CLINICAL NURSING PROCESS

Think critically then act professionally

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Nursing Process

The five stages of the nursing process are assessment, diagnosing, planning, implementation, and evaluation. In the diagnostic process, the nurse is required to have critical thinking. Apart from the understanding of nursing diagnoses and their definitions, the nurse promotes awareness of defining characteristics and behaviors of the diagnoses, related factors to the selected nursing diagnoses, and the interventions suited for treating the diagnoses.

Assessment

What data is collected? The first step of the nursing process is called assessment. When the nurse first encounters a patient, the former is expected to perform an assessment to identify the patient's health problems as well as the physiological, psychological, and emotional state. The most common approach to gathering important information is through an interview. Physical examinations, referencing a patient's health history, obtaining a patient's family history, and general observation can also be used to collect assessment data.

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Diagnosis

What is the problem? Once the assessment is completed, the second step of the nursing process is where the nurse will take all the gathered information into consideration and diagnose the patient's condition and medical needs. Diagnosing involves a nurse making an educated judgment about a potential or actual health problem with a patient. More than one diagnoses are sometimes made for a single patient.

Planning

How to manage the problem? When the nurse, any supervising medical staff, and the patient agree on the diagnosis, the nurse will plan a course of treatment that takes into account short- and long-term goals. Each problem is committed to a clear, measurable goal for the expected beneficial outcome. The planning step of the nursing process is discussed in detail in **Nursing Care Plans (NCP): Ultimate Guide and Database**.

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Implementation

Putting the plan into action. The implementation phase of the nursing process is when the nurse put the treatment plan into effect. This typically begins with the medical staff conducting any needed medical interventions. Interventions should be specific to each patient and focus on achievable outcomes. Actions associated in a nursing care plan include monitoring the patient for signs of change or improvement, directly caring for the patient or conducting important medical tasks, educating and guiding the patient about further health management, and referring or contacting the patient for a follow-up.

Evaluation

Did the plan work? Once all nursing intervention actions have taken place, the team now learns what works and what doesn't by evaluating what was done beforehand. The possible patient outcomes are generally explained under three terms: the patient's condition improved, the patient's condition stabilized, and the patient's condition worsened. Accordingly, evaluation is the last, but if goals were not sufficed, the nursing process begins again from the first step.

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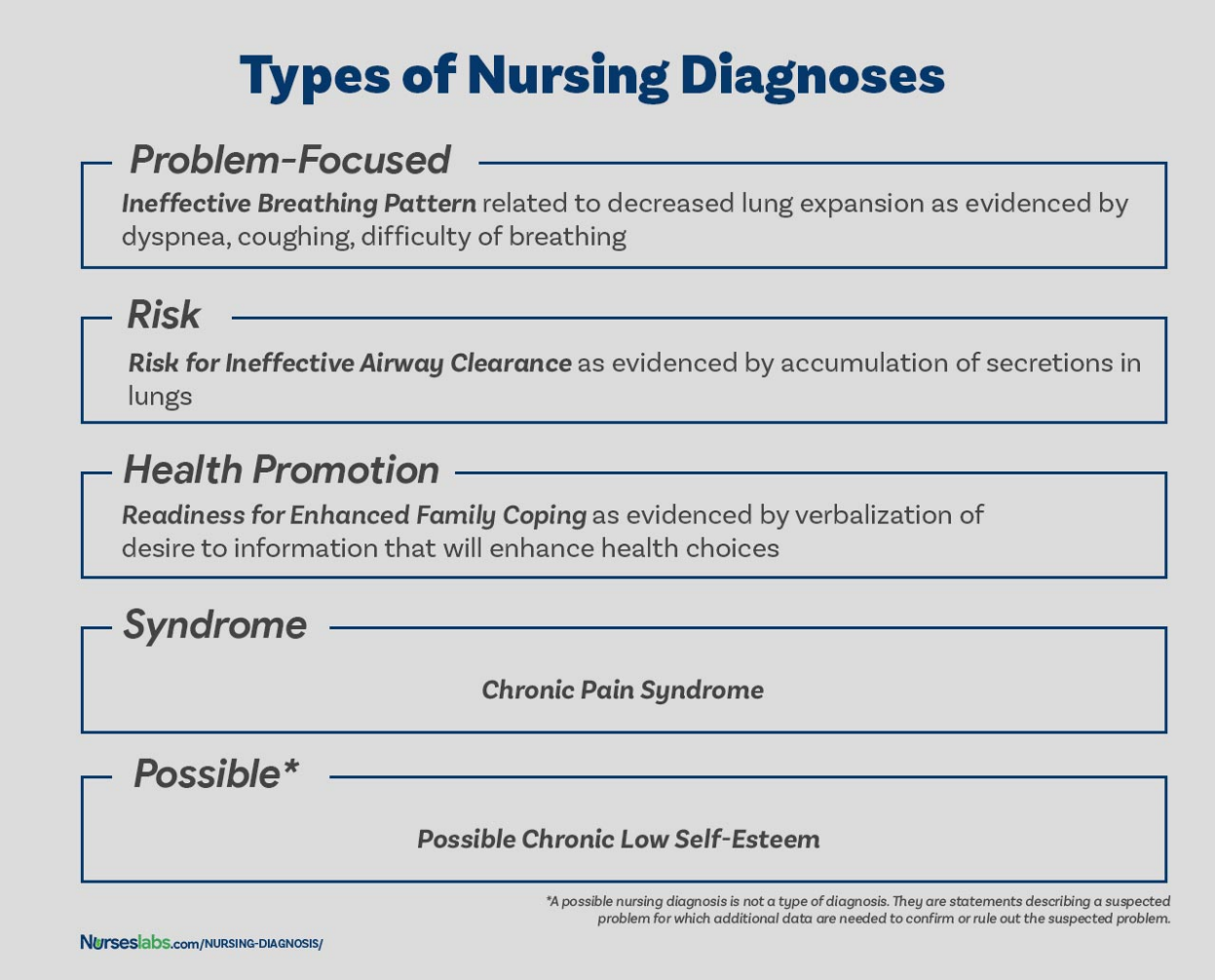
Types of Nursing Diagnoses

The four types of NANDA nursing diagnosis are Actual (Problem-Focused), Risk, Health Promotion, and Syndrome. Here are the four categories of nursing diagnosis provided by the NANDA-I system.



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Problem-Focused Nursing Diagnosis

A **problem-focused diagnosis** (also known as **actual diagnosis**) is a client problem that is present at the time of the nursing assessment. These diagnoses are based on the presence of associated signs and symptoms. Actual nursing diagnosis should not be viewed as more important than risk diagnoses. There are many instances where a risk diagnosis can be the diagnosis with the highest priority for a patient.

Problem-focused nursing diagnoses have three components: (1) nursing diagnosis, (2) related factors, and (3) defining characteristics. Examples of actual nursing diagnosis are:

- **Ineffective Breathing Pattern** related to pain as evidenced by pursed-lip breathing, reports of pain during inhalation, use of accessory muscles to breathe
- **Anxiety** related to stress as evidenced by increased tension, apprehension, and expression of concern regarding upcoming surgery
- **Acute Pain** related to decreased myocardial flow as evidenced by grimacing, expression of pain, guarding behavior.
- **Impaired Skin Integrity** related to pressure over bony prominence as evidenced by pain, bleeding, redness, wound drainage.

Risk Nursing Diagnosis

The second type of nursing diagnosis is called **risk nursing diagnosis.** These are clinical judgment that a problem does not exist, but the presence of risk factors indicates that a problem is likely to develop unless nurses intervene. There are no etiological factors (related factors) for risk diagnoses. The individual (or group) is **more susceptible** to develop the problem than others in the same or a similar situation because of risk factors. For example, an elderly client with diabetes and vertigo has difficulty walking refuses to ask for assistance during ambulation may be appropriately diagnosed with Risk for Injury.

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Components of a risk nursing diagnosis include: (1) risk diagnostic label, and (2) risk factors. Examples of risk nursing diagnosis are:

- **Risk for Falls** *as evidenced by* muscle weakness
- **Risk for Injury** *as evidenced by* altered mobility
- **Risk for Infection** *as evidenced by* immunosuppression

Health Promotion Diagnosis

Health promotion diagnosis (also known as **wellness diagnosis**) is a clinical judgment about motivation and desire to increase well-being. Health promotion diagnosis is concerned in the individual, family, or community transition from a specific level of wellness to a higher level of wellness.

Components of a health promotion diagnosis generally include only the diagnostic label or a one-part-statement. Examples of health promotion diagnosis:

- Readiness for Enhanced Spiritual Well Being
- Readiness for Enhanced Family Coping
- Readiness for Enhanced Parenting

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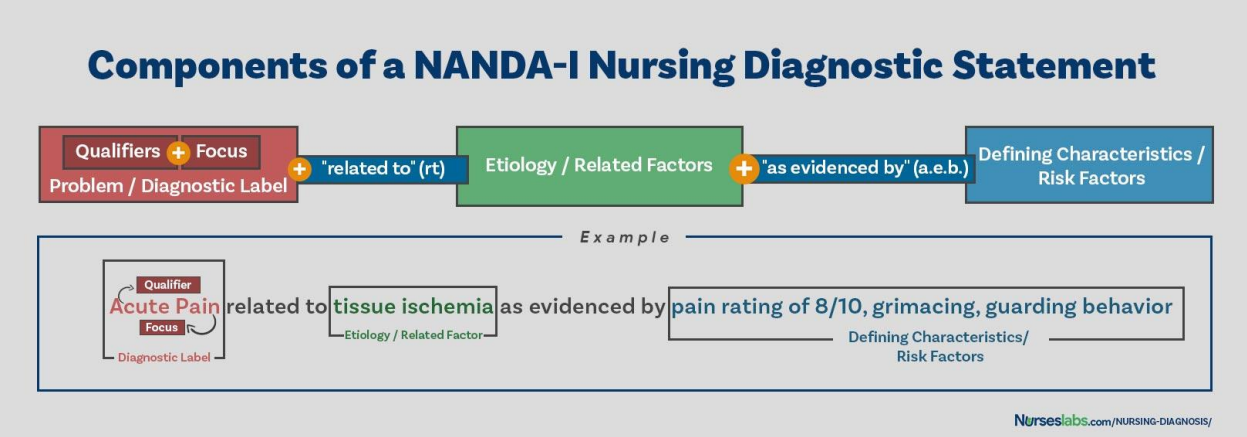
Components of a Nursing Diagnosis

A nursing diagnosis has typically three components: (1) the problem and its definition, (2) the etiology, and (3) the defining characteristics or risk factors (for risk diagnosis).



BUILDING BLOCKS OF A DIAGNOSTIC STATEMENT. Components of an NDx may include: problem, etiology, risk factors, and defining characteristics.

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Problem and Definition

The **problem statement**, or the **diagnostic label**, describes the client's health problem or response for which nursing therapy is given as concisely as possible. A diagnostic label usually has two parts: **qualifier** and **focus of the diagnosis**. **Qualifiers** (also called **modifiers**) are words that have been added to some diagnostic labels to give additional meaning, limit or specify the diagnostic statement. Exempted in this rule are one-word nursing diagnoses (e.g., Anxiety, Fatigue, Nausea) where their qualifier and focus are inherent in the one term.

Qualifier	Focus of the Diagnosis
Deficient	Fluid volume
Imbalanced	Nutrition: Less Than Body Requirements
Impaired	Gas Exchange
Ineffective	Tissue Perfusion
Risk for	Injury

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Etiology

The **etiology**, or **related factors**, component of a nursing diagnosis label identifies one or more probable causes of the health problem, are the conditions involved in the development of the problem, gives direction to the required nursing therapy, and enables the nurse to individualize the client's care. Nursing interventions should be aimed at etiological factors in order to remove the underlying cause of the nursing diagnosis. Etiology is linked with the problem statement with the phrase "*related to* ".

Risk Factors

Risk factors are used instead of etiological factors for risk nursing diagnosis. Risk factors are forces that puts an individual (or group) at an increased vulnerability to an unhealthy condition. Risk factors are written following the phrase "as evidenced by" in the diagnostic statement.

Defining Characteristics

Defining characteristics are the clusters of signs and symptoms that indicate the presence of a particular diagnostic label. In actual nursing diagnoses, the defining characteristics are the identified signs and symptoms of the client. For risk nursing diagnosis, no signs and symptoms are present therefore the factors that cause the client to be more susceptible to the problem form the etiology of a risk nursing diagnosis. Defining characteristics are written following the phrase "as evidenced by" or "as manifested by" in the diagnostic statement.

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Diagnostic Process: How to Diagnose

There are three phases during the diagnostic process: (1) data analysis, (2) identification of the client's health problems, health risks and strengths, and (3) formulation of diagnostic statements.

Analyzing Data

Analysis of data involves comparing patient data against standards, clustering the cues, and identifying gaps and inconsistencies.

Identifying Health Problems, Risks, and Strengths

In this decision-making step after data analysis, the nurse together with the client identify problems that support tentative actual, risk, and possible diagnoses. It involves determining whether a problem is a nursing diagnosis, medical diagnosis, or a collaborative problem. Also at this stage is wherein the nurse and the client identify the client's strengths, resources, and abilities to cope.

Formulating Diagnostic Statements

Formulation of diagnostic statement is the last step of the diagnostic process wherein the nurse creates diagnostic statements. The process is detailed below.

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How to Write a Nursing Diagnosis?

In writing nursing diagnostic statements, describe the health status of an individual and the factors that have contributed to the status. You do not need to include all types of diagnostic indicators. Writing diagnostic statements vary per type of nursing diagnosis (see below).

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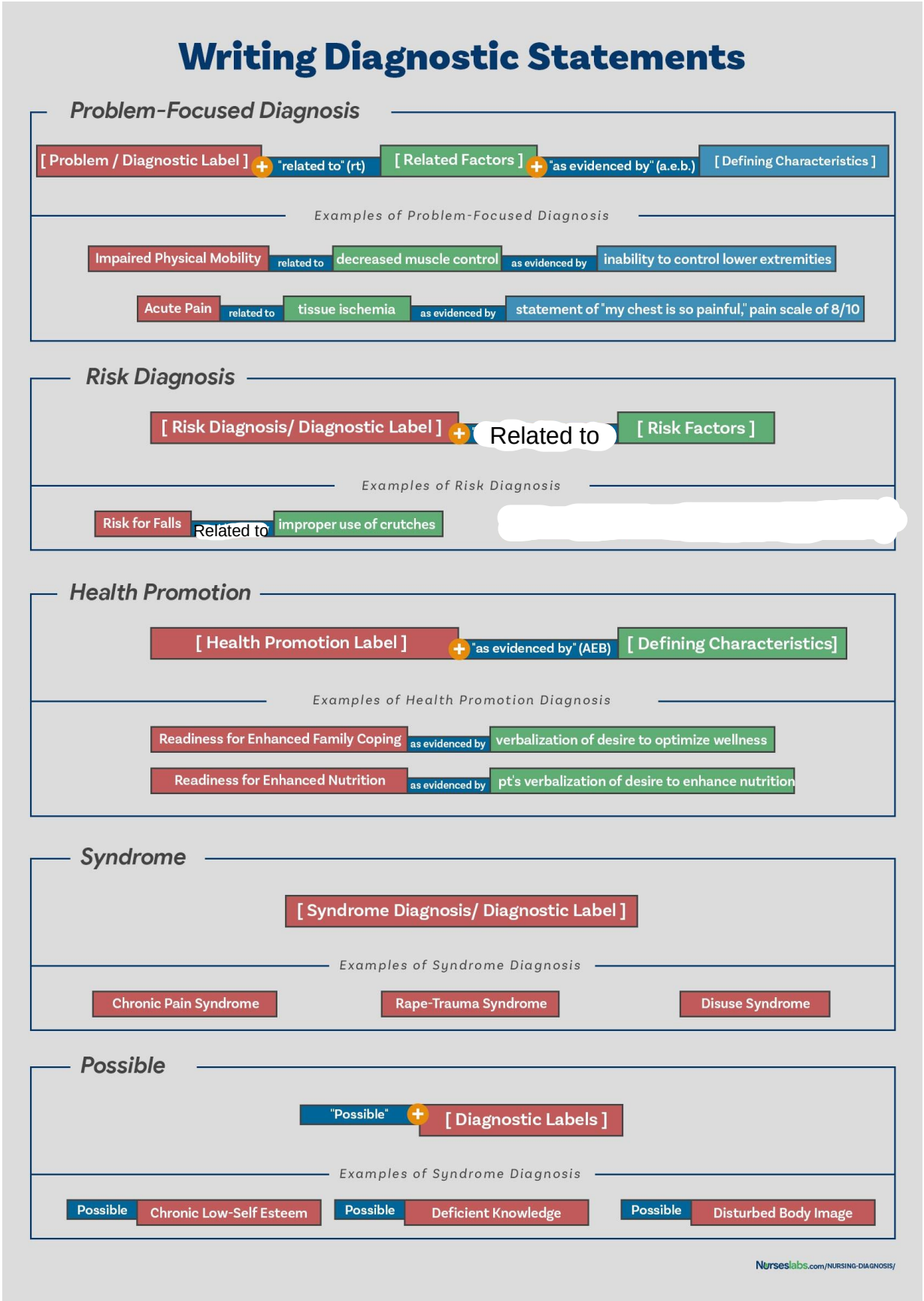

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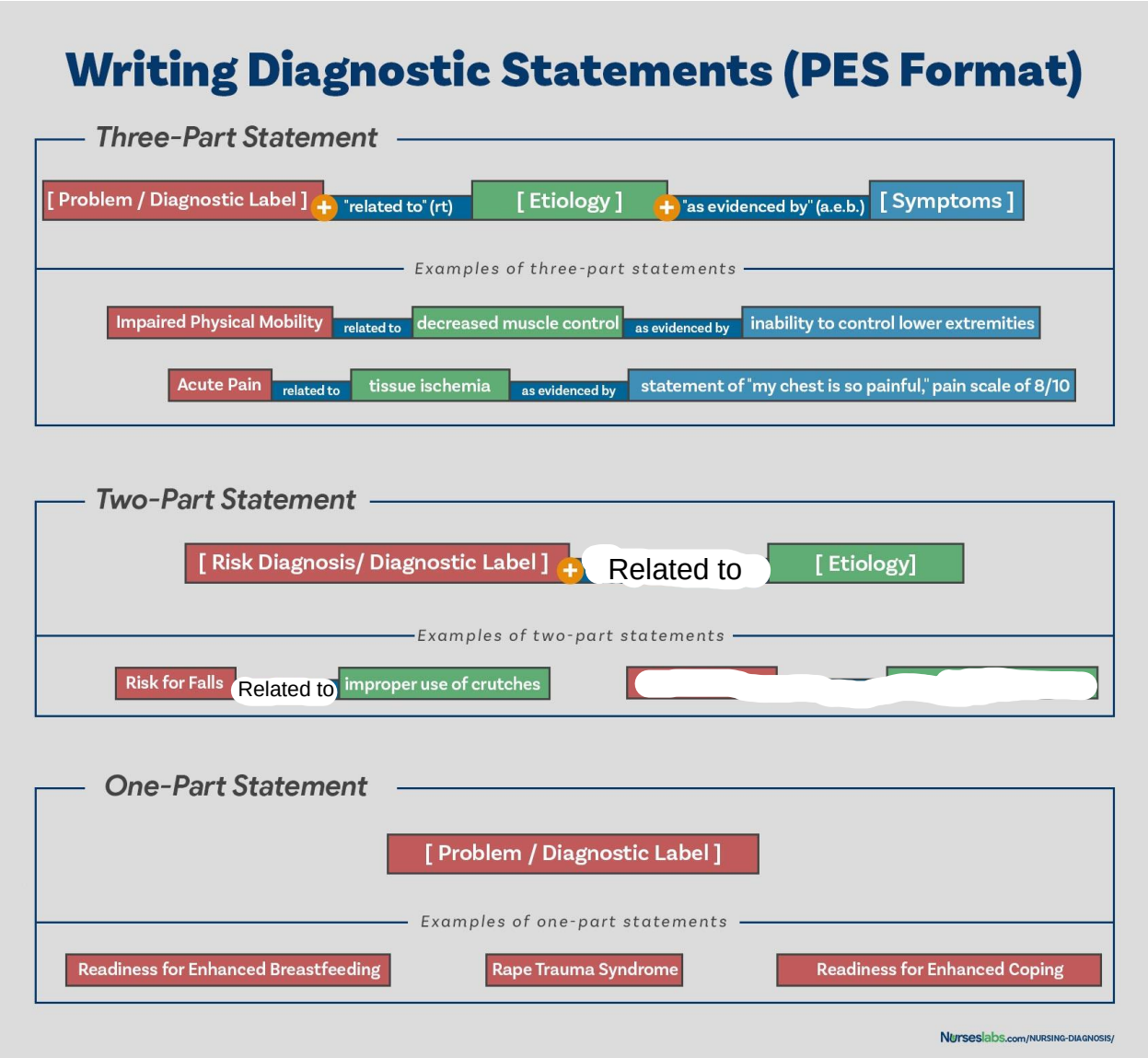
PES Format

Another way of writing nursing diagnostic statements is by using the ***PES format*** which stands for Problem (diagnostic label), Etiology (related factors), and Signs/Symptoms (defining characteristics). Using the PES format, diagnostic statements can be one-part, two-part, or three-part statements.



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