## NURSING CARE PLAN

### Risk for Disuse Syndrome

#### ASSESSMENT DATA

**Nursing Assessment**

Peter Chan, a 69-year-old, unmarried accountant being treated for congestive heart failure, states he has dyspnea with mild activity. ("I cannot climb a flight of stairs without stopping and resting and become breathless even when walking on level ground.") Prefers the orthopneic position. He works at home and sits at a table for most of the day.

**Physical Examination**

- Height: 178 cm (5'10"
- Weight: 102 kg (225 lb)
- Temperature: 37.8°C (100.4°F)
- Pulse rate: 94 BPM
- Respiration: 20/minute
- Blood pressure: 174/92 mm Hg
- Rales present in both lungs.
- Color pale.
- 3+ (5 mm) edema both feet and ankles

**Diagnostic Data**

- CBC, and urinalysis within normal limits.
- CXR reveals an enlarged heart.

#### NURSING DIAGNOSIS

Risk for Disuse Syndrome related to decreased activity resulting from inadequate balance between oxygen supply and demand associated with decreased cardiac output and obesity.

#### DESIRED OUTCOMES*

**Immobility Consequences:**

- Physiological
  - Pressure ulcers
  - Decreased muscle strength

- Psycho-cognitive
  - Apathy
  - Sleep disturbances
  - Negative body image

- Mobility
  - Walking
  - Balance

#### NURSING INTERVENTIONS*/SELECTED ACTIVITIES

**Positioning [0840]**

- Position to alleviate dyspnea, e.g., high Fowler’s.
  - Clients with increased pulmonary secretions are able to breathe better when upright because abdominal organs are lower and there is greater room for lung and diaphragmatic excursion.
- Provide support to edematous areas, e.g., elevate feet on foot stool when sitting.
  - Elevating the dependent area assists with decreasing tissue pressure and promoting fluid return to the venous system and the heart.
- Encourage active range of motion exercises.
  - Active ROM helps keep muscles in current strength and promotes circulation. Mild activity also helps burn unneeded calories.

**Exercise Therapy: Muscle Control [0226]**

- Collaborate with physical, occupational, and recreational therapists in developing and executing an individually tailored exercise program.
  - This client will need a multidisciplinary approach to his care. Each member contributes from his or her area of expertise. Research supports efficacy of individually tailored exercise plans. Factors such as having an exercise partner, using music, and type of activity can motivate client and enhance adherence to the plan over time.
- Offer options, explain rationale for type of exercise and protocol to client, and allow him to make choices that appeal to him and that address his needs.
  - If the client understands what the reasons are for activity, he can make good choices.
- Provide step-by-step cuing for each motor activity during exercise or ADLs.
  - As-needed reminders help the client recall what to do next.
- Use visual aids to facilitate learning how to perform exercises.
  - Some people have better visual memory than auditory memory.

#### EVALUATION

Outcomes met. Mr. Chan did not develop any skin breakdown or other evidence of the complications of immobility to date. However, since the risk factors remain, the care plan will be ongoing.

*The NOC # for desired outcomes and the NIC # for nursing interventions are listed in brackets following the appropriate outcome or intervention. Outcomes, indicators, interventions, and activities selected are only a sample of those suggested by NOC and NIC and should be further individualized for each client.
### APPLYING CRITICAL THINKING

**NURSING CARE PLAN  Risk for Disuse Syndrome (continued)**

1. What assessment findings alert you that Mr. Chan is developing problems associated with his current state of decreased mobility?
2. Mr. Chan may benefit from using a walker to assist with ambulation at home. What teaching should be done in regard to use of a walker?

3. The care plan does not address one of Mr. Chan’s risk factors—obesity. Would you add this to the plan?
4. What assumptions has the nurse made in assigning the desired outcome of “Immobility Consequences: Psycho-Cognitive”?
5. How are the choices of outcomes influenced by the cause of his nursing diagnosis (a chronic illness)?

See Critical Thinking Possibilities in Appendix A.

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### CONCEPT MAP  Client at Risk for Disuse Syndrome

- **PC 69 y.o. male CHF**
- **Assess**
- **Generate nursing diagnosis**
- **Risk for Disuse Syndrome r/t decreased activity resulting from inadequate balance between oxygen supply & demand associated with decreased CO and obesity**
- **Outcomes met:**
  - Did not develop any compromised muscle function
  - However, since the risk factors remain, the care plan will be ongoing

#### Positioning
- **Position to alleviate dyspnea (e.g., high Fowler’s)**
- **Provide support to edematous areas, e.g., elevate feet on foot stool when sitting**

#### Exercise Therapy-Muscle Control
- **Use visual aids to facilitate learning how to perform exercises**
- **Provide step-by-step cuing for each motor activity during exercise or ADLs**
- **Explain rationale for type of exercise and protocol to client**

#### Mobility aeb mildly compromised:
- **Walking**
- **Balance**

#### Immobility Consequences:
- **Physiological aeb no:**
  - Pressure ulcers
  - Decreased muscle strength

#### Outcomes met:
- **Pulse rate:** 94 BPM
- **Respirations:** 20/minute
- **Blood pressure:** 174/92 mm Hg
- **CBC and urinalysis within normal limits**
- **CXR shows enlarged heart**

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See Critical Thinking Possibilities in Appendix A.