

NANDA Label	Date Initiated	Date Resolved
<input checked="" type="checkbox"/> Chronic pain	9/5/2001	
<input checked="" type="checkbox"/> Fatigue	9/5/2001	
<input checked="" type="checkbox"/> Impaired physical mobility	9/5/2001	



NOC Label	Date Initiated	Initial Rating	9/5/2001 07:30	Date Resolved
<input checked="" type="checkbox"/> Comfort Level	9/5/2001	3	3	
<input checked="" type="checkbox"/> Pain Control	9/5/2001	2	2	
<input checked="" type="checkbox"/> Mobility Level	9/5/2001	2	2	
<input checked="" type="checkbox"/> Ambulation: Walking	9/5/2001	2	2	
<input checked="" type="checkbox"/> Sleep	9/5/2001	3	3	
<input checked="" type="checkbox"/> Endurance	9/5/2001	4	4	

NOC Label	Other Discipline	Number Completed
<input checked="" type="checkbox"/> Documentation		1
<input checked="" type="checkbox"/> Fall Prevention		1
<input checked="" type="checkbox"/> Anxiety Reduction		1
<input checked="" type="checkbox"/> Emotional Support	Counselors	0
<input checked="" type="checkbox"/> Skin Surveillance		1
<input checked="" type="checkbox"/> Medication Management		1
<input checked="" type="checkbox"/> Pain Management		1
<input checked="" type="checkbox"/> Exercise Therapy: Balance		1
<input checked="" type="checkbox"/> Exercise Promotion: Strength Training		1
<input checked="" type="checkbox"/> Exercise Promotion		1
<input checked="" type="checkbox"/> Exercise Management		1