

#35 - PERFORMING PASSIVE RANGE OF MOTION**(TEST)**

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: _____ Date: _____

TIME LIMIT: 5-7 Minutes per extremity. Random Draw 4 movements	P2	P3	TEST	Points/ Comments
1. Verified health care provider's orders.				*
2. Gathered necessary equipment and supplies.				*
3. Performed hand hygiene and ensured patient privacy.				*
4. Introduced self to patient and family.				*
5. Identified patient using two identifiers and compared identifiers with information on ID bracelet.				*
7. Applied clean gloves.				*
8. Stood on appropriate side of bed, covered patient with a bath blanket, and folded top linens down. Helped patient to a comfortable position.				2
9. <u>Performed passive ROM on a patient's Neck:</u> a. Flexion of chin towards chest b. Extension of neck c. Hyperextension as patient tolerates d. Lateral flexion on each side e. Rotation to left and right				5
10. <u>Performed passive ROM on a patient's Shoulder:</u> a. Moved shoulder properly into flexion and extension and hyperextended arm properly. b. Moved shoulders properly into abduction and adduction. c. Performed internal and external rotation properly. d. Performed circumduction properly.				5
11. <u>Performed passive ROM on patient's elbow:</u> a. Performed flexion and extension of the elbow properly. a. Performed supination and pronation of the elbow properly.				5
12. <u>Performed passive ROM on patient's wrist:</u> b. Performed wrist flexion, extension, and hyperextension properly. a. Moved wrist into radial deviation and ulnar deviation properly.				5

13. <u>Performed passive ROM on patient's fingers and thumb:</u>		5
b. Performed finger flexion, extension, and hyperextension properly.		
c. Abducted and adducted fingers properly.		
d. Performed thumb flexion and extension properly.		
a. Performed thumb abduction and adduction properly.		
14. <u>Performed passive ROM on patient's hip:</u>		5
a. Performed hip flexion, extension, and hyperextension properly.		
b. Performed hip abduction and adduction properly.		
c. Rotated hip externally and internally properly.		
d. Performed circumduction properly.		
15. <u>Performed passive ROM on patient's knee:</u>		5
a. Performed knee flexion and extension properly.		
16. <u>Performed passive ROM on patient's ankle/foot:</u>		5
a. Performed dorsiflexion and plantar flexion properly.		
b. Performed inversion and eversion of foot properly.		
c. Performed circumduction of foot properly.		
17. <u>Performed passive ROM on patient's toes:</u>		5
a. Performed toe flexion and extension properly.		
b. Performed toe abduction and adduction properly.		
18. For ALL passive ROM:		*
a. Exposed only limb being exercised, moved each joint properly, and supported each joint properly.		
b. Completed exercises in proper sequence and did not over exercise any joint.		
c. Repeated each movement five times and informed patient how to incorporate exercise into daily routine.		
d. Measured joint motion as needed.		
e. Repeat movements on both sides of body		
19. Placed call light within reach and ensured patient knew how to use it.		*
20. Raised side rails and lowered bed to ensure patient safety, Locked bed brakes.		*
21. Removed and disposed of gloves and performed hand hygiene.		*
22. Left patient's room tidy.		1
23. Documented and reported patient's response and outcomes.		*

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INTERACTIVE CARE PLAN WORKSHEET

Student Name: _____

NURSING DIAGNOSIS: IMPAIRED PHYSICAL MOBILITY		Patient's Medical Diagnosis:	
DEFINITION:	A state in which an individual experiences a limitation of ability for independent physical movement.		
DEFINING CHARACTERISTICS:	Inability to purposefully move within the physical environment, including bed mobility, transfer, and ambulation; reluctance to attempt movement; limited range of motion, decreased muscle strength, control and/or mass; imposed restrictions of movement; including mechanical, medical protocol; impaired coordination.		
RELATED FACTORS:	Intolerance to activity/decreased strength and endurance; pain/discomfort; perceptual/cognitive impairment; neuromuscular impairment; musculoskeletal impairment; depression/severe anxiety.		
SUGGESTED FUNCTIONAL LEVEL CLASSIFICATION:	0= Completely independent; 1= Requires use of equipment device; 2= Requires help from another person for assistance, supervision, or teaching; 3= Requires help from another person and equipment device; 4= Dependent, does not participate in activity.		
STUDENT INSTRUCTIONS:	In the space below enter the subjective and objective data gathered during your patient assessment.		
ASSESSMENT	Subjective Data Entry	Objective Data Entry	
	TIME OUT!	Student Instructions: To be sure your patient diagnostic statement written below is accurate, you need to review the defining characteristics and related factors associated with the nursing diagnosis and see how your patient data matches. Do you have an accurate match or is additional data required or does another nursing diagnosis need to be investigated?	
DIAGNOSIS	PATIENT DIAGNOSTIC STATEMENT:	Nursing Diagnosis: _____ Related to: _____ AEB: _____	

PLANNING	Desired Outcome And Patient Criteria: The Patient Will:	
	TIME OUT!	The desired outcome must meet criteria to be accurate. The outcome must be specific, realistic, measurable, and include a time frame for completion. Does the action verb describe the patient's behavior to be evaluated? Can the outcome be used in the evaluation step of the nursing process to measure the patient's response to the nursing interventions listed below?
	Interventions (in present tense)	Rationale For Selected Intervention and References
EVALUATION	TIME OUT!	Do your interventions assist in achieving the desired outcome? Do your interventions address further monitoring of the patient's response to your interventions and to the achievement of the desired outcome? Are qualifiers: when, how, amount, time, and frequency used? Is the focus of the action's verb on the nurse's actions and not on the patient? Do your rationales provide sufficient reason and directions?
	What was your patient's response to the interventions?	
	Was the desired outcome achieved? If no, what revisions to either the desired outcome or interventions would you make? Yes No	
DOCUMENTATION	Documentation Focus: Now that you have completed the evaluation, the next step is to document your care and the patient's response. Use the areas below to enter your progress note information. Documentation is what you have done - in past tense.	

INSTRUCTOR'S COMMENTS: