Week 7: Altered Mobility

Nursing Care of Mobility

Prepare: The Nursing Care of Mobility

Nursing Intervention – Recognizing Cues

The nurse is caring for a client who was recently injured the right leg while playing basketball. Which symptoms could be m consistent with a bone injury? Select all that apply.

- Deformity of the injured extremity
- Ecchymosis around the area of injury
- Capillary refill less than 3 seconds
- Presence of a fever
- Inability to bear weight

Recognizing Cues – Altered Mobility

The nurse is caring for a client with a nerve impingement in the lower back area around L4 and L5. Which symptoms are consistent with nerve injury? Select all that apply.

- Paresthesia
- Erythema at the site of injury
- Deformity
- Acute pain
- Paralysis above the site of the injury

Nursing Intervention – Altered Mobility and Lifestyle

The nurse is preparing a discharge plan for a client being discharged after a left tibial fracture. In suggesting lifestyle chang which can decrease the healing time, which of the following does the nurse review with the client?

- Decrease dietary protein intake
- Avoid any type of exercise even if the fracture is protected
- Stop smoking
- Consider eliminating milk products from the diet

Self-Check: Analyze Cues – Altered Mobility

Review the information and picture to the right. Select the pertinent information below based on your assessment.

Nurses Progress Note

Patient ambulated to the exam room with some assistance. Pedal pulses palpated at +2. Capillary refill less than 3 seconds below the point of the injury. Patient smokes 1 pack daily. Exercises four times a week. Works from home. No family history illnesses. Past medical history of appendicitis, vitamin D deficiency, and right ulnar fracture.Patient ambulated to the exam room with some assistance. Pedal pulses palpated at +2. Capillary refill less than 3 seconds below the point of the injury.

Gait	Lower Extremity Assessment	Social History	Family History	Past Medical History
	No deformity			Asthma
	Mild deformity			Vitamin D deficiency
Normal	Gross deformity	Smokes 1 pack per day	Diabetes	
Partial weight-bearing	Ecchymosis	Exercises three times weekly	Hypertension	Hypertensio
No weight-bearing	Erythema	Works in an office	Lung cancer	Left radial fracture

Self-Check: Nursing Assessment of Risk – Altered Mobility

The nurse is caring for a client with a femur fracture. Currently the client is on bedrest with the effected leg elevated. Which prescription from the health care provider requires urgent action to prevent complications?

Initiate fall precautions
Sequential compression device
Administer antibiotics as ordered
Physical therapy referral

Self-Check: Nursing Actions – Hematologic Alterations

Nursing Actions – Altered Mobility

Review the nursing actions below. Select the nursing diagnosis that best fits these actions.

Nursing Actions	Diagnosis
• Cool or warm compresses • Distraction (music, reading, etc.) • Repositioning • Aromatherapy • Pain medicine • Anti-inflammatory medicine	Pain
• Immobilize (splint, brace, cast)	Impaired tissue integr
• Therapeutic communication	Altered coping
• Assistance with ambulation • Handrails up • Call-light within reach	Risk for falls
• Assistive devices • Assistance with movement • Passive range of motion • Physical therapy referral	Impaired mobility
• Support stockings • Administer anticoagulant	Risk of thromboembo
• Referral to occupational health • Assistance with ADLs	Self care deficit

Self-Check: Outcome – Nursing Evaluation

The nurse is caring for a patient who was involved in a motor vehicle accident. The client is alert and requesting pain medication for a pain level of 8 on a 1 to 10 scale. The client does not have elevated blood pressure or pulse and does not appear to be in distress. Non-pharmacological treatment has not worked. The client is due to receive the pain medication a this time as needed. Which of the following is most appropriate?

Administer normal saline and tell the patient it is pain medicine
Give the pain medicine as ordered
Hold pain medicine
Notify the healthcare provider of your concerns

Self-Check: Analyze Cues – Altered Mobility

The nurse is teaching a class and looks for some examples of different things that can affect treatment of altered mobility. Review the examples below and identify the barrier to each situation from the drop-down choices.

Situation	Barrier
A young bull rider refuses to wear a helmet while competing in the rodeo.	Cultural and traditio
An elderly client will require six weeks in a skilled nursing facility for a hip injury.	Aging
After her son fractured his right arm, his mom insists that he rest all day.	Family dynamics
A homeless client is unable to see an orthopedic surgeon	Access to healthcar

Reflect: The Nursing Care of Mobility

Recognizing Cues – Nursing Assessment

Review the case below and select all assessment items that are risk factors or require priority follow-up.

Ernestine a 69-year-old patient was admitted after falling in her bathroom. She came in by stretcher, unable to ambulate. Her vital signs: T=97.5, BP 118/77, P 98, R 20, oxygen saturation 97% on room air. Skin is warm and dry with normal turgor and capillary refill < 3. Lungs clear in all lobes. Heart is regular, rate and rhythm with no murmur. No edema is present. Her left leg is shortened and externally rotated. There is ecchymosis present at the left lateral hip, but no erythema. No edema present. Pedal pulses are bilaterally palpable at 2+. She is a non-smoker, retired. Medical history includes hypertension, osteoporosis, dyslipidemia, and hypothyroidism. Medications include vitamin C, calcium, ibuprofen, omeprazole, levothyroxine, atorvastatin, and lisinopril.

Analyzing Cues – Nursing Assessment

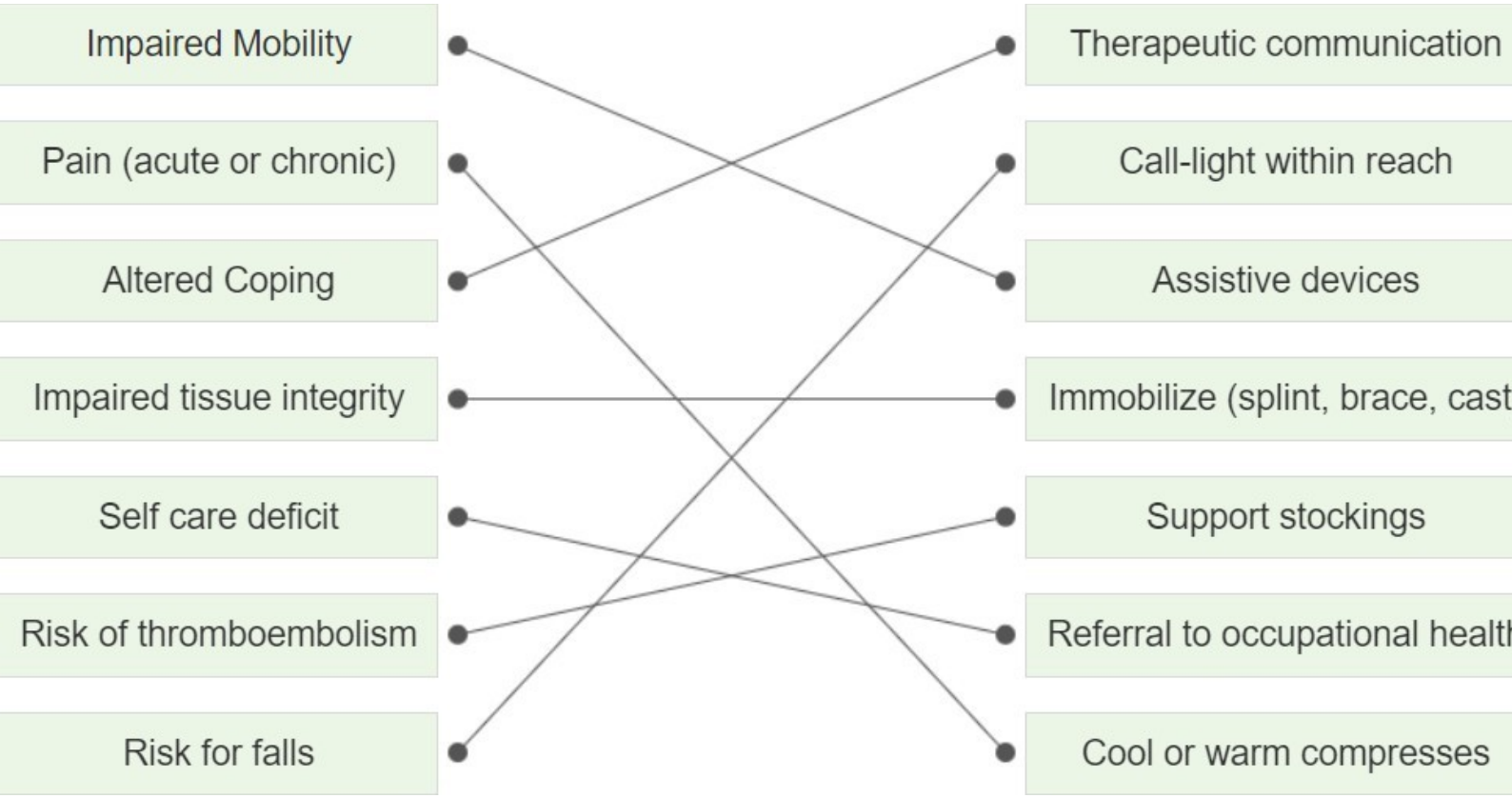
In analyzing the client record, which assessment items are consistent with a fractured hip?

- Deformity
- Partial weight
- bearing Pedal pulse
- of 2+ Erythema
- Ecchymosis

Nursing Diagnoses – Planning Interventions

Ernestine has a fractured hip. In developing the care plan, the nurse identifies some interventions that will help Ernestine.

Match the nursing diagnosis with the most appropriate intervention.



Planning Care – Fracture

Review the nurse's progress note below, and answer the following questions.

Time Nurse's Progress Note

14:00 Ernestine reports pain in her hip. Vitals: BP-152/88, P-102, R-24. Oxygen saturation 96%. She describes it as a soreness with intermittent throbbing. The nurse asks her to identify her pain as a 6 on a numeric pain scale. She received ketorolac 60mg IM at 10:00.

Question 1 / 2

Based on the information available, select the appropriate nursing actions from the prescriptions below. Select all that apply

Acetaminophen 500mg PO q4-6 hours for mild
pain Ketorolac 60mg IM q6 hours for moderate
pain Play some of her favorite music
Morphine 4mg q2 hours for severe pain
Ice pack to the right hip
Reposition

Question 2 / 2

What is the expected outcome to measure with your interventions?

Client will have a respiratory rate less than 24
Client will verbalize that she has no pain
Client will have a 20 point reduction in systolic blood pressure
Client will verbalize a reduction of pain on the numeric pain scale
Client will have decreased pulse rate
Client will ambulate 100 feet with minimal pain

Recognizing and Analyzing Assessment Cues - Amputation