
IOWA INTERVENTION PROJECT

Nursing Interventions Classification (NIC)

SECOND EDITION



Editors

Joanne C. McCloskey
Gloria M. Bulechek

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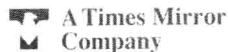
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Nursing Interventions Classification (NIC)

The NIC Logo

Team members are sometimes asked to explain the NIC logo of a leaf and tree, which appears below and on the cover of this book. The leaf is an exact replica of one from a tree in the Linnaeus Botanical Garden in Uppsala, Sweden. The leaf was picked a few years ago by an artist who lived next door to the garden for an imprint on a vase she was making. The vase was a present to a team member just when the team was looking for a logo. Since the leaf came from Linnaeus' garden, the team thought this a meaningful logo. Carl Linnaeus (1701-1778) was the great classifier who brought order to the plant and animal kingdoms. In the logo, the leaf is joined with the tree, the universal symbol of taxonomy.



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Preface

In 1992, we published the first edition of the *Nursing Interventions Classification (NIC)*, which outlined the first comprehensive standardized language used to describe the treatments that nurses perform. With continued research efforts and input from the professional community, we have expanded and revised NIC.

- There are a total of 433 interventions in this edition compared with the 336 in the previous edition. One hundred and four of the interventions are new, seven interventions from the first edition have been replaced by some of the new interventions, and 53 of the previously included interventions have been revised for this edition. The new interventions include a substantial number in perioperative as well as in perinatal nursing. This edition includes indirect care as well as direct care interventions and the definition of a nursing intervention has been revised to reflect this change (see Appendix A for a list of new, revised, and deleted interventions.)

The format for each of the interventions is the same as in the previous edition. Each intervention has a label name, a definition, a list of activities that a nurse does to carry out the intervention, and a short list of background readings. The standardized language is the label name. For use with particular patient populations or individuals, the label name and its definition remain the same and the activities are modified as necessary to meet the specific needs of the population or individual. The background readings for many of the interventions have been updated for this edition with changes in activities made as needed. The readings do not include, by any means, a complete reference list for any intervention. Rather they are “places to start.” They represent a few of the sources that were used in the development of the intervention’s definition and activity list and provide support that this intervention is used by nurses. In the future as the indexes for nursing literature abstract intervention research with NIC intervention terms, this list of background readings will become unnecessary.

- This edition contains, for the first time, a validated and coded taxonomic structure in which all interventions are located according to their relationships with similar interventions. The taxonomy helps nurses to locate and choose an intervention and provides a structure that can assist with curriculum design. The codes assist in computerization of NIC and will facilitate reimbursement to nurses.
- Another new feature of this edition is that the interventions have been linked to the diagnoses of the North American Nursing Diagnosis Association (NANDA). (Please note that it is NOT required that one use NANDA diagnoses to use NIC but, for those who do, this list of linkages will facilitate the choosing of an intervention.) Although the taxonomic structure and the linkage list to NANDA diagnoses were available as monographs produced by the Iowa team before this publication, they have both been revised and

expanded for this edition. This feature also facilitates computerization of NIC and assists new nurses with clinical decision making. Once a nursing diagnosis is made, the linkage list can help with the selection of a nursing intervention.

- The previous edition included a form to submit suggestions for new or revised interventions. For the second edition, the form has been revised and new information on the process that is being used for review is provided (see Appendix B). This is provided in order to assist users of NIC to help in the refinement and expansion of the classification.

NIC captures the interventions performed by all nurses. As in the past, all of the interventions included in NIC are meant to be clinically useful although some are more general than others. Since the interventions encompass a broad range of nursing practice, no nurse could be expected to perform all interventions listed here or even a major portion. Many of the interventions require specialized training and some cannot be performed without appropriate certification. Other interventions describe basic hygiene and comfort measures that, in some instances, may be delegated to assistants but still need to be planned and evaluated by nurses.

NIC was developed by a large research team at the University of Iowa using the methods described in this book. It is hoped that anyone using NIC will read the three chapters in Part One. Chapter 1 discusses the multiple reasons for development of the classification and will assist the potential user to understand the need to adopt NIC. Chapter 2 describes the research that was done to develop the classification and its taxonomic structure. Many and varied research methods have been used to develop and refine the classification, including content analysis, expert review, focus group method, similarity analysis, hierarchical clustering, multidimensional scaling, and clinical field testing. Chapter 3 focuses on how to use the classification and provides answers to 11 questions about NIC that are sometimes asked. It concludes with an overview of future work that needs to be done.

The chapters in total outline the many benefits of using NIC. Specifically, NIC:

- Helps demonstrate the impact that nurses have on the health care delivery system
- Standardizes and defines the knowledge base for nursing curricula and practice
- Facilitates the appropriate selection of a nursing intervention
- Facilitates communication of nursing treatments to other nurses and other providers
- Enables researchers to examine the effectiveness and cost of nursing care
- Assists educators to develop curricula that better articulate with clinical practice
- Facilitates the teaching of clinical decision making to novice nurses
- Assists administrators in planning more effectively for staff and equipment needs
- Promotes the development of a reimbursement system for nursing services
- Facilitates the development and use of nursing information systems
- Communicates the nature of nursing to the public

It is important and timely that nursing define the treatments that nurses perform for their patients. When standardized language is used to document practice, we can compare and evaluate the effectiveness of care delivered in multiple settings by different providers. The use of standardized language does not inhibit our practice; rather, it communicates the essence of nursing care to others and helps us improve our practice through research. The development and use of this classification helps to advance nursing knowledge by facilitating the clinical testing of nursing interventions. We believe the development of this classification is an important step in the advancement of nursing knowledge and in the efforts of nursing to gain greater voice in the health policy arena. We can take this step only if NIC is used and endorsed by the nursing community. Thus we welcome your feedback and look forward to your continued input.

Jeanne C. McCloskey
Gloria M. Bulechek

Strengths of the Nursing Interventions Classification

- **Comprehensive**—NIC includes the full range of nursing interventions from general practice and specialty areas; interventions include physiological and psychosocial, illness treatment and prevention, health promotion, interventions for individuals, families and communities, and indirect care; both independent and collaborative interventions are included; can be used in any practice setting regardless of philosophical orientation.
- **Research based**—The research, begun in 1987, uses a multimethod approach; methods include content analysis, questionnaire survey to experts, focus group review, similarity analysis, hierarchical clustering, multidimensional scaling, and clinical field testing.
- **Developed inductively based on existing practice**—Original sources include current textbooks, care planning guides, nursing information systems from clinical practice augmented by clinical practice expertise of team members and experts in specialty areas of practice.
- **Reflects current clinical practice and research**—All interventions are accompanied by a list of background readings that support the development of the intervention; all interventions have been reviewed by experts in clinical practice and by relevant clinical practice specialty organizations; a feedback process to receive suggested changes has been developed.
- **Has easy-to-use organizing structure (domains, classes, interventions, activities)**—All domains, classes, and interventions have definitions; principles have been developed to maintain consistency and cohesion within the classification; interventions are numerically coded.
- **Uses language that is clear and clinically meaningful**—Throughout the work, the language most useful in clinical practice has been selected; language reflects clarity in conceptual issues (e.g., what's an intervention versus a diagnosis, an assessment to make a diagnosis, or an outcome).
- **Developed by a large and diverse research team**—Team members, now numbering over 40 individuals, represent multiple areas of clinical and methodological expertise; commitment to the project is evident by years of work and continued involvement.

- ***Has been funded by three extramural grants***—The work has received 7 years of funding (1.7 million dollars) from the National Institute of Health, National Institute of Nursing Research after two rigorous peer reviews, and support from the Rockefeller Foundation.
- ***Being field tested***—The process of implementation is currently being studied in five field sites; hundreds of other clinical and educational agencies are also beginning to implement the classification; steps for implementation have been developed to assist in the change process.
- ***Accessible through a growing number of publications***—Three books and over two dozen articles and chapters have been published or accepted for publication since 1990; book and article reviews attest to the significance of the work; a video has been made; a quarterly newsletter keeps people abreast of recent developments.
- ***Linked to NANDA nursing diagnoses***—A linkage list of NIC interventions linked to NANDA diagnoses has been developed and is included in this edition.
- ***Recipient of national recognition***—NIC has received recognition by American Nurses Association, inclusion in *Metathesaurus for a Unified Medical Language* by National Library of Medicine, has been added to indexes of the Cumulative Index to Nursing & Allied Health Literature (CINAHL) and Silver Platter, listed by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as one classification that can be used to meet the standard on uniform data, focus of video by National League for Nursing, integral part of International Council of Nursing's International Classification of Nursing Practice.
- ***Developed at same site as outcomes classification***—The Nursing Outcomes Classification (NOC) of patient outcomes sensitive to nursing practice is being developed at Iowa with assistance from many of the NIC team members; NIC interventions will be linked to NOC outcomes in the future.

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- The National Institute of Nursing Research, National Institutes of Health, for a 3-year grant (1990-1993) to develop the classification and construct the taxonomy, as well as a 4-year continuation grant (1993-1997) to refine, validate, and code the taxonomy and field test implementation of the standardized language.
- The University of Iowa for continued assistance in the research and administration of the grants. In addition, Gloria Bulechek received a Developmental Award in the spring of 1994 from the University of Iowa to work on the system of coding for the taxonomy.
- The American Nurses Association for continued interest in this project. ANA has included reports from the Iowa Intervention Project on several agendas and has also facilitated distribution of validation surveys to member organizations of the Nursing Organization Liaison Forum.
- The North American Nursing Diagnosis Association for the spirit of cooperation shown in disseminating the listing of linkages between NANDA diagnoses and NIC interventions. Jeanette M. Daly worked on the linkage list while a postdoctoral fellow at The University of Iowa College of Nursing and the entire NIC team refined the listing that appears in Part Four.
- The National League for Nursing for co-producing with the Iowa Intervention Project the videotape, *Meet NIC: The Nursing Interventions Classification*, which disseminates information on NIC.
- The five field testing sites for the enthusiasm and commitment displayed in working toward implementation of NIC language in clinical practice. These sites are The University of Iowa Hospitals and Clinics, Iowa City, Iowa; Oaknoll Retirement Residence, Iowa City, Iowa; Genesis Medical Center, Davenport, Iowa; Dartmouth Hitchcock Medical Center, Lebanon, New Hampshire; and the Mulcahy Outpatient Center, Loyola University Medical Center, Maywood, Illinois.
- The assistance of nurses from a variety of nursing specialty organizations who served as expert respondents in a series of validation surveys. The organizations that have participated in the development and validation of NIC are:

Academy of Medical-Surgical Nurses
Advocates for Child Psychiatric Nursing
American Association of Critical-Care Nurses
American Association of Diabetes Educators
American Association of Neuroscience Nurses
American Association of Occupational Health Nurses
American Board of Neuroscience Nurses
American College of Nurse-Midwives

American Holistic Nurses Association
 American Nephrology Nurses Association
 American Nurses Association
 American Radiological Nurses Association
 American Society of Ophthalmic Registered Nurses, Inc.
 American Society of Post-Anesthesia Nurses
 American Urological Association Allied
 ANA Council on Gerontological Nursing
 ANA Council on Maternal-Child Nursing
 ANA Council on Psychiatric and Mental Health Nursing
 Association for Practitioners in Infection Control
 Association of Community Health Nursing Educators
 Association of Nurses in AIDS Care
 Association of Operating Room Nurses, Inc.
 Association of Rehabilitation Nurses
 Dermatology Nurses Association
 Drug and Alcohol Nursing Association, Inc.
 Emergency Nurses Association
 International Association for the Study of Pain
 Intravenous Nurses Society
 Midwest Nursing Research Society
 NAACOG: The Organization for Obstetric, Gynecologic, Neonatal Nurses
 National Association of Hispanic Nurses
 National Association of Neonatal Nurses
 National Association of Orthopedic Nurses
 National Association of School Nurses, Inc.
 National Gerontological Nursing Association
 North American Nursing Diagnosis Association
 Oncology Nursing Society
 Society for Peripheral Vascular Nursing
 Society of Gastroenterology Nurses and Associates, Inc.
 Society of Otorhinolaryngology and Head-Neck Nurses, Inc.

There are numerous clinical and educational agencies and individual nurses in the United States, as well as other countries, who are using NIC. Each day we receive inquiries and requests for information. It is your support and encouragement that create the energy to keep this work moving forward.

Definitions of Terms

NURSING INTERVENTION

Any treatment, based upon clinical judgment and knowledge, that a nurse performs to enhance patient/client outcomes. Nursing interventions include both direct and indirect care; both nurse-initiated, physician-initiated, and other provider-initiated treatments.

A *direct care intervention* is a treatment performed through interaction with the patient(s). Direct care interventions include both physiological and psychosocial nursing actions; both the “laying on of hands” actions and those that are more supportive and counseling in nature.

An *indirect care intervention* is a treatment performed away from the patient but on behalf of a patient or group of patients. Indirect care interventions include nursing actions aimed at management of the patient care environment and interdisciplinary collaboration. These actions support the effectiveness of the direct care interventions.

A *nurse-initiated treatment* is an intervention initiated by the nurse in response to a nursing diagnosis; an autonomous action based on scientific rationale that is executed to benefit the client in a predicted way related to the nursing diagnosis and projected outcomes. Such actions would include those treatments initiated by advanced nurse practitioners.

A *physician-initiated treatment* is an intervention initiated by a physician in response to a medical diagnosis but carried out by a nurse in response to a “doctor’s order.” Nurses may also carry out treatments initiated by other providers, such as pharmacists, respiratory therapists, or physician assistants.

NURSING ACTIVITIES

The specific behaviors or actions that nurses do to implement an intervention and which assist patients/clients to move toward a desired outcome. Nursing activities are at the concrete level of action. A series of activities is necessary to implement an intervention.

CLASSIFICATION OF NURSING INTERVENTIONS

The ordering or arranging of nursing activities into groups or sets on the basis of their relationships and the assigning of intervention labels to these groups.

TAXONOMY OF NURSING INTERVENTIONS

A systematic organization of the intervention labels based upon similarities into what can be considered a conceptual framework. The NIC taxonomy structure has three levels: domains, classes, and interventions.

PATIENT

A patient is any individual, group, family, or community who is the focus of nursing intervention. The term *patient* is used in this text but, in some settings, *client* or *person* may be the preferred term.