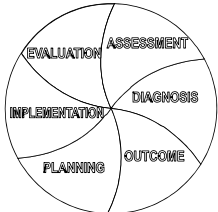


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Chapter 9

The Nursing Process in Psychiatric/Mental Health Nursing




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The Nursing Process

- It is a systematic framework for the delivery of nursing care.
- It uses a problem-solving approach.
- It is goal-directed, its objective being the delivery of quality client care.
- It is dynamic, not static.




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Standards of Practice

- The standards of practice for psychiatric nursing are written around the six steps of the nursing process.
- **Assessment**—information is gathered from which to establish a client database.




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Standards of Practice

- **Diagnosis**—data from the assessment are analyzed. Diagnoses and potential problem statements are formulated and prioritized.




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Standards of Practice

- **Outcome identification**—expected outcomes of care are identified. They must be measurable and estimate a time for attainment.
- **Nursing Outcomes Classification (NOC)**—a comprehensive, standardized classification of patient outcomes developed to evaluate the effects of nursing interventions.




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Standards of Practice

- **Planning**—evidence-based interventions for achieving the outcome criteria are selected.
- **Nursing Interventions Classification (NIC)**—a comprehensive, standardized language describing treatments that nurses perform in all settings and in all specialties.
- NIC interventions are based on research and reflect current clinical practice.



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Standards of Practice

▪ **Implementation**—interventions selected during the planning stage are executed. Specific interventions include

- Coordination of care
- Health teaching and health promotion
- Milieu therapy



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Standards of Practice

▪ Pharmacological, biological, and integrative therapies. Incorporating knowledge of pharmacological, biological, and complementary intervention with applied clinical skills to restore the patient's health and prevent further disability.



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Standards of Practice

▪ **Advanced Practice Interventions**

- Prescriptive authority and treatment



- Psychotherapy



- Consultation




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Standards of Practice

- **Evaluation**—measures progress toward attainment of expected outcomes




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Why Nursing Diagnosis?

- Identification and classification of nursing phenomena began in 1973 with the First National Conference on Nursing Diagnosis.
- Both general and specialty standards are written around the six steps of the nursing process, of which nursing diagnosis is an inherent part.
- It is defined in most state nursing practice acts as a legal responsibility of nursing.
- It promotes research in nursing.




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Nursing Case Management

- **Case management**—A health delivery process whose goals are to provide quality health care, decrease fragmentation, enhance the client's quality of life, and contain costs.
- **Managed care**—A concept designed to control the balance between cost and quality of care. Individuals receive care based on need, which is determined by coordinators of the providership.




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Nursing Case Management

- **Case manager**—The individual responsible for negotiating with multiple health care providers to obtain a variety of services for the client.
- **Critical Pathways of Care (CPCs)**—The tools for provision of care in a case management system. CPCs are abbreviated plans of care on which outcome-based guidelines for goal achievement within a designated length of time have been established.




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Nursing Case Management

- CPCs are used by the entire interdisciplinary team. They determine which categories of care will be provided, by what date, and by whom.
- Nurses may be identified as case managers and are ultimately responsible for ensuring that goals on the CPC are achieved within the designated time dimension.
- CPCs may be standardized because they are intended to be used with uncomplicated cases. A CPC can be viewed as a protocol for clients with problems for which a designated outcome can be predicted.




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Applying Nursing Process

Role of the nurse in psychiatry

- To assist the client's successful adaptation to stressors within the environment.
- Goals are directed toward change in thoughts, feelings, and behaviors that are age-appropriate and congruent with local and cultural norms.
- The nurse is a valuable member of the interdisciplinary team, providing a service that is unique and based on sound knowledge of psychopathology, scope of practice, and legal implications of the role.




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Concept Mapping

- A diagrammatic teaching and learning strategy
- Shows interrelationships among medical and nursing diagnoses, assessment data and treatments
- They are practical, realistic, and time-saving
- They enhance critical thinking skills




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Concept Mapping (cont.)

- Based on the components of the nursing process
- Helps students develop a holistic view of their clients




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Documentation of the Nursing Process

- Documentation of the steps of the nursing process is often considered as evidence in determining certain cases of negligence by nurses.
- It is also required by some agencies that accredit health care organizations.




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Documentation of the Nursing Process

Examples of documentation that reflect use of the nursing process

- **Problem-Oriented Recording (POR)**
 - Has a list of problems as its basis
 - Uses subjective, objective, assessment, plan, intervention, and evaluation (SOAPIE) format




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Documentation of the Nursing Process

- **Focus Charting**
 - Main perspective is to choose a "focus" for documentation. A focus may be
 - a nursing diagnosis
 - a current client concern or behavior
 - a significant change in the client's status or behavior
 - a significant event in the client's therapy
 - The focus cannot be a medical diagnosis.
 - It uses data, action, and response (DAR) format.




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Documentation of the Nursing Process

- **APIE method**
 - A problem-oriented system
 - Uses flow sheets as accompanying documentation
 - Uses assessment, problem, intervention, and evaluation (APIE) format




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Electronic Documentation

- Most health care facilities have implemented—or are in the process of implementing—some type of electronic health records (EHRs) or electronic documentation system.
- EHRs have been shown to improve both the quality of client care and the efficiency of the health care system.




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Electronic Documentation (cont.)

- **Eight Core Functions of EHRs:**
 - Health information and data
 - Results management
 - Order entry/order management
 - Decision support
 - Electronic communication and connectivity




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Electronic Documentation (cont.)

- **Eight Core Functions of EHRs (cont.):**
 - Patient support
 - Administrative processes
 - Reporting and population health management



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Advantages and Disadvantages of Paper and EHR charting

▪Paper

▪Advantages

- Fast
- Portable
- People know it



▪Disadvantages

- Can be lost
- Hard to read
- Hard to store
- Difficult to research

▪EHRs

▪Advantages

- Accessed by many
- Facilitates research
and billing
- Reduces errors

▪Disadvantages

- Expensive
- Large learning curve for
new users
- Technical difficulties



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