Nursing Process

1. Assessment (Objective & Subjective)

2. Diagnoses

3. Planning

4. Implementation

5. Evaluation

Assessment: Objective Data

Data which is verbally spoken and expressed by the patient and other reliable sources, such as parents, spouses, caretakers, etc. These can be problems, concerns, and stated needs.

Assessment: Subjective Data

Data which can be felt, such as through seeing, touch, smell, heard, etc. A physical examination could lead to objective data, and compiled older information such as charts, medical history, lab results, and diagnosis.

Nursing Diagnoses vs Medical Diagnoses

Nursing	Medical
Deals with the human response to bio-physio-socio stressors	Focuses on treating and curing (pathology)
And/Or health problems the nurse is licensed and competent to treat	Deals with the disease process and/or medical condition/s.

Nursing Diagnoses Format

#_____ _____r/t_____ aeb_____ _

Priority	Step 1	Step Two	Step Three
*	Patient's needs or problem determined from the assessment	The cause (etiology) of the problem	The signs/symptoms (evidence of the problem)
	NANDA approved statement found in the book	r/t = related to	Aeb or mb = as evidenced by or manifested by.

♦ **Example:** #1 Sleeplessness r/t pain from surgical incision aeb bags under eyes, inability to comfortably sleep in her usual position due to surgical scar location, and patient rating her pain 8/10.

Prioritizing: How to prioritize

Existing problem	Actual. A firm diagnosis supported by validated data and statements.
High Risk	Has risk factors, but no signs of symptoms. More vulnerable to develop problems
Potential	Tentative. Requires additional data to confirm or rule out a problem

Nursing Diagnoses: Part One

Must be NANDA approved format modifiers

Impaired..	Ineffective..
Altered..	Risk For..
Decreased..	

♦ Risk For: These statements do not contain a symptoms and signs (evidence) portion, as they aren't happening yet.

Nursing Diagnoses: Part Two & Three

Indicates a relationship between the problem and its etiology

Cannot be a medical diagnosis

Must be modifiable by nursing interventions

The nurse must hold a license and be able to do something about it

It will fall into one of the five categories...	Pathophysical, Environmental, Situational, Psychological, Maturational

♦ Part 3: What are the important points of step 3 in the nursing diagnosis?
-Aeb and m/b must be based on your verified assessment data.
There is no aeb or m/b for "Risk for…"