Nursing Problem Worksheet

Name: _____

Anticipated Patient Problem and Goals	**Relevant Assessments** (Prework) What assessments pertain to your patient's problem? Include frequencies	**Multidisciplinary Team Intervention** (Prework) What will you do if your assessment is abnormal?
Problem: Impaired physical mobility Reasoning: Pain, decreased ROM poste surgery. Goal: Patient will ambulate short distances (to chair) using prescribed assistive device with assistance. Goal: Patient will verbalize understanding of hip precautions.	Assess pain level (0-10 scale) before and after ambulation q4h and PRN.	Administer analgesics 30 minutes prior to physical activity as prescribed.
	Assess color, warmth, pulse, cap refill, sensation, movement of affected limb q4h for first 24 hrs, then q shift.	Notify provider with any abnormalities.
	Observe gait pattern, weight-bearing ability; and use of assistive device during ambulation q each ambulation session.	Collaborate with physical therapy to progress ambulation distance and reinforce proper gait and transfer techniques.
	Asses patient's knowledge and demonstration of hip precautions (ask to repeat and perform correctly) once per shift and during teaching sessions	Provide step by step teaching and return demonstration of hip precautions using verbal instruction and visual aids.

Anticipated Patient Problem and Goals	**Relevant Assessments** (Prework) What assessments pertain to your patient's problem? Include frequencies	**Multidisciplinary Team Intervention** (Prework) What will you do if your assessment is abnormal?
Problem: Acute pain Reasoning: Tissue trauma from surgical incision from THA. Goal: Pain <3/10 at rest within 60 min of analgesic administration and maintained <4/10 through the shift Goal: Pain <5/10 with activity/therapy by end of shift to allow safe ambulation to chair/bathroom.	Asses pain intensity, location, quality, duration, and factors that relieve/exacerbate pain q2-4h and before/after any pain intervention.	Collaborate with physical therapy and provider to adjust pain management regimen if ineffective.
	Vital signs and sedation/respiratory status q4h and 30-60 min after opioid dosing.	If RR<12/min, SpO2 <92%, or patient is difficult to arouse, hold next dose and notify provider immediately.
	Inspect surgical incision and dressing for redness, drainage, swelling q shift and PRN.	Change dressing per protocol, report abnormal findings to provider. Consult wound care.
	Asses muscle tension, guarding, or rigidity near surgical site each interaction.	Educate patient on deep breathing exercises for non-pharmacological pain management.