

Concept Mapping for RR 11/4/10

Dx: ineffective airway clearance r/t:
 Trach
 Asthma
 Albuterol
 Ipratropium
 Interventions: assess pt's O2 saturations and admin oxygen as indicated. Deliver medications on time and admin on exacerbation PRN. Encourage use of incentive spirometer. Assess lung sounds and document adventitious sounds. Monitor closely for sudden dyspnea or increased work of breathing.

Dx: risk for constipation r/t medications and inactivity
 Docusate
 Morphine
 Mirtazapine
 Interventions: ask patient last BM, administer docusate regularly to prevent constipation. Assess abd for distention, pain, bowel sounds.

Dx: risk for falls r/t unfamiliar hospital environment
 Dementia
 Age
 Orthostatic hypotension from medications
 Interventions: monitor closely when pt is up and moving, teach patient to get up slowly from bed. Watch closely for increasing confusion which would increase likelihood of getting out of bed and falling.

Dx: impaired gas exchange r/t chronic respiratory diseases
 COPD
 Albuterol
 Ipratropium
 Interventions: assess lung sounds and note adventitious findings. Assess pt's O2 saturation and admin oxygen as indicated. Monitor closely for dyspnea or increased work of breathing. Encourage activity until tolerated and use of incentive spirometer.

Knowledge Deficit
 Expected duration of hospital stay. Use of incentive spirometer. Medication purposes/education. Lifestyle change. Long term facility possibilities for care.

Dx: risk for bleeding r/t:
 High PT
 High INR
 High PTT
 Enoxaparin
 Interventions: monitor pt for bloody stools, emesis, spontaneous bruising, nosebleeds. Monitor labs frequently and withhold enoxaparin if PT and PTT and INR are too high.

Dx: acute pain
 Morphine
 Acetaminophen
 Norco
 Interventions: assess pts pain by using pain scale of 0-10. Document changes, and administer medications PRN. Assess vitals for changes in BP, hr, respiratory rate.

Chief Medical Diagnosis: PNA, septicemia, acute renal failure, stage II ulcer, afib
 Priority Assessments: skin integrity, O2 saturation, I and Os, cardiac output/EKG, labs,

Dx: infection
 Dx of PNA
 Increased WBC
 Increased segs/bands
 +MRSA
 interventions: administer antibiotic therapy as prescribed. Assess VS for fever, chills, increased hr, BP, and respiratory rate. Admin PPE always during interactions with pt. monitor CBC for improving values. Administer antipyretics PRN for fever.

Discharge Criteria
 Pt is hemodynamically stable, no signs of infection. CRE and BUN are back to baseline. Pt demonstrates understanding of instructions. PNA and MRSA controlled.

3. Dx: Impaired Comfort r/t confinement to bedrest only
 right sided weakness s/p TIA/CVA
 immobile for long periods of time
 multiple interruptions by hospital staff
 Interventions: minimize interruptions when pt is sleeping, ask pt if comfortable (bring more pillows/blankets if necessary). Allow family to bring things from home that make room "homey". If insomnia occurs, use PRN meds for sleep-aid

Dx: ineffective renal perfusion
 Acute renal failure
 Chronic renal disease
 Epoetin
 Interventions: assess kidney function through daily monitoring of labs, especially CRE and BUN and GFR. Administer renal diet if ordered, monitor electrolytes and I and Os carefully. Administer medications as prescribed relating to kidney disease.

Dx: decreased cardiac output
 Afib
 Amiodarone
 Aspirin
 Chronic ischemic heart disease
 Interventions: monitor pt's rhythm via telemetry or EKG. Notify doctor for any significant changes. Administer medications as prescribed to increase cardiac output. Watch for edema in peripheral extremities, sudden onset of CP. Admin nitro PRN when sx occur. Notify doctor if no changes within 3rd dose.

DX: impaired skin integrity
 Stage 2 decubitus ulcer
 Multiple abx
 Interventions: assess wound and apply clean dressings after thorough irrigation. Administer abx as prescribed to prevent infection. Turn pt frequently to relieve pressure from wound. Assess other bony prominences and avoid further incidences of pressure ulcers by keeping them dry with frequent turning of patient.