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:

Eva	luation
• /	Assessment of Progress:
• (Goal Attainment:
Pati	ent Education
• 9	Self-Management Strategies:
• 9	Signs of Deterioration:
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Documentation

• Regular Charting:

Review and Collaboration

- Team Review:
- Collaboration: