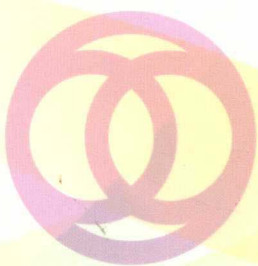
LYNDA JUALL CARPENITO

Nursing Care Plans

Transitional Patient and Family Centered Care

SEVENTH EDITION



Wolters Kluwer

Nursing Care Plans

Transitional Patient & Family Centered Care

7TH EDITION

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Nursing Care Plans

Transitional Patient & Family Centered Care

To My Mother: Elizabeth Julia Juall

Every year brought me a new appreciation and admiration for this woman. In her 90s there is not much she did not do. To honor her fierce independence, every effort was taken so she could live in her home. The goal was to keep her happy and as safe as possible.

She role-modeled respect for all, forgiveness, and independence.

She was determined she could, and she did!—gardening, water aerobics, casino blackjack. . .

After a sudden illness at 96, she declined, but kept her spirit and was determined to recover.

I knew she would not. I promised her a good death in her home, and so I moved into her home for 4 months. It was a special time for us. Witnessing her decline was painful, but it was a privilege to return the gift she gave me all my life: unconditional love.

One night I sat with her and told her that her will was strong but her heart was failing. I asked her to stop fighting and to allow herself to drift away and to meet her God, her mom and her sisters. She looked at me and made the sign of the cross and folded her hands in prayer. She did decline and died one-and-a-half days later.

She is one generation of my family's Hungarian Woman Warriors, and I proudly walk in their footprints, carry their swords to battle injustice, and cherish deeply our loved ones.

Love your daughter

Lynda

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Preface

Nursing is primarily assisting individuals, sick or well, in activities that contribute to health or its recovery, or to a peaceful death so that they perform unaided when they have the necessary strength, will, or knowledge. Nursing also helps individuals carry out prescribed therapy and to be independent of assistance as soon as possible (Henderson & Nite, 1960).

Historically, nurses have represented the core of the health care delivery system (including acute, long-term, and community agencies), but their image continues to be one of individuals whose actions are dependent on physician supervision. Unfortunately, what Donna Diers wrote over 15 years ago is still relevant today:

> *Nursing is exceedingly complicated work since it involves technical skill, a great deal of formal knowledge, communication ability, use of self, timing, emotional investment, and any number of other qualities. What it also involves—and what is hidden from the public—is the complex process of thinking that leads from the knowledge to the skill, from the perception to the action, from the decision to the touch, from the observation to the diagnosis. Yet it is this process of nursing care, which is at the center of nursing's work, that is so little described. . .* (Diers, 1981, p. 1, emphasis supplied)

Physicians regularly and openly explain their management plans to the public, especially to clients and their families. Nurses, however, often fail to explain the nursing care plan to clients and family. This book provides both a framework for nurses to provide responsible nursing care and guidelines for them to document and communicate that care. These care plans should not be handwritten. They must be reference documents for practicing nurses. Write or free text the different care the client needs in addition to the standard.

The focus of this 7th edition of *Nursing Care Plans* is transitional nursing care for individuals and their families in an acute care facility. In order for transitions to home or a community care facility to be timely, appropriate, and safe, many factors must be considered. In every care plan, the following elements have been highlighted to enhance the transition process:

- **Transitional Risk Assessment Plan** to begin at admission to assess individual's vulnerability for infection, pressure ulcers, falls, and delayed transition. Evidence-based risk assessment tools for each potential hospital-acquired condition are illustrated on the inside back cover.
- **Clinical Alerts** are placed in the plans to advise the clinical or student nurse of a serious event that requires immediate action.
- **Clinical Alert Reports** are a list of clinical observations or findings that are communicated to the novice or student nurses and/or medical assistants before they begin care that needs to be monitored for. Changes in status need to be reported in a timely and sometimes urgent fashion.
- **Carp's Cues** notes from the author to emphasize a certain principle of care.
- **STAR** is an acronym for Stop, Think, Act, Review. This is a process to be utilized "when something just is not right."
- **SBAR** is an acronym (Situation, Background, Assessment, Recommendation) for the method of concisely organizing a communication to another professional regarding a concern about a client/family status or situation.
- **Transition to Home/Community Care** is an element in each care plan placed before the last diagnosis, Risk for Ineffective Self-Health Management, that focuses the nurse on evaluating for the presence of risk factors that can delay transition.

Unit II contains frequently occurring nursing diagnoses* and collaborative problems that supplement the care plans in Unit III. For example, if an individual is admitted for Acute Coronary Syndrome and

has also recently lost his sister to cancer, the nurse can refer to Unit II to the Grieving nursing diagnosis. In another situation, an individual had a total knee replacement and also has type II diabetes mellitus. In Unit II, the collaborative problem Risk for Complications of Hypo/Hyperglycemia would be added to the problem list. The entire care plan for Diabetes Mellitus would not be indicated because the priorities of care would be in the Total Knee Replacement Care Plan. Risk for Complications of Hyper/Hypoglycemia would be added to monitor blood glucose levels.

This book also incorporates the findings of a validation study, a description of which (method, subjects, instrument findings) is presented in the section titled Validation Project, following the Preface. These findings should be very useful for practicing nurses, students of nursing, and departments of nursing.

The Bifocal Clinical Practice Model underpins this book and serves to organize the nursing care plans in Unit I. Chapter 1 describes and discusses the Bifocal Clinical Practice Model, which differentiates nursing diagnoses from other problems that nurses treat. In this chapter, nursing diagnoses and collaborative problems are explained and differentiated. The relationship of the type of diagnosis to outcome criteria and nursing interventions is also emphasized.

Communication is emphasized as the critical key to preventing adverse events in Chapter 2. The imperative of timely, clinically pertinent communication is emphasized with SBAR and reducing the barriers to "speaking up." Chapter 3 focuses on early identification of high-risk individuals and/or family. The eight hospital-acquired conditions that are deemed preventable by the Centers for Medicare and Medicaid Services are presented. Nurses' unique role in their prevention is discussed.

The preparation of individual/family for care at home or transition to a community care facility is the focus of Chapter 4. The assessment of risk factors in the individual and his or her support system and home environment is presented for early identification of potential barriers to a timely, safe transition. Chapter 5 gives an overview of the 10 steps in care planning and takes the student nurse through each phase of this process. The purpose is to reduce writing of care plans but instead for the student to use the care plan as a reference and then to add or delete on the basis of other comorbidities and/or their clinical assessments. The process of identification of priority diagnoses is described.

What is the most important thing to do for this individual right now is the focus of Chapter 6. Moral distress in nurses is described with preventive strategies. Professional nursing practice must represent the art and the science of the profession. The care plans in this book represent the science of nursing. A nurse who is a scientist but has not incorporated the art of this profession into his or her practice is providing care but is not caring. This chapter will emphasize caring as a critical component of our profession.

Unit III presents care plans that represent a compilation of the complex work of nursing in caring for individuals (and their families) experiencing medical disorders or surgical interventions or undergoing diagnostic or therapeutic procedures. It uses the nursing process to present the type of nursing care that is expected to be necessary for clients experiencing similar situations. The plans provide the nurse with a framework for providing initial, or essential, care. The intent of this book is to assist the nurse to identify the responsible care that nurses are accountable to provide. The incorporation of recent research findings further enhances the applicability of the care plans. By using the Bifocal Clinical Practice Model, the book clearly defines the scope of independent and collaborative practice.

Section 4 contains five specialty care plans for newborns, children, adolescents, the family in the postpartum period, and individuals with mental health disorders.

Additional Resources

Additional resources to accompany this edition such as printable individual information guides like "Getting Started to Quitting Smoking" can be accessed at thePoint at http://thePoint.lww.com/Carpenito6e

The author invites comments and suggestions from readers. Correspondence can be directed to the publisher or to the author's email at juall46@msn.com.

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*Nursing diagnoses contain definitions designated as NANDA-I and characteristics and factors identified with a blue asterisk from Herdman, T. H., and Kamitsuru, S. (Eds.). Nursing Diagnoses: Definitions and Classification 2015-2017.

Validation Project

Background

In 1984, this author published diagnostic clusters under medical and surgical conditions (Carpenito, 1984). These diagnostic clusters represented nursing diagnoses and collaborative problems described in the literature for a medical or surgical population. After the initial diagnostic clusters were created, they were reviewed by clinicians who practiced with specific corresponding populations.

Since 1984, numerous other authors (Doenges, 1991; Holloway, 1988; Sparks, 1993; Ulrich, 1994) have generated similar groupings. Before 1993, none of the clusters have been studied to determine their frequency of occurrence. In other words, are some diagnoses in the diagnostic cluster treated more frequently than others? To this date in 2013, this validation study by this author remains to be the only research with this clinical focus.

Reasons for Study

In the past 10 years, the health care delivery system has experienced numerous changes. Specifically, clients are in the acute care setting for shorter periods. These client populations all share a high acuity. This acuity is represented with multiple nursing diagnoses and collaborative problems. However, do all these diagnoses have the same priority? Which diagnoses necessitate nursing interventions during the length of stay?

Care planning books report a varied number of diagnoses to treat under a specific condition. For example, in reviewing a care plan for a client with a myocardial infarction, this author found the following number of diagnoses reported: Ulrich, 16; Carpenito, 11; Doenges, 7; Holloway, 4. When students review these references, how helpful are lists ranging from 4 to 16 diagnoses? How many diagnoses can nurses be accountable for during an individual's length of stay?

The identification of nursing diagnoses and collaborative problems that nurses treat more frequently than others in certain populations can be very useful data to:

- Assist nurses with decision making
- Determine the cost of nursing services for population sets
- Plan for resources needed
- Describe the specific responsibilities of nursing

Novice nurses and students can use these data to anticipate the initial care needed. They can benefit from data reported by nurses experienced in caring for clients in specific populations.

These data should not eliminate an assessment of an individual client to evaluate if additional nursing diagnoses or collaborative problems are present and establish priority for treatment during the hospital stay. This individual assessment will also provide information to delete or supplement the care plans found in this book. The researched data will provide a beginning focus for care.

By identifying frequently treated nursing diagnoses and collaborative problems in client populations, institutions can determine nursing costs on the basis of nursing care provided. Nurse administrators and managers can plan for effective use of staff and resources. Knowledge of types of nursing diagnoses needing nursing interventions will also assist with matching the level of preparation of nurses with appropriate diagnoses.

To date, the nursing care of clients with medical conditions or postsurgical procedures has centered on the physician-prescribed orders. The data from this study would assist departments of nursing to emphasize

the primary reason why clients stay in the acute care setting—for treatment of nursing diagnoses and collaborative problems. The purpose of this study is to identify which nursing diagnoses and collaborative problems are most frequently treated when a person is hospitalized with a specific condition.

Method

Settings and Subjects

The findings presented are based on data collected from August 1993 to March 1994. The research population consisted of registered nurses with over two years' experience in health care agencies in the United States and Canada. A convenience sample of 18 institutions represented five U.S. geographical regions (Northeast, Southeast, North-Midwest, Northwest, Southwest) and Ontario province in Canada. The display lists the participating institutions. The target number of R responses was 10 per condition from each institution. The accompanying table illustrates the demographics of the subjects.

Instrument

A graphic rating scale was developed and pilot-tested to measure self-reported frequencies of interventions provided to clients with a specific condition. Each collaborative problem listed under the condition was accompanied by the question "When you care for clients with this condition, how often do you monitor for this problem?"

Each nursing diagnosis listed under the condition was accompanied by the question "When you care for clients with this condition, how often do you provide interventions for this nursing diagnosis?"

The respondent was asked to make an X on a frequency scale of 0% to 100%. Scoring was tabulated by summing the scores for each question and calculating the median.

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Wilmer Ophthalmological Institute
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Data Collection

Before data collection, the researcher addressed the requirements for research in the institution. These requirements varied from a review by the nursing department's research committee to a review by the institutional review board (IRB).

After the approval process was completed, each department of nursing was sent a list of the 72 conditions to be studied and asked to select only those conditions that were regularly treated in their institution. Only those questionnaires were sent to the respective institutions. Study institutions received a packet for

those selected conditions containing 10 questionnaires for each condition. Completed questionnaires were returned by the nurse respondent to the envelope, and the envelope sealed by the designated distributor. Nurse respondents were given the option of putting their questionnaire in a sealed envelope before placing it in the larger envelope.

Since two of the study institutions did not treat ophthalmic conditions, questionnaires related to these conditions were sent to two institutions specializing in these conditions.

Findings

Of the 19 institutions that agreed to participate, 18 (including the two ophthalmic institutions) returned the questionnaires. The target return was 160 questionnaires for each condition. The range of return was 29% to 70%, with the average rate of return of 52.5%.

Each condition has a set of nursing diagnoses and collaborative problems with its own frequency score. The diagnoses were grouped into three ranges of frequency: 75% to 100%—frequent; 50% to 74%—often; <50%—infrequent. Each of the 72 conditions included in the study and this book has the nursing diagnoses and collaborative problems grouped according to the study findings.

Future Work

This study represents the initial step in the validation of the nursing care predicted to be needed when a client is hospitalized for a medical or surgical condition. It is important to validate which nursing diagnoses and collaborative problems necessitate nursing interventions. Future work should focus on the identification of nursing interventions that have priority in treating a diagnosis, clarification of outcomes realistic for the length of stay, and evaluation and review by national groups of nurses.

DEMOGRAPHICS OF RESPONDENTS

Questionnaires	
Sent	9,920
Returned	5,299
% returned	53.4%
Average Age	39
Average Years in Nursing	15
Level of Nursing Preparation	
Diploma	22.7%
AD	25.7%
BSN	36.5%
MSN	12.4%
PhD	1.5%
No indication	1.2%

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A study of this magnitude required over 9,000 questionnaires to be produced, duplicated, and distributed. Over 100,000 data entries were made, yielding the findings found throughout this edition.

Gracias to my patient friends, who understood the chaos of the last year that held me absent from doing other things: Maureen, Ginny, Judy, Karen, Bob, and Donna.

On a personal level, my son Olen Juall Carpenito and his wife, Heather, have given me two special gifts—my grandsons Olen, Jr. and Aiden. They light up my world every day. Love, Ona.

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Unit I

Introduction to Individual and Family-Centered Care