

OUR LADYS CHILDREN'S HOSPITAL  
NURSING CARE PLAN 25  
Impaired Mobility



Care plan 25 Problem		Impaired Mobility Goals	Issue date: August 2018	Review date: August 2021
_____ has impaired mobility related to:  _____		<ul style="list-style-type: none"> <li>To prevent potential complications related to impaired mobility</li> <li>To increase comfort.</li> <li>To encourage normality while immobile.</li> </ul>		
Commenced, date, time and signature	No.	Nursing Intervention		Discontinued, date, time and signature
	1.	<p><b><u>Protect skin integrity by:</u></b></p> <ul style="list-style-type: none"> <li>Observing skin on a frequent basis, frequency to be decided based on individual assessment (State frequency of skin observation)_____ hourly</li> <li>Report and record changes in skin condition</li> <li>Keep skin clean, dry and moisturized. Apply dressing as needed.</li> <li>Alter body position as required and as allowed: _____</li> </ul> <p>_____</p> <ul style="list-style-type: none"> <li>Use pressure relieving devices as required, involve the OT department in the choice of product required: _____</li> </ul> <p>_____</p> <p>If pressure areas breakdown treat as directed by medical team:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
	2.	<p><b><u>Activity</u></b></p> <ul style="list-style-type: none"> <li>Encourage deep / passive breathing exercises to affected area, if applicable</li> <li>Liaise with Physiotherapist</li> <li>Encourage mobility of non affected areas and passive exercise to affected areas.</li> <li>Encourage play as allowable.</li> </ul>		
	3.	<p><b><u>Complications associated with impaired mobility</u></b></p> <ul style="list-style-type: none"> <li>Observe for constipation and record bowel motions</li> <li>Consider food choices in managing complications associated with impaired mobility</li> <li>Involve dietitians in the management of food choices/in older children and consider the child's choice in daily dietary choice.</li> <li>Administer medications as per medication Guidelines.</li> <li>Encourage intake of fluid in order to prevent renal calculi, consider the child's choice likes and dislikes in fluid choices</li> </ul> <p>Dietician input if required</p>		

Reviewed August 2018

Patient Name:.....  
HCRN:.....  
Ward.....

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4.	<p><b><u>Parent involvement in care</u></b></p> <ul style="list-style-type: none"> <li>• Encourage and educate parents to participate in the child's care</li> <li>• Encourage the child to remain as independent as possible</li> <li>• Specific details to be included</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	
5.	<p><b><u>Discharge planning</u></b></p> <ul style="list-style-type: none"> <li>• Liaise with Public Health Nurse (if applicable)</li> <li>• Complete specific details</li> <li>•</li> <li>•</li> <li>•</li> </ul>	
6.	<p><b><u>Any other details</u></b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	