



NURSING CARE PLAN No 25

IMPAIRED MOBILITY

Please use all careplans in conjunction with careplan 1

Full Name:

Address: Addressograph

HCR.....

Care Plan No 25 Problem		IMPAIRED MOBILITY Goals		Issue Date: March 2020	Review Date: March 2023
<p>.....</p> <p>Has impaired mobility related to</p> <p>.....</p>		<ul style="list-style-type: none"> To prevent potential complications related to impaired mobility To increase comfort. To encourage normality while immobile. 			
No	NURSING INTERVENTION			Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	<p>Protect Skin Integrity by:</p> <ul style="list-style-type: none"> Observing skin on a frequent basis, frequency to be decided based on individual assessment (<i>State frequency of skin observation</i>) hourly Report and record changes in skin condition Keep skin clean, dry and moisturized. Apply dressing as needed. Alter body position as required and as allowed <p>.....</p> <p>.....</p> <ul style="list-style-type: none"> Use pressure relieving devices as required, involve the OT department in the choice of product required <p>.....</p> <p>.....</p> <ul style="list-style-type: none"> If pressure areas breakdown treat as directed by medical team: <p>.....</p> <p>.....</p>				
2	<p>Activity</p> <ul style="list-style-type: none"> Encourage deep / passive breathing exercises to affected area, if applicable. Liaise with Physiotherapist. Encourage mobility of non-affected areas and passive exercise to affected areas. Encourage play as allowable. 				
3	<p>Complications Associated with Impaired Mobility</p> <ul style="list-style-type: none"> Observe for constipation and record bowel motions Consider food choices in managing complications associated with impaired mobility Involve dietitians in the management of food choices / in older children and consider the child's choice in daily dietary choice. Administer medications as per medication Guidelines. Encourage intake of fluid in order to prevent renal calculi, consider the child's choice likes and dislikes in fluid choices. Dietician input if required. 				
4	<p>Parent Involvement in Care</p> <ul style="list-style-type: none"> Encourage and educate parents to participate in the child's care Encourage the child to remain as independent as possible Specific details to be included 				



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5	Discharge Planning	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> • Liaise with Public Health Nurse (if applicable) • Complete specific details 		
6	Any Other Details		

Created by St Joseph's Ward
 Issue Date: March 2020/ Review Date: March 2023

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