

# NURSING CARE PLAN (ACTIVITY INTOLERANCE)

## Medical Diagnosis: Activity Intolerance

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Dyspnea with mild exertion</li> <li>• Chest pain</li> <li>• Weakness</li> </ul>	Assess cardiac and respiratory status	↓Cardiac Output, Low ejection fraction or CHF are reasons a person would have intolerance. Respiratory conditions such as COPD, asthma can contribute to this.
	Monitor vital signs	↑HR, ↑BP in response to activity. If O2 sats decline, stop activity and apply supplemental oxygen.
	Coordinate rest periods before straining activities such as eating, bathing, and ambulating.	Rest periods allow the patient to conserve energy. It allows for heart rate and breathing to normalize.
<b>Objective Data:</b> <ul style="list-style-type: none"> <li>• ↑HR, ↑BP in response to activity</li> <li>• Dysrhythmias</li> <li>• Edema</li> <li>• Signs of Heart failure</li> </ul>	Gradually increase activity with active range-of-motion exercises in bed, increasing to sitting and then standing.	Gradual progression of the activity prevents overexertion.
	Assess for the cause of the activity intolerance. Referral to Cardiologist	Many patients with activity intolerance may have some underlying cardiac issues. Refer to a cardiologist for further diagnosis.