Introduction

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Objective

- Describe purpose of health assessment in nursing.
- Describe difference between health assessment in nursing and medicine.
- Describe four types of database used in the collection of data.

Cont…d

Definition of health;

- Health is a state of complete physical, mental, and social well-being and is not merely the absence of disease or infirmity.

Health Assessment

Definition of assessment;

- It is the collection of data about an individual's health state.
- A clear idea of health is important, because it determines which assessment data to collect.

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- Medical diagnosis evaluate the cause and etiology of the disease.
- Nursing diagnosis evaluate the response of the whole person to actual or potential health problem.
- ND and MD are independent and interrelated.

Differences between Medical and Nursing Diagnosis

Medical Diagnosis	Nursing diagnosis
Identifies the pathologic basis for an illness	Identifies a response to illness
Focuses on the physical conditions of the client	Focuses on the physical, psychosocial, and spiritual needs of the client
Addresses actual existing problems	Addresses actual and potential problems
Is not validated with the client	Validated with the client if possible

Types of Data Collection

- There are four kinds of database.
- Every examiner needs to collect;
  - Complete
  - Episodic/focused (problem centered)
  - Follow up/time lapsed
  - Emergency

Cont…d

Complete or total health data base;

- This includes a complete health history (11 FP) and a full physical examination. It yields 1st Dx.
- It describes the current and past health state and form a baseline.
- It is collected in any setting (OPD, emergency, well person unit) for well or ill person.

Cont…d

- For a well person, it describes the person's health state perception of health, strength or assets such as health maintenance behaviors, individual coping patterns, support systems, current developmental tasks and any risk factors.

Cont…d

- For the ill person, the database also includes a description of the person's health problems, perception of illness, and response to problems.
- Based on the data base the nursing diagnoses could father be developed.

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Episodic or problem centered data base;

- Collects a “mini” data base, smaller in scope than the completed database.
- It concerns mainly one problem or one system.
- It is used in all settings- hospital, primary care or long term care.

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- For example 2 days following surgery, a patient suddenly develops a congested cough, shortness of breath, and fatigue. The history and examination focuses primarily on the respiratory and cardiovascular systems.

Cont…d

Follow up data base;

- The status of any identified problems should be evaluated at regular and appropriate intervals.
- What change has occurred? Is the problem getting better or worse?

Cont…d

Emergency data base;

- This calls for a rapid collection of the data base with life- saving measures.
- For ex, in a hospital emergency department, a person with suspected poisoning the first history question could be “what did you take?”

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- The person is questioned simultaneously while the airway, breathing and circulation are being assessed.
- It needs more rapid collection of data than the episodic data base.

Holistic approach

- It is the assessment of the “whole” person.
- That is study of the mind, body and sprit, beyond the sum of all the parts of an individual.
- Also refers to the beliefs that all parts of a living organism work together to determine the health of the entire person.

Cont…d

- Holistic health is based on the interdependence of the body, mind and sprit in dynamic interaction.

Holistic principle of health

- All state of health and disease have.....

Nursing Process

Definition;

- The nursing process is a systematic problem solving method for providing individualized care for clients in all stages of health.
- It is a decision making approach that promotes critical thinking.

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- It is the deliberate (careful, thoughtful, intellectual) intellectual (rational, conceptual, reasonable, knowledgeable) activity (state of functioning, changing, behaving, initiating) where by the practice of nursing approached in orderly (methodical, efficient, logical arrangement) systematic (purposeful, pertaining to classification) manner.

Cont…d

- Two assumptions of nursing process;
  - Professional nursing practice is interpersonal in nature.
  - Professional nurse view human being as a holistic (body, mind, spirit).

Cont…d

- Nursing process is;
  - Provides order and direction during nursing care.
  - A means of evaluating quality of nursing care.
  - The essence of professional nursing practice.

Cont…d

- The tool and methodology of nursing professional to make decision.
- Assures accountability and responsibility to the client.
- In nursing clients are individuals, family, community, so that the nursing process adapted to each.

Cont…d

Characteristics of the Nursing Process;

- Goal directed.
- Systematic and organized.
- Dynamic and always changing.
- Widely applicable to clients, families and groups.
- Adaptable to changing client situations.
- Interpersonal and interactive.

Cont…d

- Many books compare the nursing process with the scientific method of solving problems.
- The steps are similar in the two approaches as they proceed from, identification of the problem to evaluation of the solution.

Cont…d

- However one difference is that the scientist identifies the problem first and then collects the data. In contrast, the nurse collects the data first and then determines the problem.

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Components of the Nursing process;

- A five-step process includes sequentially namely;
  1. Assessment
  2. Nursing diagnosis
  3. Planning
  4. Implementation
  5. evaluation.

1. Assessment

- It is the first step.
- Vital and base of other steps.
- Always leads to NDx.
- Has two phases:
  - Data collection
  - Data analysis

Cont…d

- Holistic view: biological, psychological, social, and spiritual.
- It includes: biographical data, HHx, subjective and objective data.
- A continuous, ongoing reassessment for immediate change for the rest of steps.

2. Nursing diagnosis

- It is recognized from the ANA definition of nursing “diagnosis and treatment of human responses to actual or potential health problems”.
- The diagnostic statement identifies the clients actual and potential health problems, deficit, concern.

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- The diagnostic statements are derived from nursing inference based on assessed and validated data.
- A diagnosis may deal with an actual or potential health problems.
- Should be prioritized based on the impact on health.

Cont…d

- Writing nursing diagnosis;
  - Two format: actual (problem + related factors + CM); potential (problem + related factors).
  - Recording medical diagnosis as the etiology of nursing diagnosis is incorrect because nursing intervention can be directed at the etiological factors and problems.

Cont…d

- Common errors in writing nursing diagnostics statement;
  - Not legally incriminated (legally incriminated).
  - Using medical terminology (focus on persons response). E.g. altered hemodynamics related to hemorrhage.

Cont…d

- Based on a value judgment (clinical evidence based judgment). E.g. spiritual distress related to atheism.
- Two problems at the same time (one at a time).

3. Planning

- 3rd step of nursing process.
- Involves the mutual setting of goals and objectives, judging priorities, and designing methods.
- During planning, priorities are set (Maslow's hierarchy), goals and objectives are determined, expected outcomes are developed and a nursing care plan is formulated.

Cont…d

- Goals and objectives;
  - Are derived from NDx and established for each NDx.
  - Should be realistic, attainable, supportive for the client, and mutually acceptable.
  - Goals are stated in broad terms.

Cont…d

- Goal can be;
  - Client centered goal, what the client is expected to be achieved. Client is the subject, broad, and not observable.
  - Nursing goal, what the nurse is expected to achieve.
- Expected outcome should be understandable and placed in proper time frame.

4. Implementation

- The 4th step of nursing process.
- The action initiated to accomplish the defined goals and objectives.
- The actual giving of nursing care.
- It is putting the plan into action.

Cont…d

- Intervention;
  - It is interposition or interference of one state in the affairs of another, a coming between.
  - Simply writing prescription by physician.

Cont…d

- Nurse function during intervention;
  - Independent
  - Interdependent
  - Dependent

5. Evaluation

- The 5th and final step of using process.
- The appraisal of the client's behavioural change.
- May lead to reassessment.
- Process evaluation focuses on the activities of nurse and done during or at the end.

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- Out come evaluation, is based on behavioural changes.
- Structure evaluation, relates to appropriate equipment to assess the client or carry out the plan as inaccurate scale would lead to wrong data and the organization within which the nurse works as time limitation.

Cont…d

- Steps of evaluation process;
  - Selecting criteria (objective).
  - Collecting data.
  - Comparing evidence collected.
  - Making judgement.

Process evaluation question

- Assessment;
  - Were collected data related to health problems?
  - Was PE carried out and the results recorded?
  - Was the analysis logical? Did it make use of data collected? Were significant findings mentioned in the analysis?

Cont…d

- Diagnosis;
  - Was the diagnosis based on the analysis?
  - Is the diagnosis a logical conclusion from the data collected.

Cont…d

- Planning;
  - Are goals and objectives stated?
  - Does the plan rationally follow from the diagnosis?
  - Were the goals and objectives mutually established with the clients.

Cont…d

- Implementation;
  - What activities did the nurse carry out?
  - What activities did the client carry out?
  - Were the activities consistent with the objectives?

Cont…d

- Evaluation;
  - Were the goals and objectives accomplished?
  - What evaluation methods were used?

Thank you for your attention!!!