

Applying

NURSING PROCESS

A STEP-BY-STEP GUIDE

4TH EDITION

ROSALINDA ALFARO-LEFEVRE



Lippincott

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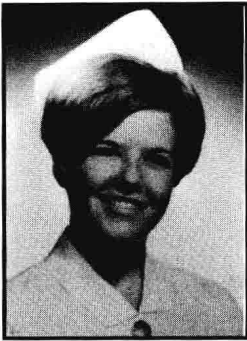
Applying **NURSING PROCESS**

A STEP-BY-STEP GUIDE

Rosalinda Alfaro-LeFevre, MSN, RN is president of Teaching Smart/Learning Easy in Stuart, Florida. An established and successful author, she is known for making difficult topics easy to understand. As a result, her work has been translated into five languages. With more than 20 years of clinical practice and teaching experience in both baccalaureate and associate degree nursing programs, she has a wealth of nursing expertise to draw upon, whether writing, consulting, or leading seminars.



Dedication



In Memory of Constance S. Sechrist, RN

March 10, 1948–December 27, 1995

It was Connie's choice to become a nurse that led to her illness. Years before wearing protective gloves became routine, as a junior student, she contracted the hepatitis virus from a patient. It's believed that same virus damaged her pancreas, causing diabetes and, eventually, complications (vision problems, heart disease, and kidney failure).

It was Connie's spirit and choice to become a nurse that enabled her to live each day to the max. Unlike a lawyer, who can't take care of her own legal needs, Connie was the best nurse she ever had. She could separate herself from "Connie, the patient" and go through the steps that "Connie the nurse" needed to do to keep herself going.



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Elements Used to Promote Critical Thinking and Enhance Motivation to Learn*

1. Objectives written at the cognitive level of analysis precede each chapter.
2. Advance organizers and chapter overviews precede content.
3. Relevant terms are defined in the glossary, and more difficult terms are clarified in the text by definition, discussion, and use within context.
4. Illustrations are placed throughout to establish relationships and clarify text.
5. Analogies, examples, and case studies are used to clarify information and demonstrate relevance of content.
6. Rationales are highlighted in guidelines and displays, and integrated as needed in other parts of the text.
7. Questioning at the analysis level is used:
 - During content presentation to stimulate curiosity and give clues to what's important.
 - After the content (in Practice Sessions) to reinforce key points and provide the opportunity to test and refine knowledge.
8. Content is presented in such a way that those who need structure have it, without restricting those who require more creative freedom.
9. "Try This On Your Own" sessions are offered to allow for practice without concern about being evaluated by others.
10. Summaries (Key Points) are listed at the end of each chapter.

*References

- Gearheart, B., Weishahn, M., & Gearheart, C. (1992). *The exceptional student in the regular classroom* (5th ed.). New York: Macmillan.
- Ouellette, F. (1988). A textbook coding tool: Part 1, Assessing elements that promote analytic abilities. *Nurse Educator*, 13(5):8-13.
- Ouellette, F. (1989). A textbook coding tool: Part 2, Assessing nursing textbooks. *Nurse Educator*, 14(1):19-22.



Preface

What's the Same About This Edition

Like the previous editions, this book is completely revised to reflect how the nursing process continues to evolve in a changing health care arena.

The overall goal is to provide a clear, concise presentation of the steps of the nursing process. Great pains have been taken to make this a user-friendly book that helps students use the nursing process effectively. Elements that promote critical thinking and enhance motivation to learn are integrated throughout (see facing page).

Principles and rules that provide a basis for making decisions and adapting to the constant changes in health care delivery are highlighted throughout. To help you master and apply content, you'll find practice sessions placed at strategic places in the reading. Example responses for practice sessions are found beginning on page 231.

The *Nursing Diagnosis Quick Reference Section* (beginning on page 193) provides easy access to information on all the diagnoses accepted for clinical testing by the North American Nursing Diagnosis Association.

Key Concepts Include:

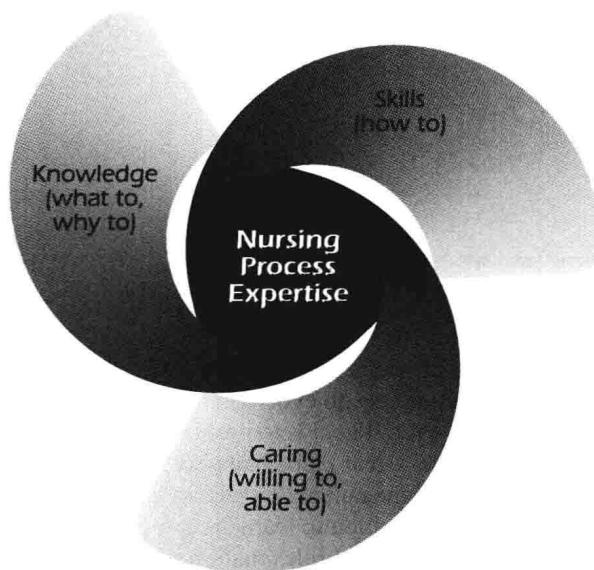
- The role of knowledge, skills, and caring in demonstrating nursing process expertise (see figure on following page).
- The importance of mastering communication, interpersonal, and critical thinking skills.
- The importance of making changes early, based on assessment and reassessment, during *Implementation*, rather than waiting for a formal evaluation period.
- The significance of legal and ethical implications.
- The impact of cost containment and insurance requirements.

What's New About This Edition

This edition has been shortened and simplified, focusing on how to use the nursing process in various situations.

Greater Emphasis is Given to:

- Nurses' roles in homes, communities, and multidisciplinary practice.
- The shift in thinking from *diagnose and treat* to *predict, prevent, and manage*.
- The use of critical pathways and computers.
- How nurses' roles as diagnosticians and case managers continue to evolve.
- Cultural aspects of nursing care.



Other Changes Include:

- *What's in This Chapter?* precedes each chapter, giving a chapter synopsis.
- To stimulate thinking and reinforce content, “food for thought,” labeled *Think About It* is integrated throughout.
- The Glossary and Bibliography have been moved to the back of the book.
- Appendices include an example critical path and listings of Nursing Interventions Classification (NIC) and Nursing Outcomes Classification (NOC).

A Word About “Patient/Client” and “He/She”

Whenever possible, I’ve used a fictitious name, or “someone,” “person,” “consumer,” or “individual” instead of “client” or “patient” to help us keep in mind that each client or patient is an individual who has unique needs, values, perceptions, and motivations. “He” and “she” are used interchangeably to avoid the awkwardness of using he/she over and over.

Comments and Suggestions Welcomed

I welcome and appreciate suggestions for improvement—often the most significant changes are made based on student and faculty suggestions. Please direct mail to:
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I also want to thank the following people for their belief in me and their contribution to my personal and professional growth: Louise and Nat Rochester, Heidi Laird, Ledjie Ballard, Annette Sophocles, Carol Taylor, Barbara Cohen, Lynda and Richard Carpenito, Mary Jo Boyer, John Payne, Charlie and Nancy Lindsay, Marty Kenney, Emily and Alex Barosse, Becky Resh, Diane Verity, Nancy Flynn, Carol Hutton, Bonnie Eyler, the Villanova University Nursing Faculty, and the past and present nurses at Paoli Memorial Hospital.

My special thanks go to: the Nursing Editorial division of Lippincott-Raven, especially to Susan Keneally, Assistant Editor, and Barbara Ryalls, Associate Managing Editor, who were able to stay focused on the details of this project, even when their desks were full of other priorities; and of course, the sales and marketing department whose efforts have helped make this book a bestseller.



Introduction

This book is intended to help make the nursing process make sense to you. I've purposely made the reading as easy as possible and used many real-life examples to make learning this material both interesting and relevant. I've also incorporated real-life situations into practice sessions that are specifically designed to give you the opportunity to become actively involved in using the steps of the nursing process.

It's my hope that you'll use this book in whatever way you find most helpful; for example, if you need added clarification, write it on the pages. Mark it up and make it yours. Do the practice sessions when you feel you need clarification or when reviewing for an exam—they're there for you to refine and test your knowledge. For quick feedback, example responses are in the back of the book (except for Try This on Your Own sessions, which, for the most part have no *right* answers because they present ways you can learn without the anxiety of being tested).



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