is brown and yellow liquid
- Medial Abdomen Surgical incision
- Blood Pressure 144/88
- On o2 Liters of oxygen
- Short of Breath on exertion
- Lung sounds clear and diminished
- A and O x4
- Vitals of T:98.6°F, **Pulse: 86 bpm,** respirations: 18, BP: 144/88, SpO2: 97% on 2 liters
- Pain 3/10
- BMI of 34.4
- 4L/nasal canula oxygen

Lab findings/diagnostic tests*:

- Abdominal/Pelvis CT impression: Stable post-surgical changes including sigmoid colectomy and left upper quadrant colostomy, reduction of small pleural intraperitoneal fluid colostomy, slight increase of small pleural effusion, cholelithiasis/gallbladder sludge, interval enlargement of a fluid collection in the inferior portion of incision, likely seroma.
- CO2 of 33.4
- GLU: 177
- **ALB: 3.0**
- Ca: 8.4
- Na: 132

Risk factors*:

- **Age 71**
- Decreased movement
- **h/o COPD**
- h/o Osteoporosis
- h/o Hypertension
- h/o Polycystic Kidney Disease
- **h/o Acute Bronchitis**
- h/o Diverticulitis (ruptured)
- h/o Colostomy
- h/o Tonsillectomy
- **h/o Obesity**
- **Right pleural effusion with post op-infection**

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- **Impaired Gas Exchange**
- Impaired Skin Integrity
- Risk for infection

Goal Statement: Patient will have improved gas exchange.

Potential complications for the top priority:

- Infection:
 - High WBC
 - Red around incision
 - Elevated temperature
- **Impaired Mobility**
 - Use of assistive device
 - Short of breath on Exertion
 - Pain with movement
- **Respiratory Distress**
 - Shortness of breath
 - Rapid or noisy breathing
 - Use of accessory muscles

Responding/Taking Actions:

Nursing interventions for the top priority:0

1. **Asses Respiratory Status at least every 4 hours.** including lung sounds, respiratory rate, work of breathing (depth, labored or unlabored, use of accessory muscles), and SpO2 levels, frequent assessments detects early sings of respiratory decline and guides timely interventions.
2. **Monitor Oxygen saturation continuously as well as breathing and extirpation,** make sure patient does not go below 94% on 2L of oxygen and if needed bump oxygen up to 4L, continuous monitoring ensures adequate oxygenation and allows rapid adjustment to prevent hypoxia or respiratory distress
3. **Administer medication for respiratory such as Methylprednisolone 40mg IV push Q12H (9:00 and 21:00), Albuterol 0.5-3mg 3mL inhalation QID, Resp. Sch. (8:00 3mL, 12:00 3mL, 16:00 3mL, 20:00 3mL), Dextromethorphan syrup Robitussin 20-200 mg/10 mL PRN.** corticosteroids that reduce airway inflammation, bronchodilators improve airflow, and antitussives relieve cough, all supporting gas exchange
4. **Encourage deep breathing, coughing, and use of incentive spirometer every 1-2 hours and PRN** to improve lung expansion and reduces risk of pneumonia
5. **Collaborate with respiratory therapy for breathing treatments ordered**
Albuterol 0.5-3mg 3mL inhalation (8:00 3mL, 12:00 3mL, 16:00 3mL, 20:00 3mL), humidification can improve airway openness (Potter and Perry 2026). Optimizes airway clearance and ensures proper delivery of inhaled medications.
6. **Educate Patient on O2 use at home after discharge** teaching ensures safe and effective oxygen therapy, promotes adherence and reduces risk of complications such as CO2, retention, or fire hazards.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- **Vital signs:** 10/29 12:00-15:59 RR:20, 98% on 2L, NC unlabored, 10/29 16:00-19:59 RR:20, 97% on 2L NC, unlabored 10/29 12:00-23:59 RR:18, 98% on 2L NC, unlabored, 10/30 4:00-7:59 RR:18, 99% on 2L NC, unlabored.
- **Short of breath on Excretion on 2L**
- **Lung sounds clear and diminished**
- **WBC 11.7 on 10/30, CO2 31.2 on 10/30, Albumin 3.2 10/30,**
- **No signs of confusion or restlessness**
- **Continue Plan of Care**
- **No use of accessory muscles while breathing inspiratory and expiratory**

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