

PLANNING PATIENT CARE

Lucile Lewis

Second Edition



The Brown FOUNDATIONS OF NURSING *Series*

Second Edition



PLANNING PATIENT CARE

Lucile Lewis
Loma Linda University

WM. C. BROWN COMPANY PUBLISHERS Dubuque, Iowa

Copyright © 1970, 1976 by
Wm. C. Brown Company Publishers

ISBN-0-697-05540-X

Library of Congress Catalog Card Number: 75-27987

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the publisher.

Printed in the United States of America

PLANNING PATIENT CARE

FOUNDATIONS OF NURSING SERIES

WM. C. BROWN COMPANY PUBLISHERS

Nursing Observation

Virginia B. Byers
University of Pittsburgh

Nursing Observations of the Young Patient

Margaret A. Coffin
Boston University, School of Nursing

Promotion of Physical Comfort and Safety, Second Edition

Valentina G. Fischer
Arlene F. Connolly, Boston University, School of Nursing

Promoting Psychological Comfort, Second Edition

Gloria M. Francis and Barbara Munjas
Virginia Commonwealth University

Problem Solving in Nursing Practice, Second Edition

Mae M. Johnson, Los Angeles Valley College
Mary Lou C. Davis

Nurse-Patient Communication

Garland K. Lewis
The Catholic University of America

Working with Others for Patient Care

Grace G. Peterson
DePaul University

The Teaching Function of the Nursing Practitioner

Margaret L. Pohl
Hunter College

Planning Patient Care, Second Edition

Lucile Lewis
Loma Linda University

Preface

This book is designed as a part of the Foundations of Nursing Series, and serves as a textbook or reference for students of professional nursing and the nurse who is returning to work after a prolonged absence from nursing. The nursing process is the foundation of professional nursing care; therefore it is essential that the beginning student have knowledge of this key concept.

I feel that the particular strengths of this book are the straightforward approach to the nursing process; the step-by-step approach to planning; the method of writing measurable, behaviorally stated nursing objectives—desired outcomes of patient care—and the initial plans with three categories of nursing orders. The initial planning options are somewhat innovative. Few other sources explore priority setting as a component of the nursing process.

This book purposely is written with simple language and with illustrations which have as little room for ambiguity as possible. It is my belief that the student's understanding of a concept is enhanced when unambiguous terminology and commonplace illustrations are used.

The basis for planning patient care, whether for one patient or a group, is the nursing process. An orderly, systematic way of looking at the person's needs for nursing provides the background for a nursing care plan which is patient centered. This book incorporates the problem-oriented record system into the nursing process.

The conceptual framework of nursing based on wholeness is still in a developmental stage. Some of the elements of a theoretical framework are missing and must await additional thinking and clinical trial; however, because this concept seems to be particularly relevant to nursing, some aspects of the concept have been included throughout the book.

An effort has been made in this book to strike a balance between the ideal and the practical. No doubt some busy practitioners will disagree; and some idealists may regard the practical suggestions as heresy. In any event, nursing care must be planned if it is to be effective, and service agencies must realize that planning is a time-consuming activity. Short-cuts which do not sacrifice quality are needed.

A large number of examples have not been prepared for this book. It is my belief that when a nurse knows the principles, he/she can apply them in practice, adapting the principles to one's own style of nursing and setting for practice. Most of the examples included are from medical-surgical nursing; because, this is the area of nursing with which I am most knowledgeable, and also the one where students often begin clinical experience. In a few instances, leadership problems and research ideas are alluded to; hopefully this will help the student realize that there is still much to learn about nursing and the care of people. Perhaps the student's interest will be awakened in pursuing some of these ideas at a later date. The data base and some suggestions for intervention and evaluation reflect the breadth and depth of nursing practice—they are not confined to beginning skills. The intent is to acquaint the student with the scope of nursing practice.

For convenience I have used masculine pronouns to refer to patients, and feminine pronouns to refer to the nurse—only because most nurses are women, not because I am ignoring men nurses, we need more of them!

It would not have been possible to prepare this manuscript without sharing ideas and problems with colleagues and students. For their helpful criticisms I am grateful. Especially I should mention Patricia Foster's help with problem analysis, and Ethel Walls's help with nursing audit. Mr. Ray Deveau and the Wm. C. Brown Company Publishers contributed to this edition by obtaining critical evaluations from those teachers who used the first edition of this book. I have tried to use as many of their suggestions as were consistent with my philosophy. I do appreciate the thoughtful critiques submitted by several teachers unknown to me. A special thank you to Phyllis Croft for working weekends and evenings to type the manuscript.

Contents

Preface	vii
1. Nursing Process and the Problem-Oriented Record	1
Clinical Experience	5
Bibliography	5
2. Principals in the Process	6
The Nurse	6
The Patient	20
Responsibility and Accountability	28
Clinical Experience	30
Bibliography	30
3. Assessment—The Data Base	32
The History	33
Physical Appraisal	46
Assessment for Continuity of Care	50
Periodic Baselines	51
Other Sources	54
Clinical Experience	72
Bibliography	72
4. Assessment—Problem Identification and Problem List	75
Analysis of Data	76
Patient Problems	78
Clinical Experience	87
Bibliography	87

5. Priority Setting	88
Factors Affecting Priority Setting	89
Criteria for Priorities for Individuals	93
Criteria for Priorities Within a Group	96
Criteria for Priorities of Nursing Services	99
Clinical Experience	101
Bibliography	102
6. Intervention—Planning	103
Elements of Planning	104
Formulating Desired Outcomes	109
Selecting Alternatives	115
Initial Plans	120
Progress Notes	121
The Nursing Care Plan	127
Writing Nursing Orders	136
Clinical Experience	141
Bibliography	141
7. Initial Planning Options	144
Initial Planning Options (IPO) as an Aid to Planned Nursing Care	144
Approach to Development of IPO	148
Clinical Experience	168
Bibliography	168
8. Intervention—Nursing Action	169
Types of Nursing Action	170
Actions Related to the Components of Wholeness	178
Clinical Experience	184
Bibliography	184
9. Evaluation	187
Evaluation by the Responsible Nurse	189
Evaluation by Peer Review	196
Clinical Experience	202
Bibliography	202
10. A Challenge	204
Index	207

Nursing Process and the Problem-Oriented Record

Change is so much a part of living in the twentieth century that we sometimes are insensitive to its effects in our individual lives. On the other hand, we are often jolted out of complacency by changes. We cannot settle into a comfortable groove. While change is apparent in almost all fields of human endeavor, it is especially evident in health care.

Constant advances in technology contribute to rapid changes in health care. What is written one year about health care may be entirely changed by the following year. There are, however, some concepts that remain relatively stable. One of these is the process of *planning patient care*. What is processed, who does the processing, and the outcomes of the process may change, but the process itself continues.

What is process? It is a series of thoughts, acts or decisions. It implies movement, that is, a beginning, a middle, an ending. Process is the sequencing of thoughts and actions to achieve a goal. *Nursing process* refers to the orderly operations associated with all phases of providing nursing care. It involves the decision-making interactions and reactions, and the evaluation of responses that occur in the nurse-patient encounter.

Planning of patient care is a complex process. It is complex because it may involve several people, perhaps of different disciplines, and it consists of several sequential steps built upon and logically derived from preceding steps. Adequate planning produces a set of actions designed to achieve one or more goals. The effectiveness of the plan must be evaluated in terms of the goals it was designed to accomplish. A plan for nursing care is more than a transcription to a special form of those acts of patient care delegated by the physician to the nurse. If nursing is a profession which offers services needed by humanity, then the plan

should reflect the unique activities nursing can contribute to the welfare of people. The plan is a result of the combined efforts of nurses, patient, family, and other members of the health team to find ways in which nurses can assist the patient with his problems.

The process by which the nurse identifies, plans, and implements the nursing care of the patient is a problem-solving process which can be defined in three steps: assessment, intervention, and evaluation.

Assessment is a complex phase in which data concerning the patient are collected and sorted into appropriate problem areas. These problems are examined in relation to the nurse's philosophy of nursing and to the policies of the agency in which she practices. They are then stated as problems with which the nurse can help. Priorities among problems are determined.

Intervention consists of both planning and giving care. With the patient's problems in mind, nursing objectives are formulated as statements of desired outcomes in patient behavior which should result from nursing care. A number of actions may be proposed for each objective, and from these the nurse must select those actions which seem most suitable for the individual patient. If those alternatives selected do not achieve the objectives as planned, then others will be initiated.

Evaluation is the phase of the nursing process by which the nurse uses measurable criteria to learn whether the desired outcomes were accomplished. If the actions did fulfill the objectives, those actions are included in the nursing-care plan. If the actions selected were not appropriate to the objectives, then they will not be retained in the nursing care plan and the patient will be reappraised and other actions derived.

The nursing process will be examined in more detail in subsequent chapters.

In the early 1970s Lawrence L. Weed introduced the *problem-oriented record* (POR) and pointed out the advantages of this reorganized health record for clinical, educational, and research purposes.¹ The widespread adoption of the POR has been promoted by governmental and accrediting bodies and third-party payers because it clearly identifies the patient's problems and his progress in terms of each problem. In addition, this type of record is adaptable to standards of care and peer review.

There is a natural congruity between the POR and the nursing process because both are a sequential breakdown of the problem-solving process. The POR is a written record of the problem-solving process as it is used

1. Lawrence L. Weed, *Medical Records, Medical Education and Patient Care* (Chicago: Press of Case Western Reserve University, 1970).

in the patient care situation. The nursing process is a thinking and doing implementation of the problem-solving process. The POR, rightly used, compels the user to think and plan in a logical, orderly manner, to relate needs and problems to actions. It also points out the purposes of actions. For these reasons, the POR facilitates the nursing process, causing the nurse to think more critically and analytically about what she does, to discern the consequences of nursing care, and to determine the effectiveness of nursing in solving the problems of patients.

The POR is structured so that all members of the health team caring for a patient record their data and plans together. Traditional patient records usually are divided into sections according to the source of the input. The nurse's notes are all in one section, the doctor's in another, the laboratory reports in another. In the POR any health team member may identify a problem and add it to the problem list, and any health team member may enter progress notes on any problem. The record is problem oriented, not source oriented. This practice can enhance communication among health team members, foster collaboration, and develop appreciation for each team member's contributions to patient care. In this book, the focus will be on how nurses use POR and how the nursing process is related to POR.

The POR system emphasizes the importance of obtaining an adequate data base, and of sensing both subjective and objective clues regarding the status of a given problem. The requirement for both subjective and objective data about a problem motivates the nurse to be more perceptive in her observations of the patient.

There are four main parts of the POR: the data base, the problem list, initial plans, and progress notes. The *data base*, as the name implies, is the total information concerning the patient which is needed to ascertain his health/illness status. The *problem list* is formulated from the data base. The problems are itemized according to number and title of the problem. Obtaining a data base and formulating a problem list correspond to the assessment step of the nursing process.

The *initial plans* are the first plans prepared for each problem. They include plans for following the course of the problem, for therapy, for additional diagnostic information so that the problem can be defined as precisely as possible, and for patient and/or family education.

Progress notes may appear in a variety of forms. They are written periodically on each problem to chronicle the changes or lack of change, and to enter new plans for resolution of the problem. Initial plans and the planning phase of progress notes are a written account of planned nursing intervention. The subjective and objective data entered in progress notes

CLINICAL EXPERIENCE

1. Compare records of similar patients in which traditional and problem-oriented record keeping was used.
2. Compare problem-oriented records in different agencies: hospital, physician's office, public health department.

BIBLIOGRAPHY

- ATWOOD, JUDITH, and YARNALL, STEPHEN R., eds. "Symposium on the Problem-Oriented Record." In *Nursing Clinics of North America* 9:2 (1974): 211-302.*
- BLOCH, DORIS. "Some Crucial Terms in Nursing—What Do They Really Mean?" In *Nursing Outlook* 22:11 (1974):689-94.*
- BONKOWSKY, MARILYN. "Adapting the POMR to Community Child Health Care." In *Nursing Outlook* 20:8 (1972):515-18.
- BOWER, FAY L. *The Process of Planning Nursing Care—A Theoretical Model*. St. Louis: C. V. Mosby Co., 1972.
- BROWNING, MARY H., ed. *The Nursing Process in Practice: Contemporary Nursing Series*. New York: The American Journal of Nursing Company, 1974.
- DAUBENMIRE, M. JEAN, and KING, IMOGENE. "Nursing Process Models: A Systems Approach." In *Nursing Outlook* 21:8 (1973):512-17.
- KNIGHT, JEANE H. "Applying Nursing Process in the Community." In *Nursing Outlook* 22:11 (1974):708-11.
- LEWIS, L. LUCILE. "This I Believe About the Nursing Process—Key to Care." In *Nursing Outlook* 16:5 (1968):26-29.*
- MITCHELL, PAMELA H. "A Systematic Nursing Progress Record. The Problem-Oriented Approach." In *Nursing Forum* 12:2 (1973):187-210.
- SCHAEFER, JEANNETTE. "The Interrelatedness of Decision-Making and the Nursing Process." *American Journal of Nursing* 74:10 (1974):1852-53.*
- SCHELL, PAMELA L., and CAMPBELL, ALLA T. "POMR—Not Just Another Way to Chart." In *Nursing Outlook* 20:8 (1972):510-514.*
- TAPIA, JAYNE A. "The Nursing Process in Family Health." In *Nursing Outlook* 20:4 (1972):267-70.
- WEED, LAWRENCE L. *Medical Records, Medical Education and Patient Care*. Chicago: Press of Case Western Reserve University, 1970.
- YURA, HELEN, and WALSH, MARY. *The Nursing Process*. New York: Appleton-Century-Crofts, Inc., 1973.

*Suggested for additional reading.

Chapter _____ 2

Principals in the Process

Perhaps no other professional on the health team has been subjected to as many changes in recent times as the nurse. New roles, new responsibilities, new technology have had their impact on the practicing nurse. In his essay in *New Teaching, New Learning*, Samuel B. Gould made this provocative statement: "Adults are still trying to find a way to introduce a little tenderness into a technological world."¹ It is my belief that one of the chief contributions of nursing to the technologically oriented health care system is "a little tenderness."

Tenderness may be an innate characteristic of the person who elects to be a nurse, or it may be a learned trait. Without deliberate, careful nurturing, tenderness easily can be dissipated by technology. The tenderness, the caring, characteristic of nursing must be planned as deliberately as the technological requirements.

Before proceeding with a detailed description of the nursing process as it relates to planning patient care, it seems logical to look at the nurse and the patient who are the principals in the nursing process.

THE NURSE

The nurse who plans patient care is acting in her primary professional role—primarily because the care of patients is the reason for the existence of nursing. Planning is professional since one characteristic of professional persons is their ability to identify and solve problems related to their field

1. Samuel B. Gould, "Bridging the Interpretation Gap," in *New Teaching, New Learning*, ed. G. K. Smith (San Francisco: Jossey-Boss, Inc., Publishers, 1971), pp. 234-35.

of practice.² The planning of patient care is actually a problem-solving process.

The more educational and experiential preparation a nurse brings to the planning of patient care, the greater will be the scope of the problems she identifies, the more predictable and innovative will be the nursing actions she proposes, and the more objective will be the criteria by which she evaluates the nursing care she implements. If the preceding statement is true, the nurse responsible for the planning of patient care should be a person who has a college- or university-based education which has qualified her to practice nursing. Such an education should give her a background in the natural and behavioral sciences as well as in the humanities so that she has an understanding of the nature of human beings, and appreciation and respect for the individuality of man. In settings where there are not enough fully prepared nurses, other nurses should be given the opportunity and guidance to develop planning skills to the full extent of their abilities.

Whatever her background, the nurse who plans patient care keeps her professional knowledge and expertise up-to-date by reading current publications; by attending inservice and continuing educational programs, regional workshops, and institutes; and by other available means of advancing herself. She brings to the planning of patient care an inquiring frame of mind, with which she is constantly seeking answers to the questions that arise. She has the courage to propose, carry out, and evaluate new approaches to patients' problems. The knowledge and expertise thus gained is shared with colleagues.

Service that the nurse renders to society is within the context of health and illness. Along with other professions, nursing aims to promote health and prevent disease. Health has been defined in a number of ways. Perhaps one of the best known definitions is that of the World Health Organization: "Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."³ Another concept of health is expressed by Howard S. Hayman: "Health is optimal personal fitness for full, fruitful creative living."⁴ If illness or disease represents anything less than the health implied by these definitions, and nursing operates

2. Charlotte Towle, *The Learner in Education for the Profession* (Chicago: The University of Chicago Press, 1954), pp. 3, 4.

3. World Health Organization, Preamble of the Constitution of the World Health Organization.

4. Howard S. Hayman, "Our Modern Concept of Health," in *The Journal of School Health* 32 (1962): 253-64.

within the context of health and illness, the scope of nursing is seen to be very broad.

In addition, the nurse is prepared to work with patients in a variety of settings: in clinics or hospitals, extended-care facilities, private homes, etc. Nurses work as employees of various health care agencies; a growing number work as independent practitioners, or as colleagues of physicians in private practice. While certain adaptations of care may be necessitated by the location of the patient, the essential nature of nursing care is common to all types of patient situations. Within the health/illness context there is room for the services of a growing number of professions. The nurse works with persons from these other professions in meeting the health/illness needs of people. Often the nurse performs tasks for patients which have been delegated to her by other health team members—but it is the caring functions of the nurse that are unique to the profession of nursing.

The Nature of Nursing

In this period of change and development in many of the health care professions, nursing must clearly delineate its unique contribution to the health care of people. In the historical perspective, several health care disciplines have developed by specializing in certain aspects of care that once were considered nursing, for example, dietetics, physical therapy, inhalation therapy. Over the years nursing has accepted responsibility for certain aspects of patient care that were part of medical practice, for example, parenteral injections, monitoring of certain vital signs, and more recently, certain aspects of the patient history and physical examination. Undoubtedly, there will be other deletions and additions if nursing responds to the changing demands of society.

In view of the changing nature of nursing, it is imperative that the profession as a whole examine critically the uniqueness of nursing and then set guidelines that give some assurance that the uniqueness of nursing is not altered. Failure to identify and preserve this uniqueness inevitably will lead to the development of a new professional group—which will further fragment patient care. The necessity of defining the uniqueness of nursing is based on the assumption that there is a unique service offered by nurses to society and that this service reflects a societal need.

Nursing responds to man as a whole in his totality, a unique individual interacting with his environment, reacting to it in a holistic manner. Specifically, nursing is concerned with health or illness problems encountered by man, and *the uniqueness of her concern has to do with comfort and*