

## Nursing Care Concept Map

### Goal:

- A. To be free of falls.
- B. Physical therapy needs to be met.
- C. ADL to be met.
- D. To be free of infections.
- E. To be discharged within a certain amount of time.

### Nursing Diagnosis Risk for aspiration

#### Nursing Interventions:

- a. Assess pt level of consciousness.
- b. Telemetry or heart rate monitoring respiratory rate, depth, and effort.
- c. Swallowing evaluation; Assess for coughing, choking, gurgling etc.
- d. Assess for presence of nausea and vomiting.

### Nursing Diagnosis

Skin integrity\*impaired mobility\*

#### Nursing Interventions:

- a. Place pt on Q2 turn and position or have pt do lie to sit position or have pt move in bed.
- b. Provide active ROM exercises.
- c. Have pt receive physical therapy; prolonged to outpatient if need be.
- d. Assess bony prominences for redness, blisters, and pressure ulcers.

### Nursing Assessment, Vital signs, Medical Diagnosis/Surgical Procedure, Lab values, Tests Medications:

Pt is a 43 yrs. female admitted for a stroke with weakness to the left side (upper and lower limb) currently anox4 and place on a fall risk and aspiration risk. Pt also has diabetes and is placed on Q4 fingerstick check.

Pt is tachycardic-110-117bpm and place on telemetry. Pt received a CAT scan to rule out any internal bleeding or damage.

Pt vitals were stable showing: Temp: 98.4, BP: 122/73, HR 110, RR 17, O2: 98%.

Pt also received fluids and the following meds: Tylenol:975mg tab, Lipitor: 80mg tab, DEXW5, 25 injection. 0.9 sodium chloride 1000ml/hr.

Lung sounds heard were vesicular. Neuro checks Q4. S1 and S2 were present for heart sounds.

### Nursing Diagnosis: Knowledge deficit

#### Nursing Interventions:

- a. identify Pt's learning style.
- b. Teach pt on about signs and symptoms of stroke.
- c. Teach pt how to manage their blood sugar level.
- d. Educate pt on the goal while at the facility.

### Nursing Diagnosis: Ineffective tissue perfusion

#### Nursing Interventions:

- a. Assess airway and respiratory function.
- b. Neuro check Q4.
- c. Monitor any changes in Pt's blood pressure.
- d. Assess for alertness and speech ability.