

NURSING CARE PLAN GUIDE
ASSESSMENT OF UNIVERSAL SELF CARE REQUISITES

DEFINITION: Organized and systematic process of collecting data from a variety of sources to evaluate the health status of a patient.

ASSESSMENT		PLANNING			EVALUATION
Universal Self Care Requisites	Nursing Diagnosis	Expected Outcomes	Nursing Interventions	Rationale	Outcome Assessment
<p>DEFINITION:</p> <p>(USCR) the category of self-care requisites that are basic and common to all humans and are constantly present; these needs must be met to achieve optimal health and well-being. There are eight universal self-care requisites:</p> <p>(1) AIR (2) FOOD (3) WATER (4) ELIMINATION (5) ACTIVITY AND REST (6) SOLITUDE AND SOCIAL INTERACTION (7) PREVENTION OF HAZARDS (8) NORMALCY</p> <p>Self-Care Agency (SCA) - assets or abilities of an individual to perform self-care.</p> <p>Self-Care Deficit (SCD) - deficit relationship that exists when the demand for self-care exceeds the person's ability to perform self-care.</p> <p>Nursing System: the series of organized concrete action performed by nurses in collaboration with the patient. There are three types of nursing systems:</p> <p>(1) wholly compensatory (2) partly compensatory (3) supportive-educative</p>	<p>DEFINITION:</p> <p><u>Problem</u>: statement of the patient's risk for or actual health problem that the nurse is licensed and accountable to treat.</p> <p><u>Etiology</u>: factors "related to" or "associated with" the patient's problem.</p> <p><u>Symptoms</u>: manifestation of problem identified.</p>	<p>DEFINITION:</p> <p>Desired or expected outcomes of nursing diagnosis:</p> <p>"Patient will" _____</p> <p>_____</p> <p style="text-align: center;">or</p> <p>to _____</p> <p>_____</p> <p>_____</p>	<p>DEFINITION:</p> <p>Direction for nursing action designed to assist the client and/or significant other to meet the expected outcomes. Nursing actions are specific, realistic, and individualized for a particular patient.</p> <p>Components of nursing actions:</p> <ol style="list-style-type: none"> 1. Precision action verb 2. Content area <ol style="list-style-type: none"> a. What-the actual measure performed b. Where - specific area c. How- the means by which measures will be adopted d. When - time element, how long or how often the nursing action is to occur 3. Categories of Interventions <ul style="list-style-type: none"> A - assessment C - care & comfort measures T - teaching <p>Independent, dependent, collaborative, and supportive - educative nursing actions are to be considered when writing the plan</p>	<p>DEFINITION:</p> <p>Scientific principles, theories or concepts underlying nursing interventions:</p> <p>Document the source with author, title, edition, and page.</p>	<p>DEFINITION:</p> <p>Responses to or results of nursing interventions. An assessment of relative data is made. These outcome assessments describe how the patient looks, feels or behaves after nursing action has been implemented.</p> <p>May include proposed modifications or present plan for improvement of nursing care.</p>

NURSING DIAGNOSIS: NANDA 2003

AIR

RESPIRATION

Airway clearance, ineffective
Aspiration, risk for
Breathing pattern, ineffective
Gas exchange, impaired
Spontaneous ventilation: inability to sustain
Ventilatory weaning response, dysfunctional
Ventilation, impaired spontaneous

WATER

CIRCULATION

Adaptive capacity intra-cranial, decreased
Cardiac output, decreased
Dysreflexia
Tissue perfusion, ineffective (specify): cerebral, cardio-pulmonary, renal, gastro-intestinal peripheral)

FLUID

Fluid volume deficit
Fluid volume deficit, risk for
Fluid volume excess
Fluid volume imbalance, risk for
Fluid volume, readiness for enhanced
Oral mucous membranes, impaired
Swallowing, impaired

FOOD

FOOD/FLUID

Breastfeeding, effective
Breastfeeding, ineffective
Breastfeeding, interrupted
Dentition, impaired
Infant feeding pattern, ineffective
Nausea
Nutrition, imbalanced: less than body requirements
Nutrition, imbalanced: more than body requirements
Nutrition, readiness for enhanced
Nutrition, imbalanced: risk for more than body requirements

ELIMINATION

ELIMINATION

Constipation
Constipation, risk for
Constipation, perceived
Diarrhea
Incontinence, bowel
Incontinence, functional (urinary)
Incontinence, reflex (urinary)
Incontinence, stress (urinary)
Incontinence, total (urinary)
Incontinence, urge (urinary)
Incontinence, urge (urinary) risk for
Urinary elimination, impaired
Urinary elimination, readiness for enhanced
Urinary retention

ACTIVITY/REST

ACTIVITY/REST

Activity intolerance
Activity intolerance, risk for
Disuse syndrome, risk for
Diversional activity deficient
Fatigue
Sleep deprivation
Sleep, readiness for enhanced
Sleep pattern disturbed
Transfer ability, impaired
Walking, impaired

HYGIENE

SOLITUDE - SOCIAL ISOLATION

EGO INTEGRITY

Adjustment, impaired
Anxiety, death
Anxiety (specify level)
Body image disturbed
Conflict, decisional (specify)
Conflict, parental role
Coping, ineffective community
Coping, community, readiness for enhanced
Coping, compromised family
Coping, disabled family
Coping, family, readiness for enhanced
Coping, defensive
Coping, readiness for enhanced
Denial, ineffective
Energy field, disturbed
Fear
Grieving, anticipatory
Grieving, dysfunctional
Hopelessness
Personal identity disturbed
Post trauma response
Powerlessness
Powerlessness, risk for
Rape-trauma syndrome
Rape-trauma syndrome: compound reaction
Rape-trauma syndrome: silent reaction
Relocation stress syndrome
Relocation stress syndrome, risk for
Self-concept, readiness for enhanced
Self-esteem, chronic low
Self-esteem, situational low
Self-esteem, situational low, risk for
Sorrow, chronic
Spiritual distress
Spiritual distress, risk for

SOCIAL INTERACTION

Caregiver role strain
Caregiver role strain, risk for
Communication impaired, verbal
Communication, readiness for enhanced
Community coping, enhanced, potential for
Community coping, ineffective
Environmental interpretation syndrome, Impaired
Failure to thrive, adult
Family coping, ineffective: compromised
Family coping, ineffective: disabling
Family coping, potential for growth
Family process, dysfunctional: alcoholism
Family processes, interrupted
Family processes, readiness for enhanced
Loneliness, risk for
Parent/infant/child attachment impaired, risk for
Parenting, impaired
Parenting, impaired risk for
Parenting, readiness for enhanced
Role performance, ineffective
Role strain, caregiver
Role strain, caregiver, risk for
Social interaction, impaired
Social isolation

NEUROSENSORY

Confusion, acute
Confusion, chronic
Infant behavior, disorganized
Infant behavior, disorganized, risk for
Infant behavior, organized, potential for enhancement
Memory, impaired
Peripheral neurovascular dysfunction, risk for
Sensory-perceptual alterations (specify): visual, auditory, kinesthetic, gustatory, tactile, olfactory

SEXUALITY (COMPONENT OF EGO INTEGRITY AND SOCIAL INTERACTION)

Sexual dysfunction

Self-care deficit (specify): feeding, bathing/
hygiene, dressing/grooming, toileting

Sexuality patterns, ineffective

PAIN/COMFORT

Pain, (acute)

Pain, chronic

Injury, risk for

Perioperative positioning injury, risk for

Physical mobility, impaired

Social isolation

HAZARDS

SAFETY

Body temperature, imbalanced, risk for

Environment interpretation syndrome, impaired

Falls, risk for

Health maintenance, ineffective

Home maintenance, impaired

Hyperthermia

Hypothermia/infection, risk for

Infection: Risk for or actual

Injury, risk for

Latex allergy, response

Latex allergy response, risk for

Mobility impaired, physical

Mobility impaired, bed

Mobility impaired, wheelchair

Perioperative positioning injury, risk for

Physical mobility, impaired

Poisoning, risk for

Protection, ineffective

Self-mutilation

Self-mutilation, risk for

Skin integrity, impaired

Skin integrity, impaired, risk for

Sudden infant death syndrome, risk for

Suffocation, risk for

Thermoregulation ineffective

Tissue integrity, impaired

Trauma, risk for

Violence, other directed, risk for

Violence, self directed, risk for

Wandering

NEUROSENSORY

Confusion, acute

Confusion, chronic

Infant behavior, disorganized

Infant behavior, disorganized, risk for

Infant behavior, organized, readiness for
enhanced

Memory, impaired

Neglect, unilateral

Peripheral neurovascular dysfunction, risk for

Sensory-perceptual disturbed (specify): visual,
auditory, kinesthetic, gustatory, tactile,
olfactory

NORMALCY

EGO INTEGRITY

Fear

Grieving, anticipatory

Grieving, dysfunctional

Hopelessness

Personal identity disturbed

Post-trauma syndrome

Post-trauma syndrome, risk for

Spiritual well-being, readiness for enhancement

TEACHING/LEARNING

Development, risk for delayed

Growth and development, delayed

Growth, Risk for disproportionate

Health-seeking behaviors (specify)

Knowledge deficient (specify)

Knowledge (specify), readiness for enhanced

Management of therapeutic regime, effective

Management of therapeutic regime, Ineffective

Management of therapeutic regime, readiness for
enhanced

Management of therapeutic regimen: Community,
ineffective

Management of therapeutic regimen: family
ineffective

Non-compliance (compliance, altered) (specify)

NANDA 2004

