



NURSING PROCESS

MOFATE



Objectives

- At the end of this session participants should be able to
 1. Define nursing process
 2. Explain the importance of nursing process
 3. Describe steps of nursing process
 4. Identify purposes of nursing process
 5. Develop nursing diagnoses



Introduction

Definition

- Nursing process is an organized, problem solving steps by which the nurse collects, analyses data/information from patient for managing patient's health problems
- It encompasses all steps taken by the nurse in patient's care



Introduction cont....

- Before nursing process was developed, nurses tended to provide care that was based on medical order written by physician, focused on disease conditions than on person being cared.
- Nursing process was introduced when ANA (American Nurses Association) described 5 steps of nursing process in 1973



Introduction cont....

- The process is continuous (cyclical), the steps follow a logical sequence, but more than one step may be involved at a time
- At the end of first cycle care may be terminated if goals were achieved, or the cycle may begin again with reassessment



Introduction cont....





Goals for nursing process

- The goals for nursing process includes the following
 - To identify patient's health status
 - To identify potential and/or actual patient's problems
 - To establish plan to meet the identified patient's health needs
 - To deliver patient centered care



Importance of nursing process

1. To provide an orderly and systematic method for planning and interventions
2. Enhances nursing efficiency by standardizing nursing practice
3. Facilitates documentation of care
4. Provides unit of language for nursing professional
5. It is economical



Importance cont...

6. Stresses the independent function of nurses
7. Increases care quality through the use of deliberate actions
8. Provides continuity of care



Characteristics of nursing process

- Nursing process should be
- ✓ Within the legal scope of nursing professional
- ✓ Based on nursing knowledge and critical thinking
- ✓ Planned, organized and systematic



Characteristics cont....

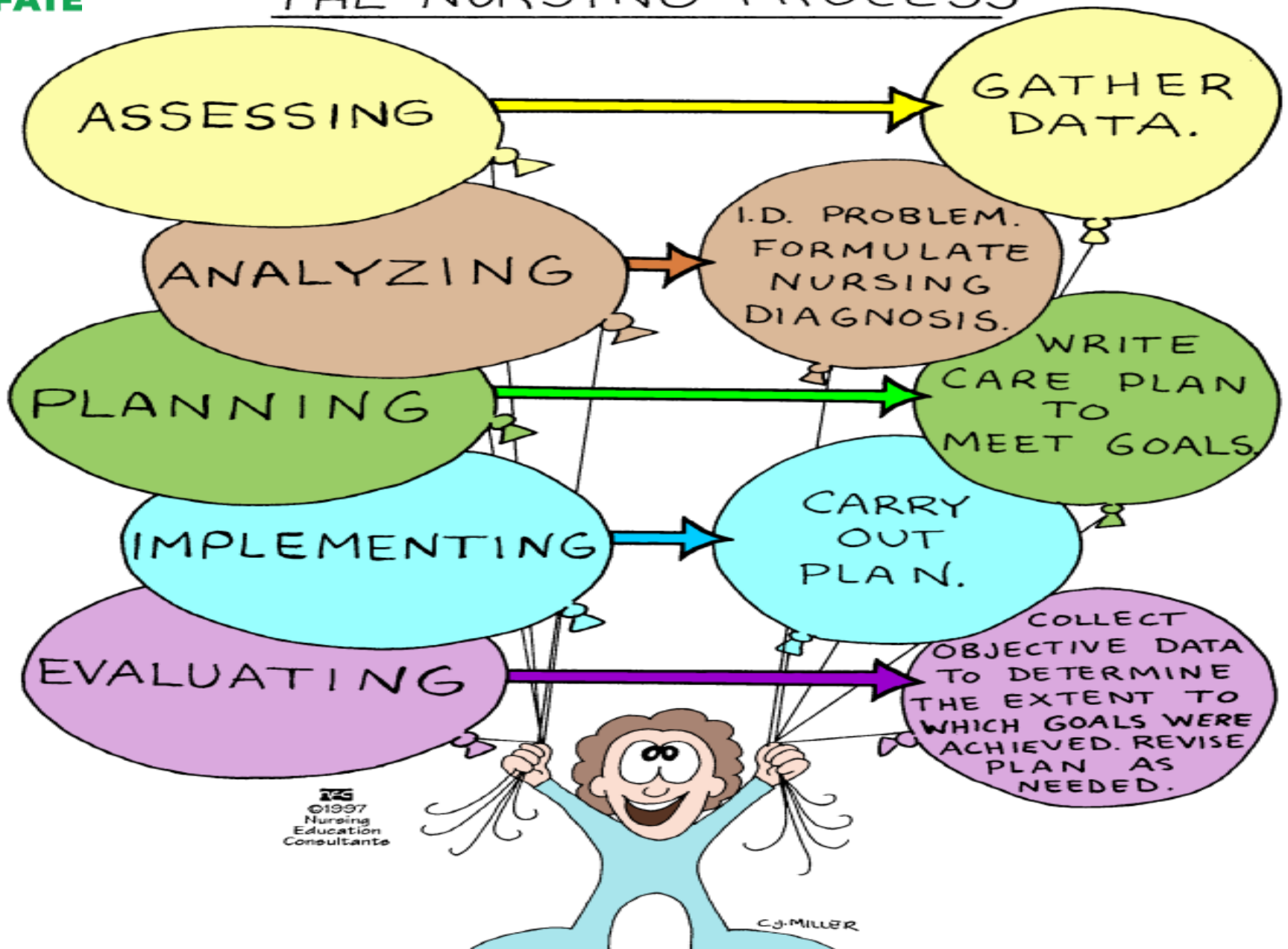
- ✓ Patient centered
- ✓ Goal directed
- ✓ Involve prioritization of nursing interventions
- ✓ Dynamic (continuous)



The 5 steps of nursing process

- Assessment
- Diagnosis
- Planning and outcome identification
- Implementation
- Evaluation

THE NURSING PROCESS





Assessment

- Is the gathering of objective and subjective information regarding the patient's physical, psychological, spiritual, and sociocultural status



Assessment cont....

- What components are needed for a successful assessment?
 - Good communication
 - A systematic approach to data collection
 - Interpretation based on nursing knowledge
- Involves gathering information patient's health needs and identifying those that can be managed by the nurse.



Assessment cont....

- In assessment the nurse should
 - a. Collect data
 - b. Validate data (confirm that data are accurate)
 - c. Organize data
 - d. Interpret data
 - e. Document data



Assessment cont...

Methods of data collection

- Observation (see, smell, hear, touch)
- Interview should consider the following
 - Types of questions (open ended vs closed ended questions)
 - Physical environment for interview
- Physical examination



Assessment cont....

Types of data to be collected

- Objective data
 - Observable and measurable data (**signs**)
e.g. Vomiting, unsteady gait, pale skin, rapid breathing, report of fainting
- Subjective data
 - Information that patient feels and can describe (**symptoms**)
e.g. complaint of dizziness, nausea, headache



Assessment cont....

Sources of data

- Primary source
 - Patient
- Secondary source
 - Patient's family and or other individuals
- Tertiary sources
 - Medical records (test results, information in current and past medical records and discussion with other health care workers)



Assessment cont....

Assessment theories/models

- Different theories or models can be used
 - Maslow's Hierarchy of Needs
 - Body systems model
 - Human response model
 - Neuman's System model



Maslow's Theory

“Every body has a hierarchy of needs that ranges from "lower" to "higher." As lower needs are fulfilled there is a tendency for other, higher needs to emerge.”



Maslow's Theory cont....

- Maslow's theory maintains that a person does not feel a higher need until the needs of the current level have been satisfied
- Maslow's basic needs are as follows:
 1. Physiological Needs (Basic Human Needs)
 2. Safety needs
 3. Social needs
 4. Esteem needs
 5. Self-Actualization



Maslow's Theory cont....

Basic Human Needs

- Food
- Air
- Water
- Clothing
- Sex



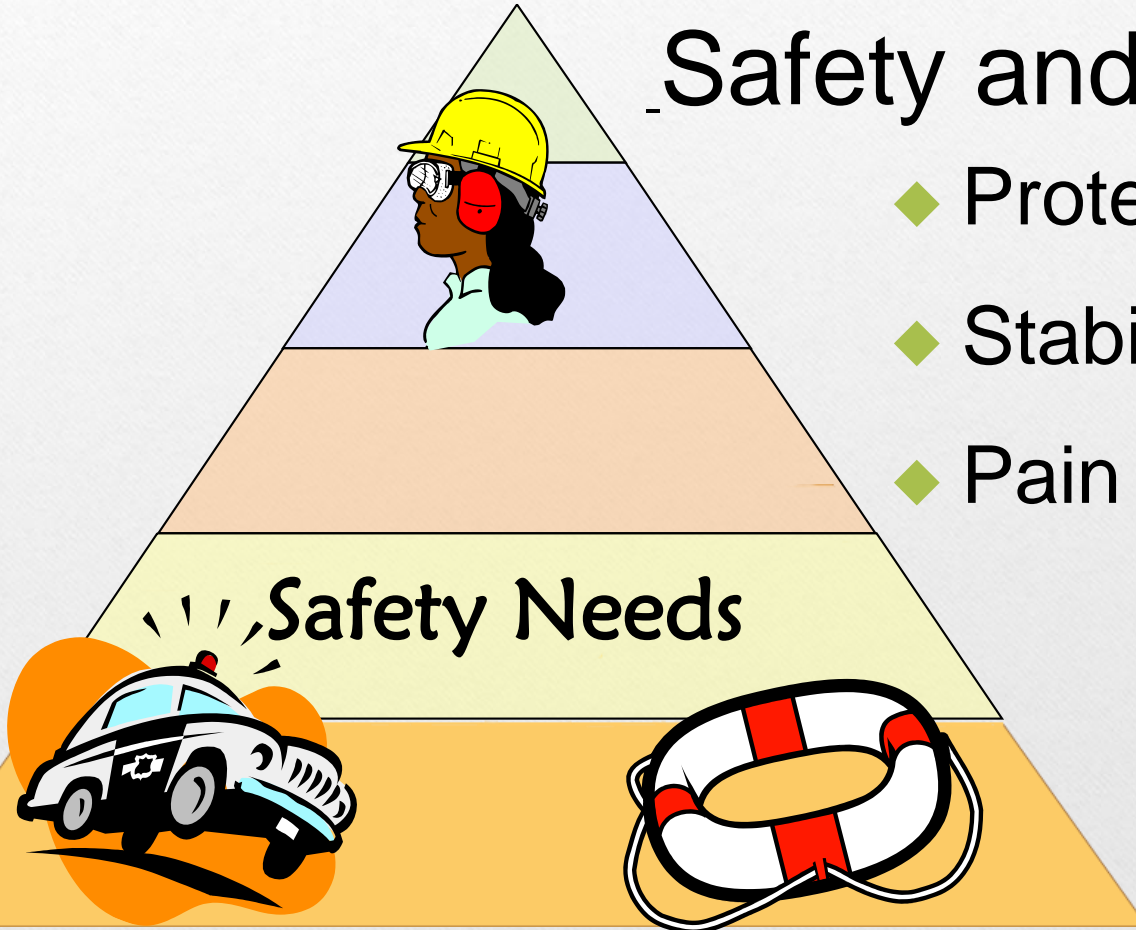
Physiological Needs



Maslow's Theory cont....

Safety and Security

- ◆ Protection
- ◆ Stability
- ◆ Pain Avoidance



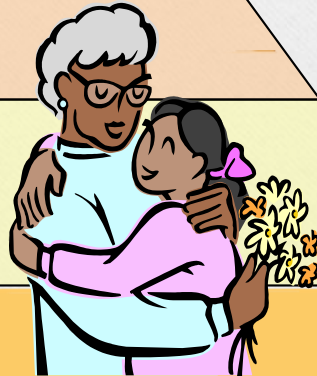


Maslow's Theory cont....

Love and Belonging



Social Needs



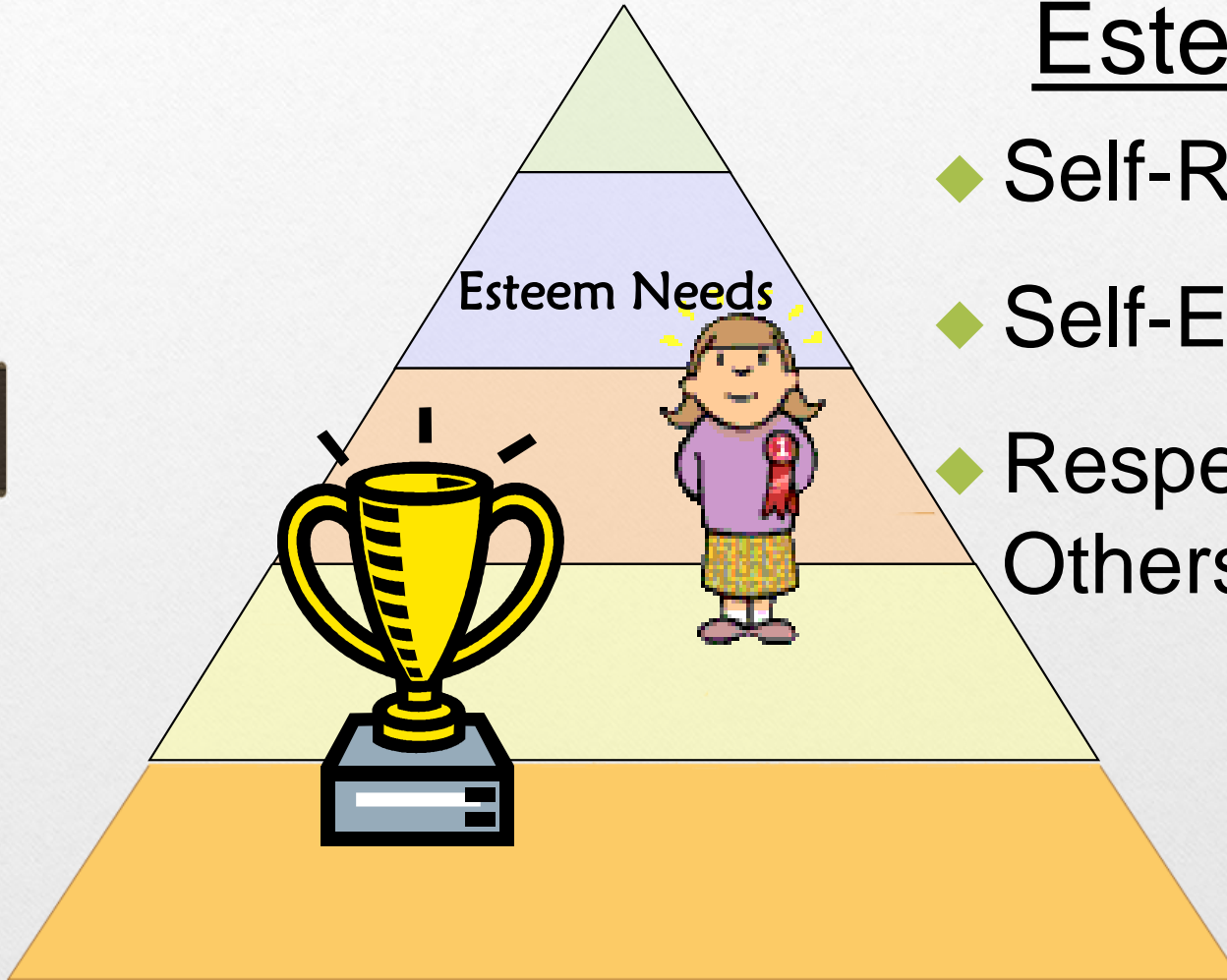
- ◆ Affection
- ◆ Acceptance
- ◆ Inclusion



Maslow's Theory cont....

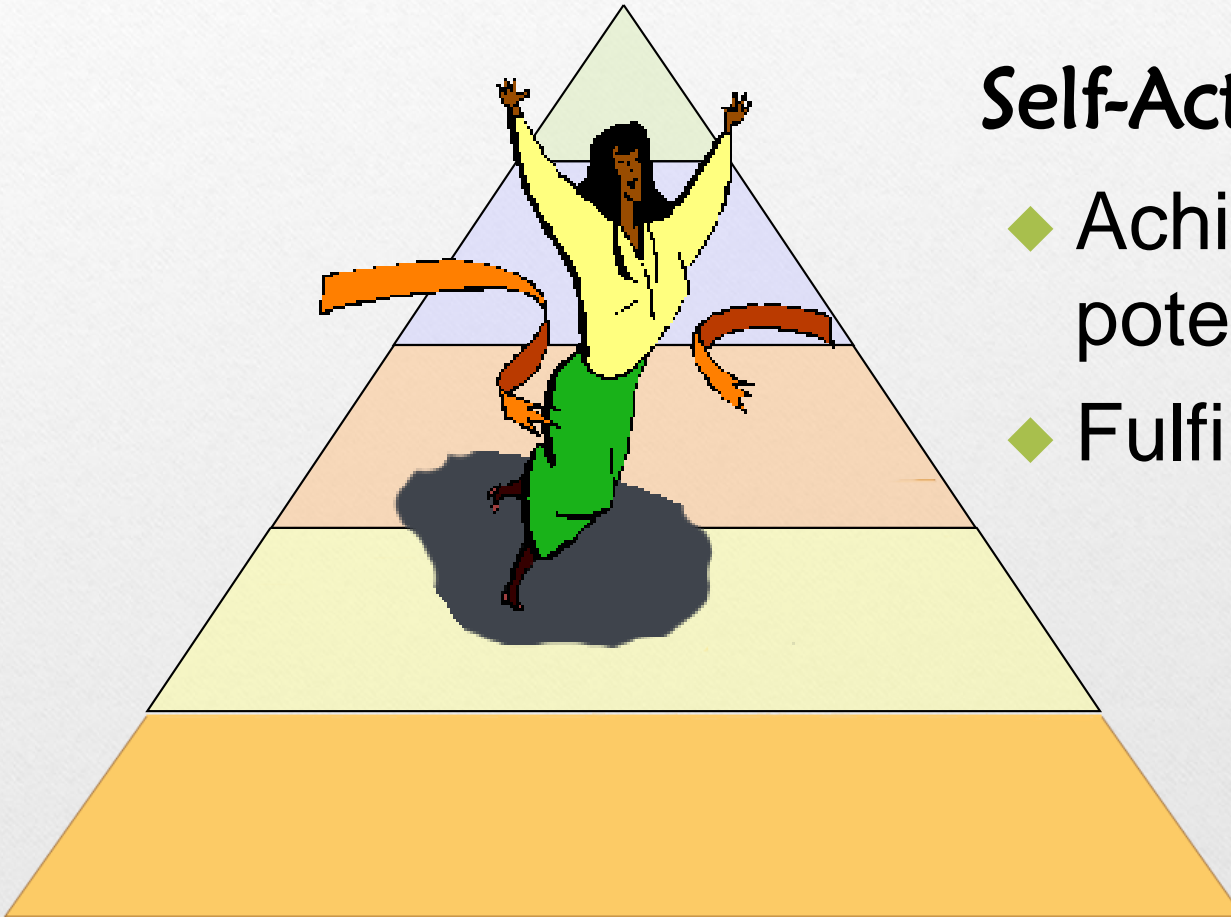
Esteem

- ◆ Self-Respect
- ◆ Self-Esteem
- ◆ Respected by Others





Maslow's Theory cont....



Self-Actualization

- ◆ Achieve full potential
- ◆ Fulfillment



Maslow's Hierarchy of Needs





Diagnosis

- Nursing diagnosis is a clinical judgment about individual, family, or community responses to actual and potential health problems/life processes.
- It provides the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable



Diagnosis cont...

- It describes patient's potential or actual health problems that a nurse is licensed and able to treat



Differences between nursing diagnosis and medical diagnosis

Medical diagnosis	Nursing diagnosis
Identifies conditions that MD is licensed and qualified to treat	Identifies situations/health problems that the nurse is licensed and qualified to treat
Focuses on the illness, injury, or disease process	Focuses on the client's responses to actual or potential health problems
Remains constant until a cure is effected	Changes as the client's response and/or health changes



Examples

Medical diagnosis	Nursing diagnosis
Chronic obstructive pulmonary disease	Ineffective Breathing Pattern related to
Cerebrovascular accident (CVA)	Activity Intolerance related to unconsciousness and immobility
Appendectomy	Pain related to surgical wound



Examples cont....

Amputation	Body Image Disturbance related outcome of surgical procedure
Strep Throat infection	Risk for Altered Body Temperature related to bacteremia



How to develop nursing diagnosis

Types of diagnostic statement

A. Two parts diagnostic statement

- Diagnostic statement which consist of two parts

1. Problem statement

-Indicates patient's actual or potential health problem (diagnostic label)

2. Etiology/related factors

-indicates cause of the problem



Developing nursing dx cont....

- *Example: ineffective breathing pattern
R/t neuromuscular impairment*
- 1. Problem statement
 - *Ineffective breathing pattern*
- 2. Etiology
 - *Neuromuscular impairment*
- The linking phrase → *related to*



Developing nursing dx cont....

B. Three parts diagnostic statement

- Diagnostic statement which consist of three parts (PES format)
 1. **Problem statement**
 - Indicates patient's actual or potential health problem (diagnostic label)
 2. **Etiology/related factors**
 - indicates cause of the problem
 3. **Symptoms and signs (Defining characteristics)**



Developing nursing dx cont...

- The *problem statement and etiology sections are joined by the phrase “related to.”* Phrases such as “**due to**” or “**caused by**” indicate a specific or limited causal link that should therefore be avoided.
- “Related to” suggests a connection between the nursing diagnosis and the identified factors, leaving open the possibility that there may be other contributing factors not yet recognized.



Developing nursing dx cont...

- **NOTE THAT:** An incorrect nursing diagnosis or misstatement of needs can lead to incorrect goals/outcomes and inappropriate nursing interventions

Types of nursing diagnosis

a. Actual nursing diagnosis

- Indicates the existing patient's problem
- Composed of the problem statement, related factor and defining characteristics (symptoms and signs)

e.g. Ineffective breathing pattern related to neuromuscular impairment as evidenced by poor chest expansion



Types of nursing dx cont....

b. Risk nursing diagnosis

- Indicates the problem does not exist but has special risk factors

e.g. Risk for infection r/t surgical procedure



Types of nursing dx cont...

c. Wellness nursing diagnosis

- Indicates the patient's desire to attain a higher level of wellness in some area of function

e.g. Readiness for enhanced coping related to initiated available social supports



Planning and outcome identification

- Is formulation of actual nursing actions or interventions
- Involves setting priorities and goals
- Focuses on the actions nurses must take to address client identified nursing diagnoses and meet the stated goals



Planning cont...

- It also involves establishing written care plan for nursing interventions design to prevent, reduce and eliminating patient's health problems



Planning cont....

- **Three types of planning:**
 - a) Initial planning
 - developing the preliminary plan of care
 - b) Ongoing planning
 - updates of care based on reassessment
 - c) Discharge planning
 - anticipation and planning of client needs after discharge



Planning cont...

- **Four Phases of Planning**
 - a. Prioritization of the nursing diagnoses
 - b. Identification of long and short term goals
 - c. Development of nursing interventions
 - d. Recording the nursing care plan in the client's medical record



Prioritization of nursing diagnoses

- Process of establishing preferential orders for nursing plan and diagnoses which can be grouped as having high, medium and low priority
- Different theories or models can be used
 1. Maslow's Hierarchy of Needs
 2. Betty Neuman's system theory
 3. Body systems model
 4. Human response model
 5. Neuman's System model



1. Maslow's Hierarchy of Needs





Prioritization cont....

2. Betty Neuman's System Theory

- Five system variables:

- i. Physiological

- needs for bodily structure and function

- ii. Psychological

- needs for mental process/health and relationship



Prioritization cont...

iii. Sociocultural

-needs for social and cultural function

iv. Developmental

-needs for developmental process of life

v. Spiritual

-spiritual needs



Identification of Outcomes

- Focuses on establishment of goals and evaluation criteria to measure effectiveness of the nursing care plan
 - Short-term goals – hours, days to week
 - Long-term goals – weeks to months



Setting goals

- Desired outcome or change in client behavior in the direction to health
- Goals should be
 - Specific
 - Measurable and observable
 - Achievable
 - Realistic
 - Time bound



Purposes of Nursing Care Plan

- ❖ To provide direction for individualized care
- ❖ To provide continuity of care
- ❖ To serve as guide for assigning staff to care for patient
- ❖ To serve as guide for reimbursement from medical insurance companies



Implementation (Intervention)

- Is putting identifies or listed nursing plan in to action
- Includes all action performed by the nurse that helps patient to achieve the results from the specified goals and expected out come
- Three categories of nursing interventions
 - 1) Independent nursing interventions
 - 2) Dependant nursing interventions
 - 3) Collaborative nursing interventions



Implementation cont....

- 1) Independent nursing interventions
–nursing actions that are initiated by the nurse
- 2) Dependant nursing interventions
–requires order or directions from a physician or other health care professionals
- 3) Interdependent nursing interventions
–actions that are implemented by the nurse in conjunction with other health care professionals



Evaluation

- Involves identifying whether patient's goal have been achieved or not, or to what extent patient's goals have been achieved
- Is an important aspect of nursing process because conclusion drawn from evaluation determines whether nursing interventions can be terminated, reviewed or changed
- Identifying factors that facilitated or inhibited goals achievement



Evaluation cont...

- This is done by direct observation of the patient, interviewing the client or significant other, and/or reviewing the patient's healthcare record



Resources

- Andrea Ackermann, Mount St. Mary College, Critical-thinking-the-nursing-process 2001.
- [http://www.umanitoba.ca/nursing/courses/128,\(2005\)](http://www.umanitoba.ca/nursing/courses/128,(2005))
- Sara-jo Wiscombe, Nursing Process ,Wallace Community College ,May 22,2001.
- Tucker C, MODULE A INTRODUCTION TO NURSING Process, August 21, 2002 .