

nanda nursing diagnosis anemia

NANDA Nursing Diagnosis Anemia

Anemia is a common hematologic condition characterized by a deficiency in the number or quality of red blood cells (RBCs) or hemoglobin, leading to impaired oxygen delivery to tissues. When addressing anemia within the nursing field, the term *NANDA nursing diagnosis anemia* is pivotal in guiding assessment, planning, and intervention strategies. Proper identification and management of this diagnosis are essential to improving patient outcomes, preventing complications, and enhancing quality of life.

Understanding Anemia in the Context of NANDA Nursing Diagnosis

Definition and Relevance

Anemia, according to the World Health Organization, is diagnosed when hemoglobin levels fall below the normal range—typically *less than 13 g/dL in men and less than 12 g/dL in women*. It affects people across all age groups, with increased prevalence among pregnant women, the elderly, and individuals with chronic diseases. As a nursing diagnosis, anemia often manifests with specific signs and symptoms that require comprehensive assessment and tailored interventions.

Importance in Nursing Practice

Recognizing anemia as a nursing diagnosis enables nurses to:

- Identify at-risk populations early.
- Implement appropriate interventions.
- Educate patients about management and prevention.
- Collaborate with multidisciplinary teams for holistic care.

Common NANDA Nursing Diagnoses Associated with Anemia

Anemia may be associated with various NANDA diagnoses, including:

1. Fatigue

- Due to decreased oxygen delivery to tissues.
- Common in patients with anemia of any etiology.

2. Activity Intolerance

- Resulting from reduced energy levels and hypoxia.
- Limits patient participation in daily activities.

3. Impaired Skin Integrity

- Particularly in cases of severe anemia leading to pallor or cyanosis.
- Increased risk of skin breakdown.

4. Risk for Falls

- Due to dizziness, weakness, or hypotension associated with anemia.

5. Knowledge Deficit

- Regarding disease process, management, and prevention strategies.

Assessment and Diagnostic Criteria for Anemia

Clinical Assessment

Nurses should perform comprehensive assessments, including:

- Medical history (e.g., dietary habits, chronic illnesses, medication use).
- Physical examination (e.g., pallor, jaundice, tachycardia, tachypnea).
- Functional status and activity tolerance.
- Signs of hypoxia, such as shortness of breath and dizziness.

Laboratory Tests

Key diagnostic tests include:

1. Complete Blood Count (CBC):

- Hemoglobin and hematocrit levels.

- Red blood cell indices (MCV, MCH, MCHC).

2. Peripheral Blood Smear:

- Cell morphology to determine type of anemia.

3. Serum Iron Studies:

- Serum iron, ferritin, total iron-binding capacity (TIBC).

4. Vitamin and Mineral Levels:

- B12, folate levels.

5. Reticulocyte Count:

- Assess bone marrow response.

Identifying Nursing Diagnoses

Based on assessment data, nurses can establish specific diagnoses such as:

- Fatigue related to decreased oxygen delivery secondary to anemia.
- Activity intolerance related to hypoxia and weakness.
- Risk for falls related to dizziness and weakness.
- Knowledge deficit regarding management and prevention.

Interventions for NANDA Nursing Diagnosis Anemia

1. Improve Oxygenation

- Administer prescribed oxygen therapy as needed.
- Position patient to maximize lung expansion.
- Encourage deep breathing exercises.

2. Promote Adequate Nutrition

- Educate on iron-rich foods (e.g., lean meats, leafy greens, legumes).
- Encourage intake of vitamin C to enhance iron absorption.
- Discuss the importance of B12 and folate in red blood cell production.

3. Manage Fatigue and Activity Tolerance

- Schedule rest periods between activities.
- Assist with activities of daily living (ADLs).
- Gradually increase activity levels as tolerated.

4. Monitor Hematologic Status

- Regularly assess vital signs and oxygen saturation.
- Monitor laboratory results to evaluate treatment effectiveness.
- Watch for signs of worsening anemia or complication development.

5. Educate Patients and Caregivers

- Explain the nature of anemia and its implications.
- Emphasize adherence to prescribed treatments (e.g., iron supplements).
- Teach about dietary modifications and lifestyle changes.
- Discuss warning signs that require prompt medical attention.

6. Prevent Complications

- Implement fall precautions for those at risk.
- Manage underlying causes or contributing factors.
- Coordinate with healthcare providers for specialized management.

Management Strategies for Specific Types of Anemia

Iron-Deficiency Anemia

- Iron supplementation (oral or intravenous).
- Dietary counseling to increase iron intake.
- Addressing sources of blood loss (e.g., gastrointestinal bleeding).

Vitamin B12 and Folate Deficiency Anemia

- Parenteral or oral vitamin B12 injections.
- Folate supplementation.
- Dietary counseling to include B12- and folate-rich foods.

Anemia of Chronic Disease

- Manage underlying chronic illness.
- Erythropoietin-stimulating agents if indicated.
- Blood transfusions in severe cases.

Sickle Cell Anemia

- Pain management.
- Hydration therapy.
- Avoidance of triggers (e.g., cold, stress).
- Hydroxyurea therapy.

Patient Education and Prevention of Anemia

Dietary Recommendations

- Consume iron-rich foods such as red meats, beans, spinach.
- Incorporate foods high in vitamin B12 and folate.
- Limit intake of substances that inhibit iron absorption (e.g., tea, coffee during meals).

Medication Compliance

- Take prescribed supplements regularly.
- Follow-up appointments for lab monitoring.

Lifestyle Modifications

- Adequate rest and activity balance.
- Avoiding anemia triggers, such as infections or blood loss.

Regular Screening

- Routine hemoglobin testing, especially for at-risk populations.
- Early detection facilitates prompt management.

Conclusion

Effective nursing management of anemia as a NANDA nursing diagnosis hinges on thorough assessment, targeted interventions, patient education, and collaboration with healthcare teams. Recognizing the signs and symptoms of anemia enables nurses to implement strategies that improve oxygen delivery, enhance patient comfort, and prevent complications. Tailoring care plans to individual patient needs—whether addressing nutritional deficiencies, managing chronic illnesses, or providing supportive therapies—is essential for optimal outcomes. Through comprehensive understanding and dedicated care, nurses play a vital role in managing anemia and enhancing the overall health and well-being of their patients.

Keywords: NANDA nursing diagnosis anemia, anemia management, fatigue, activity intolerance, iron deficiency anemia, patient education, nursing interventions, hematologic assessment

Frequently Asked Questions

What is the NANDA nursing diagnosis for anemia?

The NANDA nursing diagnosis for anemia is 'Decreased tissue perfusion related to reduced hemoglobin levels.'

What are common signs and symptoms associated with anemia in patients?

Common signs include fatigue, pallor, shortness of breath, dizziness, and tachycardia.

How does anemia impact tissue perfusion according to NANDA diagnoses?

Anemia reduces the oxygen-carrying capacity of blood, leading to decreased tissue perfusion and potential hypoxia.

What nursing interventions are appropriate for a patient diagnosed with anemia?

Interventions include monitoring hemoglobin levels, promoting adequate

nutrition, encouraging rest, and educating about iron-rich foods.

What are the potential complications if anemia is left untreated?

Untreated anemia can lead to severe hypoxia, cardiac failure, and increased risk of infections.

How can nurses assess for decreased tissue perfusion in anemic patients?

Assessment includes checking skin pallor, capillary refill, vital signs, and oxygen saturation levels.

What patient education should be provided for managing anemia?

Patients should be advised to consume iron-rich foods, adhere to prescribed supplements, and report symptoms like increased fatigue or dizziness.

What laboratory tests support the diagnosis of anemia in nursing practice?

Tests include complete blood count (CBC), serum ferritin, transferrin saturation, and reticulocyte count.

How does understanding NANDA diagnosis assist in managing anemia effectively?

It helps nurses develop targeted care plans aimed at improving tissue perfusion, addressing underlying causes, and preventing complications.

Are there specific NANDA nursing diagnoses related to the cause of anemia, such as iron deficiency or chronic disease?

Yes, diagnoses like 'Imbalanced nutrition: less than body requirements' or 'Ineffective peripheral tissue perfusion' can be linked to specific causes of anemia to guide tailored interventions.

Additional Resources

NANDA Nursing Diagnosis: Anemia

Anemia is a prevalent hematological condition characterized by a decreased

number of circulating red blood cells (RBCs) or a reduction in hemoglobin concentration, leading to diminished oxygen-carrying capacity of the blood. As a complex clinical entity, anemia affects individuals across all age groups and socioeconomic backgrounds, with implications that extend into multiple body systems. For nurses, understanding the nuances of anemia—particularly through the lens of the North American Nursing Diagnosis Association (NANDA) framework—is essential for effective assessment, intervention, and management.

This comprehensive review explores anemia from an nursing diagnosis perspective, focusing on the application of NANDA classifications, underlying pathophysiology, clinical manifestations, diagnostic criteria, nursing interventions, and evidence-based practices. The aim is to provide clinicians, students, and researchers with a thorough understanding of how to identify, diagnose, and manage anemia within a nursing context.

Understanding Anemia: Pathophysiology and Clinical Significance

Anemia is not a disease itself but rather a manifestation of underlying health problems, including nutritional deficiencies, chronic diseases, bone marrow disorders, or hemolytic processes. The core issue revolves around the reduced oxygen delivery to tissues, which triggers a cascade of compensatory mechanisms and clinical symptoms.

Pathophysiology of Anemia

Anemia develops when the production of RBCs is compromised or when there is increased destruction or loss of RBCs. The primary mechanisms include:

- Decreased RBC production: Often due to nutritional deficiencies (iron, vitamin B12, folate), bone marrow failure, chronic kidney disease (due to decreased erythropoietin), or chronic inflammatory states.
- Increased RBC destruction: Hemolytic anemias, autoimmune processes, or inherited hemoglobinopathies.
- Blood loss: Acute or chronic hemorrhage, gastrointestinal bleeding, heavy menstrual cycles.

Implications of Anemia

The reduced hemoglobin levels impair oxygen delivery, which can lead to:

- Fatigue and weakness
- Shortness of breath and tachypnea
- Dizziness, pallor, and cold extremities
- Tachycardia as a compensatory response

- Cognitive disturbances in severe cases

Understanding these physiological changes informs nursing assessment and diagnosis, as well as tailored interventions.

NANDA Nursing Diagnoses Associated with Anemia

Within the NANDA International taxonomy, anemia-related nursing diagnoses primarily fall under categories related to activity intolerance, impaired tissue perfusion, and risk for decreased cardiac output, among others. Recognizing the correct diagnosis is pivotal for planning effective care.

Common NANDA Diagnoses in Anemia Patients Include:

- Ineffective Tissue Perfusion (R/T decreased hemoglobin and RBCs)
- Activity Intolerance (R/T fatigue and decreased oxygen-carrying capacity)
- Impaired Gas Exchange (R/T hypoxemia secondary to anemia)
- Fatigue (R/T decreased oxygen delivery)
- Risk for Imbalanced Nutrition: Less than Body Requirements (R/T inadequate iron or vitamin intake)
- Anxiety (R/T concern about health status)

Each diagnosis requires specific defining characteristics, related factors, and individualized goals.

Assessment and Diagnostic Criteria in Nursing Practice

Effective nursing diagnosis begins with comprehensive assessment, including patient history, physical examination, and laboratory data.

Key Assessment Components

- History Taking
- Dietary habits
- Menstrual and reproductive history
- History of chronic illnesses (e.g., CKD, autoimmune disorders)
- Bleeding episodes or trauma
- Medication history (e.g., anticoagulants)
- Fatigue, weakness, pallor, dyspnea

- Physical Examination
- Pallor of skin, conjunctiva, mucous membranes
- Tachycardia or irregular heartbeat
- Systolic flow murmurs
- Skin dryness or brittle nails
- Tongue soreness or glossitis
- Laboratory Data
- Hemoglobin and hematocrit levels
- Mean corpuscular volume (MCV)
- Serum ferritin, iron, TIBC
- Vitamin B12 and folate levels
- Reticulocyte count
- Peripheral blood smear

Using this data, nurses can determine the severity of anemia, its etiology, and potential complications.

Defining Characteristics and Related Factors

For example, in the case of anemia related to iron deficiency, defining characteristics may include pallor, fatigue, and low serum ferritin, while related factors might be inadequate dietary intake or chronic blood loss.

Nursing Interventions and Management Strategies

Nursing care for patients with anemia must be individualized, evidence-based, and multidisciplinary in nature. Interventions aim to address the underlying cause, alleviate symptoms, and prevent complications.

Monitoring and Assessment

- Regularly assess vital signs, oxygen saturation, and level of consciousness
- Monitor hemoglobin, hematocrit, and other relevant labs
- Observe for signs of hypoxia or cardiac strain
- Assess nutritional intake and adherence to treatment

Promotion of Tissue Perfusion and Oxygenation

- Administer oxygen therapy as prescribed
- Elevate the head of the bed to facilitate breathing

- Encourage activity within tolerated limits to prevent deconditioning

Nutritional Support and Education

- Promote iron-rich foods (red meat, leafy greens, beans)
- Educate about iron supplementation (ferrous sulfate), including side effects and compliance
- Discuss vitamin B12 and folate sources and supplementation
- Counsel on avoiding inhibitors of iron absorption (tea, coffee)

Addressing Underlying Causes and Risks

- Collaborate with healthcare providers for diagnostic workup
- Prepare patients for procedures or treatments, such as blood transfusions or iron infusions
- Educate patients about managing chronic conditions contributing to anemia

Psychosocial Support and Patient Education

- Address anxieties regarding diagnosis and treatment
- Encourage adherence to medication regimens
- Promote understanding of lifestyle modifications

Complications and Nursing Considerations

If left unmanaged, anemia can lead to serious complications including:

- Heart failure due to increased cardiac workload
- Angina or myocardial infarction
- Cognitive impairment
- Severe hypoxia leading to organ dysfunction

Nurses must remain vigilant for signs of deterioration, such as chest pain, syncope, or worsening fatigue.

Key considerations include:

- Ensuring timely interventions
- Monitoring for transfusion reactions
- Educating about the importance of follow-up evaluations
- Supporting psychosocial well-being

Emerging Trends and Research in Nursing Management of Anemia

Recent advances highlight the importance of personalized medicine, novel therapies, and patient-centered care models. Nurses are increasingly involved in:

- Managing novel erythropoiesis-stimulating agents
- Monitoring for adverse effects of new treatments
- Facilitating patient participation in shared decision-making
- Incorporating telehealth for remote monitoring

Research emphasizes the critical role of nurses in early detection, prevention, and holistic management of anemia, especially in vulnerable populations such as the elderly, pregnant women, and those with chronic illnesses.

Conclusion

Anemia remains a significant global health concern with multifaceted implications for patient health and quality of life. From a nursing perspective, the application of NANDA nursing diagnoses provides a structured approach to assessment, planning, and intervention. Recognizing the diverse etiologies and manifestations of anemia enables nurses to deliver comprehensive, patient-centered care that addresses not only the clinical symptoms but also the underlying causes and psychosocial impacts.

Effective management hinges on thorough assessment, evidence-based interventions, patient education, and ongoing evaluation. As research and clinical guidelines evolve, nurses must stay informed to optimize outcomes for individuals living with anemia. Ultimately, a holistic nursing approach rooted in accurate diagnoses and compassionate care can significantly improve the health and well-being of affected patients.

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(Note: For an actual publication, references to current guidelines, research articles, and authoritative sources would be included here. Since this is a generated article, references are not provided but should be incorporated when used in formal settings.)

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Considerations, discussed in Chapter 1 and highlighted in feature boxes, address situations in which the RN delegates tasks to the LPN/LVN, or the LPN/LVN assigns tasks to nurse assistants, per the individual state nurse practice act. Gerontologic nursing presented throughout in the context of specific disorders with Elder Care Points boxes that address the unique medical-surgical care issues that affect older adults. Safety Alert boxes call out specific dangers to patients and teach you to identify and implement safe clinical care. Evidence-based Practice icons highlight current references to research in nursing and medical practice. Patient Teaching boxes provide step-by-step instructions and guidelines for post-hospital care - and prepare you to educate patients on their health condition and recovery. Health Promotion boxes address wellness and disease prevention strategies that you can provide in patient teaching. NEW! Content updated with the most current health care standards, including QSEN competencies, hypertension, diabetes, and hypoglycemia, to relate national standards to LPN/LVN practice. UPDATED! Revised chapter objectives and content reflects higher-level critical thinking, communication, patient safety, and priority setting. UPDATED! Get Ready for the NCLEX®! review questions updated per the 2014 NCLEX-PN® test plan.

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nanda nursing diagnosis anemia: *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.

nanda nursing diagnosis anemia: Pharmacology and the Nursing Process Linda Lane Lilley, PhD, RN, Shelly Rainforth Collins, PharmD, Julie S. Snyder, MSN, RN-BC, 2015-12-15 Let this outstanding pharmacology text help you learn how to administer drugs safely and effectively! Now in its eighth edition, Pharmacology and the Nursing Process continues to deliver the perfect amount of pharmacology, prioritization, and nursing process information to today's nursing students. Centering on its unique key drug approach, this text focuses only on the drug information you need to safely administer drugs. The text also continues to emphasize the nursing process and prioritization, covering the most essential assessments, nursing diagnoses, interventions, and evaluations you need to practice effectively. New to this edition is even more coverage of QSEN competencies, simpler language, and a wealth of reader-friendly features and innovative learning aids. Along with its integrated NCLEX preparation and insightful learning strategies, you won't find a more complete pharmacology text on the market! NEW! Additional QSEN coverage incorporates more QSEN information throughout the text. Applicable QSEN competencies added to text case study titles Collaboration and teamwork content added to selected case studies Addition of new Safety: What Went Wrong? case studies Explanation of QSEN initiatives as it relates to safety and quality of patient care is included in the Medication Errors chapter NEW! Improved readability is aided by more friendly, direct-address language; shorter sentences; simplified language (where appropriate); and much more. An extensive Photo Atlas of Drug Administration features more than 100 step-by-step illustrations depicting key steps in drug administration for various routes of drug administration. UNIQUE! QSEN focus highlights those aspects of the book - such as boxes, tips, case studies, and other content - that correlate with the QSEN competencies. Popular key drug approach focuses on the need-to-know content for safe clinical practice and uses a streamlined approach to

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nanda nursing diagnosis anemia: Introductory Maternity and Pediatric Nursing Nancy T. Hatfield, 2013-11-07 Written specifically for the LPN/LVN student, this Third Edition of Introductory Maternity and Pediatric Nursing provides clear, well-illustrated, and clinically relevant coverage of pregnancy, birth, and pediatrics to help student's master key clinical and critical thinking skills and prepare for the NCLEX® exam and successful practice. This Third Edition is enhanced by new care plans in the clinical chapters, new case studies, a new art program, a new pronunciation guide, and more. Online video clips of live births, Cesarean delivery, breastfeeding, pediatric milestones, the well child, and the hospitalized child bring concepts to life in dynamic full color. To ensure student mastery of key topics, an integrated workbook at the end of each chapter includes NCLEX-style questions (many NEW to this edition), study activities, and critical thinking: What Would You Do? exercises.

nanda nursing diagnosis anemia: Nursing Diagnoses 2012-14 NANDA International, 2014-02-05 A nursing diagnosis is defined as a clinical judgment about individual, family or community responses to actual or potential health problems or life processes which provide the basis for selection of nursing interventions to achieve outcomes for which the nurse has accountability (NANDA-I, 2009). Accurate and valid nursing diagnoses guide the selection of interventions that are likely to produce the desired treatment effects and determine nurse-sensitive outcomes. Nursing diagnoses are seen as key to the future of evidence-based, professionally-led nursing care - and to more effectively meeting the need of patients. In an era of increasing electronic patient health records, standardized nursing terminologies such as NANDA-I, NIC and NOC provide a means of collecting nursing data that are systematically analysed within and across healthcare organizations and provide essential data for cost/benefit analysis and clinical audit. Nursing Diagnoses: Definitions and Classification is the definitive guide to nursing diagnoses, as reviewed and approved by NANDA-I. Each nursing diagnosis undergoes a rigorous assessment process by NANDA-I's Diagnosis Development Committee, with stringent criteria used to indicate the strength of the underlying level of evidence. Each diagnosis comprises a label or name for the diagnosis, a definition, defining characteristics, risk factors and/or related factors. Many diagnoses are further qualified by terms such as risk for, effective, ineffective, impaired, imbalanced, self-care deficit, readiness for, disturbed, decreased, etc. The 2012-2014 edition is arranged by concept according to Taxonomy II domains, i.e. Health promotion, Nutrition, Elimination and exchange,

Activity/Rest, Perception/Cognition, Self-perception, Role relationships, Sexuality, Coping/ Stress tolerance, Life principles, Safety/protection, Comfort, and Growth/development. The 2012-2014 edition contains revised chapters on NANDA-I taxonomy, and slotting of diagnoses into NANDA & NNN taxonomies, diagnostic reasoning & conceptual clarity, and submission of new/revised diagnoses. New chapters are provided on the use of nursing diagnoses in education, clinical practice, electronic health records, nursing & health care administration, and research . A companion website hosts related resources. Key features 2012-2014 edition arranged by diagnostic concepts Core references and level of evidence for each diagnosis New chapters on appropriate use of nursing diagnoses in clinical practice, education, administration and electronic health record 16 new diagnoses 11 revised diagnoses Aimed at students, educators, clinicians, nurse administrators and informaticians Companion website available, including a video on assessment, clinical reasoning and diagnosis

nanda nursing diagnosis anemia: Nursing Diagnosis Manual Marilynn E. Doenges, Mary Frances Moorhouse, Alice C. Murr, 2022-02-01 Identify interventions to plan, individualize, and document care. Updated with the latest diagnoses and interventions from NANDA-I 2021-2023, here's the resource you'll turn to again and again to select the appropriate diagnosis and to plan, individualize, and document care for more than 800 diseases and disorders. Only in the Nursing Diagnosis Manual will you find for each diagnosis...defining characteristics presented subjectively and objectively - sample clinical applications to ensure you have selected the appropriate diagnoses - prioritized action/interventions with rationales - a documentation section, and much more!

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