

ACTIVE LEARNING TEMPLATE: *Basic Concept*

STUDENT NAME \_\_\_\_\_

CONCEPT \_\_\_\_\_

REVIEW MODULE CHAPTER \_\_\_\_\_

**Related Content**

(E.G., DELEGATION,  
LEVELS OF PREVENTION,  
ADVANCE DIRECTIVES)

**Underlying Principles**

**Nursing Interventions**

WHO? WHEN? WHY? HOW?

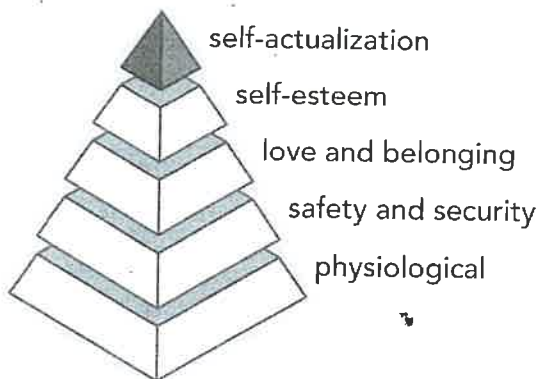
## ANALYSIS/DATA COLLECTION

- Nurses use critical thinking skills (a diagnostic reasoning process) to identify clients' health statuses or problem(s), interpret or monitor the collected database, reach an appropriate nursing judgment about health status and coping mechanisms, and provide direction for nursing care.
- Analysis/data collection requires nurses to look at the data and
  - Recognize patterns or trends.
  - Compare the data with expected standards or reference ranges.
  - Arrive at conclusions to guide nursing care.
- RNs make multiple analyses based on their interpretations of collected data. They decide, using reasoning and judgment, which data account for clients' health status or problems. At times, this requires further data collection and analysis. As nurses again cluster the collected data, a specific finding might serve as an alert to a specific problem that requires planning and intervention.
- As with the assessment/data collection step, complete and accurate documentation is essential. Documentation should focus on facts and should be highly descriptive.

## PLANNING

- When planning client care (RN) or contributing to a client's plan of care (PN), nurses must establish priorities and optimal outcomes of care they can readily measure and evaluate. These established priorities and outcomes of client care then direct nurses in selecting interventions to include in a plan of care to promote, maintain, or restore health.
- Nurses do three types of planning. Initially, they develop a comprehensive plan of care for clients based on comprehensive assessments they complete, for example, on admission to a health care facility or to a home health organization.

### 7.3 Maslow's hierarchy of basic needs



- Nurses do ongoing planning throughout the provision of care. While obtaining new information and evaluating responses to care, they modify and individualize the initial plan of care.
- Discharge planning is a process of anticipating and planning for clients' needs after discharge. To be effective, discharge planning must begin during admission.
- Throughout the planning process, nurses set priorities, determine client outcomes, and select specific nursing interventions.
- Nurses participate in priority setting when they identify a preferential order of problems. This guides the delivery of nursing care. They can use guidelines to set priorities (Maslow's hierarchy of basic needs). (7.3)
- Nurses work with clients to identify goals and outcomes.
  - Goals identify optimal status, whereas outcomes identify the observable criterion that will determine success or failure of the goal.
  - Often these terms are interchangeable. With any format, the goal/outcome must be client-centered, singular, observable, measurable, time-limited, mutually agreeable, and reasonable.
  - Concise, measurable goals help nurses and clients evaluate progress:
  - Nurses use short- and long-term goals to guide the client toward the planned outcome and determine the effectiveness of nursing care.
- Nurses identify actions and interventions that help achieve optimal outcomes. Scientific principles provide the rationale for nursing interventions. QEBP
  - **Nurse-initiated/independent interventions:** Nurses use evidence and scientific rationale to take autonomous actions to benefit clients. They base these actions on identified problems and health care needs, and make sure they are within their scope of practice. Nurses perform or delegate the interventions and are accountable for them. An example is repositioning a client at least every 2 hr to prevent skin breakdown.
  - **Provider-initiated/dependent interventions:** Interventions nurses initiate as a result of a provider's prescription (written, standing, or verbal) or the facility's protocol (blood administration procedures).
  - **Collaborative interventions:** Interventions nurses carry out in collaboration with other health care team professionals (ensuring that a client receives and eats their evening snack). Qrc
- The nursing care plan (NCP) is the end product of the planning step. Nurses organize the NCP for quick identification of problems, outcomes, and interventions to implement.