Pocket Guide to **NURSING DIAGNOSES**

SIXTH EDITION

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Pocket Guide to Nursing Diagnoses

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Preface

Since the first edition of the Pocket Guide to Nursing Diagnoses, nursing diagnoses have become integrated into nursing education, research, and practice in the United States. In addition, nursing diagnosis has gained acceptance in countries such as Canada, France, The Netherlands, Australia, Italy, Taiwan, Spain, Slovenia, Denmark, Korea, Japan, Brazil, and other countries. Nursing students find nursing diagnoses to be a useful tool of learning. Both nursing students and practicing nurses find nursing diagnoses a useful way of conceptualizing nursing science and focusing for clinical decision making. Educators have adopted nursing diagnoses as an organizing framework for teaching and practice. Nurse researchers are using nursing diagnoses as a focus for research while the NANDA Taxonomy taken as a whole presents a challenge for systematic validation through research. The nursing profession and its specialty organizations recognize the contribution of a nursing nosology to their ability to demonstrate the effectiveness of nursing practice and to influence health care policy. Given developments in the National Health Care Agenda, nurses will have an expanded role as key health care providers, a trend in which nursing diagnosis can and will play a key role.

Finally, nursing diagnoses do and will continue to influence deliberations at the International level through such organizations as the International Council of Nurses (ICN). Currently, an International Classification for Nursing Practice is being developed by nurse experts under the leadership of the ICN. Nursing diagnoses developed by NANDA played a significant role in the development of this work. The outcome of this work will most likely be submitted to WHO for the next edition of the International Classification of Diseases–Clinical Modification (ICD–CM). This is significant progress at the International level and inclusion of a nursing taxonomy in such a standard classification used worldwide will definitely improve nursing's ability to communicate more effectively, thereby

stimulating the growth and dissemination of nursing's knowledge.

The major purposes of the Pocket Guide continue to be:

1. to present the most up–to–date information on NANDA nursing diagnoses terminology, definitions, related/risk factors, and defining characteristics
2. to present a prototype state–of–the–art care plan for each nursing diagnosis
3. to provide an easy–to–use guide for clinicians, faculty, and students in their daily practice
4. to stimulate critical thinking of practice nurses, and
5. to facilitate the use of theory and research–based nursing interventions in the practice setting.

We are deeply indebted to the users of this book who generously provided their suggestions and who continue to endorse this book.

In keeping with the philosophy of the previous editions, every effort has been made to make this Pocket Guide easy to use while providing a theoretical and research base for each prototype care plan. We have chosen to present nursing diagnoses in alphabetical order because the conceptual framework for the organization of nursing diagnoses is still under development. The current NANDA Taxonomy I Revised 1995-1996 version is presented in Appendix A for those who may want to know the taxonomic structure for these diagnoses. All NANDA approved diagnoses are covered in this Pocket Guide, including the 19 new diagnoses approved in 1994.

Defining characteristics and related/risk factors presented are NANDA approved, and the same is true for the majority of definitions. Definitions of nursing diagnoses approved by NANDA have been used to the extent they were developed. For completeness, we developed definitions for diagnoses that do not have definitions.

A concerted effort has been made to present nursing care plans as prototypes rather than standard care plans. By making the care plans prototypes, we have emphasized that they are for specific individuals or a group of patients with specified related/risk factors. Therefore in applying these plans to patients, practicing nurses will need to give specific consideration to individual patient requirements.

Each care plan was developed on the basis of a nursing diagnosis that comprises a diagnostic label and the term related to for related or risk factors. For example, if the nursing diagnosis is Risk for Injury with a risk factor of "emotional lability," the nurse would record this as "Risk for

injury related to emotional lability."We used the following guide for the development of the prototype care plans.

- The patient goals/expected outcomes reflect the desired health state of a patient and specify indicators addressing the extent of achievement of the patient goal(s).
- Scientific rationale are specified for interventions or cluster of interventions.
- Clinical conditions or medical diagnosis are specified for each care plan to emphasize the medical diagnosis/ nursing diagnosis link which make the care plans more focused for a specific type of patient.
- Nursing interventions are selected to address related factors or risk factors, to ameliorate/modify defining characteristics, and to assist patients in achieving their goals and optimal health state.
- Prevention is an important component of the care plans where possible.
- Nursing diagnosis and the selected nursing interventions reflect contributions the nurse can make within today's interdisciplinary environment and the importance of interdisciplinary team work.

The care plans were developed from a perspective of persons interacting with their environment in the pursuit of health. The use of nursing diagnoses and relevant nursing interventions that are designed to meet patient goals has sharpened the focus of current practice and has demonstrated the potential of nursing diagnoses for contributing to quality health care.

Contributing authors of the Pocket Guide are clinical experts who reflect the state–of–the–art and science of nursing practice. We acknowledge substantive contributions made by practicing nurses to the development and refinement of nursing diagnoses. Practicing nurses are encouraged to engage in critical thinking while using the prototype care plans. Their participation in research on all nursing diagnoses is essential for the national and international development of nursing diagnoses taxonomy and a scientific base for nursing practice. There is also a critical need to comprehensively evaluate the nursing diagnostic terminology and taxonomy through on–going nursing research. There is a critical need to identify and validate nursing diagnoses for use in the various specialty nursing practice areas.

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Clinical Judgment and Nursing Diagnosis

Nursing diagnoses are made through a series of clinical judgments. Clinical judgment includes: pattern recognition in response to cues within a particular context; validation of the pattern; recognition of factors contributing to its onset; and selection/design of an intervention to achieve desired outcomes.

Pattern recognition in response to cues (defining characteristics) may occur at any point in the assessment process. Assessment data may be gathered to facilitate pattern recognition and/or validate the existence of a previously recognized pattern.

Subjective and objective assessment data are gathered with respect to a presenting situation or longer–term health status, activities and demands of daily living, and internal and external resources (current and potential) of a patient/family. Nursing diagnoses, which are the agreed–upon labels for diagnostic concepts, are assigned to recognized patterns. A nursing diagnosis for a patient/family health care situation includes a diagnostic label and related factors contributing to the onset/maintenance of an actual diagnosis or a diagnostic label and risk factors of a high risk diagnosis. Validation and interpretation of a diagnosis and related/risk factors are on–going processes of cue recognition and pattern recognition. A nursing diagnosis, then, becomes the focal point for developing goals, expected outcomes, interventions, and evaluation.

Practical tips for using The Pocket Guide

- If a nursing diagnosis is suggested by the assessment format you are using, look up the nursing diagnosis in Section One, "Nursing diagnoses: definitions, related/risk factors, and defining characteristics," and review the definition, defining characteristics, and the related/risk factors. Determine if the suggested nursing diagnosis is appropriate. If the nursing diagnosis is not appropriate, you may consult Section three for further possible nursing diagnoses.
- Review the corresponding care plan for the chosen nursing diagnoses in Part Two, "Nursing diagnoses: prototype care plans." Determine which patient goals, expected outcomes, and nursing interventions are applicable to your patient.
- In Section three, medical diagnoses and psychiatric diagnoses with associated nursing diagnoses are listed. This list can help you to determine which nursing diagnoses are most likely to apply to your patient.

North American Nursing Diagnosis Association's (NANDA) Working Definition of Nursing Diagnosis

Nursing diagnosis is a clinical judgment about individual, family, or community responses to actual or potential health problems/life processes. Nursing diagnoses provide the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable.

Approved at the Ninth Conference on Classification of Nursing Diagnoses.

International Classification of Nursing Practice's (ICNP) Proposed Definition of Nursing Diagnosis

The description or label given by a nurse to the particular condition or human response which the nurse has identified as being the reason for a nursing intervention.

From Nursing's Next Advance: An International Classification for Nursing Practice. ICN Working Paper, April 1993, p. 11.

Contents