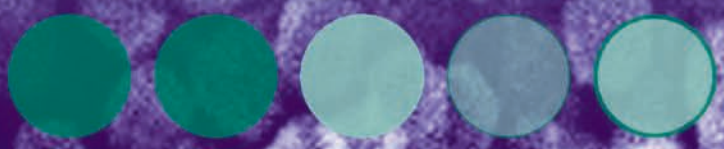
Cox's Clinical Applications of NURSING DIAGNOSIS

Adult, Child, Women's, Mental Health, Gerontic, and Home Health Considerations

Susan A. Newfield
Mittie D. Hinz
Donna Scott-Tilley
Kathryn L. Sridaromont
Patricia J. Maramba

FIFTH EDITION



NURSING DIAGNOSES

ACCEPTED FOR USE AND RESEARCH (2007-2008)

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[ ] author recommendations

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Trauma, risk for
Urinary Elimination, impaired
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GORDON'S FUNCTONAL HEALTH PATTERNS*

HEALTH PERCEPTION-HEALTH MANAGEMENT PATTERN

NUTRITIONAL-METABOLIC PATTERN

ELIMINATION PATTERN

ACTIVITY-EXERCISE PATTERN

SLEEP-REST PATTERN

COGNITIVE-PERCEPTUAL PATTERN

SELF-PERCEPTION AND SELF-CONCEPT PATTERN

ROLE-RELATIONSHIP PATTERN

SEXUALITY-REPRODUCTIVE PATTERN

COPING-STRESS TOLERANCE PATTERN

VALUE-BELIEF PATTERN

**Modified by Marjory Gordon, 2007, with permission.*
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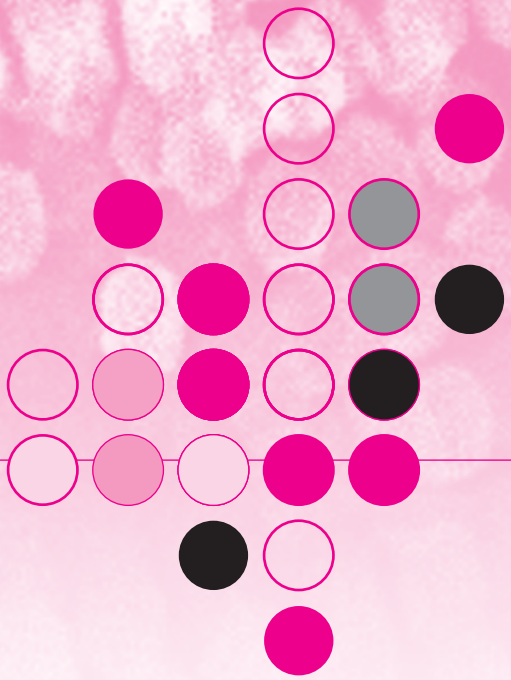

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Susan A. Newfield, *PhD, RN, APRN, BC*
Associate Professor
West Virginia University
Morgantown, West Virginia

Mittie D. Hinz, *MSN, MBA, RNC*
Partner
DXT Consulting
San Antonio, Texas

Program Administrator
Hamot For Women
Hamot Medical Center
Erie, Pennsylvania

Donna Scott Tilley, *RN, PhD, CNE*
Associate Professor
Texas Christian University
Fort Worth, Texas

Kathryn L. Sridaromont, *RN, C, MSN*
Assistant Professor
Texas Tech University Health Sciences Center
Lubbock, Texas

Patricia Joy Maramba, *MSN, RN, APRN, BC*
Senior Lecturer
West Virginia University
Morgantown, West Virginia

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Acquisitions Editor: Joanne Patzek DaCuhna, PR, MSN
Content Development Manager: Darlene D. Pedersen, RN, MSN
Senior Project Editor: Danielle J. Barsky
Art and Design Manager: Carolyn O'Brien

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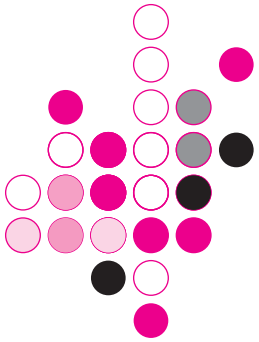

*To **Dr. Helen Cox**, colleague, mentor, and friend, on her retirement. You took ambitious, naive, young faculty members and turned us into authors and for that, we will be eternally grateful.*

*To the memory of **Dr. Mary Ann Lubno**, colleague and friend.*

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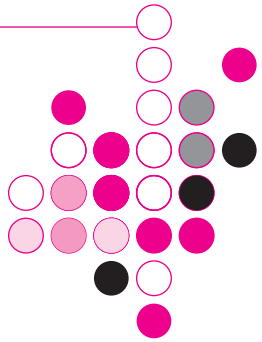
Preface to the Fifth Edition



Although the fifth edition of this book has seen many author changes, our commitment and direction was clearly stated by, Dr. Helen Cox, in the preface to the fourth edition. We continue our commitment to providing a nursing focus to the process of nursing care.

The fifth edition reflects seventeen new and six revised diagnoses accepted by NANDA in 2003 and 2005 and updated information in each chapter. The chapter formats remain the same. We have revised the integration of NANDA, NIC, and NOC terminology to assist with understanding their integration. NANDA, NIC, and NOC concepts are placed in charts which identify the linkages that can be found at the beginning of each chapter. Evaluation guidance has also been revised. We provided a master evaluation flow chart in Chapter 1 rather than providing one at the end of each care plan.

Two significant trends have impacted the practice of nursing since the fourth edition; decreasing length of stay and increased emphasis on evidence based practice. The length of stay continues to decrease and this is reflected in our revision of goals, interventions, and discharge planning. As we developed care plans, current average length of stay for the setting was the litmus test for our selection of interventions. The interventions for each diagnosis reflect both current research in the area and recommended NIC interventions.

If you are new to nursing diagnosis, we encourage you to begin your journey with reading Chapter 1. Taking a few minutes to do this will provide you with an understanding of the authors' thought processes that will facilitate your use of the book.

We continue to appreciate the comments from nursing faculty, staff and students who use the book. Your thoughtful comments have inspired each edition and we urge you to continue to support us in this way. It is our sincerest wish that this book will continue to provide a map for your journey in providing excellent client care.

Susan A. Newfield, PhD, RN, APRN, BC

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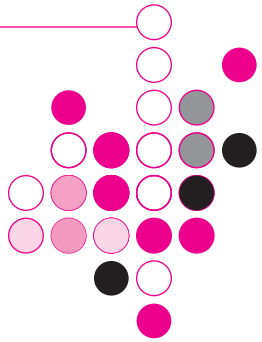
Preface to the Fourth Edition



The North American Nursing Diagnosis Association (NANDA) has been identifying, classifying, and testing diagnostic nomenclature since the early 1970s. In our opinion, use of nursing diagnosis helps define the essence of nursing and give direction to care that is uniquely nursing care.

If nurses (in all instances we are referring to registered nurses) enter the medical diagnosis of, for example, acute appendicitis as the patient's problem, they have met defeat before they have begun. A nurse cannot intervene for this medical diagnosis; intervention requires a medical practitioner who can perform an appendectomy. However, if the nurse enters the nursing diagnosis "Pain," then a number of nursing interventions come to mind. Several books incorporate nursing diagnosis as a part of planning care. However, these books generally focus outcome and nursing interventions on the related factors; that is, nursing interventions deal with resolving, to the extent possible, the causative and contributing factors that result in the nursing diagnosis. We have chosen to focus nursing intervention on the nursing diagnosis. To focus on the nursing diagnosis promotes the use of concepts in nursing rather than concentrating on a multitude of specifics. For example, there are common nursing measures that can be used to relieve pain regardless of the etiologic pain factor involved. Likewise, the outcomes focus on the nursing diagnosis. The main outcome nurses want to achieve when working with the nursing diagnosis Pain is control of the patient's response to pain to the extent possible. Again, the outcome allows the use of a conceptual approach rather than a multitude-of-specifics approach. To clarify further, consider again the medical diagnosis of appendicitis. The physician's first concern is not related to whether the appendicitis is caused by a fecalith, intestinal helminths, or *Escherichia coli* run amok. The physician focuses first on intervening for the appendicitis, which usually results in an appendectomy. The physician will deal with etiologic factors following the appendectomy, but the appendectomy is the first level of intervention. Likewise, the nurse can deal with the related factors through nursing actions, but the first level of intervention is directed to resolving the patient's problem as reflected by the nursing diagnosis. With the decreasing length of stay for the majority of patients entering a hospital, we may indeed do well to complete the first level of nursing actions.

Additionally, there is continuing debate among NANDA members as to whether the current list of diagnoses that are accepted for testing are nursing diagnoses or a list of diagnostic categories or concepts. We, therefore, have chosen to focus on concepts. Using a conceptual approach allows focus on independent nursing functions and helps avoid focusing on medical intervention. This book has been designed to serve as a guide to using NANDA-accepted nursing diagnoses as the primary base for the planning of care. The expected outcomes, target dates, nursing actions, and evaluation algorithms (flowcharts) are not meant to serve as standardized plans of care but rather as guides and references in promoting the visibility of nursing's contribution to health care.

Marjory Gordon's Functional Health Patterns are used as an organizing framework for the book. The Functional Health Patterns allow categorizing of the nursing diagnoses into specific groups, which, in our opinion, promotes a conceptual approach to assessment and formulation of a nursing diagnosis.

Chapter 1 serves as the overview-introductory chapter and gives basic content related to the process of planning care and information regarding the relationship between nursing process and nursing models (theories). Titles for Chapters 2 through 12 are taken from the functional patterns. Included in each of these chapters is a list of diagnoses within the pattern, a pattern description, pattern assessment, conceptual information, and developmental information related to the pattern.

The pattern description gives a succinct summary of the pattern's content and assists in explaining how the diagnoses within the pattern are related. The list of diagnoses within

the pattern is given to simplify location of the diagnoses. The pattern assessment serves to pinpoint information from the initial assessment base and was specifically written to direct the reader to the most likely diagnosis within the pattern. Each assessment factor is designed to allow an answer of "yes" or "no." If the patient's answer or signs are indicative of a diagnosis within the pattern, the reader is directed to the most likely diagnosis or diagnoses. The conceptual and developmental information is included to provide a quick, ready reference to the physiologic, psychological, sociologic, and age-related factors that could cause modification of the nursing actions in order to make them more specific for your patient. The conceptual and developmental information can be used to determine the rationale for each nursing action.

Each nursing diagnosis within the pattern is then introduced with accompanying information of definition, defining characteristics, and related factors. We have added a section titled "Related Clinical Concerns." This section serves to highlight the most common medical diagnoses or cluster of diagnoses that could involve the individual nursing diagnosis.

Immediately after the related clinical concerns section is a section titled "Have you selected the correct diagnosis?" This section was included as a validation check because we realize that several of the diagnoses appear very closely related and that it can be difficult to distinguish between them. This is, in part, related to the fact that the diagnoses have been accepted for testing, not as statements of absolute, discrete diagnoses. Thus, having this section assists the reader in learning how to pinpoint the differences between diagnoses and in feeling more comfortable in selecting a diagnosis that most clearly reflects a patient's problem area that can be helped by nursing actions.

After the diagnosis validation section is an outcome. The expected outcome serves as the end point against which progress can be measured. Different agencies may call the expected outcome an objective, a patient goal, or an outcome standard. Readers may also choose to design their own patient-specific expected outcome using the given expected outcome as a guideline.

Target dates are suggested following the expected outcome. The target dates *do not* indicate the time or day the outcome must be fully achieved; instead, the target date signifies the time or day when evaluation should be completed in order to measure the patient's progress *toward* achievement of the expected outcome. Target dates are given in reference to short-term care. For home health, particularly, the target date would be in terms of weeks and months rather than days.

Nursing actions/interventions and rationales are the next information given. In most instances, the adult health nursing actions serve as the generic nursing actions. Subsequent sets of nursing actions (child health, women's health, psychiatric health, gerontic health, and home health) show only the nursing actions that are different from the generic nursing actions. The different nursing actions make each set specific for the target population, but *must be* used in conjunction with the adult health nursing actions to be complete. Rationales have been included to assist the student in learning the reason for particular nursing actions. Although some of the rationales are scientific in nature, that is, supported by documented research, other rationales could be more appropriately termed "common sense" or "usual practice rationales." These rationales are reasons nurses have cited for particular nursing actions and result from nursing experience, but research has not been conducted to document these rationales. After the home health actions, evaluation algorithms are shown that help judge the patient's progress toward achieving the expected outcome.

Evaluation of the patient's care is based on the degree of progress the patient has made toward achieving the expected outcome. For each stated outcome, there is an evaluation flowchart (algorithm). The flowcharts provide minimum information, but demonstrate the decision-making process that must be used.

In all instances, the authors have used the definitions, defining characteristics, and related factors that have been accepted by NANDA for testing. A grant was provided to NANDA by the F. A. Davis Company for the use of these materials. All these materials may be ordered from NANDA (1211 Locust Street, Philadelphia, PA 19107). Likewise, a

fee was paid to Mosby for the use of the domains and classes from McCloskey, JC, and Bulechek, GM (eds): *Nursing Interventions Classification (NIC),* edition 3 (Mosby, St. Louis, 2000) and Johnson, M, Maas, M, and Moorhead, S (eds): *Nursing Outcomes Classification,* edition 2 (Mosby, St. Louis, 2000).

In some instances, additional information is included following a set of nursing actions. The additional information includes material that either needs to be highlighted or does not logically fall within the defined outline areas.

Throughout the nursing actions we have used the terms *patient* and *client* interchangeably. The terms refer to the system of care and include the individual as well as the family and other social support systems. The nursing actions are written very specifically. This specificity aids in communication between and among nurses and promotes consistency of care for the patient.

There has been a tremendous increase in the activity of NANDA. In 1998 alone, 16 new diagnoses were accepted, 32 diagnoses were revised, and one diagnosis was deleted. The official journal of NANDA became an international journal in 1999.

The fourth edition incorporates new and revised diagnoses from both the Thirteenth (1998) and Fourteenth (2000) NANDA Conferences. The proposed NANDA Taxonomy 2 has been inserted to replace the old Taxonomy 1, Revised. The Nursing Interventions Classification (NIC) system and the Nursing Outcomes Classification (NOC) system domains and classes have been incorporated.

Other revisions have been made to be consistent with current NANDA thought and publications. One example is the deletion of major and minor defining characteristics and their assimilation under one heading of "Defining Characteristics."

We continue to appreciate the feedback we have received from various sources and urge you to continue to assist us in this way. It is our sincerest wish that this book will continue to assist nurses and nursing students in their day-to-day use of nursing diagnosis.

***Helen C. Cox,** RN, C, EdD, FAAN*

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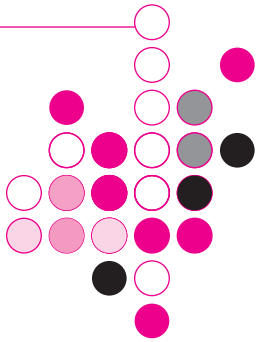

The publication of a book necessitates the involvement of many persons beyond the authors. We wish to acknowledge the support and assistance of the following persons who indeed made this book possible:

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Our students and colleagues, who consistently challenge us to rethink each care plan and hold us to exacting standards.

AND

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To each of these persons we wish to say a heartfelt "Thank you." Please accept our deepest gratitude and appreciation.

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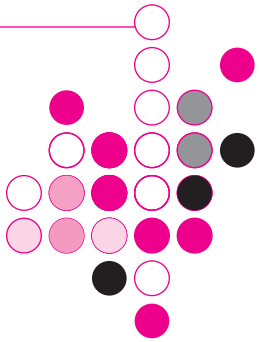
Reviewers



Lenora D. Follett, RN, MS
Associate Professor
Pacific Union College
Angwin, California

Mary Haase, RN, MS
Nursing Instructor
Blackhawk Technical College
Janesville, Wisconsin

Margaret Konieczny, RN, MSN
Western Nevada Community College
Carson City, Nevada

Tammie McCoy, RN, MSN, PhD
Assistant Professor
Mississippi University for Women
Columbus, Mississippi

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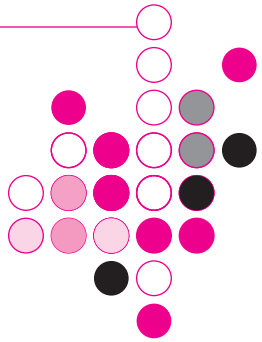

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1

INTRODUCTION

WHY THIS BOOK?

When the first edition of this book was published, all the authors were faculty members at the same school of nursing. We had become frustrated with the books that were available for teaching nursing diagnosis and found that the students were also expressing some of the same frustration.

The students felt they needed to bring several books to the clinical area because the books for nursing diagnosis had limited information on pathophysiology and psychosocial or developmental factors that had an impact on individualized care planning. The students were also confused regarding the different definitions, defining characteristics, and related factors each of the authors used. They were having difficulty writing individualized nursing actions for their patients because the various authors appeared to focus on specifics related to the etiology or signs and symptoms of the nursing diagnosis rather than on the concept represented by the nursing diagnosis that had been emphasized to our students. The authors were also concerned about the number of books our students had to buy, because most books focused on just one clinical area, such as adult health or pediatrics. Thus, as the students progressed through the school, they had to buy different books for different clinical areas even though each of the books had the common theme of the use of nursing diagnosis. Another concern we, as faculty, had was the lack of information in the various books regarding the final phase of the nursing process—evaluation. This most vital phase was mentioned only briefly, and very little guidance was given on how to proceed through this phase.

The final concern that led to the writing of the book was our desire to focus on nursing actions and nursing care, not medical care and medical diagnosis. We strongly believe and support the vital role of nurses in the provision of health care for our nation, and so we have focused strictly on nursing in this book. After all, the majority of health-care providers are nurses, and statistics consistently show the general public has high respect for them.[1] In a 2004 poll conducted by *USA Today*,[2] the public considered nursing the most honest profession and trusted the information that nurses give them. This increases the importance of utilizing a standard nursing language to provide the foundation for quality nursing care and continued development of evidence-based practice.

For these reasons, we have written this book particularly geared to student use. Specifically, we wrote the first book to assist students in learning how to apply nursing diagnosis in the clinical area. By using the framework of the nursing process and the materials generated by the North American Nursing Diagnosis Association International (NANDA),[3] we believe this book makes it easier for you, the student, to learn and use nursing diagnosis in planning care for your patients. (Nursing diagnoses were developed by and used with permission of North American Nursing Diagnosis Association.[3])

Since the writing of that first book, NANDA has grown to become an international organization with nursing contributions from many countries and an alliance between NANDA International, the Nursing Interventions Classification (NIC),[4] and Nursing Outcomes Classification (NOC),[5] which resulted in the creation of the NANDA, NIC, and NOC (NNN) Taxonomy of Nursing Practice. This taxonomy was based on a modified framework of Gordon's[6] functional health patterns with "the final taxonomic structure less like Gordon's original, but with reduced misclassification errors and redundancies to near zero."[3] Taxonomy II has been recognized as an international nursing language. Designed to be multiaxial in form, it provides greater flexibility of nomenclature and allows for easy additions and modifications, thus providing a more clinically useful tool that better supports nursing practice. In spite of these revisions, some in nursing service organizations continue to view Nursing Diagnosis as an academic exercise, good for students to learn, but highly impractical in the fast-paced world of nursing operations. When service settings utilize nursing diagnosis, it is most often in electronic documentation systems. The care plans in these systems are most often standardized and demonstrate little adaptation to the individual or their health status. A review of the documentation shows that once a diagnosis is chosen the care plan is not updated during the contact with the patient. Care planning, involving telling the computer that the nurse saw the patient during that shift and looked at the care plan to determine whether it was still pertinent, simply becomes a "task" the nurse must perform. The multiaxial format of Taxonomy II can provide the clinician with the tools necessary to better format his or her clinical documentation, showing the "whole picture" of diagnosis, treatment, evaluation, re-evaluation, and nursing outcomes.

It is however, important that this tool be used correctly. "Using a multiaxial structure allows many diagnoses to be constructed that have no defining characteristics and may even be nonsense."[3] For this reason the authors of this book felt that it was important to continue to provide NANDA, NIC and NOC, and the NNN Taxonomy of nursing practice in this fifth edition. This inclusion will hopefully better clarify the work and give not only the academic setting, but also the clinical setting a guide that will provide the individual student and practitioner a resource that leads to better understanding and operational use of nursing diagnoses and, ultimately, better patient outcomes. To facilitate this integration we have provided charts in each chapter that provide basic links between the taxonomies.

THE NURSING PROCESS

PURPOSE

Gordon[7] indicates that Lydia Hall was one of the first nurses to use the term *nursing process* in the early 1950s. Since that time, the term *nursing process* has been used to describe the accepted method of delivering nursing care. Iyer, Taptich, and Bernocchi-Losey state, "The major purpose of the nursing process is to provide a framework within which the individualized needs of the client, family, and community can be