

PREMIUM EDITION FOR NURSING STUDENTS

Nursing Process

NOTES READY TO STUDY



Nursing Process

It is a strategy of planning and delivering individualised nursing care that is methodical and reasonable.

The Nursing Process

The Nursing Process is the fundamental framework that organises and directs nursing care. It is fundamental to professional nursing practise. It has been conceptualised as a systematic set of autonomous nursing acts aimed at enhancing the client's optimal state of health. It is cyclical; the components are ordered logically, but more than one component may be involved at the same moment.

Nursing Process Goals

To determine a client's current or projected health care problems or requirements. To develop plans to address the identified requirements. It was created as a strategy for adopting a scientific or problem-solving approach to nursing practise.

NURSING PROCESS STEPS

A Delicious PIE

A ssessment
D iagnosis
P lanning
I mplementation
E valuation



A Apple PIE

A ssessment
D iagnosis
P lanning
I mplementation
E valuation



EVALUATION

To collect baseline data about the client. To ascertain the usual function of the client. To assess the client's risk for the diagnostic function. To determine whether or not the diagnostic function is present. To identify the client's strengths. To collect information for the diagnostic phase.

ASSESSMENT TYPES

Initial Evaluation

Identification of normal function, functional status, and data collecting on actual and probable malfunction.

Focus Assessment

Determine the status of a specific concern discovered during a prior evaluation.

Emergency evaluation

Identifying any life-threatening circumstance during an emergency. For example, during a cardiac arrest, a rapid examination of an individual's airway, respiratory state, and circulation is performed.

Reassessment time lapse

Several months after original evaluation. To compare the client's current health state with previously collected data.

Clinical Skills used in Assessment

Observation

The act of observing customer cues.
*looking, watching, inspecting, scrutinising, surveying, scanning, assessing. *uses several senses: vision, smell, hearing, touch.

Interviewing

Interaction and communication during an interview.

Physical Examination

INSPECTION PERCUSSION
AUSCULTATION INTUITION
Insights, intuition, or clinical experiences used to make decisions concerning client care.

INTERVIEWING STAGES

The start or introduction

The body or the process of development

The conclusion

Examination

The physical examination is a means of collecting data in a systematic manner to discover health concerns. The nurse employs inspection, palpation, percussion, and auscultation techniques to conduct the examination.

Data organisation

The nurse employs a structure that methodically organises the assessment data. This is also known as a nurse health history or a nursing evaluation form.

Data validation

The assessment information is "double-checked" or confirmed to ensure that it is correct and full.

Data documentation

The nurse records client data to finish the assessment step. Accurate documentation is critical, and it should contain all information gathered concerning the client's health state.



DIAGNOSIS

The second level of critical thinking skills is diagnosis, which involves interpreting evaluation data to identify client problems. NANDA (North American Nursing Diagnosis Association) defines and refines nursing diagnosis.

The Current Status of the Nursing Diagnosis

The nursing diagnostic statuses are real, health promotion, and risk.

A client concern that is present at the time of the nursing evaluation constitutes an actual diagnosis.

A health promotion diagnostic refers to a person's readiness to improve their health.

NURSING DIAGNOSIS

CLASSIFICATION:

High priority

This is a life-threatening situation that demands immediate treatment.

Medium priority

Resulting in unfavourable outcomes.

Low priority

Can be resolved with little interventions.



Outcome Criteria Characteristics

Availability to CARE

Maintain your focus on what is best for the patient. Respect others' opinions and ideals. Maintain your involvement. Maintain a healthy lifestyle

- S** Specific
- M** Measurable
- A** Attainable
- R** Realistic
- T** Time Frame

THE CENTRE OF THE NURSING PROCESS

SKILLS IN KNOWLEDGE - manual, intellectual, and interpersonal.
CARING

PLANNING

Prior to the execution of nursing care, determine the tactics or course of action to be pursued. In order to be effective, include the client and his family in the planning process.

IMPLEMENTATION

Putting the nursing care strategy into EFFECT! To assist clients in achieving their goals and maintaining their best state of health. Knowledge, technical abilities, communication skills, and therapeutic use of self are all required.

EVALUATION

IS EVALUATING THE CLIENT'S REACTION TO NURSING INTERVENTIONS.
COMPARING THE RESPONSE TO SET STANDARDS OR OUTCOME CRITERIA.

FOUR POSSIBLE JUDGES:

- The objective was totally met
- The target was only partially met
- The target was utterly missed
- New nursing diagnoses or issues have arisen.

Features of the NURSING PROCESS

- Problem-oriented
- I am goal-oriented
- Step by step, everything is in order. (systematic)
- Be willing to learn new things
- Interpersonal
- Allows for inventiveness
- Cyclical Universal.

NURSING PROCESS BENEFITS: FOR THE CLIENT

- CLIENT CARE OF HIGH QUALITY
- CLIENTS' PARTICIPATION IN THEIR HEALTH CARE CONTINUITY

NURSING PROCESS BENEFITS: FOR THE NURSE

- NURSING EDUCATION THAT IS CONSISTENT AND SYSTEMATIC
- SATISFACTION WITH THE JOB
- PROFESSIONAL DEVELOPMENT
- AVOIDING LEGAL ACTION
- PROFESSIONAL NURSING STANDARDS ARE MET
- MEETING ACCREDITED HOSPITALS' STANDARDS.

