

Lynda Jull Carpenito

NURSING DIAGNOSIS

Application to Clinical Practice



EDITION

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N I N T H E D I T I O N

Nursing Diagnosis

Application to Clinical Practice

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9th Edition

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TO MY EARTH ANGELS

To My Earth Angels

In the eighth edition of this book, I introduced the reader to Earth angels. 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. They were always there, giving me permission to be imperfect, to grieve, and to heal. These Earth angels—Margo, Ginny, Ros, Jamie, Donna, Heather, and my dear sister Pati—continue to not be afraid of my grief, my anger, 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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PREFACE

Since the eighth 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 its right to determine its 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 ninth edition seeks to continue to answer these questions.

Section One 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.

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

Chapter 5 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.

Chapter 6 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.

Section Two compiles the nursing diagnoses accepted by NANDA along with additional clinically useful diagnoses. The ninth edition includes 159 diagnoses (145 NANDA-approved and 14 added by the author). Seven 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
 - Geriatric 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, Pediatric, and Geriatric Considerations for all relevant diagnoses provide

* 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.

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, Pediatric, and Geriatric 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. Web site addresses for diagnoses have been added for the nurse and consumer.

Section Three consists of a Manual of Collaborative Problems. In this section, each of the nine generic collaborative problems is explained under the following 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 Two and Three of *Nursing Diagnosis: Application to Clinical Practice* address both types of situations that nurses are responsible for treating. Section Four presents diagnostic clusters for medical conditions, surgical procedures, diagnostic and therapeutic procedures, mental health disorders, pediatric and adolescent disorders, neonatal conditions, and obstetric and gynecologic conditions. A diagnostic cluster contains the most frequently associated nursing diagnoses and collaborative problems. 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: e-mail Juall46@bellatlantic.net

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Finally, I would like to thank the group in Detroit (JoAnn Maklebust, Mary Sieggreen, and Linda Mondoux) for their moral support while I wrote the first edition. Rosalinda Alfaro-LeFevre recognized the need for this book in 1983 and sought me out to make it a reality.

On a personal level, my son Olen Juall Carpenito has become my steadfast source of support. Of all of my accomplishments, he is the one I am most proud of.



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