

# INTRODUCTION TO CLINICAL PHARMACOLOGY



## CHAPTER 4 THE NURSING PROCESS



# FIVE PHASES OF NURSING PROCESS

- Assessment
- Nursing diagnosis
- Planning
- Implementation
- Evaluation



# ADPIE



# THE FIVE PHASES OF THE NURSING PROCESS: ASSESSMENT #1

- **Assessment: collecting objective and subjective data**
  - **Objective data**
    - **Facts obtained by means of a physical assessment, physical examination**
  - **Subjective data**
    - **Facts supplied by patient or patient's family**



# THE FIVE PHASES OF THE NURSING PROCESS: ASSESSMENT #2

- Initial assessment
  - Objective and subjective data collected when patient is first seen in a hospital, outpatient clinic, health care provider's office, or other type of health care facility
  - Objective data
    - Obtained during initial assessment through activities, such as examining skin, obtaining vital signs, palpating a lesion, auscultating lungs



# THE FIVE PHASES OF THE NURSING PROCESS: ASSESSMENT #3

- Initial assessment (cont.)
  - Subjective data
    - Acquired during initial assessment by obtaining information from patient, such as family history of disease, allergy history, occupational history, description of current illness or chief complaint, medical history, and drug history



# THE FIVE PHASES OF THE NURSING PROCESS: ASSESSMENT #4

- Ongoing assessment
  - Made at time of each patient contact and may include the collection of objective data, subjective data, or both
  - Objective data
    - Blood pressure; pulse; respiratory rate; temperature; weight; examination of the skin; examination of an intravenous infusion site; auscultation of the lungs



# THE FIVE PHASES OF THE NURSING PROCESS: ASSESSMENT #5

- Ongoing assessment (cont.)
  - Subjective data
    - Any statements made by the patient about relief or nonrelief of pain or other symptoms after administration of a drug



# THE FIVE PHASES OF THE NURSING PROCESS: NURSING DIAGNOSIS #1

- Nursing diagnosis
  - Description of patient's problems and their probable or actual related causes based on subjective, objective data in database
- Provide framework for selection of nursing interventions to achieve expected outcomes
- North American Nursing Diagnosis Association (NANDA-1): formed to standardize the terminology used for nursing diagnoses



# THE FIVE PHASES OF THE NURSING PROCESS: NURSING DIAGNOSIS #2

- Frequently used nursing diagnoses related to administration of drugs:
  - Effective Therapeutic Regimen Management
  - Ineffective Therapeutic Regimen Management
  - Deficient Knowledge
  - Noncompliance
  - Anxiety



# THE FIVE PHASES OF THE NURSING PROCESS: PLANNING #1

- Nurse develops expected outcomes after nursing diagnoses are formulated
  - Expected outcome: describes maximum level of wellness that is reasonably attainable for patient
  - Expected patient outcomes related to drug administration
    - Patient will effectively manage the therapeutic regimen



# THE FIVE PHASES OF THE NURSING PROCESS: PLANNING #2

- Expected patient outcomes related to drug administration (cont.)
  - Patient will understand the drug regimen
  - Patient will comply with the drug regimen



# THE FIVE PHASES OF THE NURSING PROCESS: PLANNING #3

- **Nurse:** selects appropriate interventions on basis of expected outcomes to develop plan of action or patient care plan
- **Planning phase:** describes the steps for carrying out nursing activities or interventions that are specific and that will meet the expected outcomes
  - **Expected outcomes** serve as basis for evaluating the effectiveness of nursing interventions



# THE FIVE PHASES OF THE NURSING PROCESS: IMPLEMENTATION #1

- **Implementation:**
  - Carrying out of a plan of action, is natural outgrowth of assessment and planning phases of nursing process
  - Refers to preparation, administration of one or more drugs to specific patient when related to administration of drugs



# THE FIVE PHASES OF THE NURSING PROCESS: IMPLEMENTATION #2

- Implementation (cont.)
  - Effective Therapeutic Regimen Management:
    - Nursing diagnosis: takes into consideration that patient is willing to regulate, integrate into daily living the treatment regimen



# THE FIVE PHASES OF THE NURSING PROCESS: IMPLEMENTATION #3

- Implementation (cont.)
  - Effective Therapeutic Regimen Management (cont.)
    - Patient willing, able to manage treatment regimen: He or she may simply need information concerning drug; method of administration; what types of reactions to expect; what to report to primary health care provider



# THE FIVE PHASES OF THE NURSING PROCESS: IMPLEMENTATION #4

- Implementation (cont.)
  - Effective Therapeutic Regimen Management (cont.)
    - Patient willing to take responsibility: need to develop teaching plan that gives patient information needed to properly manage therapeutic regimen



# THE FIVE PHASES OF THE NURSING PROCESS: IMPLEMENTATION #5

- Implementation (cont.)
  - Ineffective Therapeutic Regimen Management
    - NANDA definition: pattern of regulating and integrating into daily living program for treatment of illness and sequelae of illness that is unsatisfactory for meeting specific health goals



# THE FIVE PHASES OF THE NURSING PROCESS: IMPLEMENTATION #6

- Implementation (cont.)
  - Ineffective Therapeutic Regimen Management (cont.)
    - Patient who is not managing the drug regimen correctly: nurse must ensure that patient understands drug regimen
    - Discuss drug regimen with patient, including reason drug is to be taken, times, amount, adverse reactions to expect, reactions that should be reported



# THE FIVE PHASES OF THE NURSING PROCESS: IMPLEMENTATION #7

- Implementation (cont.)
  - Deficient Knowledge
    - Absence or deficiency of cognitive information on a specific subject
    - Determine what information patient is lacking and then plan a teaching session that directly pertains to specific area of need



# THE FIVE PHASES OF THE NURSING PROCESS: IMPLEMENTATION #8

- Implementation (cont.)
  - Noncompliance
    - Behavior of patient or caregiver that fails to coincide with therapeutic plan agreed on by patient and health care provider
    - Lack of information about the drug, the reason the drug is prescribed, or the expected or therapeutic results; also result of anxiety or bothersome side effects



# THE FIVE PHASES OF THE NURSING PROCESS: IMPLEMENTATION #9

- Implementation (cont.):
  - Anxiety:
    - Vague uneasiness or apprehension that manifests itself in varying degrees from expressions of concern regarding drug regimen to total lack of compliance with the drug regimen; decreases with understanding of therapeutic regimen
    - Critical for nurse: allow time for a thorough explanation and to answer all questions and concerns in language patient can understand



# THE FIVE PHASES OF THE NURSING PROCESS: EVALUATION #1

- Decision-making process that involves determining effectiveness of nursing interventions in meeting expected outcomes
- Used to determine if the patient or family member understands the drug regimen
- Evaluate patient's response to therapy: check patient's blood pressure every hour, inquire whether pain has been relieved, or monitor pulse every 15 minutes



# THE FIVE PHASES OF THE NURSING PROCESS: EVALUATION #2

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- Evaluate patient's or family's understanding of drug regimen, noting if one or both appear to understand the material that has been presented



# QUESTION #1

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What are the correct phases of the nursing process?

- A. Assessment and analysis
- B. Assessment and evaluation
- C. Assessment, nursing diagnosis, planning, implementation, and evaluation
- D. Nursing diagnosis, planning, implementation, and evaluation



# ANSWER TO QUESTION #1

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- C
- The five phases of the nursing process are assessment, nursing diagnosis, planning, implementation, and evaluation.



# QUESTION #2

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- Is the following statement true or false?
- Evaluation is the first phase of the nursing process.



# ANSWER TO QUESTION #2

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- False
- Assessment is the first phase of the nursing process, and evaluation is the last phase of the nursing process.

