

impaired skin integrity nursing care plan

Understanding Impaired Skin Integrity Nursing Care Plan

Impaired skin integrity nursing care plan is a structured framework designed to assess, plan, implement, and evaluate nursing interventions aimed at promoting skin health and preventing or managing skin breakdown. The skin, as the body's largest organ, serves as a vital barrier protecting internal organs from external threats such as bacteria, trauma, and environmental hazards. When this barrier is compromised, it can lead to serious complications including infections, delayed wound healing, and increased patient morbidity. Therefore, developing an effective nursing care plan tailored to the patient's specific needs is essential in restoring and maintaining skin integrity.

This comprehensive guide explores the components of an impaired skin integrity nursing care plan, including assessment strategies, nursing diagnoses, goals, interventions, and evaluation methods, all structured to optimize patient outcomes.

Assessment of Impaired Skin Integrity

Proper assessment is the cornerstone of an effective nursing care plan. It involves gathering detailed information about the patient's skin condition, medical history, and potential risk factors.

Key Areas to Assess

- Skin Inspection: Examine all body areas, paying close attention to bony prominences, pressure points, and areas subject to friction or moisture.
- Skin Color and Texture: Note any redness, discoloration, dryness, or moisture.
- Presence of Wounds or Lesions: Identify any open areas, ulcers, blisters, or abrasions.
- Signs of Infection: Look for purulent drainage, foul odor, warmth, or swelling.
- Nutritional Status: Assess for malnutrition or dehydration, which impair skin healing.
- Mobility and Sensory Perception: Determine the patient's ability to reposition themselves and their sensation level.
- Moisture and Friction: Evaluate areas prone to moisture accumulation or friction, such as skin folds.
- Medical History: Review chronic conditions like diabetes, vascular diseases, or skin disorders.

Risk Factors for Impaired Skin Integrity

- Immobility or decreased mobility
- Excessive moisture (incontinence, sweating)
- Poor nutrition or hydration

- Chronic illnesses
- Advanced age
- Use of certain medications (e.g., corticosteroids)
- Poor hygiene

Common Nursing Diagnoses for Impaired Skin Integrity

Based on assessment findings, the following nursing diagnoses are frequently identified:

- Risk for Pressure Ulcer related to prolonged immobility
- Impaired Skin Integrity related to moisture, friction, or shear
- Risk for Infection related to open wound or compromised skin barrier
- Ineffective Tissue Perfusion related to vascular insufficiency
- Risk for Skin Breakdown related to poor nutrition or moisture exposure

Goals and Outcomes

Establishing clear, measurable goals helps evaluate the effectiveness of interventions.

- The patient's skin remains intact or shows signs of healing.
- Wounds, if present, decrease in size and show evidence of healing.
- No signs of infection or further skin breakdown occur.
- The patient demonstrates understanding of skin care and prevention strategies.
- The patient maintains adequate nutritional and hydration status to promote healing.

Interventions for Impaired Skin Integrity

Implementing targeted nursing interventions is critical in preventing skin deterioration and promoting healing.

1. Skin Care and Maintenance

- Keep skin clean and dry, using gentle cleansing agents.
- Use pH-balanced soaps to prevent drying.
- Pat skin dry gently; avoid vigorous rubbing.
- Apply moisturizers to dry skin, avoiding areas prone to maceration.
- Implement barrier creams to protect skin from moisture, especially in incontinence.

2. Pressure Redistribution

- Reposition immobile patients at least every 2 hours.
- Use specialized mattresses, cushions, or overlays to reduce pressure.
- Encourage active or passive range-of-motion exercises.
- Elevate heels off the bed to prevent pressure sores.

3. Wound Care Management

- Follow proper wound cleaning protocols using saline or prescribed solutions.
- Debride necrotic tissue as ordered.
- Apply appropriate dressings based on wound type and stage.
- Monitor for signs of infection or deterioration.
- Maintain a moist wound environment to accelerate healing.

4. Nutrition and Hydration

- Collaborate with dietitians to ensure adequate protein, vitamin C, zinc, and calories.
- Encourage fluid intake to maintain hydration.
- Address any malnutrition issues promptly.

5. Infection Prevention and Control

- Practice strict hand hygiene before and after wound care.
- Use sterile or clean techniques as appropriate.
- Monitor for signs of systemic infection.
- Educate the patient and caregivers on infection prevention strategies.

6. Patient Education

- Teach proper skin hygiene and moisturizing techniques.
- Instruct on the importance of repositioning and mobility.
- Educate about nutrition's role in skin health.
- Advise on avoiding friction, shear, and excessive moisture.
- Promote smoking cessation if applicable, as smoking impairs healing.

Evaluation of Nursing Care Plan

Regular evaluation ensures that interventions are effective and goals are being met.

Evaluation Criteria:

- No new skin breakdown or wounds develop.
- Existing wounds show signs of healing (reduction in size, granulation tissue).
- Skin remains intact and free from infection.
- Patient demonstrates understanding of skin care practices.
- Nutritional status improves, supporting skin repair.
- Patient's mobility and repositioning routines are maintained.

Adjust the care plan as needed based on ongoing assessment findings.

Conclusion

An **impaired skin integrity nursing care plan** is vital in preventing complications related to skin breakdown and promoting optimal wound healing. Through comprehensive assessment, accurate diagnosis, individualized goal setting, and targeted interventions, nurses play a crucial role in maintaining skin health. Continuous evaluation and patient education are essential components in ensuring successful outcomes. By implementing evidence-based practices and fostering a collaborative care environment, nurses can significantly improve quality of life for patients at risk of or experiencing impaired skin integrity.

Frequently Asked Questions

What are the key components of a nursing care plan for impaired skin integrity?

The key components include assessment of the skin condition, identifying risk factors, setting goals for skin healing and protection, implementing interventions such as repositioning and skin barriers, and evaluating the effectiveness of care provided.

How can nurses assess a patient's risk for impaired skin integrity?

Nurses assess risk factors such as immobility, poor nutrition, incontinence, moisture exposure, and comorbid conditions like diabetes or vascular disease through physical examination and patient history to identify those at higher risk.

What are common nursing interventions to promote skin integrity?

Interventions include frequent repositioning, maintaining skin hygiene and dryness, using pressure-relieving devices, ensuring adequate nutrition and hydration, and applying barrier creams as needed.

How does nutrition impact skin integrity and healing?

Adequate nutrition provides essential nutrients like protein, vitamins C and A, and zinc that are vital for tissue repair and immune function, thus promoting faster healing and preventing skin breakdown.

What are signs of impaired skin integrity that nurses should observe?

Signs include redness, warmth, swelling, pain, open wounds, blisters, or discoloration, indicating potential or existing skin breakdown or infection.

How can nurses prevent pressure ulcers in patients with limited mobility?

Prevention strategies include regular repositioning (every 2 hours), using pressure-relieving mattresses or cushions, maintaining skin hygiene, and ensuring proper nutrition and hydration.

When should a nurse escalate concerns about a patient's skin integrity to the healthcare team?

Concerns should be escalated if there is evidence of worsening skin condition, signs of infection, non-healing wounds, or if preventive measures are ineffective in maintaining skin integrity.

What role does patient education play in maintaining skin integrity?

Patient education empowers individuals to understand skin care routines, the importance of repositioning, nutrition, and recognizing early signs of skin problems, thereby aiding in prevention and early intervention.

How do you document a nursing care plan for impaired skin integrity?

Documentation includes assessment findings, identified risks, planned interventions, patient responses, and evaluation outcomes to ensure continuity of care and legal accountability.

What are evidence-based practices for managing chronic wounds?

Evidence-based practices include moist wound healing, regular wound assessment, infection control, debridement when necessary, proper dressing selection, and addressing underlying health issues to promote healing.

Additional Resources

Impaired Skin Integrity Nursing Care Plan: An In-Depth Review

Maintaining skin integrity is a fundamental aspect of nursing care, integral to overall patient health and well-being. When skin integrity is compromised, patients are at increased risk for infections, delayed healing, and further complications, making the development of effective care plans essential. This article provides an extensive review of the nursing care plan for impaired skin integrity, exploring its clinical significance, assessment strategies, intervention protocols, and evidence-based practices to optimize patient outcomes.

Understanding Impaired Skin Integrity

Impaired skin integrity refers to a disruption in the skin's normal structure and function, resulting from various etiologies such as pressure injuries, wounds, surgical incisions, burns, or dermatological conditions. The skin serves as a vital barrier against pathogens, regulates temperature, and facilitates sensory perception. When compromised, these functions are impaired, leading to increased vulnerability.

Etiology and Risk Factors

The development of impaired skin integrity can be attributed to multiple factors, which include:

- Pressure and Shear: Prolonged pressure over bony prominences causes ischemia, leading to tissue necrosis.
- Friction: Repeated rubbing damages superficial skin layers.
- Moisture: Excessive moisture from incontinence, sweating, or wound exudate weakens skin barriers.
- Malnutrition: Deficient nutrients impair collagen synthesis and tissue repair.
- Poor Circulation: Diabetes, peripheral vascular disease, or hypotension impair wound healing.
- Immobility: Reduced movement limits repositioning, increasing pressure risks.
- Age-related Changes: Thinning skin and reduced elasticity increase vulnerability.
- Medical Conditions: Conditions like anemia, infection, or immunosuppression impair healing.

Assessment of Skin Integrity

Effective care planning begins with thorough assessment. Nursing assessments should be comprehensive, systematic, and documented meticulously.

Initial Assessment Components

- Visual Inspection: Examine skin for redness, pallor, discoloration, blisters, or open wounds.
- Palpation: Assess temperature, moisture, texture, and turgor.

- Pain Evaluation: Determine pain levels associated with skin or wound area.
- Measurement: Document size (length, width, depth) of wounds or lesions.
- Photographic Documentation: With patient consent, record images for comparison over time.
- Identify Risk Factors: Use tools such as the Braden Scale to evaluate risk levels.

Using Risk Assessment Tools

The Braden Scale is the most widely used instrument, evaluating:

- Sensory perception
- Moisture
- Activity
- Mobility
- Nutrition
- Friction and shear

Scores help prioritize interventions and monitor risk changes.

Goals of Nursing Care for Impaired Skin Integrity

The overarching objectives include:

- Promoting wound healing
- Preventing infection and further skin breakdown
- Managing pain
- Maintaining skin hydration and nutrition
- Educating the patient and caregivers
- Promoting mobility and repositioning

Development of a Nursing Care Plan

A tailored care plan should be evidence-based, patient-centered, and adaptable to individual needs.

Key Nursing Interventions

1. Skin Protection and Maintenance

- Keep skin clean and dry; use gentle cleansers
- Apply barrier creams or films to protect against moisture
- Use appropriate support surfaces (mattresses, cushions) to reduce pressure
- Reposition at least every 2 hours for immobilized patients
- Minimize friction and shear during movement

2. Wound Care Management

- Debridement: Remove necrotic tissue via autolytic, enzymatic, or surgical methods
- Dressing Selection:
 - Moist wound environment promotes healing
 - Use hydrocolloids, hydrogels, foam dressings based on wound type
 - Monitor for signs of infection (redness, warmth, purulent exudate)
 - Manage exudate levels to prevent maceration

3. Nutritional Support

- Collaborate with dietitians to ensure adequate protein, vitamins (A, C), and minerals (zinc)
- Address malnutrition promptly
- Encourage hydration

4. Pain Management

- Assess pain regularly
- Use appropriate analgesics
- Incorporate non-pharmacological methods (e.g., relaxation, distraction)

5. Patient Education

- Teach proper repositioning techniques
- Promote skin hygiene
- Instruct on nutrition importance
- Educate about avoiding pressure over bony prominences
- Explain wound care procedures and signs of infection

6. Infection Control

- Adhere to standard precautions
- Use sterile techniques during dressing changes
- Monitor for systemic signs of infection

7. Mobility and Activity Promotion

- Collaborate with physical therapists
- Encourage gradual increase in activity levels
- Use assistive devices as needed

Monitoring and Evaluation

Regular reassessment is vital to gauge progress:

- Track wound size reduction
- Note improvements in skin condition
- Evaluate patient adherence to repositioning and nutrition
- Adjust interventions based on wound healing stages

Evidence-Based Practices in Impaired Skin Integrity Care

Recent research emphasizes the importance of certain practices:

- Moisture Control: Maintaining a moist wound environment accelerates healing.
- Early Debridement: Removing necrotic tissue prevents infection and promotes granulation.
- Nutrition Optimization: Adequate protein intake is associated with faster wound closure.
- Pressure Redistribution: Use of specialized mattresses and cushions reduces pressure ulcer development.
- Patient Engagement: Educating patients leads to better adherence and outcomes.

Innovations and Emerging Technologies

Advances include:

- Negative pressure wound therapy
- Growth factor applications
- Bioengineered skin substitutes
- Use of telehealth for remote monitoring

While these innovations show promise, they should complement, not replace, fundamental nursing care practices.

Challenges and Barriers in Managing Impaired Skin Integrity

Despite evidence-based guidelines, several obstacles hinder optimal care:

- Limited resources or staffing
- Patient non-compliance due to cognitive or physical impairments
- Inadequate pain control discouraging movement
- Cultural or language barriers affecting education
- Comorbidities complicating wound healing

Overcoming these requires multidisciplinary collaboration, patient-centered approaches, and ongoing staff education.

Conclusion

The nursing care plan for impaired skin integrity is a complex, dynamic process that demands a comprehensive understanding of pathophysiology, meticulous assessment, and implementation of

tailored interventions. Emphasizing prevention, early detection, and prompt management can significantly improve healing outcomes and quality of life for affected patients. As nursing science advances, integrating emerging evidence and innovative technologies will further enhance care strategies, ultimately reducing the incidence and severity of skin impairments.

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By understanding and applying these comprehensive strategies, nurses can effectively develop and implement care plans that promote skin healing, prevent complications, and enhance patient outcomes.

Impaired Skin Integrity Nursing Care Plan

impaired skin integrity nursing care plan: Nursing Care Plans and Documentation

Lynda Juall Carpenito-Moyet, 2005-11-01 Enter the world of nursing care planning with confidence! This informative guide is the perfect way to build your care planning and documentation skills. Practical and easy-to-read material covers each phase of care plan development and record-keeping for both surgical and non-surgical interventions.

impaired skin integrity nursing care plan: *Nursing Care Plans & Documentation* Lynda Juall Carpenito-Moyet, 2009 The Fifth Edition of *Nursing Care Plans and Documentation* provides nurses with a comprehensive guide to creating care plans and effectively documenting care. This user-friendly resource presents the most likely diagnoses and collaborative problems with step-by-step guidance on nursing action, and rationales for interventions. New chapters cover moral distress in nursing, improving hospitalized patient outcomes, and nursing diagnosis risk for compromised human dignity. The book includes over 70 care plans that translate theory into clinical practice. Online Tutoring powered by Smarthinking--Free online tutoring, powered by Smarthinking, gives students access to expert nursing and allied health science educators whose mission, like yours, is to achieve success. Students can access live tutoring support, critiques of written work, and other valuable tools.

impaired skin integrity nursing care plan: *Pediatric Nursing Care Plans* Assuma Beevi, 2012-08-31 This is an excellent guide for students and practicing nurses for writing care plans to provide comprehensive, individualized and holistic family centered care to children. Nursing care plan in this book are divided into two parts. The first section provides generic care plans for common nursing diagnosis. The care plans in this section will be the building blocks for creating customized care plans tailored to each child's unique nursing diagnosis. The second section with nursing care plans for specifically selected health problems with corresponding medical diagnosis is an added advantage for.

impaired skin integrity nursing care plan: *Maternal Newborn Nursing Care Plans* Carol Green, 2011-04-15 *Maternal Newborn Nursing Care Plans*, Second Edition teaches students and professional nurses how to assess, plan, deliver, and evaluate care for normal and abnormal

pregnancy, including delivery and recovery for both the mother and baby. This new edition contains more than 65 of the most common and high-risk care plans for maternal and newborn nursing care using the nursing process approach. Organized according to clinical condition, *Maternal Newborn Nursing Care Plans, Second Edition* provides practical components for each care plan incorporating:

- * Key nursing activities
- * Etiologies and risk factors
- * Signs and symptoms
- * Diagnostic studies
- * Medical management
- * Collaborative problems
- * Individualized care plans complete with the Nursing Interventions Classification (NIC)

impaired skin integrity nursing care plan: *Nursing Care Plans* Meg Gulanick, Judith L. Myers, 2011-01-01 The bestselling nursing care planning book on the market, *Nursing Care Plans: Diagnoses, Interventions, and Outcomes, 8th Edition* covers the most common medical-surgical nursing diagnoses and clinical problems seen in adults. It includes 217 care plans, each reflecting the latest evidence and best practice guidelines. NEW to this edition are 13 new care plans and two new chapters including care plans that address health promotion and risk factor management along with basic nursing concepts that apply to multiple body systems. Written by expert nursing educators Meg Gulanick and Judith Myers, this reference functions as two books in one, with 147 disorder-specific and health management nursing care plans and 70 nursing diagnosis care plans to use as starting points in creating individualized care plans. 217 care plans --- more than in any other nursing care planning book. 70 nursing diagnosis care plans include the most common/important NANDA-I nursing diagnoses, providing the building blocks for you to create your own individualized care plans for your own patients. 147 disorders and health promotion care plans cover virtually every common medical-surgical condition, organized by body system. Prioritized care planning guidance organizes care plans from actual to risk diagnoses, from general to specific interventions, and from independent to collaborative interventions. Nursing diagnosis care plans format includes a definition and explanation of the diagnosis, related factors, defining characteristics, expected outcomes, related NOC outcomes and NIC interventions, ongoing assessment, therapeutic interventions, and education/continuity of care. Disorders care plans format includes synonyms for the disorder (for easier cross referencing), an explanation of the diagnosis, common related factors, defining characteristics, expected outcomes, NOC outcomes and NIC interventions, ongoing assessment, and therapeutic interventions. Icons differentiate independent and collaborative nursing interventions. Student resources on the Evolve companion website include 36 of the book's care plans - 5 nursing diagnosis care plans and 31 disorders care plans. Three NEW nursing diagnosis care plans include Risk for Electrolyte Imbalance, Risk for Unstable Blood Glucose Level, and Risk for Bleeding. Six NEW health promotion/risk factor management care plans include Readiness for Engaging in a Regular Physical Activity Program, Readiness for Enhanced Nutrition, Readiness for Enhanced Sleep, Readiness for Smoking Cessation, Readiness for Managing Stress, and Readiness for Weight Management. Four NEW disorders care plans include Surgical Experience: Preoperative and Postoperative Care, Atrial Fibrillation, Bariatric Surgery, and Gastroenteritis. NEW Health Promotion and Risk Factor Management Care Plans chapter emphasizes the importance of preventive care and teaching for self-management. NEW Basic Nursing Concepts Care Plans chapter focuses on concepts that apply to disorders found in multiple body systems. UPDATED care plans ensure consistency with the latest U.S. National Patient Safety Goals and other evidence-based national treatment guidelines. The latest NANDA-I taxonomy keeps you current with 2012-2014 NANDA-I nursing diagnoses, related factors, and defining characteristics. Enhanced rationales include explanations for nursing interventions to help you better understand what the nurse does and why.

impaired skin integrity nursing care plan: *All-in-One Nursing Care Planning Resource* Pamela L. Swearingen, 2015-02-02 The only book featuring nursing care plans for all core clinical areas, Swearingen's *All-In-One Nursing Care Planning Resource, 4th Edition* provides 100 care plans with the nursing diagnoses and interventions you need to know to care for patients in all settings. It includes care plans for medical-surgical, maternity/OB, pediatrics, and psychiatric-mental health, so you can use just one book throughout your entire nursing curriculum. This edition includes a new

care plan addressing normal labor and birth, a new full-color design, new QSEN safety icons, new quick-reference color tabs, and updates reflecting the latest NANDA-I nursing diagnoses and collaborative problems. Edited by nursing expert Pamela L. Swearingen, this book is known for its clear approach, easy-to-use format, and straightforward rationales. NANDA-I nursing diagnoses are incorporated throughout the text to keep you current with NANDA-I terminology and the latest diagnoses. Color-coded sections for medical-surgical, maternity, pediatric, and psychiatric-mental health nursing care plans make it easier to find information quickly. A consistent format for each care plan allows faster lookup of topics, with headings for Overview/Pathophysiology, Health Care Setting, Assessment, Diagnostic Tests, Nursing Diagnoses, Desired Outcomes, Interventions with Rationales, and Patient-Family Teaching and Discharge Planning. Prioritized nursing diagnoses are listed in order of importance and physiologic patient needs. A two-column format for nursing assessments/interventions and rationales makes it easier to scan information. Detailed rationales for each nursing intervention help you to apply concepts to specific patient situations in clinical practice. Outcome criteria with specific timelines help you to set realistic goals for nursing outcomes and provide quality, cost-effective care. NEW! Care plan for normal labor and birth addresses nursing care for the client experiencing normal labor and delivery. UPDATED content is written by practicing clinicians and covers the latest clinical developments, new pharmacologic treatments, patient safety considerations, and evidence-based practice guidelines. NEW full-color design makes the text more user friendly, and includes NEW color-coded tabs and improved cross-referencing and navigation aids for faster lookup of information. NEW! Leaf icon highlights coverage of complementary and alternative therapies including information on over-the-counter herbal and other therapies and how these can interact with conventional medications.

impaired skin integrity nursing care plan: Conceptual Nursing Care Planning - E-Book
Mariann M. Harding, Debra Hagler, 2024-09-17 Plan effective patient care using standardized interprofessional clinical problems and a concept-based approach! Conceptual Nursing Care Planning, 2nd Edition, shows you how to identify clinical problems, determine expected outcomes, and choose interventions — all grounded in a logical, concept-based framework. The focus on concepts gives you the big picture, helping you recognize similarities in nursing care based on physiologic concepts, as well as differences based on the needs of individuals. Written by noted nursing educators Mariann Harding and Debra Hagler, this unique book demonstrates how the use of a concept-based approach and standardized clinical problems language makes it easier to plan effective care and communicate with other members of the interprofessional team. - NEW! Graphic representation of key conceptual relationships in each chapter enhances your understanding of the relationships among patient care concepts. - NEW! Additional assessment and screening tools for key concepts such as mobility. - UPDATED! Content reflects current Giddens concepts, updated with the latest evidence to support high-quality care. - Prioritized care planning guidance organizes interventions in an assess-intervene-teach format to help identify the most important priority interventions for patients. - Conceptual nursing care plan format includes a definition of the conceptual clinical problem, associated clinical problems, common causes, manifestations, assessment, outcomes, interventions, referrals, patient and caregiver teaching, documentation, related concepts, and related clinical problems. - 69 conceptual nursing care plans are based on Giddens concepts. - Unique approach covers concepts not addressed in other books, such as health disparities, risk for perinatal problems, impaired immunity, substance use, sensory deficits, continuity of care, and the dying process. - Use of standardized nursing language throughout conveys concepts and clinical problems in easily understandable language that is commonly used in clinical settings. - Exemplars section in the back of the book lists conditions with clinical problems that might be applicable in a particular patient population (Medical-Surgical, Pediatric, Maternity, Psychiatric). - Introduction explains the components of a conceptual nursing care plan and how to use the book to create patient-centered nursing care plans. - Conceptual care map creator on the Evolve companion website helps document care planning projects and clinical assignments.

impaired skin integrity nursing care plan: All-in-One Nursing Care Planning Resource -

E-Book Julie S. Snyder, Christine A. Sump, 2023-08-05 - NEW and UNIQUE! Care plan components are now labeled as appropriate with the six cognitive skills identified in the National Council of State Boards of Nursing (NCSBN) Clinical Judgment Measurement Model (CJMM) to help students identify, develop, and implement the clinical judgment skills needed for success on the Next-Generation NCLEX® Exam (NGN) and in clinical practice. - NEW! Additional care plans on Infection, Delirium, and Breastfeeding. - UPDATED! Content throughout reflects the latest evidence-based treatment guidelines and national and international treatment protocols.

impaired skin integrity nursing care plan: Nursing Care Plans - E-Book Meg Gulanick, Judith L. Myers, 2021-01-03 - NEW! Updated care plans are now based on the evidence-based, complete, and internationally accepted International Classification of Nursing Practice (ICNP®) nursing diagnoses. - NEW! 19 all-new care plans are featured in this edition. - NEW! Updated content throughout reflects the most current evidence-based practice and national and international guidelines. - NEW! Online Care Planner on the Evolve website allows you to easily generate customized care plans based on the book's content. - NEW! Improved focus on core content includes several care plans that have been moved from the book's Evolve website.

impaired skin integrity nursing care plan: All-in-One Nursing Care Planning Resource - E-Book Pamela L. Swearingen, Jacqueline Wright, 2019-01-14 - NEW! UNIQUE! Interprofessional patient problems focus familiarizes you with how to speak to patients and other medical colleagues in the consistent interprofessional language of patient problems, rather than the nursing-specific language of nursing diagnosis. - NEW! Care plans helps you to support the lesbian, gay, bisexual, transgender, queer/questioning, or intersex patient. - NEW! Updated content throughout reflects the latest evidence-based treatment guidelines and national and international clinical practice guidelines.

impaired skin integrity nursing care plan: Maternity and Pediatric Nursing Susan Scott Ricci, Terri Kyle, 2009 Authors Susan Ricci and Terri Kyle have teamed up to deliver a unique resource for your students to understand the health needs of women and children. This new combination book, *Maternity and Pediatric Nursing*, will empower the reader to guide women and their children toward higher levels of wellness throughout the life cycle. The textbook emphasizes how to anticipate, identify, and address common problems to allow timely, evidence-based interventions. Features include unfolding case studies throughout each chapter, multiple examples of critical thinking, and an outstanding visual presentation with extensive illustrations depicting key concepts. A bound-in CD-ROM and a companion Website include video clips and NCLEX®-style review questions.

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interventions Case study exercises and clinical tips to help you integrate care plan concepts and evidence-based standards with real-life situations Part I discusses NANDA-I, NOC, and NIC—covers assessment, nursing diagnosis, planning, implementation, evaluation, and integrating the concepts Part II integrates major nursing diagnoses with common medical diagnoses—addresses medical-surgical, maternal-neonatal, pediatric, and psychiatric diagnoses Chapter features include: Just the facts—quick summary of chapter content Under construction—sample concept maps and care plan components, with tips for creating individualized care plans On the case—visual, step-by-step instruction applied to real-life patient care scenarios Weighing the evidence—the latest evidence-based standards of care, demonstrated in sample care plans Teacher knows best—helpful tips and reminders to help you apply what you are learning Memory jogger—techniques for remembering vital content

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impaired skin integrity nursing care plan: Essentials for Nursing Practice - E-Book Patricia A. Potter, Anne G. Perry, Patricia A. Stockert, Amy Hall, 2018-03-12 Get a solid foundation in essential nursing principles, concepts, and skills! *Essentials for Nursing Practice*, 9th Edition combines everything you need from your fundamentals course and streamlines it into a format that's perfect for busy nursing students. The ninth edition retains many classic features, including chapter case studies, procedural guidelines, and special considerations for various age groups, along with new content including a chapter on Complementary and Alternative Therapies, interactive clinical case studies on Evolve, a new Reflective Learning section, and QSEN activities to encourage active learning. Thoroughly reviewed by nursing clinical experts and educators, this new edition ensures you learn nursing Essentials with the most accurate, up-to-date, and easy-to-understand book on the market. - Progressive case studies are introduced at the beginning of the chapter and are then used to tie together the care plan, concept map, and clinical decision-making exercises. - Focused Patient Assessment tables include actual questions to help you learn how to effectively phrase questions to patients as well as target physical assessment techniques. - Nursing skills at the end of each chapter feature full-bleed coloring on the edge of the page to make them easy to locate. - Safety guidelines for nursing skills sections precede each skills section to help you focus on safe and effective skills performance. - Detailed care plans in the text and on Evolve demonstrate the application of the 5-step nursing process to individual patient problems to help you understand how a plan is developed and how to evaluate care. - Unexpected outcomes and related interventions for skills alert you to possible problems and appropriate nursing action. - Patient Teaching boxes help you plan effective teaching by first identifying an outcome, then developing strategies on how to teach, and finally, implementing measures to evaluate learning. - Care of the Older Adult boxes highlight key aspects of nursing assessment and care for this growing population. - Key points neatly summarize the most important content for each chapter to help you review and evaluate learning. - Evidence-Based Practice boxes include a PICO question, summary of the results of a research study, and a F description of how the study has affected nursing practice — in every chapter. - Patient-Centered Care boxes address racial and ethnic diversity along with the cultural differences

that impact socioeconomic status, values, geography, and religion. - 65 Skills and procedural guidelines provide clear, step-by-step instructions for providing safe nursing care. - 5-step nursing process provides a consistent framework for clinical chapters. - Concept maps visually demonstrate planning care for patients with multiple diagnoses. - NOC outcomes, NIC interventions, and NANDA diagnoses are incorporated in care plans to reflect the standard used by institutions nationwide.

impaired skin integrity nursing care plan: Fundamental Nursing Skills and Concepts

Barbara Kuhn Timby, 2009 Now in its Ninth Edition, this full-color text combines theoretical nursing concepts, step-by-step skills and procedures, and clinical applications to form the foundation of the LPN/LVN course of study. This edition features over 100 new photographs, exciting full-color ancillaries, end-of-unit exercises, and extensively updated chapters on nursing foundations, laws and ethics, recording and reporting, nutrition, fluid and chemical balance, safety, asepsis, infection control, and medication administration. Coverage includes new information on cost-related issues, emerging healthcare settings, concept mapping, malpractice, documentation and reporting, HIPAA, and more. All Gerontologic Considerations sections have been thoroughly updated by renowned experts.

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