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Name: **Bill Lloyd**

NUR212 Module 3 Nursing Plan of Care Assignment: Skylar Hansen

Based upon the patient's presentation, identify a [priority](#) NANDA-I Nursing Diagnosis:

Rationale for Chosen Nursing Diagnosis:

Impaired Physical Mobility: Mr. Lloyd has difficulty walking and is increasingly reliant on assistance with activities of daily living due to his emphysema and decreased activity. This nursing diagnosis is appropriate because it addresses his physical limitations and promotes independence.

Impaired Verbal Communication: Mr. Lloyd is experiencing periods of confusion about time and place, which can affect his ability to communicate effectively. This nursing diagnosis is appropriate because it addresses his cognitive impairment and helps meet his needs and preferences.

Social Isolation: Mr. Lloyd has moved into a long-term care home, and his daughter believes he has given up on being active. He is spending more time alone and experiencing decreased social engagement. This nursing diagnosis is appropriate because it addresses his emotional and social well-being and promotes opportunities for social interaction and engagement.

Related to Factor:

Impaired Physical Mobility: This nursing diagnosis relates to Mr. Lloyd's emphysema diagnosis and decreased activity level. Emphysema is a chronic lung disease that can cause shortness of breath and decreased physical function. The move to a long-term care home may have also contributed to decreased activity levels, leading to impaired physical mobility.

Impaired Verbal Communication: This nursing diagnosis is related to Mr. Lloyd's increased confusion related to time and place. Confusion can be caused by various factors, including medication side effects, environmental changes, and cognitive decline associated with aging. In Mr. Lloyd's case, it may be related to the move to the long-term care home or his underlying health conditions.

Social Isolation: This nursing diagnosis relates to Mr. Lloyd's decreased activity level and increased time spent in the long-term care home. Moving to a long-term care home can isolate some individuals, particularly if they cannot participate in social activities or maintain connections with family and friends. Mr. Lloyd's decreased activity level and lack of social engagement may also contribute to feelings of social isolation.

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As evidenced by (two assessment findings):	<p>1. Impaired Physical Mobility: Mr. Lloyd reports increasing difficulty walking to the dining room for meals and states that he "just doesn't have any wind when I walk".</p> <p>2. Impaired Verbal Communication: Mr. Lloyd is experiencing periods of confusion related to time and place. For example, he may forget the day or become disoriented when trying to find his way to a particular location in the long-term care home.</p>
Expected outcome (must be patient-centered, time-specific, and measurable):	<p>By the end of four weeks, he will be able to participate in physical activity or exercise for at least 10 minutes daily. Mr. Lloyd will be able to communicate effectively and express his needs and preferences with minimal confusion by the end of two weeks.</p> <p>By the end of four weeks, he will be able to participate in social activities and engage in meaningful conversations with others.</p>
will	<ol style="list-style-type: none">1. Encourage Mr. Lloyd to participate in the daily range of motion exercises and activities that promote mobility.2. Collaborate with physiotherapy to develop an exercise program appropriate for his level of physical function.
Rationales for the Independent Nursing Interventions	<ol style="list-style-type: none">1. Encourage Mr. Lloyd to participate in activities such as chair exercises, walking with assistance, and using a stationary bike.2. Monitor his oxygen saturation levels during activities and administer supplemental oxygen as needed.
Identify one nursing assessment for the selected nursing diagnosis.	Monitor Mr. Lloyd's progress in achieving increased mobility and independence in daily activities.
Identify one teaching intervention for the selected priority nursing diagnosis	Use visual aids such as pictures and diagrams to help facilitate communication.
Identify one intervention the RN can delegate to a healthcare team member for the selected priority nursing diagnosis.	An RN will be assigned to assess his comprehension of the information provided and adjust communication methods as needed.
Rationale for the Delegated Collaborative Nursing Intervention	This will ensure that he will be able to communicate through non-verbal means.



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