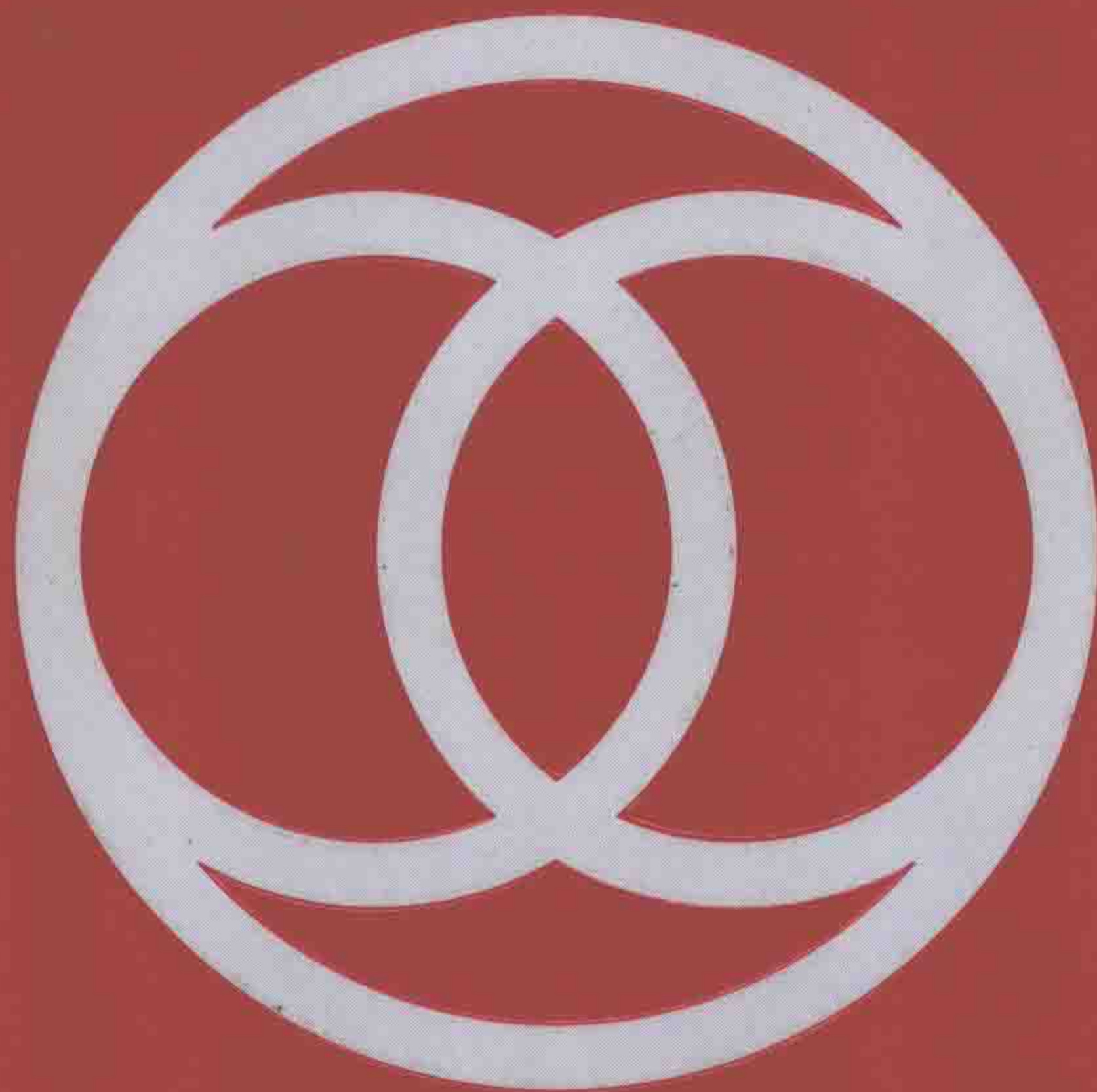


Nursing & Diagnosis

APPLICATION TO
CLINICAL PRACTICE

Lynda Juall Carpenito

5th Edition



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Nursing Diagnosis

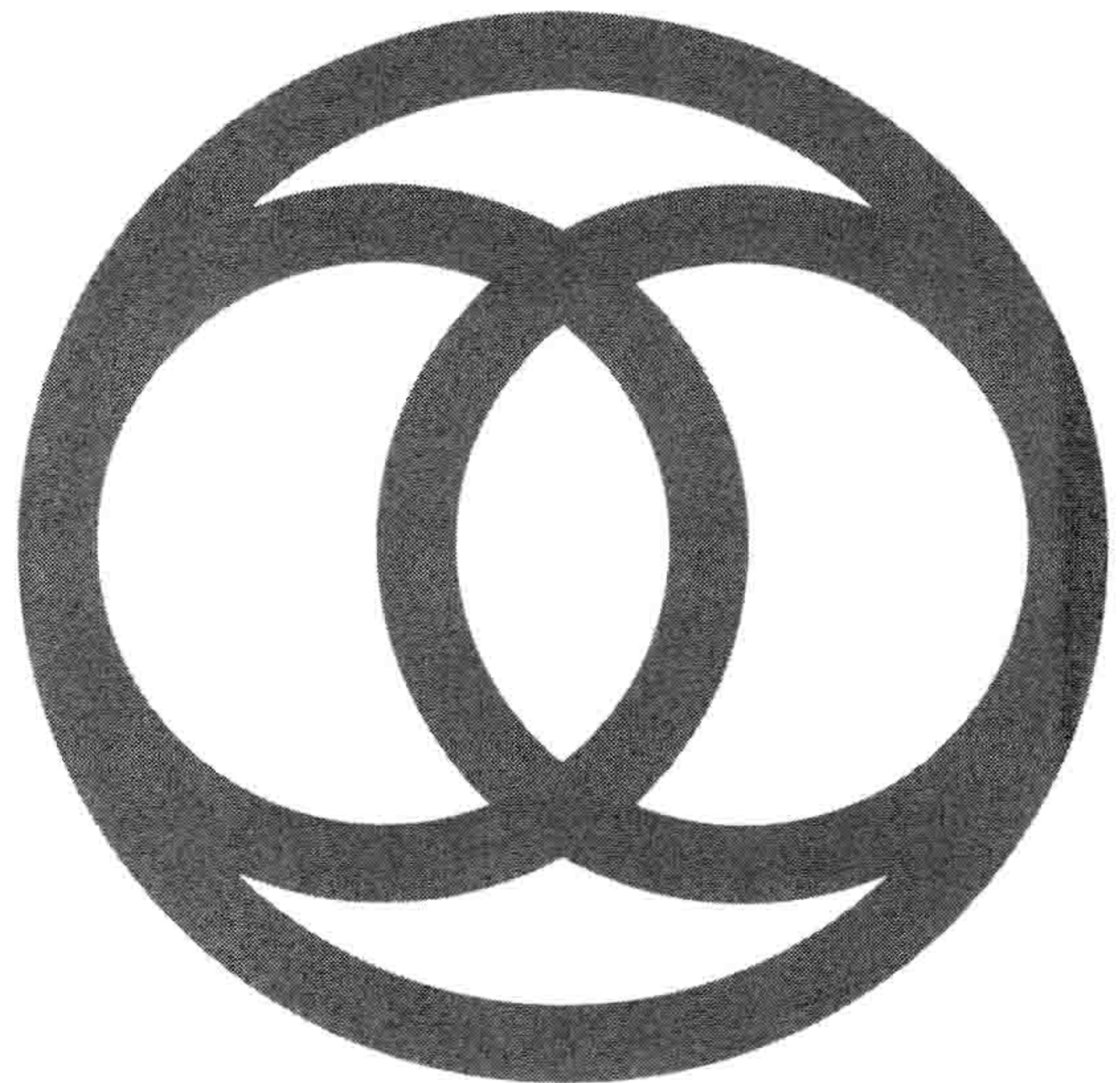
Application to Clinical Practice

Fifth Edition

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with 36 additional contributors



J. B. Lippincott Company

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Any procedure or practice described in this book should be applied by the health-care practitioner under appropriate supervision in accordance with professional standards of care used with regard to the unique circumstances that apply in each practice situation. Care has been taken to confirm the accuracy of information presented and to describe generally accepted practices. However, the authors, editors, and publisher cannot accept any responsibility for errors or omissions or for any consequences from application of the information in this book and make no warranty express or implied, with respect to the contents of the book.

Every effort has been made to ensure drug selections and dosages are in accordance with current recommendations and practice. Because of ongoing research, changes in government regulations and the constant flow of information on drug therapy, reactions and interactions, the reader is cautioned to check the package insert for each drug for indications, dosages, warnings and precautions, particularly if the drug is new or infrequently used.

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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”

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Preface

The practice of nursing often interfaces with the practices of the other health care providers.* Sometimes the nurse sees the client problems that require referral for treatment and ignores or fails to detect the problems that 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 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 diagnostic categories.

Since the first edition was published, the use of nursing diagnosis has increased markedly throughout the United States, Canada, and Europe. Practicing nurses vary in experience with nursing diagnosis from just beginning to full practice integration for over 10 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?

This fifth 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, high risk, and possible nursing diagnoses. A discussion of wellness and syndrome diagnoses also is presented. Guidelines for writing

*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 definitive interventions to prevent or treat.

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 is a new chapter addressing 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, 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 fifth edition includes 115 diagnoses (103 NANDA-approved and 12 added by the author).

Each nursing diagnosis group is discussed under the following subheads:

- Definition
- Defining Characteristics or Risk Factors
- Related Factors
- Diagnostic Considerations
- Errors in Diagnostic Statements
- Focus Assessment
- Principles and Rationale for Nursing Care
 - Generic Considerations
 - Pediatric Considerations
 - Gerontologic Considerations

Diagnostic Considerations 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. Pediatric and gerontologic considerations for all relevant diagnoses provide additional pertinent information.

Each nursing diagnosis is 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.

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 50 specific collaborative problems, covering:

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

The fifth edition adds a new collaborative problem category, Potential Complication: Medication Therapy Adverse Effects, with 11 new specific collaborative problems.

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: 66 East Rattling Run Road, Mickleton, NJ 08056.

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

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When immersed in a manuscript, I seem able to meet only basic needs: air, food, elimination, and safety. I am grateful for all my good friends who don't wait for me to call them. It's these friends who help me meet my other needs—love, belonging, trust—to approach self-actualization. Thank you, Ginny, Pati, and Ronnie.

My publisher, J. B. Lippincott, has provided me with professional marketing, editorial support, and creative freedom. My editor, Donna Hilton, nudges me to pursue new approaches with my work. Manuscript editor Kevin Law has a unique ability to quickly absorb and integrate the philosophy of my work; he does it so well that I think he must have been a nurse in a previous life. Thank you also to Susan Perry, who reminds me of missing sections, and Tom Gibbons, who brings confusing or conflicting items to my attention.

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.

At last, I would like to thank Laura Terrill for her moral and professional support while I wrote the first edition; the group in Detroit (Jo Ann Maklebust, Mary Sieggreen, Linda Mondoux) for our late-night talks; 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, who has learned to appreciate that his mom's accomplishments require an intense work schedule. Of all my accomplishments, he's the one I treasure most.

Nursing Diagnosis Application to Clinical Practice

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