

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name ___Karsyn Brewer___

Date ___1/23/26___

Noticing/Recognizing Cues:

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

Assessment findings*:

- Missing Teeth
- Productive cough
- Foley catheter
- Left elbow skin tear
- Bilateral leg and wrist weakness
- Limited movement
- Pain 6/10 in lower extremities when palpated
- On 2L of O2 nasal cannula
- Decreased appetite
- Heavy 2 assist with walker
- Unable to move bilateral lower extremities
 - Can only wiggle toes with slight movement of ankles

Lab findings/diagnostic tests*:

- WBC 13 (H)
- Na 135 (L)
- Glucose 156 (H)
- CO2 33.6 (H)
- BUN 40 (H)
- B12 148 (L)
- CXR- No acute findings
- Venous Duplex- No evidence for deep vein, thrombosis or proximal superficial thrombophlebitis in lower extremities.
- Lumbar Spinal MRI- Moderate severe R neural foraminal narrowing @L5-S1
- Thoracic Spinal MRI- Minor degenerative changes.
- PVR- No significant vascular occlusive disease in either lower extremity

Risk factors*:

- Active Smoker
- Hx of alcohol abuse
- Hx of Hyperlipidemia
- Hx of hyperkalemia
- Hx of Chronic Kidney Disease
- Age 77
- Family history of CHF
- Wears glasses
- Urinary retention

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Impaired Mobility
- Impaired Skin Integrity
- Risk for Falls
- Risk for Thrombosis

Goal Statement: Patient will have improved mobility by discharge.

Potential complications for the top priority:

- Pressure Injury- Increased WBCs, skin breakdown, non-blanchable erythema, increased temp, edema.
- Pneumonia- Decreased O2 saturation, abnormal lung sounds (crackles), cough, increased WBCs, increased respirations, confusion.
- Bowel Obstruction- Hypoactive bowel sounds, abdominal distension, increased discomfort, decreased hunger, increased nausea.
- Deep Vein Thrombosis- Leg swelling, increased temp, shiny skin, increased erythema, increased pain in extremities, increased HR.

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess lower extremity strength and ability to move joints daily and PRN. Rationale- Identify changes in mobility status.
2. Assess pain level in lower extremities q4h and PRN. Rationale- Pain can limit movement and participation in mobility activities.
3. Assess range of motion in bilateral lower extremities daily and PRN. Rationale- Ensure ROM is consistent and getting better.
4. Assess skin temperature, and color of bilateral lower extremities daily and PRN. Rationale- Monitor for circulatory changes that may impair movement.
5. Reposition patient at least q2h and PRN. Rationale- Prevent further decline in mobility and prevent pressure injury.
6. Assess proper body alignment and positioning in bed at all times. Rationale- Prevent musculoskeletal complications.
7. Assist patient with passive ROM exercises in lower extremities daily and PRN. Rationale- Maintain muscle strength and circulation.
8. Collaborate with physical therapy for mobility evaluation and treatment as ordered. Rationale- Promotes individualized care for mobility.
9. Assist patient properly when needed to ambulate and do ROM exercises as ordered by PT/OT and PRN. Rationale- Ensure patient has proper assistance/safety
10. Administer Acetaminophen PRN as ordered for pain. Rationale- Decreased pain will allow participation in ROM activities
11. Elevate lower extremities while in bed PRN. Rationale- Reduce risk for edema and discomfort that may limit movement.
12. Educate patient on the importance of mobility and movement per shift and PRN. Rationale- Increase participation in care and prevent complications of immobility.

(Doenges et al., 2022)



Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Bilateral lower extremity weakness still present but it is improving with PT
- Limited movement of bilateral lower extremities still present
- Patient reports same pain rating when bilateral lower extremities are palpated
- No new Lumbar/Thoracic MRI done
- Remains 2 assist with walker, but has improved mobility

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.