NURSING CARE PLAN FOR IMPAIRED PHYSICAL MOBILITY:

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Implementation	Rationale	Evaluation
Subjective Data: - Patient reports	Impaired Physical	Short-Term: - Within 24 hours,	Plan to initiate a mobility program including passive	Assist with daily range-of-motion	Regular exercise and pain	Patient demonstrates
difficulty walking	Mobility related	the patient will	and active exercises;	exercises; monitor	management	increased mobility;
and pain in the	to muscle	participate in	schedule physical therapy	pain levels before	improve muscle	pain levels
lower limbs.	weakness and	gentle range-of-	sessions; administer pain	and after activity;	strength and	decrease; physical
Objective Data:	pain as	motion exercises	medications as prescribed.	document progress	joint flexibility,	therapy reports
- Limited range of	evidenced by	with assistance.	2	during physical	reducing	show progress.
motion; muscle	difficulty walking	Long-Term:	N. AursingE Xpe	therapy sessions.	mobility	
weakness;	and limited joint	- Patient achieves	1.42		impairments.	
patient requires	movement.	improved	X.			
assistance to		mobility and	:100			
ambulate.		increased	15			
		independence in	70.			
		daily activities.	21.			
Subjective Data:	Risk for Injury	Short-Term:	Develop a safety plan that	Instruct patient on	Using assistive	Patient uses the
- Patient	related to	- Within 24 hours,	includes fall prevention	proper use of the	devices and	assistive device
expresses fatigue	impaired	patient will use	strategies; provide an	assistive device;	safety education	correctly; incidence
and fear of	mobility and	assistive devices	assistive device such as a	monitor gait during	reduces the risk	of falls decreases;
falling.	unsteady gait as	to enhance	walker; educate on safe	ambulation; ensure	of falls and	patient reports
Objective Data:	evidenced by	safety.	ambulation techniques.	a safe environment	injuries.	increased
- Patient shows	fatigue and fear	Long-Term:		free of hazards.		confidence.
unsteady gait;	of falling.	- Patient				
vital signs		maintains safe				
indicate slight		ambulation and				
tachycardia; signs						

of deconditioning observed.		reduces risk of falls.							
Subjective Data: - Patient shows uncertainty about home exercise routines and self- care. Objective Data: - Patient asks questions about proper techniques; inconsistent participation in activities observed.	Deficient Knowledge regarding self- care and exercise routines related to impaired mobility as evidenced by patient uncertainty and inconsistent practice.	Short-Term: - Within 24 hours, patient will verbalize key techniques for safe mobility and self-care. Long-Term: - Patient adheres to prescribed exercise routines and self-care practices consistently.	Develop an education plan with clear, simple instructions and visual aids on mobility exercises and self-care techniques; schedule follow-up teaching sessions.	Conduct one-on-one education sessions; provide printed materials and demonstration videos; monitor adherence through follow-up assessments.	Education empowers patients to take control of their mobility and reduces anxiety related to self- care.	Patient demonstrates increased understanding; adherence to exercise and self- care routines improves; follow- up confirms consistent practice.			
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