

# Activity Intolerance

Setting: **Inpatient**    Population: **Pediatric**    Keywords: **IADL, activity, mobility, activity intolerance, BADL**

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## Clinical Description

Care of the hospitalized child 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 children can benefit from some level of play, activity or exercise.
  - Younger children's natural enjoyment of play provides an opportunity to include tolerated activities into care.
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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, congenital anomaly

- 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
  - child and family/caregiver:
    - 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

- Cluster, coordinate and organize care schedule honoring child's home routine, preferences, priorities and tolerance.
- Pace and balance activity with periods of rest; allow for uninterrupted sleep.
- Support coping and manage anxiety to minimize energy expenditure (e.g., transitional objects from home, such as preferred toy or blanket; use of developmentally-appropriate activity and language).
- Encourage gradual increase of activity as patient condition improves.
- Monitor physiologic response to activity; adjust accordingly.
- Offer choices regarding activities and play.
- 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
- Environmental Support
- Self-Care Promotion

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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

## References

- (2018). Butcher, H. K.; Bulechek, G. M.; Dochterman, J. M.; Wagner, C. M. (Eds.), *Nursing interventions classifications (NIC)* . St. Louis: Elsevier. [Review Articles, Expert/Committee Opinion, Core Curriculum, Position Statements, Practice Bulletins]
- (2019). Nettina, S. M (Eds.), *Lippincott manual of nursing practice* . Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins. [Review Articles, Expert/Committee Opinion, Core Curriculum, Position Statements, Practice Bulletins]
- Haugen, N.; Galura, S. (2020). *Ulrich and Canale's Nursing Care Planning Resource-E-Book: Medical-Surgical, Pediatric, Maternity, and Psychiatric-Mental Health* . St. Louis: Saunders, Elsevier. [Review Articles, Expert/Committee Opinion, Core Curriculum, Position Statements, Practice Bulletins]
- Hockenberry, M. J.; Wilson, D.; Rodgers, C. C. (2019). *Wong's nursing care of infants and children* . St. Louis: Mosby, Elsevier. [Review Articles, Expert/Committee Opinion, Core Curriculum, Position Statements, Practice Bulletins]
- O'Brien, J. C.; Kuhaneck, H. M. (2020). *Case-Smith's Occupational Therapy for Children and Adolescents* . St. Louis: Elsevier. [Review Articles, Expert/Committee Opinion, Core Curriculum, Position Statements, Practice Bulletins]
- Palisano, R. J.; Orlin, M. N.; Schreiber, J. (2017). *Campbell's physical therapy for children* . St. Louis: Elsevier. [Review Articles, Expert/Committee Opinion, Core Curriculum, Position Statements, Practice Bulletins]
- Pendleton, H. M.; Schultz-Krohn, W. (2018). *Pedretti's occupational therapy: Practice skills for physical dysfunction* . St. Louis: Elsevier. [Review Articles, Expert/Committee Opinion, Core Curriculum, Position Statements, Practice Bulletins]
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