MANUAL OF NURSING DIAGNOSIS

1991–1992

Marjory Gordon

FEATURING GORDON'S FUNCTIONAL HEALTH PATTERNS

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Including all diagnostic categories approved by the North American Nursing Diagnosis Association

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PREFACE

This manual provides a quick reference to currently accepted and other nursing diagnoses that provide terms to describe diagnostic judgments. It is useful for learners and expert diagnosticians. Learners will be interested in the concise terms to describe a cluster of signs and symptoms exhibited by the client and guidelines for assessment and diagnosis. Experts can get information quickly by accessing nursing diagnoses in various ways. Each diagnosis is clearly presented on a single page and has an additional blank page for valuable notes about important observations or learnings.

Nursing diagnoses are based on a nursing assessment. The use of the functional health pattern typology in the manual provides an easily learned framework for assessment. Diagnoses are grouped under the same functional patterns that also organize the assessment guidelines, documentation format, and the example of documentation. This consistency facilitates the movement from data to diagnosis.

Sample, admission assessment guides are included for the individual (adults, infants, young children), family, and community. How high incidence diagnoses can be used to guide assessment in critical care is also discussed. An overview of assessment and diagnosis for the learner and the use of diagnostic categories in other clinical activities, such as quality assurance, provides a quick reference. Professional documentation is stressed and diagnosis-based charting is illustrated using the

problem-oriented format. A new section with a synopsis of legal considerations in the use of diagnoses is included in this edition.

This 1991-1992 edition of the *Manual of Nursing Diagnosis* has been reorganized to meet the needs of both novices and expert diagnosticians. Because of interest in the functional health patterns typology and nursing diagnoses, formats and a bibliography on use of functional patterns have been included. The increasing use of nursing diagnoses by students and graduate nurses around the world is indicated by the fact that to date the *Manual of Nursing Diagnosis* has been translated into Japanese, Chinese, Swedish, and French. It is hoped that this 1991-1992 edition will be equally well received both in North America and throughout the world of professional nursing practice.

Marjory Gordon

ACKNOWLEDGMENTS

Diagnostic categories contained in this Manual (except those on shaded pages) are based on the work of the North American Nursing Diagnosis Association as published in Conference Proceedings.* Diagnostic categories on shaded pages are not currently accepted for clinical testing by the Association but have proved useful in care planning.

*M.J. Kim and D.A. Moritz (eds.): Classification of Nursing Diagnoses: Proceedings of the Third and Fourth National Conferences (1978, 1980), New York: McGraw-Hill, 1982; M.J. Kim, G. McFarland, and A. McLane (ed.): Classification of Nursing Diagnoses: Proceedings of the Fifth National Conference (1982), St. Louis: Mosby, 1984; M. Hurley (ed.): Classification of Nursing Diagnoses: Proceedings of the Sixth Conference (1984), St. Louis: Mosby, 1986; A. McLane (ed.): Classification of Nursing Diagnoses: Proceedings of the Seventh Conference (1986), St. Louis: Mosby, 1987; R. Carroll-Johnson (ed.): Classification of Nursing Diagnoses: Proceedings of the Eighth Conference (1988), Philadelphia: Lippincott, 1989; R. Carroll-Johnson (ed.): Classification of Nursing Diagnoses: Proceedings of the Ninth Conference (1990), Philadelphia: Lippincott, 1991.

USE OF THE MANUAL

A diagnostic manual can serve multiple purposes. For students, it is a quick reference during clinical practice, a useful guide in class or clinical conference, and a necessity for doing homework. For expert diagnosticians, it is a clinical reference, a research tool, a teaching or management resource, and a stimulus for ideas. For both learners and experts, it is a much used companion.

This manual contains the most up-to-date diagnostic categories accepted by the North American Nursing Diagnosis Association (NANDA) and contained in NANDA Taxonomy I (Revised 1990) endorsed by the American Nurses Association. It has six main uses that can facilitate the nursing diagnosis-based component of practice:

1. **Access to Diagnoses.** It is a quick reference to terms used in formulating nursing diagnoses.
2. **Functional Health Pattern Assessment and Diagnosis.** Guides are included for linking assessment and diagnosis using functional health patterns and diagnostic groupings.
3. **Diagnosis-Specific Treatment.** Formats for diagnosis-specific treatment plans are outlined.
4. **Documentation.** Format, guidelines, and examples of documentation are provided.
5. **Special Notes.** Pages are included for special notes on specific nursing diagnoses.
6. **Prevention of Harm: The Legal Aspects.** Discussion of legal considerations in nursing diagnosis.

Using this manual for each of these purposes is discussed below.

ACCESS TO DIAGNOSES

Different situations require different ways of accessing nursing diagnoses. The manual can accommodate the following needs:

1. To find a diagnostic category to describe a cluster of signs and symptoms within a functional pattern area, use the Contents (pages iii-viii). Diagnoses are grouped by functional patterns and each diagnosis is clearly presented on its own page.
2. When a diagnostic category label is known but you need to check the definition, defining characteristics, or etiological/related factors, use the Alphabetical Index to look up the page number. The Alphabetical Index serves as a dictionary of diagnostic terms.
3. If you wish to scan all the pages of diagnostic categories within a particular functional pattern area, use the Contents (pages iii-viii).

For research on NANDA-accepted diagnostic categories and the taxonomy, use diagnostic categories in Carroll-Johnson, R: *Classification of Nursing Diagnoses: Proceedings of the Ninth Conference on Classification of Nursing Diagnoses*. Philadelphia: Lippincott, 1991.

The diagnostic categories contained in this manual are concepts used in thinking, and they represent a language for communicating. They are used to describe professional nurses' diagnostic judgments about actual or potential health problems and health-related conditions. A useful nursing diagnosis statement consists of terms describing (1) the individual's, the family's, or the community's health problem/condition and (2) the primary etiological or related factor(s) contributing to the problem/condition that is the focus of nursing treatment. In many instances the client's problem can be formulated by using one diagnostic category to describe the problem and another category from the same, or a different functional pattern area, to describe etiological factors.

Many types of judgments are made in practice, but the term *nursing diagnosis* is reserved for client conditions "which nurses by virtue of their education and experience are capable and licensed to treat" (Gordon, 1976, p. 1299). Nursing diagnoses are conditions primarily resolved by nursing care methods, and nurses assume accountability for treatment outcomes. If a diagnosis does not meet these criteria, a notation to refer the problem for medical evaluation will be found on the pages containing the diagnosis.

Nurses view the diagnostic categories in this manual from various conceptual perspectives. Depending on the model of nursing used to guide the nursing process, diagnoses may be viewed as ineffective adaptations, self care agency deficits, human response patterns, needs, or, simply, dysfunctional health patterns. There is no consensus on the conceptual focus of nursing and thus no consensus on the focus of nursing diagnosis.

Users of the manual should recognize that nursing diagnoses are in the process of development. In a few diagnostic categories, definitions and labels have been made more concise, defining characteristics reordered for ease of use, and etiological or related factors added or modified. *A few diagnostic categories found to be useful in clinical practice but not yet accepted are included on shaded pages.*

Diagnostic categories require conceptual work and further clinical testing. It is expected that nurses will modify, delete, and add to the currently accepted classifications. Revisions will occur as diagnoses are used (1) to organize assessment data, (2) as a basis for care planning, and (3) as a focus for nursing documentation. Nurses are encouraged to submit refinements of accepted diagnoses to the North American Nursing Diagnosis Association, St. Louis University School of Nursing, 3525 Caroline St., St. Louis, MO 63104.

All diagnostic categories contain the following components: diagnostic category label, definition, defining characteristics, and

etiological or related factors. *An asterisk denotes critical, or major, defining characteristics.* In the opinion of the developers, these are the characteristics that must be present when the label is used. Further specifications will result from users' clinical studies of the diagnoses.

FUNCTIONAL HEALTH PATTERN ASSESSMENT AND DIAGNOSIS

The manual contains an assessment format and diagnostic groupings that facilitate the move from data to diagnosis. Both employ the functional health patterns as a nursing perspective on individual, family, and community health care. It is possible that cognitive strain and diagnostic errors can be reduced if there is consistency between organization of assessment data and grouping of diagnostic categories. For example, if data on the client's elimination pattern can be compared to defining characteristics of diagnoses in the elimination pattern, there is less strain than using an unorganized data base and over 100 alphabetized diagnoses. The following are guidelines for use of the manual in the diagnostic phase of nursing process:

1. Use the manual both to learn the eleven functional health patterns typology and to study the diagnostic categories commonly occurring in your practice area. Functional patterns are an easily learned nursing model for assessment. Review the diagram on Components of Nursing Process, pages 34-35, in order to place nursing diagnosis in the context of nursing process/clinical judgment.
2. Use the assessment guidelines (pages 7-35) that are based on the functional health pattern areas (pages 1-5) to collect and organize a nursing history/examination of adults (pages 9-13), infants and young children (pages 14-19), families (pages 19-23), or communities (pages 23-28). Also contained in the manual is a bibliography of articles on the use of functional health patterns in clinical activities (page 6).

3. If assessment reveals a dysfunctional pattern but the name escapes you, check the diagnoses listed under the pattern (Contents, pages iii-viii) for terminology to label the condition. Use the defining characteristics listed with each diagnosis to validate your judgment. Etiological or risk factors listed with each diagnosis may suggest possible reasons for the problem or high risk state.
4. For a quick reference before documenting a problem, use either the Contents (pages iii-viii), the Alphabetical Index (page 357), or the page numbers for functional pattern areas (outside back cover). Turn to the page corresponding to the possible diagnostic label. Check that observed signs and symptoms correspond to defining characteristics of the diagnostic category.

DIAGNOSIS-SPECIFIC TREATMENT

The nursing diagnosis is used as a basis for projecting outcomes, planning interventions, and evaluating outcome attainment. The problem statement is the basis for outcome projection, that is, the identification of behaviors that signify resolution of the problem. These projected outcomes are then used to document progress toward outcome attainment and to evaluate resolution of the problem.

The etiological factor(s) are the focus for designing interventions that will reduce or eliminate the factors contributing to the problem. Outcome attainment is the measure of effectiveness of the intervention. In the case of a potential problem, reduction or elimination of risk factors is the desired outcome.

DOCUMENTATION

The Recording Format Guidelines and Checkpoints (pages 37-50) will be useful in assuring consistency between the nursing diagnosis, the projected outcome, and the intervention plan. An example is provided (pages 41-50).

Documentation is important for statistical purposes. Currently a nursing minimum data set (NMDS) is being studied. This requires documentation of nursing diagnoses, interventions, and outcomes. It will also include an acuity factor (Werley, H. and Lang, N.: Identification of the Nursing Minimum Data Set. New York: Springer, 1988).

SPECIAL NOTES

It is important to learn from practice, rather than just practicing. One of the ways to continue learning is to develop the habit of reflecting on insights and new information, creative interventions, or cost-effective methods. Pages labeled "NOTES" are valuable for recording clinical information related to each diagnosis such as important additional cues or etiological factors that have been observed, factors related to a specific population of clients, and interventions that are successful in reaching projected outcomes.

CONTENTS

Diagnoses accepted by the North American Nursing Diagnosis Association appear in boldface type.