CARE MAP GUIDELINES

Firelands Regional Medical Center School of Nursing
Faculty Manual

The nursing care map is intended to guide you through the clinical judgment and nursing process of thinking and responding to patient care experiences. The care map will be used throughout the curriculum and the level of complexity will evolve over time from the foundational level to advanced nursing thinking.

Noticing- Recognizing Cues

Assessment Findings:

- Identify **all** abnormal signs and symptoms that the patient is displaying (be specific).
- Include at least 7 or provide an explanation if < 7.
- Gather accurate and current information.
- Assess systematically and comprehensively.
- Include both subjective and objective data.
- Example:
    - Right lower quadrant abdominal pain 8/10
    - Dentures
    - Abdomen distended and firm
    - Poor appetite
    - Temperature 99.3 ºF
    - SpO_2 90%
    - Nausea
    - Scattered bruising on bilateral upper extremities
    - Lung sounds diminished throughout
    - Cane for ambulation

Lab Findings/Diagnostic Tests:

- Identify **all** abnormal lab findings &/or diagnostic test results (be specific).
- Include at least 3 or provide an explanation if < 3.
- Example:
    - WBC- 12.4
    - Glucose- 135
    - BUN- 28
    - INR- 2.0
    - CT Scan Abdomen- dilated appendix
    - Chest X-ray- Atelectasis in the bilateral lower lobes

Patient Risk Factors:

- Identify **all** risk factors associated with the patient; at least 5 or provide an explanation if < 5.
- Example:
    - Age 26
    - Current smoker

- History of DVT
- History of recent COVID-19 diagnosis
- History of Depression

Interpreting- Analyzing Cues, Prioritizing Hypotheses, and Generating Solutions

Nursing Priorities/Goal Statement:

- List **all** nursing priorities.
- Clustering the relevant data will allow you to determine the nursing priorities.
- Select the top nursing priority patient problem, identifying the most current problem. Highlight the top priority on the care map.
- The identified problems can be a NANDA approved nursing diagnosis (ex. Acute Pain, or Impaired Gas Exchange, etc.) or stated in your own words.
- The nursing priority cannot be a medical diagnosis.
- Highlight all related/relevant data from the Noticing boxes that support the top priority problem.
- Create 1 generalized goal.
    - This is a positive statement that directly relates to the top nursing priority problem (ex. Patient will display improved skin integrity.)

Potential Complications:

- Identify **all** potential complications associated with the top priority problem; at least 3.
- Identify signs and symptoms to monitor for each complication; at least 3. This would include new symptoms that the nurse would monitor for to ensure early detection of a developing complication.
- A potential complications list may look like this with a pneumonia patient:
    - Sepsis
        - 1. Tachycardia
        - 2. Hypotension
        - 3. Hyper- or hypothermia
        - 4. Confusion, lethargy
        - 5. White blood cells > 12 or < 4
        - 6. Oliguria
        - 7. Lactic acid level > 2
    - Respiratory failure
        - 1. Chest wall retractions, increased work of breathing
        - 2. Decreased SpO_2 or PaO_2, increased $PaCO_2$
        - 3. Mental status change and decreased level of consciousness
        - 4. Bradypnea
        - 5. Diaphoresis

Responding- Taking Action

Interventions:

- Include **all** pertinent interventions for your patient.
- Each intervention must be relevant to the nursing priority (ex. though a patient's PT/INR is high, would it be appropriate to have an intervention for monitoring the INR if your

care map is about Chronic Pain? The answer is no, but it would definitely fit in another care map).

- Be sure to prioritize your intervention list with assessments taking the highest priority.
- Care maps include assessments, interventions that will directly help the problem, medication-related intervention(s), and education-related intervention(s).
- Each intervention will state how often the nurse or patient will do something.
- Interventions will be individualized and realistic for your specific patient.
- Include specific medications for your patients individualized care map. Include the name of the medication, dose and frequency; but only include medications that are specific to the patient's nursing priority. For example, if the care map is for pain, then include pain medications, but not medications for his/her blood pressure.
- Each intervention will include a rationale or a reason why the nurse is completing the intervention (it is not enough to simply say to check for changes in VS, etc.; explain specifically why you are assessing for these changes).
- Interventions may look like these:
    - 1. Assess the patient's urine (color, odor, concentration, and output) q8h and PRN with each void
        - To determine whether or not the S&S of the UTI are resolving
    - 2. Administer Levofloxacin 500mg IVPB q24h
        - To treat the patients UTI
    - 3. Encourage fluid intake q1h
        - To avoid urine concentration
    - 4. Educate the patient regarding appropriate perineal hygiene daily
        - To promote self-care and prevent future UTI's

Reflecting- Evaluate Outcomes

Evaluation:

- List the reassessment findings associated with the top nursing priority. This will include a reassessment for all of the highlighted information in the noticing boxes (assessment, lab/diagnostics).
- What reassessment findings determine effectiveness of interventions?
- What data shows a need for continued monitoring?
- Does the plan of care require continuing, modification, or termination?
- This is an example of a complete evaluation:
    - Pain 2/10 in right foot
    - No facial grimacing during movement of right foot
    - BP- 150/95
    - HR- 105
    - WBC- 12.0

    Continue plan of care.

Reference

An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.

The care map will be graded “unsatisfactory” if both the in-text citation and reference are not included.