**Nursing Questions**

Name

Institutional affiliation

Course

Instructor

Date

**Complications Associated with Immobility**

Some of the complications include;

* Decubitus Ulcer

Complications attributed to immobility are more likely to induce a decubitus ulcer. As such, it is a result of the patient’s inability to change positions independently. Nonetheless, it can be easily avoided by changing patient’s position as needed.

* Muscle Weakness

Immobility makes patients more susceptible to muscle weakness, which contributes to the shortage of physical activity. Moreover, given that patients experience difficulty moving the extremities following muscle weakness, it is probable that they may develop muscle atrophy. Adopting Range of Motion, abbreviated as ROM, can best help in mitigating muscle weakness (Delves-Yates, 2015). Besides, resistance exercises have been recommended as the ultimate mechanism for allowing muscle strengthening.

* Muscle Atrophy

Immobility poses the risk of muscle atrophy as a result of extreme inactivity. Still, this condition can be mitigated through ROM.

* Pneumonia

Patients are more susceptible to pneumonia because of reduced activity and physical movement, leading to secretion of pooling. Some of the possible treatments include the use of incentive spirometry and deep diaphragmatic breathing exercises.

* Orthostatic Hypotension

This condition typically happens as the patients are turned or rather shifted from lying down to sitting. Consequently, the patient’s blood pressure drops dramatically, leading to dizziness. However, it can be addressed by gradually training the patient to sit in a bedside chair.

* Osteoporosis

Persistent immobility alongside a failure to undergo weight-bearing exercises leads to bone loss. A nutrition deficiency can as well heighten this complication.

* Contractures

Immobile patients are at the highest risk of developing contractures because they are physically inactive. The inactivity reduces their range of motion. Further contractures can be mitigated through ROM exercises.

**Nursing Interventions to Prevent these Complications**

Nurses can mitigate the emerging complications through bed positioning of the patients after every two hours or as directed by the physicians. Nurses can help patients to engage in the Range of Motion exercises effectively (Carpenter, 2016). Another nursing intervention is ensuring the availability of secure space through such mechanisms as keeping bed rails elevated, training the patients for transfer activities, bed mobility, and other techniques. Nurses might as well consider providing dietary recommendations in the quest to ensure patient’s sufficient nutritional intake (Carpenter, 2016). Patients should be encouraged to indulge in Activities of Daily Living, also known as ADL.

**Strategies to ensure My Own Safety when Assisting the Client**

I would ensure my safety is not compromised by using the right handwashing protocols. As such, it would best help mitigate the transfer of infections. The other thing would regularly checking the patient’s chart given that certain medical findings generally necessitate the use of personal protective equipment. Still, I would strictly follow the protocols outlined for using personal protective equipment. Lastly, I would use the appropriate body mechanics when shifting the position of the patient.

**How I will Ensure Client Safety**

I would ensure optimal patient safety by regularly monitoring the condition to prevent other signs and symptoms. In case I am in distress, I would always consider seeking assistance from my fellow nurses. In order to prevent contaminating the patient, I would ensure the handwashing protocols are keenly observed. Moreover, I would consider strictly following the personal protective equipment protocols. As such, they would ensure the incidences of contaminating the patient are minimally low. Still, I would ensure the patient is informed about bed mobility exercises in the quest to ensure maximum client safety. Finally, I would keep track of the patient’s dietary intake as well as activity rate.

References

Carpenter, L. J. (2016). Handbook of Nursing Diagnosis.

Delves-Yates, C. (Ed.). (2015). *Essentials of nursing practice*. Sage.