

# Activity Intolerance

Setting: **Inpatient**    Population: **Adult**    Keywords: **mobility, activity, activity intolerance, BADL**

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## Clinical Description

Care of the hospitalized patient experiencing, or at risk for, insufficient physical or mental energy to complete required or desired daily activities or to sustain activities over time.

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## Key Information

- Clinical judgment must be used to determine if it is appropriate to increase activity or participate in exercise. Most patients can benefit from some level of activity or exercise.
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## Clinical Goals

By transition of care

A. The patient will demonstrate achievement of the following goals:

- Enhanced Capacity and Energy

B. Patient, family or significant other will teach back or demonstrate education topics and points:

- Education: Overview
  - Education: Self Management
  - Education: When to Seek Medical Attention
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## Correlate Health Status

Correlate health status to:

- history, comorbidity
- age, developmental level

- sex, gender identity
  - baseline assessment data
  - physiologic status
  - response to medication and interventions
  - psychosocial status, social determinants of health
  - barriers to accessing care and services
  - health literacy
  - cultural and spiritual preferences
  - safety risks
  - family interaction
  - plan for transition of care
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## Activity Intolerance

### Signs/Symptoms/Presentation

- cyanosis
- diaphoresis
- dizziness
- dysrhythmia
- fatigue
- generalized weakness
- inability to perform BADLs (basic activities of daily living)
- inability to perform IADLs (instrumental activities of daily living)
- nausea
- pain increased during or after activity
- pallor
- shortness of breath during or after activity
- syncope
- visual disturbance

### Vital Signs

- significant vital sign change with activity

## Problem Intervention(s)

### Optimize Activity Tolerance

- Assess patient's current rating of perceived exertion; compare to previous level.
- Cluster, coordinate and organize care schedule per patient preference, priorities and tolerance.
- Preplan and pace activity; balance activity with periods of rest; allow for uninterrupted sleep.
- Support coping and manage anxiety to minimize energy expenditure.
- Encourage gradual increase of activity as condition improves.
- Position for optimal comfort and activity tolerance (e.g., sitting for self-care).
- Monitor physiologic response to activity; adjust accordingly.
- Provide range of motion actions (active, passive or assistive) per prescribed limitations.
- Promote nutrition intake to optimize energy.
- Determine need for assistive and adaptive equipment to facilitate activity.

### Associated Documentation

- Activity Management
- Self-Care Promotion
- Environmental Support

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## General Education

- admission, transition of care
- orientation to care setting, routine
- advance care planning
- diagnostic tests/procedures
- opioid medication management
- oral health
- medication management
- pain assessment process
- safe medication disposal
- tobacco use, smoke exposure

- treatment plan
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## Safety Education

- call light use
  - equipment/home supplies
  - fall prevention
  - harm prevention
  - infection prevention
  - MDRO (multidrug-resistant organism) care
  - personal health information
  - resources for support
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## Education: Overview

- risk factors
  - signs/symptoms
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## Education: Self Management

- activity
  - assistive/adaptive devices
  - energy conservation
  - fluid/food intake
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## Education: When to Seek Medical Attention

- unresolved/worsening symptoms
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## Population-Specific Considerations

### Geriatric

- Older adults are at higher risk of losing ability to function and tolerate activity when hospitalized, even those with a good baseline of activity and function on admission. A person 75 years of age has half the skeletal muscle of a healthy young adult.

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