

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Kayli Collins

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Noticing/Recognizing Cues:

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

Assessment findings*:

- Lung sounds clear and diminished
- Wears glasses and has dentures but does not wear those
- Slight weakness when lifting right arm
- **Increase shortness of breath**
- Intermittent, non-productive cough
- **Chest pain**
- **Edema in lower extremities**

Lab findings/diagnostic tests*:

- WBC: 11.0 H
- Neut # (Auto): 8.4 H
- Heparin Anti-Xa, Unfract: 1.68 H
- Sodium: 135 L
- BUN: 32 H
- Glucose: 122 H
- **D-Dimer: 9 H**
- **Troponin: peaked at 196 H**
- **Venous duplex showed thrombus in LLE**
- **CT showed thrombus in right and left pulmonary arteries and right sided heart strain**
- **Catheterization showed right and left sided thrombus**

Risk factors*:

- **HTN**
- **Right leg fracture, rod placed**
- **CABG**
- **Former 1 pack/day smoker**
- **7-9 alcoholic drinks daily**
- **Positive for THC**
- **COPD**
- **HLD**

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Decreased cardiac output
- **Ineffective cardiac Tissue Perfusion**
- Risk for myocardial infarction
- Risk for ineffective cerebral Tissue Perfusion

Goal Statement: Patient will experience effective cardiac perfusion

Potential complications for the top priority:

- Myocardial Infarction
 - Chest discomfort and pain
 - Diaphoresis
 - Shortness of breath
- Cardiac Arrest
 - Heart palpitations
 - Lightheadedness
 - Shortness of breath
- Respiratory Failure
 - Shortness of breath
 - Tachypnea
 - Fatigue

Responding/Taking Actions:

Nursing interventions for the top priority:

Assess and monitor for reports of chest pain q4 PRN

To make sure there is not an evolving MI or CHF

Monitor cardiac function q4 PRN

To assess for signs of poor ventricular function and/or impending cardiac failure

And to evaluate for fatigue

Assess vital signs q4 hours q4 PRN

To make sure vitals are stable and within normal limits

Review signs of impending failure/shock q4 PRN

For early detection to limit the degree of cardiac dysfunction

Keep client on bed or chair rest in a position of comfort q4 PRN

To decrease O2 consumption and the risk of decompensation

Administer oxygen via mask or ventilator, as indicated

To increase oxygen available for cardiac function/tissue perfusion

Monitor cardiac rhythm continuously

To note effectiveness of medications

Administer Rivaroxaban 15 mg PO BID with meals

To prevent and treat blood clots

Administer Amlodipine 5 mg PO Daily

For high blood pressure and chest pain

Administer Ezetimibe 10 mg PO Daily

For high cholesterol

Administer Irbesartan 300 mg PO Daily

To treat high blood pressure

Administer Metoprolol Succinate 50 mg PO Daily

To improve heart function and control blood pressure

Provide a quiet environment continuously

To promote adequate rest

Avoid a prolonged sitting position when patient is in a chair

To improve venous return and systemic circulation

Maintain heart healthy diet during meals

To promote good heart function

Educate on weight reduction, cessation of smoking, and alcohol reduction at discharge PRN

To promote heart and overall health

(Doenges, et.al. 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- No chest pain chest pain
- No edema noted
- No shortness of breath
- D-dimer will return to normal when evaluated
- Troponin level will return to normal when evaluated
- Understands all risk factors for worsening pulmonary embolisms and ineffective cardiac perfusion
- Understands need for weight improvement, smoking cessation, and alcohol reduction

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.