

Activity intolerance

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Activity intolerance</p> <p>Related factors:</p> <p>Bed rest or immobility Imbalance between oxygen supply or delivery and demand Inability to perform one or more self-care activities Circulatory / respiratory problems Sedentary lifestyle</p> <p>Symptoms / Risk factors:</p> <p>Abnormal heart rate or blood pressure response to activity Depression Electrocardiographic changes reflecting arrhythmias or ischemia Exertional discomfort or dyspnea Fatigue Fear and pain Feelings of isolation Inability to perform ADLs Pain Verbal report of fatigue or weakness Verbal report of pain</p> <p>Outcome / Goal:</p> <p>Patient maintains activity level within capabilities Report an increase in activity tolerance, including ADLs.</p>		<p>Discharge Planning</p> <p>Ascertain that patient has follow-up care arranged at discharge Assess understanding of discharge instructions and follow-up regimen Contact appropriate personnel with orders Discuss with physician the discharge plan and obtain orders if needed Discharge planned _____</p> <p>Instruct patient to avoid crossing legs Instruct patient to keep legs externally or neutrally rotated Involve the patient/family in the discharge process Teach patient recognize signs of hemorrhage and when to report Teach the patient / caregiver about wound care using aseptic technique</p> <p>Energy Management</p> <p>Allow for rest periods between care Assess client's ability to perform normal tasks and ADLs Assist patient to plan for care and rest schedule Demonstrate proper performance of activities of daily living (ADLs) Discuss future plans regarding food and fluid, as indicated Encourage activity as tolerated, rest as needed Encourage nutritional intake and use of supplements as appropriate Explain to patient need to conserve energy and encourage rest Inform to request assistance when needed for daily activities Maintain proper body alignment with supports Medicate for pain before activity or exercises Monitor breath sounds. Note feelings of panic or air hunger Monitor vital signs and response to activity, weakness, dyspnea and fatigue Monitor vital signs during and after activity Observe patient's symptoms (comfort, vital sign and skin color) related to his activity Observe symptoms (comfort, vital sign and skin color) of child's activity Perform ROM exercises consistently Provide toys and game for quiet play and diversion appropriate for age</p> <p>Teaching: Prescribed Activity/Exercise</p> <p>Assist patient in performing self-care activities Do "Carpal Tunnel Syndrome Exercises" : Straighten both wrists and relax fingers, for a count of 5. Straighten both wrists and relax fingers. Make a tight fist with both hands. Then bend both wrists down while keeping the fist. Hold for a count of 5. Then let your arms hang loosely at the side and shake them for a few seconds Encourage activity as tolerated, rest as needed Encourage participation in ADLs within individual limitations Encourage patient to perform range of motion to all joints daily Encourage the patient to dress daily Encourage the family to supervise and assist with ambulation as needed Implement activity program with patient and personnel (therapist) Observe symptoms (comfort, vital sign and skin color) of patient's activity Offer pain killing medication before exercise /activity/ambulation if needed</p>	