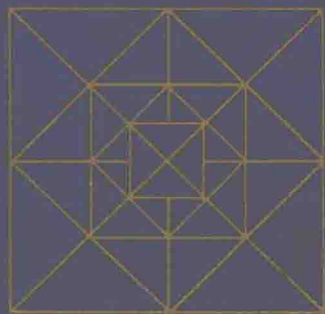


# **A Systematic Approach to the Nursing Care Plan**

**Marlene Glover Mayers**



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to the Nursing Care Plan

**MEDICAL BOOKS  
FOR  
CHINA  
INTERNATIONAL**

**MARLENE GLOVER MAYERS, R.N., M.S.**

*Lecturer, Continuing Education in Nursing, University of California, San Francisco, California; Enrolled in Doctor of Nursing Science Program, University of California, San Francisco, California; Formerly Associate Professor, Division of Nursing, Sacramento State College, Sacramento, California*

To the sixty-five nurses, who — — —

*“In the Beginning” shared the work and the pleasures of creating a better vehicle for nursing care planning . . .*

# Acknowledgments

Many students and staff nurses have, over the past three years, shared their ideas, problems, and concerns; they have greatly influenced the thinking that has gone into this volume.

Especially important has been the influence of that group of sixty-five nurses—whose names are listed within this text—whose enthusiasm and support provided me with the initial incentive to write this book. In addition, I wish to express my appreciation to Anna Steffan for her constant support, interest, and encouragement; to Donna Bruten, Rosemary Molcar, and Sue Hoffman for their critical appraisals, suggestions, and enthusiasm; to Carol Jenkins for her ideas and thoughtful comments; and, especially, to my family who has been properly author-centered and surprisingly reality-oriented through it all.

# Preface

This volume presents a systematic method for organizing and managing patient care information in such a way that it results in patient-centered, goal-directed care. This design for nursing care planning is geared to setting up rational patient-centered plans of action in an organized, logical, and systematic way which also takes into account the pressures and time realities that prevail in most nursing service settings. It is based on a systematized application of the problem-solving process, which, when applied to nursing practice, significantly improves the quality of decision-making by nurses in providing patient care.

There has been an increasing recognition of the need for improved systems of patient care planning. There is a universally felt need among nurses for a patient-centered as well as reality-oriented method for managing nursing care planning. These factors, together with the author's own experiences and resulting concerns—as a hospital nurse, a community health nurse, and as a nursing educator—led to the conception of this method for care planning.

A refinement of this method emerged as a result of the efforts of sixty-five staff and supervisorial nurses in four months of weekly sessions devoted to thinking, discussing, and clinically testing various methods of care planning. The design was then further tested and refined by one hundred and fifty nurses who represented all areas of nursing practice.

Thus, the plan presented in this volume is not entirely new. Rather, it employs many excellent ideas that are currently utilized in nursing.

In addition, it incorporates certain strategies that are well accepted in the fields of systems management and research, strategies that have not been applied appreciably in nursing practice. The integration of these concepts results in an organized, logical, and systematic way of managing patient care information, that is geared to creative, rational, goal-directed plans of care.

Basically, this care planning method is a systematization of the problem-solving process. It is presented in this volume, first in an overview of the problem-solving process. It is then separated into its component parts: the problem, the expected outcome, nursing actions, and the patient's response. Each component is explained in detail and is supported by numerous specific clinical examples.

Following the in-depth description of the components of the system is a section devoted to clinical applications in various nursing settings, from acute to long-term care areas of practice.

Rationales for developing and using Nursing Histories, plus numerous samples of history-taking formats are included. Ideas for teaching and implementing care planning are also discussed.

Included, also, are discussions of the highly interrelated components of staffing patterns and care delivery systems, which cannot be considered separately from nursing care planning.

This system of patient care planning is designed and geared for nursing service, whether it be hospital, convalescent, or home care. Numerous examples are provided, demonstrating how the basic principles of the system can be applied in any of these service settings.

This approach to care planning is also intended to be a learning tool for nursing students. It provides understandable and specific guides to the kinds of thinking processes that are required for care planning in nursing education. It also assists in making a smooth transfer from learning-oriented to service-oriented nursing care planning.

By recognizing and accounting for the realities, and at the same time by improving the quality of nursing decision-making, this approach to care planning provides a simple and viable medium for delivering higher quality and individualized patient care.

*Marlene Glover Mayers*



# A Systematic Approach to the Nursing Care Plan

# Contents

*Acknowledgments* / vii

*Preface* / ix

<b>1. CARE PLANNING AND CURRENT NURSING PRACTICE</b>	<b>1</b>
Changes in Nursing Practice /	1
Overview /	2
The Health-Illness Ecology /	3
Nursing Purposes /	5
The Nursing Process /	5
Summary /	7
<b>2. SYSTEMATIC PROBLEM SOLVING APPLIED TO NURSING PRACTICE</b>	<b>9</b>
Care Planning in Nursing Service /	9
Care Planning in Nursing Education /	10
Some Problems of Implementing Care Planning /	11
Definition of a Nursing Care Plan /	13
Elements of a Nursing Care Plan /	14
An Overview of Systematic Care Planning /	15
The Nursing Care Plan Format /	22
Summary /	25
<b>3. THE PROBLEM AS THE BASIS FOR CARE PLANNING</b>	<b>27</b>
How to State the Problem /	27
Usual Problems Distinguished from Unusual Problems /	28
Actual, Potential, and Possible Problems /	30
What to Write on a Care Plan /	33
Coping and Not Coping with Usual and Unusual Problems /	34

Usual Problems /	34
Unusual Problems /	38
Summary /	54
<b>4. THE EXPECTED OUTCOME AS A STANDARD FOR EVALUATION</b>	<b>56</b>
How to State the Expected Outcome /	56
Overall Expected Outcomes /	60
Expected Outcome Statements for Usual Problems /	61
Expected Outcome Statements for Unusual Problems /	62
Expected Outcome Statements for Actual, Potential, and Possible Problems /	66
Case Study Applications of Expected Outcome Statements /	71
Summary /	79
<b>5. THE NURSING ACTION AS THE STRATEGY FOR SOLVING PROBLEMS</b>	<b>81</b>
Nursing Action Statements /	81
Nursing Action Statements for Usual Problems /	82
Nursing Action Statements for Unusual Problems /	86
Nursing Action Statements for Actual, Potential, and Possible Problems /	91
Case Study Applications of Nursing Action Statements /	101
Summary /	116
<b>6. THE PATIENT'S RESPONSE AS A TEST OF GOOD PLANNING</b>	<b>117</b>
Evaluating Nursing Success /	117
Usual Problems-Patient Response Examples /	118
Unusual Problems-Patient Response Examples /	121
Actual Problems-Patient Response Examples /	126
Potential Problems-Patient Response Examples /	129
Possible Problems-Patient Response Examples /	131
Case Studies of Patient Response /	135
Summary /	138
<b>7. STANDARD CARE ROUTINES</b>	<b>140</b>
Concept of Individualized Care /	140
Rationale for Standard Care Routines /	141
Patient Preferences and Miscellaneous Information /	142
Standard Care Routines /	142
Implementation of Standard Care Routines /	148
Summary /	154
<b>8. NURSING CARE PLANNING IN HOSPITALS AND INSTITUTIONS</b>	<b>156</b>
Emergency Room Care Planning /	157
Operating Room Care Planning /	162
Medical-Surgical Care Planning /	165

Obstetrics Care Planning /	174
Psychiatric Nursing Care Planning /	178
Extended Care Nursing Care Planning /	182
Summary /	187
<b>9. NURSING CARE PLANNING IN COMMUNITY AGENCIES</b>	<b>188</b>
In Generalized Community Health /	189
In Home Nursing /	199
In Office Nursing /	209
Summary /	219
<b>10. CARE PLANNING IN NURSING EDUCATION</b>	<b>220</b>
Elements of an Educational Care Plan /	221
Transition from Education to Service /	221
Examples of Care Plans in Nursing Education /	222
Summary /	227
<b>11. NURSING HISTORY AS A SYSTEMATIC METHOD FOR DATA COLLECTION</b>	<b>228</b>
Taking a Nursing History /	228
Nursing History Format Examples /	235
For Emergency Room /	235
For Operating Room /	236
For Medical-Surgical /	237
For Obstetrics /	243
For Psychiatric Nursing /	245
For Extended Care /	246
For Community Health /	247
For Home Nursing /	248
For Office Nursing /	249
For Nursing Education /	250
Summary /	251
<b>12. COMMUNICATING PATIENT CARE INFORMATION</b>	<b>253</b>
Placing Responsibilities for Care Planning /	253
The Care Plan as a Vehicle for Effective Communication /	256
Care Planning Conferences /	260
Communicating Care Planning Data to Other Agencies and Services /	263
Summary /	265
<b>13. IMPLEMENTING NURSING CARE PLANNING</b>	<b>267</b>
Philosophy /	267
Services and Staffing /	270
In-service Education and Administrative Support /	272
Guide for Teaching Nursing Care Planning /	273
How Nurses Feel About Implementing Systematic Care Planning /	279

## Contents

*xiv*

Common Problems / 285

Summary / 287

### **14. CURRENT TRENDS FOR IMPROVED PATIENT CARE 288**

Trends in Planning Patient Care Environments / 289

Hospital Environments / 289

Out-patient Departments, Clinics, and Health Departments / 292

Private Homes / 292

Staffing Trends / 293

Psychosocial Trends / 297

References / 299

*Index / 301*

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# Care Planning and Current Nursing Practice

## CHANGES IN NURSING PRACTICE

Patient care planning is the systematic assessment and identification of patient problems, the setting of objectives, and the establishment of methods and strategies for accomplishing them.

This book is devoted to developing a method of patient care planning designed to meet the growing demands upon nursing in an increasingly complex society.

Concepts of good nursing practice themselves are being subjected to thorough scrutiny. Consumer expectations for care are changing. The affluent are expecting more sophisticated methods of care. The poor are becoming vocal about their medical and health care needs. They want health professionals to show more concern for and understanding of the problems of poverty and ethnic differences. They want to be

treated with dignity and respect. The great middle class is feeling the pressures of economic decline and is demanding a dollar's worth of service for each health care dollar that is spent in the face of spiraling health care costs. Nursing, the largest of the health care professions, must face its responsibilities in all of these and in many more problems.

In addition, the nursing profession itself is beset by internal problems. Changing consumer needs, rapidly advancing medical technology, new communications systems, and new paramedical disciplines are causing many traditional roles and values to crumble, resulting in a sense of confusion and disagreement about who the nurse is and what she does. There is a swing toward specialization in areas where highly developed technical skill is required, such as in intensive care, renal dialysis, and coronary monitoring. There is a growing demand for clinical specialists in psychiatric nursing, medical-surgical nursing, and the other clinical specialties. On the other hand, the concept of the nurse as a generalist is being widely discussed. Nursing's responsibility for assuming some traditional physician's functions such as primary diagnostic screening, routine medical evaluations, and counselling is being developed and implemented. Many nurses feel challenged and stimulated by the potentials for change. Others feel concern for a loss of the long and dearly held values and traditions of nursing practice. However, in spite of the changing climate of health care, nursing is steadily developing a sense of its multidimensional role in delivering health care.

It is the view of this author that nursing shares roles and responsibilities with many other disciplines, but that, in addition, nursing has a unique role, one it shares with no other health care discipline. It is the role of assisting a patient with his ongoing, minute-by-minute, day-by-day personal care maintenance, comfort, and safety that is unique to nursing. It is the essence of this role that provides the basis for effective nursing care planning.

The dynamics of the nursing role can be best described by defining it in terms of the health-illness ecology, nursing's purposes, and the nursing process.

## OVERVIEW

### *The health-illness ecology.*

The ecological dynamics of health-related systems result in continual change—change which may or may not have the effect of maintain-

ing personal health, safety, comfort, and higher levels of wellness for individuals and groups.

*Nursing purposes.*

Very broadly, yet basically stated, nursing is a rational and systematic process which deliberately influences the health-illness ecology so as to maximize the possibility of maintaining personal health, safety, comfort, and higher levels of wellness for individuals and groups.

*The nursing process.*

Nursing is a rational and systematic process which consists of intellectual, behavioral, and technical components based upon relevant theories, concepts, and principles from the physical and social sciences.

To summarize the preceding three statements, one might say that nursing consciously, rationally, and scientifically intervenes in the health-illness environment for the purpose of maximizing the possibility that individuals, families, and groups will have adequate personal care maintenance, safety, and comfort. No other health care disciplines devote themselves to these ongoing, minute-by-minute, hour-by-hour, day-by-day factors of their clients' lives. However, one must not lose sight of the fact that nursing shares with other health care professions the achievement of higher levels of wellness, for individuals and groups.

## THE HEALTH-ILLNESS ECOLOGY

Since the clients of nursing find themselves in the complex environment of the health care system, as well as in their own biomedical, psychological, and sociological environments, the profession of nursing must function with continual awareness of these variables. This awareness must be translated into day-to-day patient care methods. It is to the achievement of that goal that this book is devoted. When assessing a patient or family, the nurse evaluates the relative importance of the patient's biomedical or physiological status, the external environmental factors, and his internal psychological dynamics.

*Physiological environment*

The physiological or biomedical aspects of a patient's status have been and are continually being studied and analyzed. His diagnosis, his



general health, and his secondary health problems are reviewed and considered in the determination of his internal physiological environment. Strategies for physical care are based upon a growing scientific rationale.

#### *Sociocultural environment.*

The patient's sociocultural environment (social system) is also assessed and included as a basis for problem identification and care planning. The past twenty years have seen significant growth in understanding the many sociocultural dimensions of health and illness. In nursing an increasing emphasis is being placed upon the patient's social mores: his political, religious, ethnic, vocational, economic, cultural, and semantic norms and traditions.

#### *Health care system.*

A further factor related to a person's health-illness environment is the complexity of the health care delivery system and the associated health care regulatory and legislative influences. This factor, although critically important, has not received adequate attention in nursing literature. Clients and professionals alike are gradually becoming more concerned and vocal about the obstacle course a person must face in order to obtain health care of any kind or quality.

Nurses, whether they will it or not, often are the only people in a position to serve as the patient's advocate in dealing with the health care system. As advocates, nurses must become more sophisticated and knowledgeable about how to use the current system, and must become increasingly influential in changing cumbersome, outmoded systems.

#### *Regulatory systems.*

Health legislation and the regulations that govern the standards and delivery of health care are basic and vital elements that create the large framework for the nation's health care. Again, nurses must play an increasingly powerful role in speaking for and with the consumer. Planning patient care at legislative and regulatory levels is as much a part of nursing's responsibility as planning care for communities, groups, families, and individuals.

#### *Internal psychological environment.*

Another dimension of a person's health-illness ecology is his internal psychological state, that is, his feelings, perceptions, intelli-