NANDA Diagnosis Basics

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Significance of Nursing Diagnoses

Nursing Diagnosis:

> "A clinical judgment about individual, family, or community responses to actual and potential health problems/life processes. Nursing diagnoses provide the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable"-- NANDA

This document is designed to assist you in thinking your way through a Nursing Diagnosis. You already grasp the importance of establishing a nursing diagnosis for your patient, but the use of a "standardized nursing language" extends beyond the bedside. The goals you set for your patients are a large part of the purpose of Nursing Diagnosis but there are other significant reasons:

- It is a means of communicating nursing requirements for client care to other members of healthcare team
- Accurate diagnoses help ensure quality care
- Specificity of nursing interventions leads toward direct reimbursement for nursing
- "A Nursing Diagnosis taxonomy will help to bridge the gap between knowledge and practice and will articulate the scope of nursing practice."

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Identifying a Nursing Diagnosis

The types of Nursing Diagnoses can be broken down into three subsets:

- Actual problem
- Risk for problem
- Wellness issues

Components of a Nursing Diagnosis

- Diagnostic Label
  - name of nursing diagnosis listed in taxonomy, describes essence of problem
  - Example: Stress Incontinence; Anxiety; Feeding Self-Care Deficit
- Qualifiers
  - add additional meaning to a nursing diagnosis, changes in condition, etc.
  - Example: Altered; Impaired; Ineffective; etc.
- Definition and Defining Characteristics

    - NANDA approved, gives major and minor clinical cues that validate presence of actual nursing diagnosis
    - Example: "Pain" is defined as "an unpleasant sensory and emotional experience arising from actual or potential tissue damage or described in terms of such damage; a sudden or slow onset of any intensity from mild to severe with an anticipated or predictable end and a duration of less than six months.
- Risk Factors
    - intrinsic and extrinsic characteristics of client
    - makes client vulnerable or at risk
- Related Factors
    - Conditions, circumstances, etiologies that contribute to the problem not direct, causal relationship but some relationship can be described as “related to.”

It is helpful to formulate a nursing diagnosis using a PES Statement (Problem, Etiology, and Signs & Symptoms).

Problem	Etiology	Signs & Symptoms
Diagnostic Label	Cause/contributing risk factors	Defining characteristics

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Examples of Nursing Diagnoses

Activity Intolerance, related to alterations in oxygen transport system, secondary to Chronic Obstructive Pulmonary Disease (COPD).

P-In this case, “Activity Intolerance” is the “Problem” which is a Diagnostic Label (intolerance is a Qualifier). E-“Alterations in oxygen transport system” is the “Etiology,” and, in this case, S- “secondary to COPD” is the defining characteristic.

P-Constipation, related to, E- inadequate water intake, low fiber diet, and decreased activity. S- Patient states “abdominal discomfort” and no BM for 5 days.

Remember, establishing a Nursing Diagnosis is just one part of the Nursing Process picture…You’ll still need to Plan, Implement, Evaluate outcomes and much more!

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