Immobility

Assessing a patient’s mobility is a necessary assessment in determining a patient’s fall risk. Different organ system complications can have a profound effect on one’s mobility. Even without an illness a patient loses 3% of their muscle strength per day when bed rest. Having the patient stay active, performing passive ROM exercises with the patient and maintaining adequate fluid and calorie intake can all help in maintaining mobility.

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Assessment

Mobility Continuum
Immobile ranging to Mobile
Every patient can be placed on a mobility continuum. The continuum ranges from being mobile and independent on one end and immobile (bed rest) on the other. Knowing where the patient falls on the continuum helps the nurse determine plan of care and education.

Complications

Cardiovascular
Heart-with-vessels
As immobility increases, there is a decrease in circulating fluid and a decrease in autonomic response. This puts the patient at risk for developing orthostatic hypotension, thrombus formation, and increased cardiac workload.

Respiratory
Lungs
Patients that are immobile can have slower and more shallow respiratory rates. This puts them at a higher risk for atelectasis or hypostatic pneumonia from pooling of secretions.

Musculoskeletal
Muscle-skeleton
Muscle atrophy is commonly observed with immobile patients. Keeping muscles active will prevent muscle and skeletal breakdown.

Integumentary
Skin
Immobile patients are at a higher risk of skin breakdown and pressure ulcer formation. Educate the patient on the need to move around in bed if unable to get up safely.

Gastrointestinal
GI-guy
Metabolic function decreases when a patient is immobile. This can lead to constipation from a slowing of peristalsis, abnormal absorption from needed nutrients, and at a higher risk of GI infections.

Urinary
Urinating
Urinary stasis can occur when patients lay flat for too long. Urine moves down the ureters by gravity. When laying flat, urine can become backed-up causing UTIs and renal calculi.

Considerations

Turn, Cough, Deep Breathe (TCDB)

Turn Coughing Coffee-pot and Deep Breath with Incentive Spirometer

Turn Q2 hr, Cough, and Deep Breathing are all important interventions that help decrease potential complications of immobility. Use pillows to assist the patient in repositioning and educate the patient on proper use of an incentive spirometer, which allows for lung expansion.

Range of Motion (ROM)

Full Range of Motion

If the patient is unable to perform daily exercises, assist them with passive range of motion (ROM) exercises to increase circulation and fluid homeostasis.

Skin Care

Skin being Cared for by dryer and lotion

Frequently assess for skin breakdown during physical assessment and position changes (which should include turning the patient every 2 hrs). Moisture barrier cream can be used with incontinent patients to prevent skin breakdown.

Fluids

Fluid

Adequate fluid intake helps the body maintain a proper fluid balance. This helps regulate sodium, potassium, and acid-base balance.

Balanced Diet

Balancing Food

Insufficient calorie intake, especially calcium and vitamin D, can affect muscular and skeletal strength. Make sure patients have high calorie and high protein intake. Educate patients on the importance of maintaining a balanced diet.