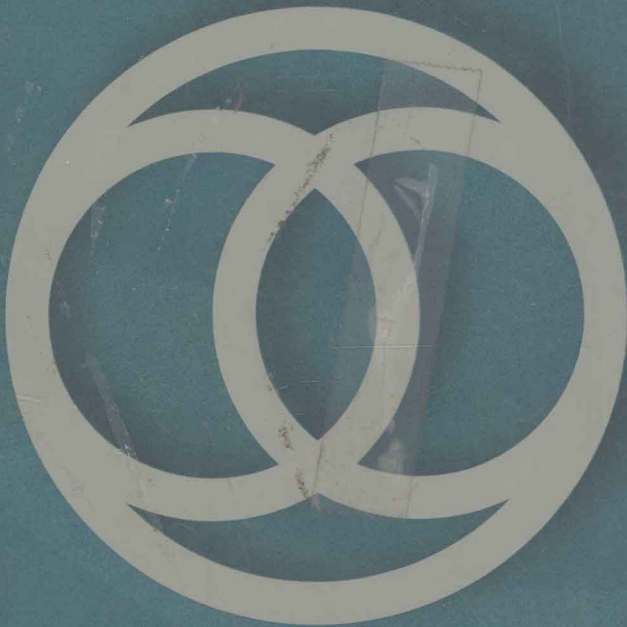


LYNDA JUALL CARPENITO

# Nursing Diagnosis

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APPLICATION TO CLINICAL PRACTICE



EIGHTH EDITION

*Lippincott*

# Nursing Diagnosis

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**APPLICATION TO CLINICAL PRACTICE**  
**8th Edition**

**Lynda Jvall Carpenito, R.N., M.S.N., C.R.N.P.**

Family Nurse Practitioner  
ChesPenn Health Services  
Chester, Pennsylvania  
Nursing Consultant  
Clarksboro, New Jersey



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## *To My Earth Angels*

1998 and 1999 were especially difficult years for me. My father died after months of deterioration. My marriage of over two decades ended. My son experienced a personal tragedy, and I relocated into a new home. As with all our lives, responsibilities continued even during difficult times. My responsibilities—three book revisions, journal deadline, new household responsibilities, and my nurse practitioner practice—continued throughout this trying year.

During this period of rapid change, uncertainty, and sadness, Earth angels appeared at the most unexpected times. The dictionary defines “angel” as a “spiritual being . . . an attendant spirit or guardian . . . one who aids or supports.” Earth angels can be friends, strangers, adults, or children. Most often, the Earth angel does not even know the profound effects of the angelic encounter.

Seven Earth angels persisted during the past 18 months of my life. They gave me permission to grieve, to be imperfect, and to accept that my expectations were very unrealistic. These Earth angels—Margo, Ginny, Stephen, Jamie, Julius, Donna, and my dear sister Pati—were not afraid of my grief or riding the emotional roller-coaster with me, their wings flapping in the wind. Thank you Earth angels, friends and strangers.

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## Contributors

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**Rosalinda Alfaro-LeFevre**, R.N., M.S.N., President, Teaching Smart/Learning Easy, Stuart, Florida

(Risk for Altered Respiratory Function; Ineffective Airway Clearance; Ineffective Breathing Patterns; Diversional Activity Deficit; Impaired Verbal Communication; Fluid Volume Deficit; Fluid Volume Excess; Risk for Altered Body Temperature; Hyperthermia and Hypothermia)

**Ann H. Barnhouse**, R.N., M.S.N., Nurse Educator, Hudson, Ohio

(Relocation Stress)

**Christine J. Brugler**, R.N., M.S.N., Private Practice, Warren, Ohio

(Relocation Stress)

**Judith S. Carscadden**, R.N., Head Nurse, London Psychiatric Hospital, London, Ontario, Canada

(Self-Concept Disturbance; Body Image Disturbance; Chronic Low Self-Esteem; Situational Low Self-Esteem, Fifth Edition; Risk for Self-Mutilation)

**Deana DeMare**, P.T., B.S., Neurobehavioral Specialist, Children's Regional Hospital/Cooper Hospital University Medical Center, Camden, New Jersey

(Disorganized Infant Behavior; Potential for Enhanced Organized Infant Behavior; Risk for Altered Parent-Infant Attachment)

**Dru Hammell**, R.N., M.S.N., Nurse Manager, Newborn Services, Cooper Hospital/University Medical Center, Camden, New Jersey

(Disorganized Infant Behavior; Potential for Enhanced Organized Infant Behavior; Risk for Altered Parent-Infant Attachment)

**Joan T. Harkulich**, R.N., M.S.N., Director of Research and Professional Services, Care Services, Beachwood, Ohio

(Relocation Stress)

**Eileen Hubler**, R.N., M.S., Neonatal Clinical Nurse Specialist, Children's Regional Hospital/Cooper Hospital University Medical Center, Camden, New Jersey

(Disorganized Infant Behavior; Potential for Enhanced Organized Infant Behavior; Risk for Altered Parent-Infant Attachment)

**Jean Jenny**, Professor, retired from University of Ottawa, Ottawa Canada

(Dysfunctional Ventilatory Weaning Response; Risk for Dysfunctional Ventilatory Weaning Response)

**Jo Logan**, R.N., M.Ed., Director of Nursing Research & Professional Development, Ottawa Civic Hospital, Ottawa, Canada

(Dysfunctional Ventilatory Weaning Response; Risk for Dysfunctional Ventilatory Weaning Response)

**Morris A. Magnan**, R.N., B.S.N., Clinical Nurse Specialist/Case Manager, Harper Hospital, Detroit Medical Center, Detroit, Michigan

(Activity Intolerance)

**Jo Ann Maklebust**, M.S.N., R.N., C.S., Clinical Nurse Specialist/Wound Care, Nurse Practitioner, Harper Hospital, Detroit Medical Center, Detroit, Michigan

(Impaired Tissue Integrity; Risk for Altered Health Maintenance related to lack of knowledge of ostomy care; Impaired Skin Integrity; Altered Comfort: Pruritus; Altered Oral Mucous Membrane)

**Judy McElvann y**, R.N., London Psychiatric Hospital, London, Ontario, Canada  
(Altered Thought Process related to effects of dementia)

**Amy Meredith**, R.N., M.S.N., F.N.P., Private Practice, Chatsworth, New Jersey  
(Risk for Altered Body Temperature; Hyperthermia and Hypothermia, Seventh Edition)

**Nancy J. Morwessel**, R.N., M.S.N., C.P.N.P., Pediatric Nurse Practitioner, Children's Hospital Medical Center, Cincinnati, Ohio  
(Altered Comfort in Children; Ineffective Infant Feeding Pattern)

**Mary M. Owen**, R.N., B.S.N., P.H.N., Associate Director, Health Outcomes, CalOptima, Orange, California  
(Risk for Infection; Risk for Infection Transmission)

**Rhonda Panfilli**, R.N., M.S.N., Business Manager, Deborah R. Dunison, Ph.D., Bloomfield Hills, Michigan  
(Altered Health Maintenance related to increased food consumption)

**Gayle Vandendool Parker**, R.N., B.S.N., C.P.M.H.N.(C.), Program of Assertive Community Treatment, London Psychiatric Hospital, London, Ontario, Canada  
(Altered Thought Processes; Altered Thought Process related to [Specify] as evidenced by inability to evaluate reality; Powerlessness; PC: Neuroleptic Malignant Syndrome)

**Mary Sieggreen**, M.S.N., R.N., C.S., Nurse Practitioner, Vascular Surgery, Harper Hospital, Detroit Medical Center, Detroit, Michigan  
(Altered Peripheral Tissue Perfusion; Risk for Injury related to Effects Secondary to Orthostatic Hypotension)

**Deborah Sohlt**, R.N., M.S.N., Director, Women & Children Services, Avera McKennan Hospital, Sioux Falls, South Dakota  
(Decisional Conflict)

**Julie Waterhouse**, R.N., M.S., Assistant Professor, College of Nursing, University of Delaware, Newark, Delaware  
(Spiritual Distress; Altered Sexuality Patterns, Seventh Edition)

**Janet R. Weber**, R.N., M.S.N., Ed.D., Associate Professor of Nursing, Southeast Missouri State University, Cape Girardeau, Missouri  
(Hopelessness)

**Margaret Chamberlain Wilmoth**, Assistant Professor, College of Nursing and Health Professions, University of North Carolina, Charlotte, North Carolina  
(Altered Sexuality Patterns)

---

## Previous Contributors

---

**Caroline McAlpine Alterman**, R.N., M.S.N., C.N.S., Program Director, Spinal Cord Injury, Lakeshore Hospital, Birmingham, Alabama

(Altered Bowel Elimination; Altered Patterns of Urinary Elimination, Sixth Edition)

**Nancy Eppich**, R.N., M.S.N., Vice President, Clinical Services, Grace Hospital, Cleveland, Ohio

(Altered Parenting; Parental Role Conflict)

**Eric Harris**, R.N., Nurse Manager, Continuing Care Services, London Psychiatric Hospital, London, Ontario, Canada

(Defensive Coping)

**Judy A. Hartmann**, Director of Nursing, Kansas Rehabilitation Hospital, Topeka, Kansas

(Altered Patterns of Urinary Elimination; Unilateral Neglect, Third Edition)

**Mark Hemmings**, R.N., Nurse Manager, Continuing Care, London Psychiatric Hospital, London, Ontario, Canada

(Social Isolation; Impaired Social Interactions)

**Janet Hoffman Mennies**, R.N.C., M.S.N., Adult Nurse Practitioner Coordinator, Family Forum, Inc., Newtown Square, Pennsylvania

(Noncompliance; Altered Health Maintenance; selected sections of Altered Family Processes; Ineffective Individual Coping; Health-Seeking Behaviors)

**Linda C. Mondoux**, R.N., M.S.N., Botsford Hospital, Farmington Hills, Michigan

(Gerontologic Considerations for Activity Intolerance; Grieving; Impaired Home Maintenance Management; Spiritual Distress; Impaired Communication; Diversional Activity Deficit; Powerlessness; Impaired Tissue Integrity; selected sections of Caregiver Role Strain)

**Sharon Morgan**, R.N., M.N., Manager, Staff Development, Victoria Hospital, London, Ontario, Canada

(Grieving, Fifth Edition)

**Kathe H. Morris**, R.N., M.S.N., Educational Consultant, West Chester, Pennsylvania

(Rape Trauma Syndrome)

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

(Parental Role Conflict, Third Edition)

**Cheryl Rozelle**, R.N., C.R.R.N., Director of Nursing, Lakeshore Rehabilitation Hospital, Birmingham, Alabama

(Altered Bowel Elimination; Altered Patterns of Urinary Elimination, Sixth Edition)

**Katsuko Tanaka**, R.N., M.S., C.S., A.R.N.P., Staff Nurse, VA Puget Sound Health Care Systems, Seattle, Washington

(Post-Trauma Response; Fear; Ineffective Denial, Fifth Edition)

**Carol Van Antwerp**, R.N., M.S.N., Pediatric Nurse Practitioner, Rambling Road Pediatrics, Kalamazoo, Michigan

(Risk for Injury related to maturational age, Pediatric Considerations; Altered Growth and Development, Fifth Edition)

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

(Anxiety; Risk for Violence; Ineffective Family Coping; Risk for Self-Harm; Impaired Social Interactions; Self-Esteem Disturbance; Defensive Coping; Ineffective Denial; Chronic Low Self-Esteem; Situational Low Self-Esteem; Altered Thought Processes)



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## Preface

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Since the seventh edition of *Nursing Diagnosis: Application to Clinical Practice*, much has occurred in health care and in the nursing profession. Hospitals continue to trim their nursing staffs while the acuity of the client continues to rise. Many nurses, and even some faculty, question the usefulness of nursing diagnosis. Unfortunately, nursing diagnosis is still joined at the hip with traditional care planning. It is time to separate these Siamese twins so that both can function separately. Nursing diagnosis defines the science and art of nursing. It is as imperative to nursing as medical diagnoses are to physicians. It serves to organize nursing's knowledge in the literature, in research, and in the clinician's mind. Do not underestimate the importance of this classification. A clinician with expertise with nursing diagnoses can hypothesize several explanations for a client's anger, such as fear, anxiety, powerlessness, or spiritual distress. Without this knowledge, the client is simply angry.

Care planning as it is taught in schools of nursing is an academic exercise. This is not wrong, but as the student progresses into the senior year, this academic care plan must be transformed into a clinically useful product. Nursing diagnosis must be presented as clinically useful. Nurses who are expert in certain nursing diagnoses should be consulted, just as our medical colleagues consult other physicians for their expertise. Health care facilities should publish a list of nursing experts in their facility for consultation.

Faculty, nurse managers, administrators, and clinicians need to do their part. Change is imperative. The documentation requirements are unrealistic. There is little time to think and analyze with these documentation mandates. Nursing must defend their right to determine their documentation requirements just as medicine has.

If nursing continues to do business as usual, nursing as we want it—nursing as clients need it—will cease to exist. Nursing will continue to be defined by what we do and write and not by what we know.

From assessment criteria to specific interventions, the book focuses on nursing. 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. 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 agrees 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, only began in 1973. 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 diagnoses.

Since the first edition was published, the use of nursing diagnosis has increased markedly throughout the United States, Canada, and internationally. Practicing nurses vary in experience with nursing diagnosis from just beginning to full practice integration for over 15 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 differentiate one diagnosis from another?
- How do I tailor a diagnosis 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 such questions from experts as

- Should nursing diagnoses represent the only diagnoses on the nursing care plan?
- Can medical diagnoses be included in a nursing diagnosis statement?
- What are the ethical issues in using 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?
- Do I need nursing diagnoses with critical pathways?

This eighth edition seeks to continue to answer these questions.

Section I begins with a chapter on the development of nursing diagnosis and the work of the North American Nursing Diagnosis Association (NANDA). The concepts of nursing diagnosis, classification, and taxonomic issues are explored. This chapter discusses the review process of NANDA and describes the evolving taxonomy of NANDA's Human Response Patterns.

Chapter 2 differentiates among actual, risk, and possible nursing diagnoses. A discussion of wellness and syndrome diagnoses also is presented. Guidelines for writing diagnostic statements and avoiding errors are outlined. Chapter 2 also covers the use of non-NANDA-approved diagnoses and practice dilemmas associated with nursing diagnoses.

Chapter 3 describes the Bifocal Clinical Practice Model. This chapter includes a more detailed discussion of nursing diagnoses and collaborative problems, covering their relationship to assessment, goals, interventions, and evaluation.\*

Chapter 4 addresses issues and controversies. Arguments regarding the ethics and cultural implications of nursing diagnoses are explored. The implications of a consistent language for nurses as members of a multidisciplinary team are discussed.

Chapter 5 focuses on assessment and diagnosis, covering data interpretation and assessment format and concluding with a case study to illustrate clinical applications.

Chapter 6 describes the process of care planning and discusses various care planning systems. Topics covered include priority identification, nursing goals versus client goals, case management and nursing accountability. Interventions for nursing diagnoses and collaborative problems are differentiated. This chapter also clarifies evaluation, distinguishing evaluation of nursing care from evaluation of the client's condition. A discussion of multidisciplinary care is presented, as is a three-tiered care planning system aimed at increasing the clinical use of care plans without increasing writing. Samples of nursing records appear throughout the chapter.

Section II compiles the nursing diagnoses accepted by NANDA along with additional clinically useful diagnoses. The eighth edition includes 158 diagnoses (143 NANDA-approved and 15 added by the author). Twenty of the NANDA-approved diagnoses are new.

Each nursing diagnosis group is discussed under the following subheads:

- Definition
- Defining Characteristics or Risk Factors
- Related Factors
- Author's Notes
- Errors in Diagnostic Statements
- Focus Assessment
- Key Concepts
  - Generic Considerations
  - Pediatric Considerations
  - Gerontologic Considerations
  - Transcultural Considerations

Author's Notes and Errors in Diagnostic Statements are designed to help the nurse understand the concept behind the diagnosis, differentiate one diagnosis from another, and avoid diagnostic errors. Maternal, Child, and Gerontologic Key Concepts for all relevant diagnoses

\*The model of interlocking circles on the cover depicts this relationship. The common area represents those situations in which nurses and physicians collaborate; the rest denotes the dimensions for which each professional prescribes interventions to prevent or treat.

provide additional pertinent information. Transcultural Considerations strive to increase the reader's sensitivity to cultural diversity without stereotyping.

Each nursing diagnosis is addressed with generic interventions and rationale. If applicable, Maternal, Child, and Older Adult focus interventions and rationale are included. Each nursing diagnosis is then followed by one or more specific nursing diagnoses that relate to familiar clinical situations. 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.

Every attempt has been made to provide the reader with the most recent literature and research findings on the subject. Students are frequently instructed not to use references over 5 years old. This is very problematic. Sometimes the original paper or research on a topic remains, even 10 years later, the state of science on that topic. If a subsequent author or researcher uses the original work, often his or her citation is substituted for the older one. I disagree with this practice, both citations should be listed. Therefore, throughout this book, the reader will find citations of various years, many older than 5 years.

Section III consists of a Manual of Collaborative Problems. In this section, each of the nine generic collaborative problems is explained under the subheads.

- Physiologic Overview
- Definition
- Diagnostic Considerations
- Focus Assessment Criteria
- Significant Laboratory Assessment Criteria

Discussed under their appropriate problems are 52 specific collaborative problems, covering:

- Definition
- High-Risk Populations
- Nursing Goals
- Interventions

Sections II and III of *Nursing Diagnosis: Application to Clinical Practice* address both types of situations that nurses are responsible for treating. The clarification of the focus of nurses is intended to assist them in addressing clients' human needs, with the expectation that—as more “nursing” is added to nursing—the profession, the nurse, and, most importantly, the client will reap the rewards.

The author invites comments or suggestions from readers. Correspondence can be directed to the publisher or to the author's address: 111 East Cohawkin Road, Clarksboro, NJ 08020, or e-mail Juall46@bellatlantic.net

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

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## Acknowledgments

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Many changes have occurred at my publisher since the last edition of this book. My editor, Mary Gyetvan, fought but lost her battle with cancer. Susan Keneally, my new editor, left to go on to a new adventure. I miss her enthusiasm and her charming persona. Alice McElhinney, in the international department, was responsible for over 12 translations of my books. She has left her position and I miss her very much. She fueled my spirit and was always available for her common sense approach to the chaos of the publishing world.

This edition was possible only because of the patience of Ilze Rader and Dale Thuesen. If you read my dedication, you know I have been through troubled waters as I struggled to meet deadlines. Tom Gibbons has the distinction of being involved in my books for the most years. I continue to value his calm and positive approach to work and life. My niece, Jamie Wyckoff Trulock, carefully prepared pages and pages of manuscript; I am grateful for her fastidiousness.

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. Also, thank you to those departments of nursing and schools of nursing that have shared their success stories after integration of the Bifocal Clinical Nursing Model.

Finally, I would like to thank the group in Detroit (Jo Ann Maklebust, Mary Sieggreen, Linda Mondoux) for their moral support while I wrote the first edition. Thank you to Rosalinda Alfaro-LeFevre, 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. Of all my accomplishments, he's the one I treasure most.

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