

NURSING DIAGNOSIS NAUSEA

NURSING DIAGNOSIS NAUSEA IS A COMMON CLINICAL ASSESSMENT ENCOUNTERED IN VARIOUS HEALTHCARE SETTINGS, INCLUDING HOSPITALS, CLINICS, AND LONG-TERM CARE FACILITIES. NAUSEA, DEFINED AS A SUBJECTIVE SENSATION OF AN URGE TO VOMIT, CAN SIGNIFICANTLY IMPACT A PATIENT'S QUALITY OF LIFE, NUTRITIONAL INTAKE, AND OVERALL HEALTH STATUS. PROPER IDENTIFICATION AND MANAGEMENT OF THIS CONDITION ARE ESSENTIAL COMPONENTS OF NURSING CARE, REQUIRING A COMPREHENSIVE UNDERSTANDING OF ITS CAUSES, SYMPTOMS, AND APPROPRIATE INTERVENTIONS. THIS ARTICLE PROVIDES AN IN-DEPTH EXPLORATION OF NURSING DIAGNOSIS NAUSEA, INCLUDING ITS ETIOLOGY, ASSESSMENT STRATEGIES, DIAGNOSTIC CRITERIA, AND EVIDENCE-BASED NURSING INTERVENTIONS TO OPTIMIZE PATIENT OUTCOMES.

UNDERSTANDING NAUSEA: DEFINITION AND PATHOPHYSIOLOGY

WHAT IS NAUSEA?

NAUSEA IS A COMPLEX, SUBJECTIVE SENSATION CHARACTERIZED BY DISCOMFORT IN THE EPIGASTRIC REGION AND AN UNCONTROLLABLE URGE TO VOMIT. IT IS A SYMPTOM RATHER THAN A DISEASE ITSELF AND OFTEN SIGNALS UNDERLYING HEALTH ISSUES OR ADVERSE EFFECTS OF MEDICATIONS.

PATHOPHYSIOLOGY OF NAUSEA

NAUSEA RESULTS FROM THE ACTIVATION OF THE CENTRAL NERVOUS SYSTEM'S VOMITING CENTER, LOCATED IN THE MEDULLA OBLONGATA, IN RESPONSE TO STIMULI INVOLVING:

- THE GASTROINTESTINAL TRACT
- THE VESTIBULAR SYSTEM
- THE CHEMORECEPTOR TRIGGER ZONE (CTZ)
- HIGHER BRAIN CENTERS (E.G., IN RESPONSE TO EMOTIONAL STRESS)

VARIOUS TRIGGERS CAN STIMULATE THESE AREAS, INCLUDING INFECTIONS, MEDICATIONS, METABOLIC DISTURBANCES, VESTIBULAR DYSFUNCTION, AND PSYCHOLOGICAL FACTORS.

ETIOLOGY AND CAUSES OF NAUSEA

UNDERSTANDING THE UNDERLYING CAUSES OF NAUSEA IS CRITICAL FOR ACCURATE NURSING DIAGNOSIS AND EFFECTIVE MANAGEMENT. COMMON CAUSES INCLUDE:

- **GASTROINTESTINAL DISORDERS:** GASTRITIS, PEPTIC ULCERS, GASTROENTERITIS, BOWEL OBSTRUCTION
- **MEDICATIONS:** CHEMOTHERAPY AGENTS, OPIOIDS, ANTIBIOTICS, NSAIDS
- **METABOLIC AND ENDOCRINE CONDITIONS:** PREGNANCY, DIABETIC KETOACIDOSIS, UREMIA
- **CENTRAL NERVOUS SYSTEM DISORDERS:** MIGRAINE, INCREASED INTRACRANIAL PRESSURE, TUMORS
- **VESTIBULAR SYSTEM DISTURBANCES:** MOTION SICKNESS, INNER EAR INFECTIONS
- **PSYCHOLOGICAL FACTORS:** ANXIETY, STRESS, DEPRESSION

ASSESSMENT AND DATA COLLECTION FOR NAUSEA

ACCURATE ASSESSMENT IS ESSENTIAL FOR NURSING DIAGNOSIS AND PLANNING APPROPRIATE INTERVENTIONS. KEY ASSESSMENT COMPONENTS INCLUDE:

PATIENT HISTORY

- ONSET, DURATION, AND FREQUENCY OF NAUSEA
- TRIGGERS OR RELIEVING FACTORS
- ASSOCIATED SYMPTOMS (E.G., VOMITING, DIZZINESS, ABDOMINAL PAIN)
- RECENT MEDICATION CHANGES
- DIETARY HISTORY
- PSYCHOLOGICAL STATE AND STRESS LEVELS
- PREGNANCY STATUS

PHYSICAL EXAMINATION

- VITAL SIGNS (BLOOD PRESSURE, PULSE, TEMPERATURE)
- ABDOMINAL ASSESSMENT (TENDERNESS, DISTENTION)
- NEUROLOGICAL ASSESSMENT (SIGNS OF INCREASED INTRACRANIAL PRESSURE)
- VESTIBULAR ASSESSMENT (BALANCE, DIZZINESS)

DIAGNOSTIC TESTS

- LABORATORY TESTS (ELECTROLYTES, BLOOD GLUCOSE, LIVER FUNCTION)
- IMAGING STUDIES (ULTRASOUND, CT SCAN) IF INDICATED
- URINALYSIS
- PREGNANCY TEST

FORMULATING THE NURSING DIAGNOSIS

BASED ON ASSESSMENT DATA, THE NURSING DIAGNOSIS RELATED TO NAUSEA CAN BE FORMULATED USING THE NANDA INTERNATIONAL TAXONOMY. THE PRIMARY DIAGNOSIS IS:

"NAUSEA RELATED TO [UNDERLYING CAUSE] AS EVIDENCED BY [PATIENT REPORT, OBSERVED BEHAVIORS, ASSOCIATED SYMPTOMS]."

FOR EXAMPLE:

- NAUSEA RELATED TO CHEMOTHERAPY AS EVIDENCED BY PATIENT REPORT OF QUEASINESS AND VOMITING EPISODES.
- NAUSEA RELATED TO GASTROINTESTINAL INFECTION AS EVIDENCED BY ABDOMINAL DISCOMFORT AND FREQUENT VOMITING.

GOALS AND EXPECTED OUTCOMES

ESTABLISHING CLEAR, MEASURABLE GOALS HELPS GUIDE NURSING INTERVENTIONS. TYPICAL GOALS INCLUDE:

- THE PATIENT WILL REPORT A REDUCTION IN NAUSEA SEVERITY WITHIN A SPECIFIED TIME FRAME.
- THE PATIENT WILL MAINTAIN ADEQUATE NUTRITIONAL INTAKE.
- THE PATIENT WILL DEMONSTRATE EFFECTIVE COPING STRATEGIES TO MANAGE NAUSEA.
- THE PATIENT WILL IDENTIFY TRIGGERS AND AVOID EXACERBATING FACTORS.

NURSING INTERVENTIONS FOR NAUSEA

EVIDENCE-BASED NURSING INTERVENTIONS AIM TO ALLEVIATE NAUSEA, IDENTIFY UNDERLYING CAUSES, AND PREVENT COMPLICATIONS. THESE INTERVENTIONS SPAN PHARMACOLOGICAL, NON-PHARMACOLOGICAL, AND EDUCATIONAL STRATEGIES.

PHARMACOLOGICAL INTERVENTIONS

ADMINISTER PRESCRIBED ANTIEMETIC MEDICATIONS SUCH AS:

- ONDANSETRON
- PROMETHAZINE
- METOCLOPRAMIDE
- DIMENHYDRINATE

ENSURE PROPER TIMING AND DOSAGE, MONITOR FOR SIDE EFFECTS, AND EDUCATE THE PATIENT ON MEDICATION USE.

NON-PHARMACOLOGICAL STRATEGIES

- DIETARY MODIFICATIONS:
 - OFFER SMALL, FREQUENT MEALS
 - AVOID GREASY, SPICY, OR STRONG-SMELLING FOODS
 - ENCOURAGE BLAND, EASILY DIGESTIBLE FOODS
- ENVIRONMENTAL ADJUSTMENTS:
 - MAINTAIN FRESH AIR CIRCULATION
 - MINIMIZE ODORS THAT TRIGGER NAUSEA
- RELAXATION TECHNIQUES:
 - DEEP BREATHING EXERCISES
 - GUIDED IMAGERY
- DISTRACTION METHODS
- HYDRATION MANAGEMENT:
 - ENCOURAGE SIPS OF CLEAR FLUIDS
 - AVOID DEHYDRATION, WHICH CAN WORSEN NAUSEA

PATIENT EDUCATION AND COUNSELING

- RECOGNIZE AND AVOID NAUSEA TRIGGERS
- USE RELAXATION AND DISTRACTION TECHNIQUES
- ADHERE TO MEDICATION SCHEDULES
- MAINTAIN ADEQUATE HYDRATION AND NUTRITION
- REPORT PERSISTENT OR WORSENING SYMPTOMS PROMPTLY

MONITORING AND EVALUATION

ONGOING EVALUATION IS VITAL TO DETERMINE THE EFFECTIVENESS OF INTERVENTIONS. INDICATORS INCLUDE:

- DECREASED SEVERITY AND FREQUENCY OF NAUSEA
- ABILITY TO TOLERATE ORAL INTAKE
- ABSENCE OF COMPLICATIONS SUCH AS DEHYDRATION
- PATIENT SELF-REPORTING OF COMFORT AND COPING ABILITY

ADJUST CARE PLANS BASED ON PATIENT RESPONSE AND EMERGING NEEDS.

POTENTIAL COMPLICATIONS OF UNMANAGED NAUSEA

FAILURE TO ADDRESS NAUSEA CAN LEAD TO SEVERAL ADVERSE OUTCOMES, INCLUDING:

- DEHYDRATION AND ELECTROLYTE IMBALANCES
- MALNUTRITION AND WEIGHT LOSS
- PSYCHOLOGICAL DISTRESS, INCLUDING ANXIETY AND DEPRESSION
- IMPAIRED RECOVERY OR DISEASE PROGRESSION
- DEVELOPMENT OF ASPIRATION PNEUMONIA IN SEVERE CASES

SPECIAL CONSIDERATIONS IN NURSING DIAGNOSIS NAUSEA

- PREGNANCY: NAUSEA IS COMMON; MANAGEMENT FOCUSES ON DIETARY MODIFICATIONS AND REASSURANCE.
- CHEMOTHERAPY-INDUCED NAUSEA: REQUIRES COORDINATION WITH ONCOLOGY TEAMS AND SPECIFIC ANTIEMETIC PROTOCOLS.
- GERIATRIC PATIENTS: MAY HAVE MULTIPLE COMORBIDITIES; INTERVENTIONS SHOULD BE TAILORED ACCORDINGLY.
- PSYCHOLOGICAL FACTORS: ANXIETY AND STRESS MANAGEMENT ARE INTEGRAL COMPONENTS OF CARE.

CONCLUSION

EFFECTIVE NURSING DIAGNOSIS OF NAUSEA INVOLVES COMPREHENSIVE ASSESSMENT, UNDERSTANDING OF UNDERLYING CAUSES, AND IMPLEMENTATION OF TARGETED INTERVENTIONS. BY EMPLOYING EVIDENCE-BASED STRATEGIES—RANGING FROM MEDICATION ADMINISTRATION TO PATIENT EDUCATION—NURSES PLAY A PIVOTAL ROLE IN ALLEVIATING THIS DISTRESSING SYMPTOM, IMPROVING PATIENT COMFORT, AND PREVENTING POTENTIAL COMPLICATIONS. CONTINUOUS MONITORING AND INDIVIDUALIZED CARE PLANS ENSURE THAT PATIENTS RECEIVE OPTIMAL SUPPORT TAILORED TO THEIR SPECIFIC NEEDS, ULTIMATELY ENHANCING THEIR RECOVERY AND QUALITY OF LIFE.

FREQUENTLY ASKED QUESTIONS

WHAT ARE COMMON NURSING DIAGNOSES ASSOCIATED WITH NAUSEA?

COMMON NURSING DIAGNOSES RELATED TO NAUSEA INCLUDE 'NAUSEA,' 'RISK FOR ELECTROLYTE IMBALANCE,' 'IMPAIRED NUTRITION: LESS THAN BODY REQUIREMENTS,' AND 'ANXIETY,' DEPENDING ON THE PATIENT'S CONDITION.

HOW CAN NURSES EFFECTIVELY ASSESS A PATIENT EXPERIENCING NAUSEA?

NURSES SHOULD ASSESS THE ONSET, DURATION, AND SEVERITY OF NAUSEA, IDENTIFY POTENTIAL TRIGGERS, EVALUATE RELATED SYMPTOMS SUCH AS VOMITING OR DIZZINESS, AND REVIEW THE PATIENT'S MEDICAL HISTORY FOR UNDERLYING CAUSES.

WHAT ARE SOME NURSING INTERVENTIONS TO RELIEVE NAUSEA?

INTERVENTIONS INCLUDE PROVIDING A COMFORTABLE ENVIRONMENT, ADMINISTERING ANTIEMETIC MEDICATIONS AS PRESCRIBED, ENCOURAGING SMALL, FREQUENT MEALS, PROMOTING HYDRATION, AND EMPLOYING RELAXATION TECHNIQUES.

How does understanding the etiology of nausea guide nursing care?

Understanding the cause—such as medication side effects, gastrointestinal issues, or metabolic imbalances—helps tailor interventions, select appropriate treatments, and educate the patient effectively.

What role does patient education play in managing nausea?

Patient education involves instructing on dietary modifications, medication adherence, recognizing warning signs, and lifestyle changes to reduce nausea triggers and improve comfort.

When should a nurse escalate care for a patient with persistent nausea?

Escalation is warranted if nausea persists despite interventions, is associated with severe symptoms like dehydration, electrolyte imbalance, or if it impairs the patient's ability to meet nutritional needs.

Are there specific nursing diagnoses related to risk factors for nausea?

Yes, such as 'Risk for fluid volume deficit,' 'Risk for electrolyte imbalance,' and 'Risk for impaired skin integrity,' especially in patients with recurrent vomiting or prolonged nausea.

How can nurses collaborate with the healthcare team to manage nausea effectively?

Nurses can communicate assessment findings, advocate for appropriate antiemetic therapy, coordinate with dietitians for nutritional support, and monitor patient response to interventions to optimize care.

Additional Resources

Nursing Diagnosis: Nausea – A Comprehensive Review

Nausea is a complex and often distressing symptom encountered frequently in diverse healthcare settings. As nurses, understanding the intricacies of nausea—from its pathophysiology to management strategies—is essential for delivering effective patient care. This review delves deeply into the nursing diagnosis of nausea, exploring its etiology, assessment, intervention strategies, and patient education to ensure holistic, evidence-based practice.

Understanding Nausea: Definition and Significance

Nausea is defined as an unpleasant, subjective sensation that often precedes vomiting. While it is primarily a symptom rather than a disease, it can significantly impair a patient's quality of life, nutritional intake, and overall recovery.

Key points:

- Nausea can be acute or chronic.
- It is a common side effect of many medical conditions and treatments, including chemotherapy, postoperative states, gastrointestinal disorders, and metabolic imbalances.
- Recognizing nausea early and accurately is critical for timely intervention.

PATHOPHYSIOLOGY OF NAUSEA

UNDERSTANDING THE UNDERLYING MECHANISMS OF NAUSEA AIDS NURSES IN IDENTIFYING POTENTIAL CAUSES AND TAILORING APPROPRIATE CARE PLANS.

CENTRAL NERVOUS SYSTEM INVOLVEMENT

- THE VOMITING CENTER IN THE MEDULLA OBLONGATA IS THE PRIMARY INTEGRATOR OF NAUSEA SIGNALS.
- IT RECEIVES INPUT FROM:
 - THE CHEMORECEPTOR TRIGGER ZONE (CTZ), WHICH DETECTS TOXINS AND DRUGS.
 - THE VESTIBULAR SYSTEM, INVOLVED IN MOTION SICKNESS.
 - HIGHER BRAIN CENTERS, INFLUENCED BY EMOTIONAL STATES AND PAIN.

PERIPHERAL TRIGGERS

- GASTROINTESTINAL TRACT RECEPTORS RESPOND TO DISTENSION, INFLAMMATION, OR TOXINS.
- THESE SIGNALS ARE TRANSMITTED VIA THE VAGUS NERVE TO THE BRAINSTEM.

NEUROTRANSMITTERS INVOLVED

- SEROTONIN (5-HT)
- DOPAMINE
- HISTAMINE
- SUBSTANCE P
- ACETYLCHOLINE

UNDERSTANDING THESE PATHWAYS HIGHLIGHTS PHARMACOLOGICAL TARGETS AND POTENTIAL NON-PHARMACOLOGICAL INTERVENTIONS.

ETIOLOGY AND CONTRIBUTING FACTORS

NAUSEA CAN RESULT FROM NUMEROUS CAUSES, NECESSITATING A THOROUGH ASSESSMENT.

COMMON CAUSES INCLUDE:

- MEDICAL TREATMENTS: CHEMOTHERAPY, RADIOTHERAPY, ANESTHESIA.
- GASTROINTESTINAL DISORDERS: GASTROENTERITIS, ULCERS, BOWEL OBSTRUCTION.
- METABOLIC DISTURBANCES: HYPOGLYCEMIA, UREMIA, DIABETIC KETOACIDOSIS.
- PSYCHOSOCIAL FACTORS: ANXIETY, FEAR, EMOTIONAL DISTRESS.
- MEDICATIONS: OPIOIDS, ANTIBIOTICS, NSAIDS.
- OTHER FACTORS: MOTION SICKNESS, PREGNANCY (MORNING SICKNESS), MIGRAINES.

IDENTIFYING THE ROOT CAUSE INFORMS TARGETED INTERVENTIONS AND PROMOTES EFFECTIVE SYMPTOM MANAGEMENT.

ASSESSMENT OF NAUSEA IN NURSING PRACTICE

COMPREHENSIVE ASSESSMENT IS FOUNDATIONAL FOR ACCURATE DIAGNOSIS AND INTERVENTION.

SUBJECTIVE DATA COLLECTION

- ONSET, DURATION, AND FREQUENCY OF NAUSEA.
- SEVERITY, OFTEN RATED ON A SCALE (E.G., 0-10).
- ASSOCIATED SYMPTOMS: VOMITING, DIZZINESS, ABDOMINAL PAIN, DEHYDRATION.
- POSSIBLE TRIGGERS OR ALLEVIATING FACTORS.
- IMPACT ON DAILY ACTIVITIES, NUTRITIONAL INTAKE, AND EMOTIONAL WELL-BEING.
- PATIENT'S HISTORY OF RELATED CONDITIONS OR TREATMENTS.

OBJECTIVE DATA COLLECTION

- VITAL SIGNS: MONITOR FOR DEHYDRATION OR INSTABILITY.
- HYDRATION STATUS: SKIN TURGOR, MUCOUS MEMBRANES.
- ABDOMINAL EXAMINATION: DISTENSION, TENDERNESS.
- OBSERVATION OF VOMITING EPISODES OR DRY HEAVES.
- LABORATORY DATA: ELECTROLYTE IMBALANCES, RENAL FUNCTION, BLOOD GLUCOSE.

PSYCHOSOCIAL AND CULTURAL CONSIDERATIONS

- UNDERSTANDING CULTURAL BELIEFS ABOUT NAUSEA AND VOMITING.
- EMOTIONAL STATE ASSESSMENT, AS ANXIETY CAN EXACERBATE SYMPTOMS.

FORMULATING A NURSING DIAGNOSIS FOR NAUSEA

BASED ON ASSESSMENT DATA, THE PRIMARY NURSING DIAGNOSIS RELATED TO NAUSEA MIGHT INCLUDE:

- NAUSEA RELATED TO CHEMOTHERAPY AS EVIDENCED BY PATIENT REPORTS OF DISCOMFORT AND INCREASED SALIVATION.
- IMPAIRED NUTRITION RELATED TO NAUSEA AS EVIDENCED BY DECREASED INTAKE AND WEIGHT LOSS.
- RISK FOR DEHYDRATION RELATED TO FREQUENT VOMITING AND DECREASED FLUID INTAKE.

THE GOAL IS TO DEVELOP INDIVIDUALIZED, MEASURABLE, AND ACHIEVABLE CARE PLANS ALIGNED WITH THE NANDA INTERNATIONAL NURSING DIAGNOSES.

INTERVENTIONS AND MANAGEMENT STRATEGIES

EFFECTIVE MANAGEMENT OF NAUSEA INVOLVES BOTH PHARMACOLOGICAL AND NON-PHARMACOLOGICAL APPROACHES. NURSES PLAY A PIVOTAL ROLE IN IMPLEMENTING, MONITORING, AND EVALUATING THESE STRATEGIES.

PHARMACOLOGICAL INTERVENTIONS

- ADMINISTER ANTIEMETICS AS PRESCRIBED, WHICH MAY INCLUDE:
- SEROTONIN RECEPTOR ANTAGONISTS (E.G., ONDANSETRON).
- DOPAMINE ANTAGONISTS (E.G., PROMETHAZINE).
- ANTIHISTAMINES (E.G., DIPHENHYDRAMINE).
- NEUROKININ-1 RECEPTOR ANTAGONISTS.
- MONITOR FOR SIDE EFFECTS OF MEDICATIONS.
- ADJUST TIMING OF MEDICATION ADMINISTRATION TO OPTIMIZE EFFICACY (E.G., BEFORE CHEMOTHERAPY).

Non-Pharmacological Interventions

- Dietary Modifications:
 - Small, frequent meals.
 - Bland, easy-to-digest foods.
 - Avoiding strong odors and spicy foods.
- Environmental Adjustments:
 - Fresh air and adequate ventilation.
 - Calm, quiet environment to reduce anxiety.
- Behavioral Techniques:
 - Relaxation exercises.
 - Guided imagery.
 - Distraction techniques.
- Complementary Therapies:
 - Acupressure (e.g., P6 point).
 - Aromatherapy with ginger or peppermint.

Hydration and Nutritional Support

- Encourage fluid intake cautiously to prevent overdistension.
- Use of oral rehydration solutions if dehydration is present.
- Collaborate with dietitians for nutritional planning.

Monitoring and Evaluation

- Regularly assess the effectiveness of interventions.
- Document changes in nausea severity and related symptoms.
- Adjust care plans based on patient response.

Patient Education and Advocacy

Empowering patients with knowledge fosters adherence and improves outcomes.

Educational points include:

- Recognizing early signs of nausea and dehydration.
- Strategies to minimize triggers.
- Proper medication use and side effect management.
- Importance of maintaining hydration and nutrition.
- When to seek medical attention for worsening symptoms.
- Techniques for relaxation and stress reduction.

Advocacy involves:

- Ensuring timely administration of prescribed medications.
- Assisting in creating a comfortable environment.
- Addressing psychosocial concerns related to nausea.

Complications and When to Seek Help

UNTREATED OR POORLY MANAGED NAUSEA CAN LEAD TO SERIOUS COMPLICATIONS:

- DEHYDRATION AND ELECTROLYTE IMBALANCES.
- MALNUTRITION AND WEIGHT LOSS.
- ASPIRATION PNEUMONIA IF VOMITING IS FREQUENT.
- EMOTIONAL DISTRESS, ANXIETY, OR DEPRESSION.

NURSES SHOULD MONITOR FOR SIGNS SUCH AS PERSISTENT VOMITING, SIGNS OF DEHYDRATION, ALTERED MENTAL STATUS, OR INABILITY TO MAINTAIN ORAL INTAKE, AND ESCALATE CARE ACCORDINGLY.

CONCLUSION

NAUSEA REMAINS A MULTIFACETED SYMPTOM REQUIRING A COMPREHENSIVE, PATIENT-CENTERED APPROACH. AS NURSES, UNDERSTANDING ITS PATHOPHYSIOLOGY, ASSESSMENT TECHNIQUES, AND MANAGEMENT STRATEGIES IS VITAL FOR ALLEVIATING PATIENT DISCOMFORT AND PREVENTING COMPLICATIONS. THROUGH DILIGENT ASSESSMENT, EFFECTIVE INTERVENTIONS, PATIENT EDUCATION, AND ADVOCACY, NURSES CAN SIGNIFICANTLY IMPROVE THE QUALITY OF LIFE FOR PATIENTS EXPERIENCING NAUSEA.

THIS DETAILED EXPLORATION UNDERSCORES THE IMPORTANCE OF INTEGRATING EVIDENCE-BASED PRACTICES INTO NURSING CARE TO ADDRESS THIS COMPLEX SYMPTOM EFFECTIVELY. CONTINUOUS EDUCATION AND RESEARCH ARE ESSENTIAL TO REFINE MANAGEMENT APPROACHES AND ENHANCE PATIENT OUTCOMES IN NAUSEA MANAGEMENT.

Nursing Diagnosis Nausea

nursing diagnosis nausea: Nursing Diagnosis Lynda Juall Carpenito-Moyet, 2008 Explains the role of nursing diagnosis in clinical practice; provides information on definitions, characteristics, related factors, and interventions for nursing diagnoses; and offers information on collaborative problems.

nursing diagnosis nausea: Nursing Diagnoses 2009-2011, Custom NANDA International, 2010-06-11 A nursing diagnosis is defined as a clinical judgement 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 is accountable. 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 and ensuring patient safety. In an era of increasing electronic patient health records standardized nursing terminologies such as NANDA, NIC and NOC provide a means of collecting nursing data that are systematically analyzed 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 worldwide. Each nursing diagnoses undergoes a rigorous assessment process by NANDA-I with stringent criteria to indicate the strength of the underlying level of evidence. Each diagnosis comprises a label or name for the diagnosis and a definition. Actual diagnoses include defining characteristics and related factors. Risk diagnoses include risk factors. Many diagnoses are further qualified by terms such as effective, ineffective, impaired, imbalanced, readiness for, disturbed, decreased etc. The 2009-2011 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,

Growth/Development). The book contains new chapters on 'Critical judgement and assessment' and 'How to identify appropriate diagnoses' and core references for all nursing diagnoses. A companion website hosts NANDA-I position statements, new PowerPoint slides, and FAQs for students. 2009-2011 edition arranged by concepts New chapters on 'Critical judgement and assessment' and 'How to identify appropriate diagnoses' Core references for new diagnoses and level of evidence for each diagnosis Companion website available

nursing diagnosis nausea: Handbook of Nursing Diagnosis Lynda Juall Carpenito-Moyet, 2006 The newly revised Eleventh Edition of this best-selling handbook is an easy-to-carry, accessible guide to the latest NANDA-approved nursing diagnoses. Section 1 contains all nursing diagnoses, including definitions, characteristics, related factors, outcomes, and interventions. Section 2 contains Diagnostic Clusters with a collaborative focus. Features include Author's Notes, key concepts, interventions with rationales, focus assessment criteria, and outcome criteria. This edition includes listings of associated NIC (Nursing Interventions Classifications) and NOC (Nursing Outcomes Classifications) for every NANDA diagnosis. New diagnoses added and modified in accordance with the latest NANDA meeting are in an appendix for easy access.

nursing diagnosis nausea: Nursing Diagnosis Handbook Betty J. Ackley, MSN, EdS, RN, Gail B. Ladwig, MSN, RN, 2013-02-13 The 10th edition of the Nursing Diagnosis Handbook makes formulating nursing diagnoses and creating individualized care plans a breeze. Updated with the most recent NANDA-I approved nursing diagnoses, this convenient reference shows you how to build customized care plans in three easy steps: assess, diagnose, plan. Authors Elizabeth Ackley and Gail Ladwig use Nursing Outcomes Classification (NOC) and Nursing Interventions Classification (NIC) to guide you in creating care plans that include desired outcomes, interventions, patient teaching, and evidence-based rationales. Unique! Care Plan Constructor on the companion Evolve website offers hands-on practice creating customized plans of care. Alphabetical thumb tabs allow quick access to specific symptoms and nursing diagnoses. Suggested NIC interventions and NOC outcomes in each care plan. Recent and classic research examples promote evidence-based interventions and rationales. NEW! 4 Color text NEW! Includes updated 2012-2014 NANDA-I approved nursing diagnoses NEW! Provides the latest NIC/NOC, interventions, and rationales for every care plan. NEW! QSEN Safety interventions and rationales NEW! 100 NCLEX exam-style review questions are available on the companion Evolve website. NEW! Root Cause Thinking and Motivational Interviewing appendixes on the companion Evolve website.

nursing diagnosis nausea: Nursing Diagnosis Handbook - E-Book Betty J. Ackley, Gail B. Ladwig, 2013-01-20 The 10th edition of the Nursing Diagnosis Handbook makes formulating nursing diagnoses and creating individualized care plans a breeze. Updated with the most recent NANDA-I approved nursing diagnoses, this convenient reference shows you how to build customized care plans in three easy steps: assess, diagnose, plan. Authors Elizabeth Ackley and Gail Ladwig use Nursing Outcomes Classification (NOC) and Nursing Interventions Classification (NIC) to guide you in creating care plans that include desired outcomes, interventions, patient teaching, and evidence-based rationales. Unique! Care Plan Constructor on the companion Evolve website offers hands-on practice creating customized plans of care. Alphabetical thumb tabs allow quick access to specific symptoms and nursing diagnoses. Suggested NIC interventions and NOC outcomes in each care plan. Recent and classic research examples promote evidence-based interventions and rationales. NEW! 4 Color text NEW! Includes updated 2012-2014 NANDA-I approved nursing diagnoses NEW! Provides the latest NIC/NOC, interventions, and rationales for every care plan. NEW! QSEN Safety interventions and rationales NEW! 100 NCLEX exam-style review questions are available on the companion Evolve website. NEW! Root Cause Thinking and Motivational Interviewing appendixes on the companion Evolve website.

nursing diagnosis nausea: 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.

nursing diagnosis nausea: Mosby's Guide to Nursing Diagnosis, 6th Edition Revised Reprint with 2021-2023 NANDA-I® Updates - E-Book Gail B. Ladwig, Betty J. Ackley, Mary Beth Flynn Makic, 2021-11-10 Mosby's Guide to Nursing Diagnosis, 6th Edition Revised Reprint with 2021-2023 NANDA-I® Updates - E-Book

nursing diagnosis nausea: Cancer Chemotherapy Care Plans Handbook Margaret Barton-Burke, Gail M. Wilkes, Karen Ingwersen, 2002 This book supplements other oncology nursing textbooks and provides hands-on information to assist the nurse in providing comprehensive care to patients receiving chemotherapy and to their families. The focus of the text is on the chemotherapeutic agents, their side effects, the corresponding nursing diagnoses and care plans, and states methods of administration and handling of these drugs.

nursing diagnosis nausea: Handbook of Nursing Diagnosis Lynda Juall Carpenito, 2021-12-10 This handbook offers practical guidance on nursing diagnoses and associated care. It is a quick-reference type scope of content, easy for students to use while in clinical, in the classroom or simulation lab. It provides a condensed, organized outline of clinical nursing practice designed to communicate creative clinical nursing. It is not meant to replace nursing textbooks, but rather to provide nurses who work in a variety of settings with the information they need without requiring a time-consuming review of the literature. It will assist students in transferring their theoretical

knowledge to clinical practice--

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