Diagnosis

Chapter 17

Ra'eda Almashagba ١

Nursing Diagnosis:

A statement that describes a client's actual or potential <u>health problems</u> that a nurse can identify and for which she can order nursing interventions to maintain the health status, to reduce, eliminate or prevent alterations/changes.

Ra'eda Almashagba ٢

- Is the problem statement that the nurse makes regarding a client's condition which she uses to communicate professionally.
- It uses the critical-thinking skills analysis and synthesis in order to identify client strengths & health problems that can be resolves/prevented by collaborative and independent nursing interventions.

Nursing Diagnosing
- Is the 2nd step of the nursing process.
- The process of reasoning or the clinical act of identifying problems.
- Purpose: To identify health care needs
- To diagnose in nursing: it means to analyze assessment information and derive meaning from this analysis.

## NANDA – North American Nursing Diagnosis Association

- Identifies nursing functions
- Creates classification system
- Establishes diagnostic labels
- Purpose: "*to develop, refine, and promote a taxonomy of nursing diagnostic terminology of general use for professional nurses*".

Ra'eda Almashagba

٥

NURSING DIAGNOSIS :

Eg.
- **Problem : Fever →
nursing diagnosis :
Alteration in
thermoregulatory
function: or**

**hyperthermia related t
inflammatory proces**

Ra'eda Almashagba

٦
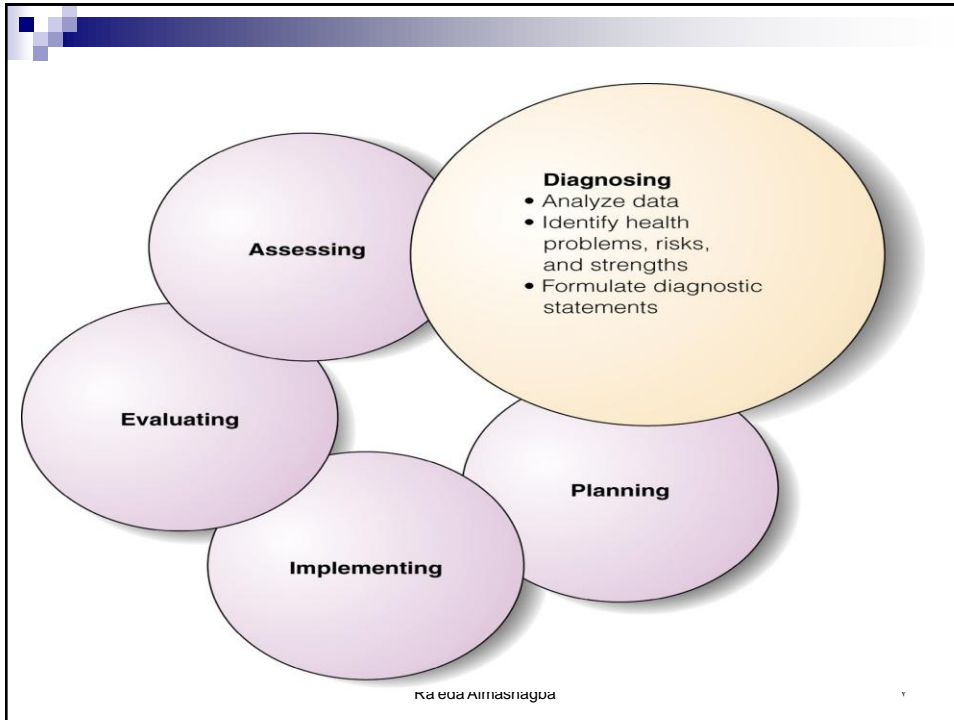
Ra'eda Almashagba

3 activities in Diagnosing:

∎DIAGNOSING =

Data Analysis +

Problem Identification+

Formulation of Nsg Diagnosis

Ra'eda Almashagba

Components of a nursing diagnosis: PES or PE

- Problem statement/diagnostic label/definition = P
- Etiology/related factors/causes = E
- Defining characteristics/signs and symptoms = S

Ra'eda Almashagba ٩

Characteristics of Nursing Diagnosis

- It states a clear and concise health problem.
- It is derived from existing evidences about the client.
- It is potentially amenable to nursing therapy.
- It is the basis for planning and carrying out nursing care.

Ra'eda Almashagba ١٠

TYPES OF NURSING DIAGNOSES

- 1. **Actual nursing diagnosis**
- 2. **Risk nursing diagnosis**
- 3. **Possible nursing diagnosis**
- 4. **Wellness nursing diagnosis**
- 5. **Syndrome nursing diagnosis**

Ra'eda Almashagba   ١١

Actual Nursing Diagnosis

- a client problem that is present at the time of the nursing assessment. It is based on the presence of <u>signs and symptoms</u>.
- Examples:
  - □ Imbalanced Nutrition: Less than body requirements r/t decreased appetite nausea as manifested by decreas body weight .
  - □ Ineffective airway clearance r/t to viscous secretions as manifested by productive coph
  - □ Acute Pain (Chest) r/t cough 2nrdary to pneumonia AMB client verbalization
  - □ Activity Intolerance r/t general weakness AMB clientverbalization

Ra'eda Almashagba   ١٢

Potential <u>Nursing diagnosis</u>

- one in which evidence about a health problem is incomplete or unclear therefore requires more data to support or reject it; or the causative factors are unknown but a problem is only considered possible to occur.
- Examples:
  - □ Possible nutritional deficit RT nausea
  - □ Possible low self-esteem r/t loss job
  - □ Possible altered thought processes r/t unfamiliar surroundings

Ra'eda Almashagba   ١٣

Risk Nursing diagnosis

- is a clinical judgment that a problem does not exist, therefore no S/S are present, but the presence of RISK FACTORS is indicates that a problem is only is likely to develop unless nurse intervene or do something about it.
- No subjective or objective cues are present therefore the factors that cause the client to be more vulnerable to the problem is the etiology of a risk nursing diagnosis.
- Examples:
  - □ Risk for Impaired skin <u>integrity</u> (left ankle) r/t decrease peripheral circulation in diabetes.
  - □ Risk for Constipation r/t inactivity and insufficient fluid intake
  - □ Risk for infection r/t compromised immune system.
  - □ Risk for injury r/t decreased vision after cataract surgery.

Ra'eda Almashagba   ١٤

Wellness nursing diagnosis

- clinical judgment about an individual, family and community in transition from a specific level of wellness to a higher level of wellness
  - □ E.g Knowledge deficit regarding breast feeding RT first time .
  - □ E.g Readiness for + higher level of wellness
  - □ Rudeness for enhance family coping.

Ra'eda Almashagba   ١٥

Syndrome nursing diagnosis

- comprises of <u>a cluster of problems</u>
  - □ Format: 1 part statement E.g -:
    - rape trauma syndrome)
    - risk for disuse syndrome.

Ra'eda Almashagba   ١٦

Formula in writing nursing diagnosis: PES or PE

- Actual nursing diagnosis
  - □ = Patient problem + Etiology – replace the (+) symbol with the words "RELATED TO" abbreviated as r/t.
  - □ = Problem + Etiology + S/S
- Risk Nursing diagnosis = Problem + Risk Factors
- Possible nursing diagnosis = Problem + Etiology

Ra'eda Almashagba   ١٧

Etiology **(Related/ Risk Factors) → the probable cause of the health problem; may include client's behavior, environmental factors or the interaction of the two;**

NANDA-" related to" to describe the etiology or likely cause

Example:

- **Activity intolerance related to decreased cardiac output.**
- **Ineffective breast-feeding related to first-time experience**
- **Altered bowel elimination; constipation related to insufficient fluid intake.**

Ra'eda Almashagba   ١٨

- **Problem Statement** → describes the client's health problem or response for which nursing therapy is given
- **Qualifiers** → **added words** to give additional meaning to the diagnostic statement
  - **Altered** → change from baseline
  - **Impaired** → made worse, weakened, damaged
  - **Decreased** → smaller in size, amount or degree
  - **Ineffective** → not producing the desired effect
  - **Acute** → severe or of short duration
  - **Chronic** → lasting a long time

Ra'eda Almashagba   ١٩

Activities during diagnosis

- Compare data against standards
- Cluster or group data
- Data analysis after comparing with standards
- Identify gaps and inconsistencies in data
- Determine the client's health problems, health risks, strengths
- Formulate Nursing Diagnosis – prioritize nursing diagnosis based on what problem endangers the client's life

Ra'eda Almashagba   ٢٠

Nursing diagnosis

Risk nursing diagnosis
= Problem + Etiology (risk factor)

➤ *Risk for infection* r/t surgical procedure.

➤ The client will demonstrate no signs or symptoms of infection.

Ra'eda Almashagba

٢١