ALLIANCE UNIVERSITY
School Of Nursing
NURSING CARE PLAN

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Nursing Diagnosis: Impaired Physical Mobility

P: Impaired Physical Mobility

E: Risk for Impaired physical mobility related to right-sided weakness as evidenced by left-sided cerebrovascular accident

S: Limited ROM of the right upper extremity, favoring left upper extremity, weakness, and decreased strength

Expected Outcomes	Nursing Interventions	Rationales	Evaluation
Short Term: The patient will elevate his RUE to 30 degrees at minimum once during a 4-hour shift period (7 am -11 am) with supervision and assistance. **Long Term:** The patient will be able to move his right upper extremity to at least 90 degrees without assistance within 14 days.	1. Assess the patient's efforts to move his RUE without assistance. 2. Incorporate patients' affected RUE while providing AM care. 3. Assist the patient to move his affected right-sided extremities at least 5 inches off the bed. 4. Elevate RUE to prevent edema and stabilize the extremity. 5. Assist the patient in ambulation by raising his RUE 30 degrees off the bed. 6. Perform a series of range of motion exercises with the patient, initiating passive ROM exercises and then, transitioning to active ROM.	1. Establishes a baseline to see how far the patient can independently move his affected extremities to determine how much assistance he will need during his hospitalization. 2. Allows more use of the affected extremity and in turn, strengthens the extremity instead of favoring the strong arm and preventing atrophy in the affected extremity. 3. Beginning with a small goal by moving a couple of inches off the bed will enhance patient confidence while conserving minimal pain. 4. Stabilizing the affected extremity will reduce any swelling and pain the patient may be experiencing and in turn, allow him to be more cooperative and have a more active role in reaching the goals set for his affected arm.	1. Patient met the short-term goal and achieved RUE elevation at 30 degrees. Patient requested assistance with RUE elevation at the beginning of the shift. By the end of the shift at 11 am, he demonstrated RUE 30-degree elevation with minimal hesitation and assistance. 2. Patient met his long-term goal and elevated his affected RUE past 90 degrees within the allotted 14-day time frame without assistance or hesitation. He was able to raise his right upper extremity after demonstrating continuous active ROM exercises.

		5. Implementing small goals will boost the patient's confidence and morale, and in return, the positive attitude towards a smaller goal being reached will encourage the patient to be more confident and prepared to reach the short-term goal following his long-term goal. 6. Performing passive ROM will help the patient by assisting his in movement and essentially getting him more comfortable to build up his strength to transition to active ROM. Continuous ROM exercises will build strength and mobility to his impaired extremity.	

References

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