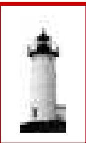

NURSING PROCESS: THE FOUNDATION FOR CLINICAL REASONING

ASSESSMENT **Collect and record data to provide the information needed to:**

- ❑ Predict, prevent, detect, manage, and resolve problems, issues, and risks
- ❑ Clarify expected outcomes---observable desired results/benefits---of care.
- ❑ Identify individualized interventions to achieve outcomes, promote health and well-being, and attain optimum function and independence

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DIAGNOSIS / OUTCOME IDENTIFICATION **Analyze and synthesize (bring together) data to (1) clarify desired outcomes (expected benefits of care), and (2) identify the problems, risks, or issues that must be managed to achieve the *outcomes.*** ***Diagnosis* and Outcome Identification** often happen almost simultaneously (a "chicken or the egg" situation) with thinking going back and forth between questions like,...*What are the major problems, issues, and risks?... What does the patient want to achieve? What, realistically, must be achieved?* **During this phase, in addition to clarifying outcomes, you:**

- ❑ Identify signs and symptoms that may indicate the need for referral to a more qualified professional (report these immediately)
- ❑ Rule in and rule out suspected problems
- ❑ Decide what problems, issues, and risks must be managed in order to achieve the outcomes
- ❑ Identify risk (related) factors that must be managed.
- ❑ Determine the patient's resources, strengths, use of healthy behaviors
- ❑ Recognize health states that are satisfactory but could be improved
- ❑ **Reflect on thinking** to determine whether: **(1)** Patient participation in the process has been at an optimum level **(2)** Data is accurate and complete, **(3)** Assumptions have been identified, and thinking tailored to individual patient and circumstances **(4)** Conclusions are based on facts (evidence), rather than guesswork, and **(5)** Alternate conclusions, ideas, and solutions have been considered. **Reflecting on thinking applies to all the phases, but is placed here because it requires *analysis,* which is the focus of this phase.**

PLANNING **Ensure that there's a comprehensive, recorded, outcome-focused plan that's tailored to the individual patient and circumstances. The plan should be designed to:**

- ❑ Address short-term and long-term outcomes.
- ❑ Monitor and manage priority problems, issues, and risks.
- ❑ Promote optimum comfort, function, independence, and health.
- ❑ Coordinate care and include patients as partners in decision-making and care.
- ❑ Achieve the desired outcomes safely, efficiently, and cost-effectively.
- ❑ Include teaching to help patients make informed decisions and become independent
- ❑ Provide a record that can be used to monitor progress and communicate care.

IMPLEMENTATION **Put the plan into action by:**

- ❑ Assessing the patient to determine whether interventions are still appropriate and patient is ready.
- ❑ Prioritizing, delegating, and coordinating care as indicated, including patients as partners in decision-making and care.
- ❑ Preparing the environment and equipment for safety, comfort, and convenience.
- ❑ Performing interventions, then reassessing to determine initial responses.
- ❑ Making immediate changes as needed—updating the recorded plan if required.
- ❑ Charting to monitor progress and communicate care

EVALUATION **Carefully determine outcome achievement and how the process can be improved.**

- ❑ Assess patient status to determine whether expected outcomes have been met and what factors promoted or inhibited the success of the plan.
- ❑ Plan for ongoing assessment, improvement, and patient independence.
- ❑ Discharge the patient or modify the plan as indicated.

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