



NANDA INTERNATIONAL



NURSING DIAGNOSES

Definitions and Classification

2024–2026

Thirteenth Edition



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NANDA International, Inc.

Nursing Diagnoses

Definitions and Classification

2024–2026

Thirteenth edition

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Thieme addresses people of all gender identities equally. We encourage our authors to use gender-neutral or gender-equal expressions wherever the context allows.

Dedication

The editors would like to dedicate this text to Drs. Mary Ann Lavin and Kristine Gebbie, the founders of NANDA International. These visionaries considered a world in which nurses would be valued for their judgments, and would be able to share nursing data across sites to make nursing visible, improve patient care, and advance nursing research that builds nursing knowledge. Fifty years later, we have an international classification that is used worldwide, translated into more than 20 languages, and included in electronic health records. Our work will never be done, but their first step made all that has come since possible. We offer our everlasting gratitude to Mary Ann and Kristine!

Preface

Over the last several years we have seen many changes impacting nursing practice across the globe. The availability of health care professionals and the cost of care remain major concerns as well the increasing demands for care that persist following the COVID-19 pandemic. Increasing technology and specialization have contributed to the complexity of patient care that cannot be completely explained by disease conditions. Now we are seeing a surge in activity related to artificial intelligence as electronic health records become more widely available. These shifts are prompting nurses more than ever to consider developing and using standardized language in clinical care, education and research. Indeed, we are compelled to critically examine how well nursing assessments, interventions and care outcomes can be linked and documented to improve the quality and safety of nursing care. We must also examine how these large data sets can be used to clarify nursing's unique role and impact in health care. Standardizing language will increase nursing's visibility and improve communication within the health care team.

In this 2024–2026 version, the Thirteenth Edition, the classification provides 277 diagnoses, with the addition of 56 new diagnoses. Each nursing diagnosis has been the product of one or more of our many NANDA International (NANDA-I) volunteers and has a defined level of evidence base. Each new diagnosis has been reviewed by our Diagnosis Development Committee (DDC) members assigned as primary reviewers, and by blinded content experts, and refined based on those reviews – with the acceptance of the original submitter(s) – prior to publication. Additionally, the NANDA-I axes and axial terms have been revised. It is our hope that publication of these diagnoses will facilitate further validation studies in different parts of the world, to achieve a higher level of evidence. I want to strongly encourage all students and researchers to submit their nursing diagnosis-related research results to NANDA-I, to improve the evidence base of the classification.

The NANDA-I classification is currently translated into more than 20 languages. During this cycle, we continued to incorporate standardized terms from the United States National Library of Medicine, the Medical Subject Headings (MeSH), to facilitate translation and to provide standardized definitions for our diagnostic indicators. This mapping supports consistent understanding of those diagnostic indicators while also supporting translators in their work.

We continue to encourage the ongoing revision and refinement of existing diagnoses to reflect the most recent evidence and observations from practice. Literature support for all diagnoses is provided through our online companion site, to maintain a smaller book size: www.thieme.com/nanda-i. We also always welcome submissions for new nursing diagnoses. Please visit our website at <https://nanda.org/connect-engage/committees-task-forces/diagnosis-development> for guidance in submitting your proposals and commentary. We also encourage you to share your ongoing and completed research on nursing knowledge and nursing diagnosis development through our online research registry, available at <https://nanda.org/research-registry>. This also provides a forum for those who are interested in collaborative efforts related to their area of interest.

Our organization now marks the sixth year in our strategic partnership with our academic partner, Boston College (BC) and the Connell School of Nursing. Under the direction of Dr. Dorothy Jones, the *Marjory Gordon Program for Knowledge Development and Clinical Reasoning* has welcomed scholars from Brazil, Italy, Nigeria and Spain. These scholars have enhanced our global collaboration in creating an evidence base to support the use of standardized language in all countries. Our last conference at BC in 2023 marked our 50th Anniversary as an Association. We look forward to additional conferences, educational opportunities, postdoctoral scholarships, and future opportunities that this partnership with BC will bring. I wish to extend my sincere gratitude to Dr. Jones, Dean Katherine Gregory, and Associate Dean Christopher Grillo for their collaboration, collegiality, and dedication to making this partnership a reality.

I want to acknowledge the work of all NANDA-I volunteers, committee members, chairpersons, and members of the Board of Directors for their time, commitment, devotion, and ongoing support. I would also like to thank the various content experts who, although not members of NANDA International, contributed countless hours to reviewing and revising diagnoses in their area of expertise. The NANDA-I staff, led by our Chief Executive Officer, Dr. T. Heather Herdman, is to be commended for its efforts and support.

My special thanks to the members of the DDC and the Expert Clinical Advisory Panel for their outstanding and timely efforts to review and edit the terminology represented within this book, and especially for the leadership of our DDC Chair, Dr. Camila Takáó Lopes. Representatives from Asia, Europe, Latin America and North America, serve on this important/remarkable committee and provide the essential fuel for NANDA-I's primary mission. The group offers a wealth of expertise and opportunities to engage in knowledge

development. I am deeply impressed and pleased by the astonishing, comprehensive work of these volunteers during this cycle, and I am confident that you will be, as well.

It is my honor and privilege to serve as President of this dedicated association of international nurses, and I look forward to where the future will continue to take our work.

Laura Rossi, PhD, RN, FNI
President, NANDA International, Inc.

Acknowledgments

During this edition, every diagnosis within the NANDA-I classification was revised in some manner. For some diagnoses, these changes were editorial in nature – meaning that phrases were changed to improve consistency throughout the classification. However, others received substantial changes including label changes, definition changes, and/or changes to diagnostic indicators to reflect recent evidence. This work would not be possible without a significant amount of voluntary time and effort donated by many nurses around the world. We would especially like to show appreciation to the following:

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Other support.

The editors would like to extend a special acknowledgement to Mary Kalinosky, Senior Technical Developer, from Thieme Publishers. Her work to create and adapt the NANDA-I terminology database has significantly improved our ability to evaluate and revise the terms within the classification, and to improve the capabilities we can provide to our users. We are in her debt for her dedication to this enormous project, which seems to grow each cycle. In the current edition she has integrated all of our Axis values, prepared for our current and new level of evidence levels, and improved functionality within the database for us as we work to maintain, revise, and update our content. This database then provides us with the ability to offer electronic health record vendors, and individual health organizations, an electronic format that can be integrated into their varying formats. We could not do this without her, and we are grateful.

In addition, our heartfelt thanks to our entire Thieme Publishing team – Heike Schwabenthian, Marica Maric, Barbara Elias, Laura Diemand, and Michael Wachinger – who are truly part of our NANDA-I work. We especially wish to thank Michael Wachinger for his commitment to the Axis Project, improving our database, and for not only being our publishing lead, but being an integral team member. We were quite happy to present Michael with the NANDA-I *Unique Contribution Award* at our recent 50th Anniversary Conference – a testament to his commitment to moving the Association forward into the digital arena. We are in good hands with Thieme as our primary publishing partner.

We are also grateful to our partners who publish our work in multiple languages, to electronic health record vendors who recognize the importance of incorporating evidence-based nursing terminologies into the patient record, and to all of the translators and nurse reviewers who work to ensure that each language's translation is as true to the original as possible.

Finally, we are grateful to our users who continue to revise and develop diagnoses, conduct research to improve their validity and, ultimately, improve the quality of patient care and communication about that care.

Please contact us at admin@nanda.org if you have questions on any of the content or if you find errors, so that these may be corrected for future publication and translation.

Sincerely,

T. Heather Herdman, PhD, RN, FNI, FAAN
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 NANDA International, Inc.

Contents

Part 1 The NANDA International Classification: Assessment and Diagnosis

1	Nursing Diagnosis Basics	24
1.1	A Brief Introduction to Diagnosing.....	24
1.2	Nursing as a Discipline.....	26
1.3	The Nursing Process.....	27
1.4	Principles of Nursing Diagnosis: Introduction.....	29
1.5	Kamitsuru's Tripartite Model of Nursing Practice.....	34
1.6	Principles of Nursing Diagnosis: Knowledge of Nursing Concepts.....	37
1.7	Assessing.....	41
1.8	Diagnosing.....	43
1.9	Documenting.....	46
1.10	Planning / Implementing.....	48
1.11	Evaluating.....	51
1.12	Principles of Nursing Diagnosis: Clinical Application.....	51
1.13	References.....	52
2	From Assessment to Diagnosis	55
2.1	Introduction to Assessment.....	55
2.2	Why do Nurses Assess?.....	55
2.3	Screening assessment.....	59
2.4	Obtaining Subjective Data.....	61
2.5	Obtaining Objective Data.....	62
2.6	Assessment Frameworks.....	62
2.7	Functional Health Pattern Assessment Framework.....	63
2.8	In-depth assessment.....	71
2.9	Data Analysis.....	71
2.10	Clustering of information/seeing a pattern.....	72
2.11	Identifying Potential Nursing Diagnoses (diagnostic hypotheses).....	73
2.12	Confirming / Refuting Potential Nursing Diagnoses.....	75
2.13	Differentiating Similar Diagnoses.....	78
2.14	Prioritizing Diagnoses.....	81
2.15	Summary.....	83
2.16	References.....	84

Part 2 The NANDA International Classification: Structure and Diagnoses

3	The NANDA International Classification of Nursing Diagnoses	88
----------	--	----

3.1	Introduction to Ontology, Classification, and the NANDA-I Taxonomy	88
3.2	Organizing Nursing Knowledge	98
3.3	Using the NANDA-I Taxonomy	101
3.4	A Brief Word About NANDA-I	105
3.5	International Considerations on the Use of the NANDA-I Nursing Diagnoses	106
3.6	Developing a Nursing Diagnosis and Submitting it to NANDA-I ..	108
3.7	Glossary of Terms	110
3.8	References.	114
4	The Axial Structure of NANDA International	116
4.1	Introduction to the Axial Structure	116
4.2	NANDA-I Taxonomy II: A Multiaxial System	116
4.3	Definitions of the Axes	118
4.4	Future considerations.	127
4.5	References.	128
5	Ordering Principles for Diagnoses within the Taxonomic Structure	130
 Part 3 The NANDA International Classification: What's New and Future Recommendations		
6	What's New in the NANDA-I 2024–2026 Edition	136
6.1	Overview on Changes and Revisions in the NANDA-I 2024–2026 Edition	136
6.2	New Nursing Diagnoses	137
6.3	Revised Nursing Diagnoses	137
6.4	Changes to Nursing Diagnosis Labels	139
6.5	Retired Nursing Diagnoses	153
6.6	Contributors to new or revised diagnoses	170
6.7	NANDA-I Nursing Diagnoses: Indicator Term Standardization ...	171
6.8	References.	174
7	Future Improvement of the NANDA-I Classification.	175
7.1	Research Priorities	175
7.2	Refinement and Diagnoses to be Developed	176
7.3	References.	181

8	Revised Level of Evidence Criteria for Diagnosis Submission	182
8.1	Introduction	182
8.2	Relationship Between Evidence and Validity Theory	183
8.3	Evidence Levels of Validity for NANDA-I Diagnoses	185
8.4	References	201

Part 4 The NANDA International Nursing Diagnoses

Domain 1. Health promotion	205
Class 1. Health awareness	
Decreased diversional activity engagement	207
Risk for decreased diversional activity engagement	208
Excessive sedentary behaviors	209
Risk for excessive sedentary behaviors	211
Imbalanced energy field	212
Class 2. Health management	
Ineffective health self-management	214
Risk for ineffective health self-management	216
Readiness for enhanced health self-management	218
Ineffective family health management	219
Risk for ineffective family health management	221
Ineffective community health management	223
Risk for ineffective community health management	224
Risk for ineffective blood glucose pattern self-management	225
Ineffective dry eye self-management	227
Ineffective dry mouth self-management	229
Risk for ineffective dry mouth self-management	232
Ineffective fatigue self-management	234
Ineffective lymphedema self-management	236
Risk for ineffective lymphedema self-management	238
Ineffective nausea self-management	240
Ineffective pain self-management	242
Readiness for enhanced weight self-management	244
Ineffective overweight self-management	245
Risk for ineffective overweight self-management	248
Ineffective underweight self-management	250
Risk for ineffective underweight self-management	253
Ineffective health maintenance behaviors	255
Risk for ineffective health maintenance behaviors	257
Ineffective home maintenance behaviors	259
Risk for ineffective home maintenance behaviors	261
Readiness for enhanced home maintenance behaviors	262
Readiness for enhanced exercise engagement	263

Inadequate health literacy	264
Risk for inadequate health literacy	266
Readiness for enhanced health literacy	267
Readiness for enhanced healthy aging	268
Elder frailty syndrome	269
Risk for elder frailty syndrome	271
Domain 2. Nutrition	273
Class 1. Ingestion	
Inadequate nutritional intake	275
Risk for inadequate nutritional intake	277
Readiness for enhanced nutritional intake	279
Inadequate protein energy nutritional intake	280
Risk for inadequate protein energy nutritional intake	282
Ineffective chestfeeding	284
Risk for ineffective chestfeeding	286
Disrupted exclusive chestfeeding	288
Risk for disrupted exclusive chestfeeding	290
Readiness for enhanced chestfeeding	292
Inadequate human milk production	293
Risk for inadequate human milk production	296
Ineffective infant feeding dynamics	298
Ineffective child eating dynamics	300
Ineffective adolescent eating dynamics	302
Impaired swallowing	304
Class 2. Digestion	
This class does not currently contain any diagnoses	
Class 3. Absorption	
This class does not currently contain any diagnoses	
Class 4. Metabolism	
Neonatal hyperbilirubinemia	306
Risk for neonatal hyperbilirubinemia	308
Class 5. Hydration	
Risk for impaired water-electrolyte balance	309
Risk for impaired fluid volume balance	310
Excessive fluid volume	311
Risk for excessive fluid volume	313
Inadequate fluid volume	314
Risk for inadequate fluid volume	316

Domain 3. Elimination and exchange	317
Class 1. Urinary function	
Impaired urinary elimination	319
Risk for urinary retention	320
Disability-associated urinary incontinence	321
Mixed urinary incontinence	323
Stress urinary incontinence	324
Urge urinary incontinence	325
Risk for urge urinary incontinence	327
Class 2. Gastrointestinal function	
Impaired gastrointestinal motility	328
Risk for impaired gastrointestinal motility	329
Impaired intestinal elimination	330
Risk for impaired intestinal elimination	332
Chronic functional constipation	334
Risk for chronic functional constipation	336
Impaired fecal continence	338
Risk for impaired fecal continence	340
Class 3. Integumentary function	
This class does not currently contain any diagnoses	
Class 4. Respiratory function	
Impaired gas exchange	341
Domain 4. Activity / rest	343
Class 1. Sleep / rest	
Ineffective sleep pattern	345
Risk for ineffective sleep pattern	347
Readiness for enhanced sleep pattern	349
Ineffective sleep hygiene behaviors	350
Risk for ineffective sleep hygiene behaviors	352
Class 2. Activity / exercise	
Impaired physical mobility	353
Risk for impaired physical mobility	355
Impaired bed mobility	356
Impaired wheelchair mobility	357
Impaired sitting ability	359
Impaired standing ability	360
Impaired transferring ability	361
Impaired walking ability	363
Class 3. Energy balance	
Decreased activity tolerance	364
Risk for decreased activity tolerance	365

Excessive fatigue burden	366
Impaired surgical recovery	368
Risk for impaired surgical recovery	370
Class 4. Cardiovascular / pulmonary responses	
Risk for impaired cardiovascular function	372
Risk for imbalanced blood pressure	374
Risk for decreased cardiac output	375
Risk for ineffective cerebral tissue perfusion	377
Ineffective peripheral tissue perfusion	378
Risk for ineffective peripheral tissue perfusion	380
Ineffective breathing pattern	381
Impaired spontaneous ventilation	383
Impaired child ventilatory weaning response	384
Impaired adult ventilatory weaning response	386
Class 5. Self-care	
Decreased self-care ability syndrome	388
Risk for decreased self-care ability syndrome	389
Readiness for enhanced self-care abilities	390
Decreased bathing abilities	391
Decreased dressing abilities	392
Decreased feeding abilities	394
Decreased grooming abilities	395
Decreased toileting abilities	397
Ineffective oral hygiene behaviors	398
Risk for ineffective oral hygiene behaviors	400
Domain 5. Perception / cognition	401
Class 1. Attention	
This class does not currently contain any diagnoses	
Class 2. Orientation	
This class does not currently contain any diagnoses	
Class 3. Sensation / perception	
This class does not currently contain any diagnoses	
Class 4. Cognition	
Acute confusion	403
Risk for acute confusion	405
Chronic confusion	406
Ineffective impulse control	408
Disrupted thought processes	409
Inadequate health knowledge	411
Readiness for enhanced health knowledge	413
Impaired memory	414
Impaired decision-making	415

Readiness for enhanced decision-making	416
Impaired emancipated decision-making	417
Risk for impaired emancipated decision-making	418
Readiness for enhanced emancipated decision-making	419
Class 5. Communication	
Impaired verbal communication	420
Risk for impaired verbal communication	422
Readiness for enhanced verbal communication	423
Domain 6. Self-perception	425
Class 1. Self-concept	
Readiness for enhanced self-concept.	426
Disrupted personal identity	427
Disrupted family identity syndrome.	428
Risk for disrupted family identity syndrome.	430
Risk for impaired human dignity	431
Readiness for enhanced transgender social identity	432
Class 2. Self-esteem	
Chronic inadequate self-esteem.	433
Risk for chronic inadequate self-esteem.	435
Situational inadequate self-esteem	437
Risk for situational inadequate self-esteem	439
Inadequate health self-efficacy.	441
Class 3. Body image	
Disrupted body image	443
Domain 7. Role relationship	445
Class 1. Caregiving roles	
Impaired parenting behaviors	447
Risk for impaired parenting behaviors	449
Readiness for enhanced parenting behaviors	451
Excessive parental role conflict.	452
Class 2. Family relationships	
Disrupted family interaction patterns.	454
Risk for disrupted family interaction patterns	456
Impaired family processes	457
Readiness for enhanced family processes	460
Risk for disrupted attachment behaviors	461
Class 3. Role performance	
Ineffective role performance	463
Ineffective intimate partner relationship	465
Risk for ineffective intimate partner relationship	467

Readiness for enhanced intimate partner relationship	468
Impaired social interaction	469
Ineffective childbearing process	471
Risk for ineffective childbearing process	473
Readiness for enhanced childbearing process	474
Domain 8. Sexuality	475
Class 1. Sexual identity	
This class does not currently contain any diagnoses	
Class 2. Sexual function	
Impaired sexual function.	476
Class 3. Reproduction	
Risk for impaired maternal-fetal dyad	478
Domain 9. Coping / stress tolerance	481
Class 1. Post-trauma responses	
Post-trauma syndrome	483
Risk for post-trauma syndrome	485
Risk for disrupted immigration transition	486
Class 2. Coping responses	
Maladaptive coping.	487
Readiness for enhanced coping	489
Maladaptive family coping	490
Readiness for enhanced family coping	491
Maladaptive community coping	492
Readiness for enhanced community coping	493
Excessive caregiving burden	494
Risk for excessive caregiving burden	496
Maladaptive grieving	498
Risk for maladaptive grieving	500
Readiness for enhanced grieving	501
Impaired resilience	502
Risk for impaired resilience	504
Readiness for enhanced resilience	505
Readiness for enhanced hope	506
Inadequate self-compassion	507
Excessive anxiety	509
Excessive death anxiety	511
Excessive fear	513
Class 3. Neurobehavioral responses	
Risk for autonomic dysreflexia	515
Ineffective emotion regulation	517

Impaired mood regulation	519
Acute substance withdrawal syndrome	521
Risk for acute substance withdrawal syndrome	522
Domain 10. Life principles	523
Class 1. Values	
This class does not currently contain any diagnoses	
Class 2. Beliefs	
This class does not currently contain any diagnoses	
Class 3. Value / belief / action congruence	
Moral distress	524
Impaired spiritual well-being	525
Risk for impaired spiritual well-being	527
Readiness for enhanced spiritual well-being	529
Impaired religiosity	531
Risk for impaired religiosity	533
Readiness for enhanced religiosity	534
Domain 11. Safety / protection	535
Class 1. Infection	
Impaired immune response	538
Risk for infection	540
Risk for surgical wound infection	542
Class 2. Physical injury	
Risk for physical injury	543
Risk for burn injury	544
Risk for cold injury	545
Risk for corneal injury	546
Risk for dry eye	547
Risk for perioperative positioning injury	549
Neonatal pressure injury	550
Risk for neonatal pressure injury	552
Child pressure injury	554
Risk for child pressure injury	557
Adult pressure injury	559
Risk for adult pressure injury	561
Risk for urinary tract injury	563
Impaired tissue integrity	564
Risk for impaired tissue integrity	566
Impaired skin integrity	568
Risk for impaired skin integrity	570
Impaired nipple-areolar complex integrity	572
Risk for impaired nipple-areolar complex integrity	574

Impaired oral mucous membrane integrity	576
Risk for impaired oral mucous membrane integrity	578
Risk for child falls	579
Risk for adult falls	581
Risk for aspiration	583
Ineffective airway clearance	584
Risk for accidental suffocation	586
Risk for excessive bleeding	588
Risk for shock	589
Risk for thrombosis	591
Risk for impaired peripheral neurovascular function	592
Risk for sudden infant death	593
Risk for elopement attempt	594
Class 3. Violence	
Risk for other-directed violence	596
Risk for female genital mutilation	597
Risk for suicidal self-injurious behavior	598
Non-suicidal self-injurious behavior	601
Risk for non-suicidal self-injurious behavior	604
Class 4. Environmental hazards	
Contamination	607
Risk for contamination	610
Risk for accidental poisoning	612
Risk for occupational illness	614
Risk for occupational physical injury	616
Class 5. Defensive processes	
Risk for allergic reaction	618
Risk for latex allergy reaction	619
Class 6. Thermoregulation	
Ineffective thermoregulation	620
Risk for ineffective thermoregulation	621
Decreased neonatal body temperature	622
Risk for decreased neonatal body temperature	624
Decreased body temperature	626
Risk for decreased body temperature	628
Risk for decreased perioperative body temperature	629
Hyperthermia	630
Risk for hyperthermia	632
Domain 12. Comfort	635
Class 1. Physical comfort	
Impaired physical comfort	637
Readiness for enhanced physical comfort	639
Impaired end-of-life comfort syndrome	640

Acute pain	641
Chronic pain syndrome	642
Chronic pain	643
Labor pain.	645
Class 2. Environmental comfort	
This class does not currently contain any diagnoses	
Class 3. Social comfort	
Readiness for enhanced social comfort	647
Inadequate social connectedness	648
Inadequate social support network	650
Excessive loneliness	652
Risk for excessive loneliness	653
Class 4. Psychological comfort	
Impaired psychological comfort.	654
Readiness for enhanced psychological comfort.	656
Domain 13. Growth / development.	657
Class 1. Growth	
Delayed child growth	658
Risk for delayed child growth	660
Class 2. Development	
Delayed child development	662
Risk for delayed child development	664
Delayed infant motor development.	666
Risk for delayed infant motor development.	668
Impaired infant neurodevelopmental organization	670
Risk for impaired infant neurodevelopmental organization	672
Readiness for enhanced infant neurodevelopmental organization	674
Ineffective infant suck-swallow response	675
Index	677
Concept Focus	Inside back cover

Part 1

The NANDA International Classification: Assessment and Diagnosis

1	Nursing Diagnosis Basics	24
2	From Assessment to Diagnosis	55

1 Nursing Diagnosis Basics

T. Heather Herdman, Susan Gallagher-Lepak, Camila Takáó Lopes

1.1 A Brief Introduction to Diagnosing

We begin this discussion by exploring the concept of *diagnosing*, which encompasses the process of determining a patient's diagnosis. It's crucial for nurses to comprehend the skill of not merely assessing and documenting findings, but also engaging in a coherent process of assessment leading to an accurate diagnosis. It is insufficient to complete an assessment and swiftly transition to an electronic health record screen or paper record to haphazardly “select” a diagnosis, devoid of any logical connection to the completed assessment.

This chapter will offer a brief exploration of the nursing discipline and the nursing process before delving into the subject of nursing diagnosis. It will emphasize the significance of distinguishing between the act of *diagnosing* and the subsequent act of *documenting*, highlighting the need for a logical linkage between assessment and diagnosis in nursing practice.

Diagnosis, a fundamental responsibility of professional nurses, unfolds during the nurse's interactions with the patient and their family. This process encompasses an in-depth assessment, extensively detailed in a separate chapter, where nurses conduct physical examinations and conduct a health history to uncover potential health concerns. They gather comprehensive data encompassing the patient's medical and family history, along with current signs and symptoms.

Data collection involves scrutinizing patient records, including laboratory and diagnostic test results, medications, and progress notes from various disciplines. Additionally, crucial data is gleaned through dialogue with the patient, family, or significant others. By meticulously analyzing data acquired through these multifaceted methods, nurses begin recognizing patterns, identifying anomalies, and ideally uncovering the patient's strengths relevant to their healthcare journey.

Leveraging disciplinary expertise, the nurses employ critical thinking to transform raw data into informed inferences. They embark on formulating hypotheses about potential nursing diagnoses possibly present in the patient, demonstrating a strategic and analytical approach to clinical decision-making.

What is meant by an *inference*? An inference refers to a conclusion or deduction drawn from evidence and logical reasoning, extending beyond explicit or directly presented data or statements. Essentially, it represents a

reasoned interpretation or explanation that goes beyond the surface of the provided raw data. Inferences are crafted by combining existing data – consisting of facts and observations – with prior knowledge derived from nursing theory and disciplinary expertise, along with clinical experience.

This process allows for the formulation of a fresh understanding or interpretation that surpasses the initial data set. Inferences often entail making well-informed conjectures or predictions based on available evidence. The ability to derive accurate inferences stands as a pivotal facet of critical thinking, problem-solving, and the diagnostic process in nursing practice.

Drawing upon the analysis of inferences, nurses proceed to diagnose the patient responses inferred from the data. They may engage in collaboration with patients, families, colleagues, and professionals from other disciplines to validate their inferences. This collaborative process aims to confirm or challenge their diagnostic hypotheses, facilitating a comprehensive understanding of the human responses evident in the patient.

However, without a grasp of the underlying concepts and theories within the nursing discipline, accurately deriving inferences from raw data becomes a challenging task. Understanding these foundational principles and theories is crucial for nurses to make accurate inferences and derive meaningful insights from the data obtained during patient assessments.

For example, James, a new nurse in the neonatal intensive care unit (NICU), gathers the following data from the patient record and during care and feeding of Baby Samuel:

Samuel is a 27-week old neonate born 11 days ago. He has moderate respiratory distress syndrome, and is on 2 L of oxygen via nasal cannula. Today, he exhibits yawning, finger splaying and hiccoughs throughout his morning feed by orogastric feeding tube, and has 3 episodes in which his oxygen saturation level drops below 85%. His weight has been increasing between 5–10 g/day, and he is in the 28th percentile for weight.

As a novice nurse in the NICU, James might not immediately identify signs such as yawning, finger splaying, hiccoughing, and desaturation as stress responses in neonates. Recognizing these requires a deep understanding of neurodevelopmental organization in this patient population. He may perceive weight gain as positive without realizing that it falls below norms for this age group, indicating that Baby Samuel expends more calories than he consumes.

However, equipped with knowledge about neonatal growth and neurodevelopment, James would discern these stress responses and growth concerns.

These indicators suggest that the infant struggles to tolerate feeding and lacks adequate calorie intake for normal growth. Accurate inferences arising from this insight might prompt James to consider diagnoses related to neurodevelopmental behavior, stress response, and nutrition, among others, prompting further data collection.

Arriving at a diagnosis in this context necessitates holistic data collection, informed interpretation (inferences), application of clinical expertise, and comprehensive disciplinary knowledge, underscoring the complexity of neonatal care in the NICU environment.

The process of *diagnosing* stands distinct from the act of *documenting* the diagnosis. Diagnosing involves a cognitive process, while documenting serves as a mechanism for nurses to convey clinical reasoning and judgment (diagnosis) in a standardized manner, facilitating seamless communication across the interdisciplinary healthcare team.

Standardized terms play a pivotal role in ensuring that all members of the care team comprehensively understand the nursing concerns for each patient, along with the treatment plan, which can be uniformly documented. Utilizing standardized and coded terms also bolsters research endeavors by enabling the study of patient responses that possess identical definitions and diagnostic indicators across various sites, care settings, and even countries.

The adoption of standardized terminology to delineate clinical judgments and interventions maintains consistency across multiple healthcare disciplines, including nursing, medicine, physical therapy, psychology, and others. This unified approach ensures effective communication and fosters a common understanding of patient care across diverse healthcare settings.

1.2 Nursing as a Discipline

Nursing practice revolves around evaluating, diagnosing, and addressing actual or potential individual, family, or community responses to health issues or life processes. These clinical judgments, known as nursing diagnoses, form the foundation for selecting nursing interventions aimed at achieving outcomes for which nurses have accountability. While most people are familiar with medical diagnoses – the identification of diseases, illnesses, or injuries explaining an individual's signs and symptoms (Hansbauer, 2021)– many are unaware that nurses also establish diagnoses. Interestingly, in contemporary practice, some nurses may assert their disuse of nursing diagnoses, opting instead to strictly adhere to physician directives or follow established protocols, perceiving this as a form of professional autonomy. However, this trend

might stem from misconceptions surrounding the teaching of the nursing process and nursing diagnosis over time, as well as the lack of standardized systems within healthcare organizations to support the implementation of nursing diagnosis.

Despite this, many countries mandate that nurses utilize the nursing process, which encompasses the identification of nursing diagnoses as a fundamental framework for delivering nursing care. Research demonstrates that nursing diagnoses, when appropriately employed, possess greater predictability than medical diagnoses alone in critical aspects such as length of stay and hospital readmissions (Zeffiro et al., 2020; D'Agostino et al., 2019; Sanson et al., 2019; D'Agostino et al., 2017; Sanson et al., 2017).

Emphasizing that patients are the focal point of nursing practice extends beyond addressing their diseases or injuries. It encapsulates nurses' attention on how individuals, families, and communities respond to life processes or health issues and their proactive efforts to enhance their health and prevent such problems. Nurses play a pivotal role in patient safety, offering education, imparting skills to improve health, and lending an empathetic ear to understand patients' unique experiences. They stand at the forefront of advocating for patient well-being and fostering holistic care.

1.3 The Nursing Process

The nursing process serves as a foundational topic in nearly every nursing program, often introduced as one of the initial courses in the curriculum. This structured approach hinges upon clinical reasoning, which, in turn, draws heavily upon understanding crucial concepts within the nursing discipline. However, when embarking on your nursing education, you might lack familiarity with these concepts crucial for your future practice. It's challenging to effectively employ clinical reasoning in practical scenarios without first hand exposure to real patient situations and a solid grasp of core content fundamental to nursing practice. Developing proficiency in this skill requires time, consistent practice, and hands-on experience gained over time in clinical settings. It is through this iterative process that aspiring nurses evolve and refine their clinical reasoning abilities, gradually gaining competence in applying nursing concepts to real-world patient care situations.

The nursing process offers a comprehensive framework for organizing the multifaceted elements of the cognitive process nurses engage in while assessing and determining appropriate patient care. It's important to note that this process isn't strictly linear; rather, it involves a dynamic interplay, with

continuous reevaluation as new information surfaces, prompting a reassessment of potential patterns exhibited by the patient, family, or community.

Integral to the nursing process is the application of nursing knowledge, encompassing nursing theory, nursing science, and underlying nursing concepts (Herdman, 2013). This structured approach involves a series of interconnected steps: assessment, diagnosis, planning desired outcomes and interventions, implementation, and evaluation. These steps aren't confined to a linear progression but instead require flexibility, iterative thinking, and adaptability to evolving patient data and responses, ensuring a patient-centered and comprehensive approach to care. This foundational understanding serves as a lens through which nurses discern intricate connections within patient data, enabling them to recognize meaningful patterns and determine accurate clinical diagnoses. It is this application and integration of theoretical knowledge and practical application that allows nurses to form sound clinical judgments and deliver comprehensive care tailored to each patient's unique needs.

The various components of the nursing process unfold in a somewhat simultaneous manner within the nurse's cognitive framework. Notably, the rectangles in the nursing process diagram (► Fig. 1.1) illustrate a closer

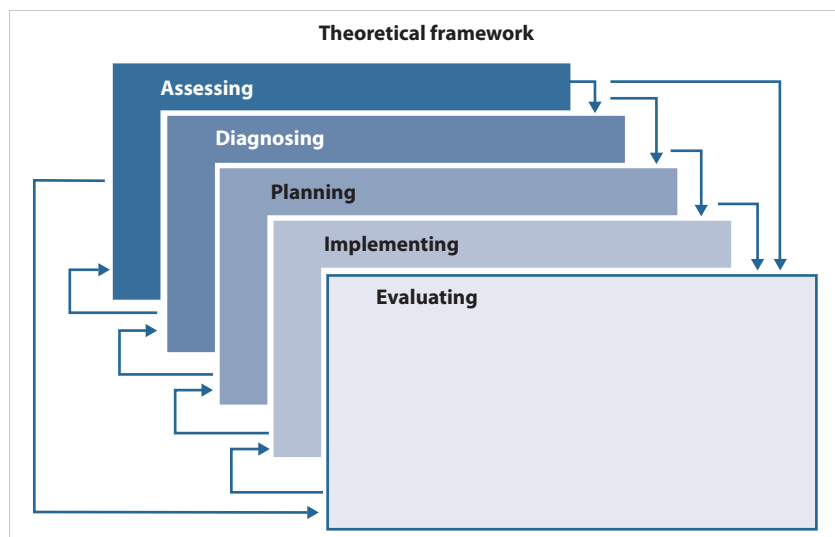


Fig. 1.1 The nursing process. (Source: From Bachion, M.M. (2009). *Instrumentos básicos do cuidar: observação, interação e mensuração*. [Basic instruments for delivering care: observation, interaction and measurement]. I Simpósio Brasileiro de Sistematização da Assistência de Enfermagem, 2009. Brasília, Brazil. (Portuguese). Reproduced with the author's permission.)