|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment: Client Data** *(What subjective and objective data from your client assessment indicates that the NANDA Label is a problem?)* | Nursing Diagnosis Statement(NANDA Approved) | | |
| ***Subjective Data:*** *(What did the client say about the issue?)* | ***NANDA Label:***  Impaired Physical Mobility  *Definition: limitation in independent, purposeful physical movement of the body or of one or more extremities* | | ***Priority According to Maslow:***  *(circle one)*  ***HIGH***  ***MEDIUM***  ***LOW*** |
| ***Objective Data: (****What information, [lab values, vital signs, etc.] do you have about the issue?)* | ***Related to:*** *(Etiology: Pick one. This is what you will develop the outcome to address.)*   * decreased muscle strength * decreased endurance * musculoskeletal impairment * neuromuscular impairment * sensory-perceptual impairment * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| ***As Manifested by:*** *(These are the* ***signs and/or symptoms*** *that prove the NANDA Label is a problem.)* | | |
| **Planning: Client Outcome** |  | | |
| ***Outcome*** *(Only one behavior/response. Needs to be specific, observable, measurable, achievable, realistic and timed for THIS client.)* | | ***Time*** *(When you expect the response to occur. If there is an agency policy for reassessment, such as with pain, utilize that time frame in your outcome to add it to your workflow.)* | |
| **The client will:**   * Participate in 2 activities outside of the client’s room * Walk or move self with wheelchair 20 ft * Reposition self 3 times * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | * Daily * Every 4/ 8/ 12/ 24/ hrs. *(circle one)* * by discharge / transfer *(circle one)* * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |
| --- | --- |
| **PLANNING:** **Interventions** *(Select interventions that help the client achieve the outcome. Do not choose all assess and monitor interventions. The majority of your interventions should reflect nursing action (actually doing something). Rationales for actions are in italics. Rationales for actions must be included.)* | **IMPLEMENTATION:** *(****Document how you implemented the intervention and the client’s response*** *If you were unable to implement the intervention, state that, and why.)* |
| * Progressively mobilize client, start with small changes in position and move to transfers and ambulation. *To gradually increase client strength, tolerance of activity, and independent mobility (Potter, Perry, Stockert, & Hall, 2017).* |  |
| * Have client perform Acts of Daily Living with assistance to set up supplies only. *To increase client strength, tolerance of activity, and independent mobility (Potter, et al, 2017).* |  |
| * Use gait belt, cane, walker, wheelchair when ambulating or transferring*. Assistive devices can add support to the client, increasing confidence in increasing mobility (Potter, et al, 2017).* |  |
| * Instruct client on the steps in repositioning, transferring, and/or ambulating. *Clients will be able to perform steps independently if the client knows how to do the each step. (Potter, et al, 2017).* |  |
| * Encourage clients to use the affected extremity for activities. *To promote strengthen and independence of movement in the restricted extremity. (Potter, et al, 2017).* |  |
|  |  |
|  |  |
| **EVALUATION of OUTCOME: *(Documented in a Nurse’s Note)*** | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |