

Activity Intolerance Nursing Care Plan

PATIENT INFORMATION

Name: _____ Age: _____

Medical Diagnosis: _____

ASSESSMENT

Baseline Activity Level:

Underlying Causes:

NURSING DIAGNOSIS

Impaired Physical Mobility related to:

GOALS AND EXPECTED OUTCOMES

Short-Term Goal (1 week):

Long-Term Goal (4 weeks):

INTERVENTIONS

Therapeutic Exercises:

Mobility Assistance:

Pain Management:

Patient Education:

EVALUATION

Assessment of Progress:

Goal Attainment:

PATIENT EDUCATION

Self-Management Strategies:

Signs of Deterioration:

DOCUMENTATION

Regular Charting:

REVIEW AND COLLABORATION

Team Review:

Collaboration: