

CYPRESS COLLEGE  
DEPARTMENT OF NURSING

**NURSING PROCESS**

The Cypress College Nursing Program is based on the principle of sequential learning, proceeding from simple to complex concepts and technologies. The nursing process is taught in this same manner. Early in the program, basic nursing process concepts are presented. The student will be expected to apply increasingly complex nursing theory to the use of the nursing process. The faculty has designed the nursing process curriculum to promote critical thinking and sequential growth in the use of the process consistent with the greater theoretical base associated with increasingly complex patients.

During NURS 192 the basic nursing process approach is introduced. The terminal nursing process goal in NURS 192 is technical competence in using all the criteria for each step of the process to write a cohesive plan of care for a clinical patient. As nursing process skills evolve, the criteria for nursing process competencies become more complex. For instance, in NURS 193, the student will be expected to write a technically cohesive nursing care plan that addresses a physical and psychosocial diagnosis for an older adult. Each course will thus continue to extend the basic approach first presented in NURS 192.

In successive courses, use of the nursing process will further enhance the student's critical thinking skills by focusing on a particular aspect of the process, or specialized use of theoretical content consistent with the course focus. The specific details of the care plans will vary according to the content being learned, but the basic theoretical approach to the nursing process remains the same throughout the program.

<b>COURSE</b>	<b>FOCUS</b>
NURS 192 Fundamentals of Nursing	Format
NURS 193 Intro to Med-Surg/Gero Nursing	Relationship of parts of plan. Basic physical/ psychosocial problems of an older adult
NURS 196 Med-Surg Nursing I	Priority actual physical/psychosocial problems of an adult patient
NURS 197 Maternal/Newborn Nursing	Priority actual and potential/risk problems with integration of patient/client education
NURS 292 Med-Surg Nursing II	Priority complex actual and potential problems. Integration of interventions to prevent/ improve/resolve patient condition
NURS 293 Mental Health Nursing	Priority psychosocial problems of a psychiatric patient. Integration of interventions to prevent/ improve/resolve patient condition
NURS 294 Geriatric Nursing	Priority complex problems of an older adult in a community setting. Integration of interventions to maintain/improve abilities.
NURS 296 Child/Family Nursing	Priority complex problems for a pediatric patient/family. Integration of age-related/growth and development interventions with referrals
NURS 297 Med-Surg Nursing III	Priority multiple/complex problems of a critically ill patient. Integration of priority complex interventions to prevent/improve/ resolve patient condition.

**CYPRESS COLLEGE NURSING PROCESS AND NURSING CARE PLAN  
GUIDELINES**

ASSESSMENT: DATA	ANALYSIS: NURSING DIAGNOSIS (NANDA)	PLAN: EXPECTED OUTCOMES	IMPLEMENTATION: INTERVENTIONS	RATIONALE	EFFECTIVENESS OF INTERVENTIONS	EVALUATION: OF EXPECTED OUTCOMES
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<p><b>Subjective data</b> (symptoms specific to the patient problem and etiology) * Interview * Patient statements - use direct quotations when appropriate</p> <p><b>Objective data</b> (signs specific to the patient problem and etiology) * Physical exam * Health record * Observation of behavior * Other sources</p> <p>Specific key assessment data clustered to identify defining characteristics of problem and etiology/related factors.</p>	<p><b>Actual:</b> (3 part statement) <u>Nursing Diagnosis</u> / problem r/t (related to) <u>Etiology</u> / related factors (probable cause) <u>AEB</u> / (as evidenced by) defining characteristics (<i>summary</i>)</p> <p><b>Risk For / Potential:</b> (2 part statement) <u>Risk for Nursing Diagnosis</u> / problem r/t <u>risk factors</u> (that could lead to the problem developing)</p> <p>..... Definitions.....</p> <p>Nursing Diagnosis/Problem: Patient / <u>Human Response</u> to illness / medical treatment / life process</p> <p>Etiology/Related factors: Causative / associated factors that lead to the nursing diagnosis/problem - within scope of nursing practice to treat</p> <p>AEB / as evidenced by: Defining characteristics: Major signs and symptoms that lead to the problem</p> <p>Use nursing process text with assessment data to determine appropriate nursing diagnosis - NANDA - North American Nursing Diagnosis Association - with identified related factors/defining characteristics</p>	<p><b>The patient will:</b> 1. Show resolution or improvement of the problem / reduce risk factors AEB: a. _____ by when b. _____ by when</p> <p>(focus on problem and etiology / related factors - measurable criteria) with time frame</p> <p>Guidelines: * Patient centered * Singular * Observable * Measurable * Time-Limited * Realistic * Mutual</p> <p>Expected outcomes guide the selection of nursing interventions</p>	<p>Nursing Interventions to assist the patient to achieve the stated expected outcome(s)</p> <p><b>The nurse will:</b> 1. 2.</p> <p>Types: (with time frames/frequencies) * Observations / further assessments needed * Management/actions * Psychosocial/culturally related * Education * Discharge plan/consultation/referrals</p> <p>Phases: (with time frames/frequencies) * Preparation * Action * Monitor effect * Communication and documentation</p> <p>Guidelines: * Consistent with medical treatment plan * Safe * Individualized * Respect patient dignity * Promote patient involvement - self-care * Holistic * Nurse accountable for action * Collaboration with health care team and significant others * Time oriented</p>	<p>The “why” for the Interventions 1. 2.</p> <p>* Base on scientific knowledge * Consistent with medical treatment plan * Reflect how the intervention will solve the problem/ nursing diagnosis / achieve the expected outcome * Incorporate growth and development , culture and the disease process * Focus on the individual patient condition / needs</p>	<p>How each intervention worked for the patient 1. 2.</p>	<p>As of date/time: 1. a. <b>Expected outcome(s) status</b> * Met * Partially met * Not met Description of actual patient action, statement or change of behavior of the patient</p> <p><b>Revision</b> of care plan / follow-up actions / changes: * Reassessment * Nursing diagnosis * Expected outcomes * Interventions * Communication and documentation</p> <p><b>Re-evaluation</b> of expected outcome(s) with time frame</p>
<p><b><u>Definition of Nursing:</u></b> <i>Nursing is the diagnosis and treatment of human responses to actual or potential health problems.</i> <i>(ANA, 1980)</i></p>						
<p>Note: Individual courses will vary in small ways in the use/format of the nursing process/care plan depending on the course focus and instructor preferences.</p>						<p>Revised 5/07</p>

