The Nursing Process

Purpose of assessment

- **To organize a data base regarding a client's physical , psychological , and emotional health so that:**

- **– ١ Health promoting behaviors**

- **– ٢ Actual & or potential health problems are identified**

Types of assessment

– ١A comprehensive assessment

- ٢A focused assessment (is limited to potential health care risks

– ٣Ongoing assessment (includes systematic monitoring of specific problems , follow-up

Sources of collection of data

- – ١ Primary source : patient (the major provider (
- Approaches :
- -Interview
- -Physical examination skills
- – ٢ Secondary sources :
- -Family members
- -Other health care providers
- -Medical records
- -Diagnostic reports

Types of collection of data

- – ١ **Subjective data : from client's point of view ; felings ,perceptions,concers.**
  - **Method : interview**
    - – ٢ **Objective data : observable & measurable data**
  - **Method : physical examination**
- **Lab & diagnostic testing**

Diagnosis

- **Definition (according to NANDA) : A clinical judgment about individual , family , or community responses to actual or potential health problems**

Types of Nsg. Diagnosis

– ۱ Actual problems

– ۲ Potential problems (possible problems due to risk factors (

– ۳ Wellness conditions

– ٤ Collaborative problems

Nursing diagnosis

Provides the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable".

Ex :

.١Knowledge deficit

.٢Powerlessness

.٣Grieving

.٤Body image disturbance

.٥Individual coping, ineffective

Planning & Outcome identification

Step ٣
Types of planning
١.Initial planning
٢.Ongoing planning
٣.Discharge planning

Planning & Outcome identification

Developing specific nursing interventions

-Independent nursing interventions

No order needed

Elevate edematous legs

Assist client with physical therapy exercises

Nursing interventions

-Dependent nursing interventions

Require an order

Administering of medications

Implementation

٤th step:

Execution of the nursing care plan

Evaluation : ٥th step

Determining whether the clients goals have been met, partially met or not met

Benefits of Nsg . Process for the Nurse

- ١ Self confidence
- ٢ Job satisfaction
- ٣ Professional growth

Interview

An organized conversation with the client to obtain the client's health history and information about the current illness.

Phases of interview - :

Orientation phase

Working phase

Termination phase

Types of data collection techniques

١. Open-end question

٢. Closed - end question

٣. Back channeling

٤. Problem seeking

Nursing diagnosis	Medical diagnosis
– ١Focuses on the responses to actual or potential health problems or life processes .	– ١ Focuses on the illness , injury or disease process
– ٢Changes as the client 's response and or the health problem changes .	– ٢Remains constant until a cure is effected .
– ٣Identifies situations in which the nurse is licensed & qualified to intervene .	- ٣Identifies conditions & the health care practitioner is licensed & qualified to treat .

Nursing diagnosis

١. Breathing patterns, ineffective. ١ Chronic obstructive pulmonary disease

٢. Activity intolerance. ٢ Cerebrovascular accident

٣. Pain. ٣ Appendectomy

٤. Body image disturbance. ٤ Amputation