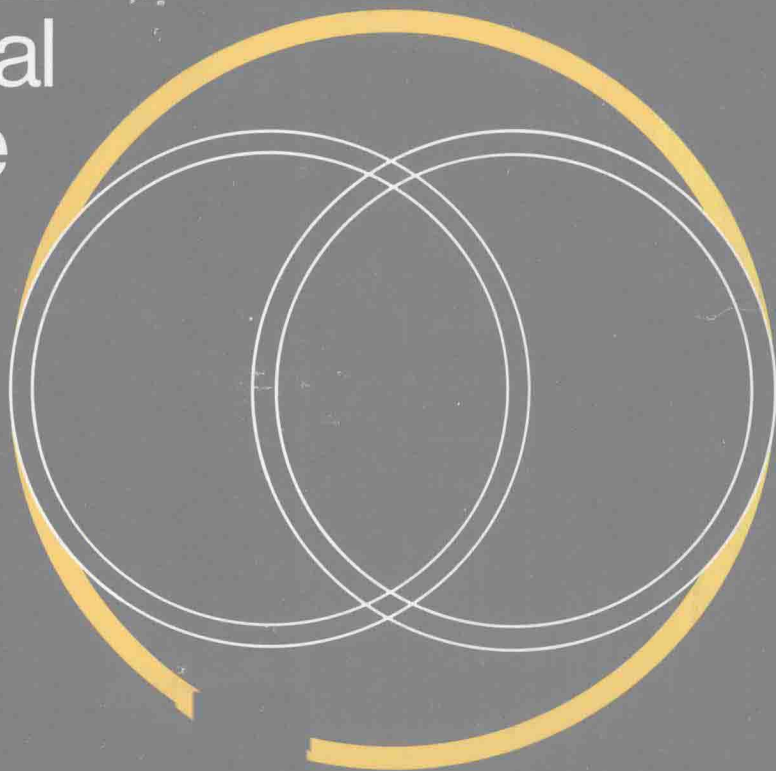


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Lynda Juall Carpenito

Nursing Diagnosis

Application
to Clinical
Practice



Second Edition

Nursing Diagnosis

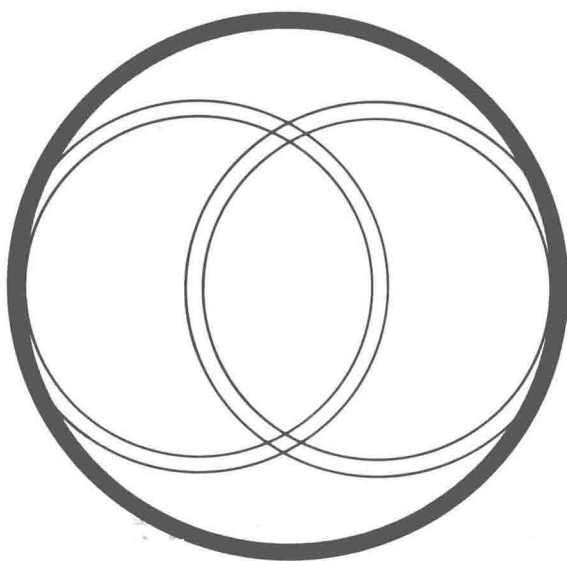
Application to Clinical Practice

Second Edition

Lynda Jull Carpenito, R.N., M.S.N.

Nursing Consultant, Mickleton, New Jersey

with 24 additional contributors



J. B. Lippincott Company
Philadelphia

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Compositor: Circle Graphics
Printer/Binder: R. R. Donnelley & Sons Company
Cover Printer: Lehigh Press

2nd Edition

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6 5 4

Library of Congress Cataloging-in-Publication Data

Carpenito, Lynda Juall.
Nursing diagnosis.

Includes bibliographies and index.

1. Diagnosis. 2. Nursing. I. Title. [DNLM: 1. Nursing Process—outlines. 2. Patient Care Planning—outlines. WY 18 C294n]
RT48.C37 1987 616.07'5'024613 86-27360
ISBN 0-397-54655-6

The author and publisher have exerted every effort to ensure that drug selection and dosage set forth in this text are in accord with current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations, and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications and dosage and for added warnings and precautions. This is particularly important when the recommended agent is a new or infrequently employed drug.

Nursing Diagnosis Application to Clinical Practice

To Richard, my husband
Through bright and dark you are there, thank you again.

It was such a pretty day we decided
to take a walk,
And we had not gone ten steps
before I knew
That you and I are long past the point
of no return.

Hand in hand we go.
Still close, still loving,
Still looking and overlooking
The flaws we hide from others.

Side by side we move,
Sometimes closer, sometimes farther apart.
Because of ways we read and talk,
Agree and disagree.

Step by step we advance
Against the cynics
Those all-knowing unknowings who
honestly think
Marriage is dead.

—Lois Wyse, "I Still Love You"

Contributors

Rosalinda Alfaro, R.N., M.S.N., Adjunct Instructor, Department of Nursing, Delaware County Community College, Media, Pennsylvania

(Potential Alterations in Respiratory Function, Ineffective Airway Clearance, Ineffective Breathing Patterns, Activity Intolerance related to insufficient oxygenation secondary to impaired gas exchange, Diversional Activity Deficit, Impaired Verbal Communication, Fluid Volume Deficit, Fluid Volume Excess, Potential Alteration in Temperature Regulation, Alteration in Temperature Regulation, and Hyperthermia/Hypothermia)

Virginia Arcangelo, R.N., M.S.N., Nursing Consultant, Marlton, New Jersey

(Sexual Dysfunction)

Cynthia Balin, R.N., M.S.N., Director of Clinical Services, Kissimmee Memorial Hospital, Kissimmee, Florida

(Alterations in Nutrition: Less Than Body Requirements, Alterations in Nutrition: More Than Body Requirements, Powerlessness, and Impaired Swallowing)

Eleanor A. Bell, B.S., C.N.A., Director of Nursing, Bryn Mawr Rehabilitation Hospital, Malvern, Pennsylvania

(Self-Care Deficit)

Michelle Bockrath, R.N., M.S.N., Instructor, College of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania

(Sleep Pattern Disturbance and sections of Sensory–Perceptual Alterations)

Christine Cannon, R.N., M.S.N., Coordinator of Patient Education, Wilmington Medical Center, Wilmington, Delaware

(Knowledge Deficit)

Nancy Conrad, R.N., M.S.N., Assistant Professor, Department of Nursing, Rutgers University, Camden, New Jersey

(Fear)

Janet Derrington, R.N., M.S.N., Psychiatric Clinical Specialist, Wilmington Medical Center, Wilmington, Delaware

(Selected sections of Potential for Violence)

Linda Goldberg, R.N., M.A., Instructor, St. Joseph's School of Nursing, Reading, Pennsylvania

(Grieving)

Judy A. Hartmann, R.N., M.S.N., Rehabilitation Clinical Nurse Specialist, University of Wisconsin Hospital and Clinics, Madison, Wisconsin

(Alteration in Patterns of Urinary Elimination, Unilateral Neglect, Activity Intolerance [selected sections], and Impaired Adjustment [selected sections])

viii Contributors

Sandra Jansen, R.N., A.C.C.E., A.S.P.O., Certified Childbirth Educator, AASECT Sex Educator, Los Angeles, California

(Health Maintenance: Breastfeeding and Alteration in Patterns of Sexuality related to changes in body function or image during and after pregnancy)

Elizabeth Keech, R.N., M.S.N., Instructor, College of Nursing, Villanova University, Pennsylvania

(Selected sections of Alterations in Parenting)

Margaret Kendrick, R.N., M.S.N., Assistant Professor, College of Nursing, Villanova University, Villanova, Pennsylvania

(Selected sections of Fluid Volume Deficit, Fluid Volume Excess, and Potential for Injury)

Susan Kitchell, R.N., M.S., Pediatric Clinical Nurse Specialist, San Francisco, California

(Selected sections of Alteration in Parenting role related to Hospitalized Child)

Deborah Lekan-Rutledge, M.S.N., R.N.C., Nursing Consultant

(High Risk Elderly Assessment and High Risk Elderly Principles and Rationale)

Carol Lillis, R.N., M.S.N., Instructor, Delaware County Community College, Media, Pennsylvania

(Alterations in Bowel Elimination)

Jo Ann Maklebust, M.S.N., R.N., C.S., Clinical Nurse Specialist, Ostomy/wound care, Harper Hospital, Detroit Medical Center, Detroit, Michigan

(Alteration in Tissue Integrity, Knowledge Deficit: Ostomy Care, Impairment of Skin Integrity, and Altered Comfort: Pruritus)

Bonnie McDonald, R.N., M.A., Quality Assurance/Research, Nursing Service, VA Medical Center, Iowa City, Iowa

(Selected sections of Knowledge Deficit)

Glenda S. McGaha, Ph.D., R.N., Department of Nursing, Southeast Missouri State University, Cape Girardeau, Missouri

(Altered Growth and Development)

Janet Hoffman Mennies, R.N.C., M.S.N., Adult Nurse Practitioner

(Noncompliance, Ineffective Individual Coping, Alterations in Health Maintenance, Selected Sections of Alterations in Family Processes, and Health Maintenance)

Kathe H. Morris, R.N., M.S.N., Assistant Professor, College of Nursing, Villanova University, Villanova, Pennsylvania

(Rape Trauma Syndrome)

Nursing Diagnosis Discussion Group, Nancy A. Eppich, Chairwoman, Rainbow Babies and Children Hospital, University Hospitals of Cleveland, Cleveland, Ohio

(Alteration in Parental Role)

Catherine Oblaczynski, R.N., M.S.N., Associate Professor, College of Nursing, Villanova University, Villanova, Pennsylvania

(Selected sections of Alterations in Thought Processes)

Patricia O'Brien O'Riordan, R.N., M.S.N., Director, E. I. du Pont Division, Wilmington Medical Center, Wilmington, Delaware

(Impaired Physical Mobility)

Mary M. Owen, R.N., B.S.N., P.H.N., Nurse Epidemiologist, Martin Luther Hospital Medical Center, Anaheim, California

(Potential for Infection and Potential for Infection Transmission)

Mary Sieggreen, M.S.N., R.N., C.S., Clinical Nurse Specialist, Vascular Surgery, Harper Hospital, Detroit Medical Center, Detroit, Michigan

(Alteration in Tissue Perfusion: Peripheral and Potential for Injury related to Effects Secondary to Orthostatic Hypotension)

Anna Mae Spaniola, R.N., B.S.N., M.A., Nurse Educator, Bronson Methodist Hospital School of Nursing, Kalamazoo, Michigan

(Potential for Injury related to Maturational Age)

Katsuko Tanaka, R.N., M.S., C.S., Staff Nurse, Alcohol and Drug Dependent Treatment Program, Seattle Veterans Administration Medical Center, Seattle, Washington

(Post Trauma Response)

Laura A. Terrill, R.N., M.S.N., Director of Nursing Education, Wilmington Medical Center, Wilmington, Delaware

(Disturbance in Self-Concept and Social Isolation)

Carol Van Antwerp, R.N., M.S., Nurse Educator, Bronson Methodist Hospital School of Nursing, Kalamazoo, Michigan

(Potential for Injury related to Maturational Age)

Mary Mishler Vogel, R.N., M.S.N., Instructor, Helene Fuld School of Nursing, Camden, New Jersey

(Selected sections of Alteration in Patterns of Urinary Elimination)

Julie Waterhouse, R.N., M.S., Instructor, College of Nursing, University of Delaware, Newark, Delaware

(Spiritual Distress)

Janet R. Weber, R.N., M.S.N., Instructor, Southeast Missouri State University, Cape Girardeau, Missouri

(Hopelessness)

Anne E. Willard, R.N., M.S.N., Associate Professor, Cumberland County College, Vineland, New Jersey

(Anxiety, Potential for Violence, Ineffective Family Coping, Alterations in Thought Processes, Potential for Self-Harm, and Impaired Social Interactions)

Consultants

Philip N. Barkins, R.P.T., Private Practice, Dover, Delaware

Carol Bechtold, R.N., M.S.N., Assistant Administrator/Education, Department of Nursing, The Hospital Center at Orange, Orange, New Jersey

Benjamin M. Evans, R.N., O.N.P., M.S.C., Nurse Consultant and Counselor, Evansville, Indiana

Ann Feins, R.D., Assistant Professor, Saint Anselm College, Manchester, New Hampshire

Jean W. Fitzgerald, R.N., E.T., Enterostomal Therapist, Wilmington Medical Center, Wilmington, Delaware

Annette D. Friday, R.N., Head Nurse, Neonatal Intensive Care Unit, Wilmington Medical Center, Wilmington, Delaware

Margaret M. Hirst, R.N., M.S.N., Clinical Specialist in Oncology, Wilmington Medical Center, Wilmington, Delaware

Jacqueline W. Levett, R.N., M.S.N., Pediatric Clinical Specialist, Wilmington Medical Center, Wilmington, Delaware

Susan Ross, R.N., M.S., Assistant Professor, American International College, Springfield, Massachusetts

Rebecca Rush, M.Ed., Cognitive Therapist, The Center at Plaza Medical, Camden, New Jersey

Linda H. Snow, R.N., M.S., Assistant Professor, American International College, Springfield, Massachusetts

Fe A. Tamparong, R.N., M.A., Nurse Educator, Martin Luther Hospital Medical Center, Anaheim, California

Carl K. Wyckoff III, D.D.S., Private practice, Wenonah, New Jersey

Preface

The practice of nursing often interfaces with the practices of the other health care providers.* Sometimes the nurse sees primarily the client problems that require referral for treatment and ignores or fails to detect the problems that he or she can treat independently. *Nursing Diagnosis: Application to Clinical Practice* focuses on the diagnosis and treatment of client situations that the nurse can and should treat, legally and independently. It provides a condensed, organized outline of clinical nursing practice designed to communicate creative clinical nursing. It is not meant to replace textbooks of nursing, but rather to provide nurses in a variety of settings with the information they need without requiring a time-consuming review of the literature.

From assessment criteria to specific interventions, the book focuses on nursing. It will assist students in transferring their theoretical knowledge to clinical practice; it can also be used by experienced nurses to recall past learning and to intervene in those clinical situations that previously went ignored or unrecognized.

The author believes that nursing needs a classification system to organize its functions and define its scope. Use of such a classification system would expedite research activities and facilitate communication between nurses, consumers, and other health care providers. After all, medicine took over 100 years to develop its taxonomy. Our work, at the national level, was only begun in 1973 and is still in an early stage. It is hoped that the reader will be stimulated to participate at the local, regional, or national level in the utilization and development of these diagnostic categories.

Since the first edition was published, the use of nursing diagnosis has increased markedly throughout the United States and Canada. Practicing nurses vary in experience with nursing diagnosis from just beginning to full practice integration for over 6 years. With such a variance in use, questions posed from the neophyte, such as

- What does the label really mean?
- What kinds of assessment questions will yield nursing diagnoses?
- How do I tailor a diagnostic category for a specific individual?
- How should I intervene after I formulate the diagnostic statement?
- How do I care-plan with nursing diagnoses?

differ dramatically from the questions from experts as

- How does *Knowledge Deficit* differ from *Alteration in Health Maintenance*?
- Can medical diagnoses be included in a nursing diagnosis statement?
- What is the difference between potential and possible nursing diagnoses?
- What kind of problem statement should I write to describe a person at risk for hemorrhage?
- What kind of nursing diagnosis should I use to describe a healthy person?

*The model of interlocking circles on the cover depicts this relationship. The common area represents those activities on which all professionals collaborate; the rest denotes the dimensions for which each professional prescribes definitive interventions to prevent or treat.

This second edition seeks to answer these questions.

Section I begins with a chapter on the historic etiology of nursing diagnosis and the work of the North American Nursing Diagnosis Association (NANDA). The concepts of classification and taxonomic issues are explored.

Chapter 2 presents the Bifocal Clinical Nursing Model, which differentiates nursing diagnoses from other problems that nurses treat. The components of the diagnostic statement are explained, as are actual, potential, and possible nursing diagnoses.

Chapter 3 focuses on the assessment and diagnosis components of the nursing process with clinical application.

Chapter 4 describes the process of care planning and care planning systems. Techniques are presented for evolving diagnoses from the assessment data and for writing diagnostic statements and goals. The types of evaluations are discussed and examples presented.

Section I concludes with two case studies which allow reader participation.

Section II is a compilation of the nursing diagnostic categories accepted by the North American Nursing Diagnosis Association and additional clinically useful categories.

The second edition has 27 new diagnostic categories (21 NANDA approved). In addition to the new diagnostic categories, sections have been added on the high-risk elderly, hospitalized child, hearing impaired individuals, perioperative teaching, suicidal clients, and sexuality and pregnancy. In addition to the original Data-Base Assessment in Appendix I, four new data bases have been added: Psychiatric, Pediatric, Maternal, and High-Risk Elderly. Each diagnostic category is explained by the following components:

- Definition
- Defining characteristics
- Etiological, contributing, risk factors
- Focus assessment criteria
- Principles and rationale for nursing care

Each diagnostic category is followed by one or more specific nursing diagnoses that relate to familiar clinical situations. These specific diagnoses are defined by subjective and objective assessment data. Outcome criteria for the diagnosis are provided with the related interventions, which represent activities in the independent domain of nursing derived from the physical and applied sciences, pharmacology, nutrition, mental health, and nursing research.

This book is intended to assist nurses in addressing all the human needs of individuals, with the expectation that—as more “nursing” is added to nursing—the profession, the nurse person, and, most importantly, the client will reap the rewards.

For no other reason than to avoid awkward and redundant reading, the author has chosen to use *she* and *her* when referring to the nurse and *he*, *his*, and *him* when referring to the client.

The author invites comments or suggestions from readers. Correspondence can be directed to the publisher or to the author's address: 66 East Rattling Run Road, Mickleton, NJ 08056.

Lynda Juall Carpenito, R.N., M.S.N.

Acknowledgments

A sincere thank you to all my good friends who continue to sustain our friendships, despite my schedule. I wish to thank my typist and friend Maria Manel for more than her typing. I am grateful for the ongoing professional support from J. B. Lippincott, the editorial guidance of Diana Intenzo and Jeanne Wallace, the encouragement of Joseph Braden, the creativity of the marketing department, and the always gracious Mary Murphy.

Since the first edition, hundreds of nurse colleagues have shared their experiences with nursing diagnoses and have challenged me to grow, learn, and change. I am grateful for their challenges.

At last, I would like to thank Laura Terrill for her moral and professional support, JoAnn Maklebust for our late-night talks, Rosalinda Alfaro, who recognized the need for the book and sought to make it a reality, and lastly, a very special person, my son, Olen Juall Carpenito, who too often is expected to understand the commitments of his Mom and to put his wishes on hold. I owe you several games of monopoly.

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