NURSING PROCESS Nursing process ; is a systematic , patient – centered , goal – oriented method of caring to provide a frame work for nursing practice . Objectives of N P ; The steps of the nursing process are not separated items , but rather are parts of whole used to ; Identify needs of the patient. To establish priorities of care. -To maximize strengths. -To resolve actual & or potential patient problem. -To apply health promotion to possible for each patient. Documenting the nursing process; Is the ability to record communicated nursing skills in a , Accurately, Concisely , Timely,& Relevant , to provides the member of the care giver a complete picture of the patient health. Stapes of N P ; Assessment Assessment ; is the systematic & continuous collection , validation & communication of patient data. -Data base ; includes all patient information , collected by the health care professionals to enables an effective plan of care to be implemented for the patient. Sources of the data; -patient , is the primary source of ifomation. -family &significant others , friends. -\* patient record , records from members of health care , provide essential information related to him. -Medical history ,physical examination ,& progress notes. -laboratory test &other health professions. TYPES OF ASSESSMENT ; -Initial assessment ; is performed shortly after patient admission to a health agency or hospital . -Focused assessment ; the nurse gathers data about a specific problem that has lready been identified. -Emergency assessment , the nurse performs this type of assessment on a physiological or psychological crisis to identify the--

\*Identify assessment priorities determined by the purpose of the assessment and the patient condition. \*Organize or cluster the data to ensure systematic collection. \*Establish the data base by; -nursing history --nursing examination review of patient record & nursing literature. -patient consultation,& health care personeal \*Continuously update the database \*Validate the data. \*communicate the data. Diagnosing Diagnosing ;(patient problem), the 2nd step of nursing process. Is a clinical judgment about individual , family or community response to actual or potential health problem. It provides the bases for selection of nursing intervention.

TYPES OF NURSING DIAGNOSIS 1-Actual Nursing Diagnosis; represent a problem that has been validated by the presence of its characteristics ,ex, impaired physical mobility , fatigue ,ineffective breathing pattern. 2-Risk NURSING Diagnosis ; its a clinical judgment that an individual , family , or community is more vulnerable (able) to develop the problem .ex ,risk for deficient fluid volume , 3-Possible Nursing Diagnosis ;are statements describing a suspected problem .ex ,chronic low self –esteem . 4-Wellness Diagnosis ; ITS a clinical judgment about individual , group , or community in transition from specific level of wellness to a higher level .ex ,Readiness for enhanced health maintenance ,or Readiness for enhanced selfesteem . 5-Syndrome nursing Diagnosis ; a cluster of an actual or risk nursing diagnosis suspected to be present according to certain events or situation. Ex ,post –Trauma syndrome. Parts of Nursing Diagnosis ; \*Problem ; statement that describe the health problem of the patient clearly & concisely. \*Etiology ; The reason (etiology)that identifies the physiological , psychological ,social ,spiritual & environmental factors related to the problem. Defining characteristics (signs or symptoms ). The subjective & objective data that signal the existence of the problem. Example; characteristics etiology problem Defiecint fluid volume Dry skin ,dryness Diarreha of the mouth. Outcome identification & planning Goal ;is an aim or an end. Patient Outcome ; is an expected conclusion to patient health problem , it refered to the more specific measurable goal has been met. Activities of planning phase (or step) ; -Establish priorities. -Identify expected patient outcome. -Select evidence- based nursing intervention. -Communicate the plan of care. Stages of planning ; \*Initial planning ; is developed by the nurse , who performs the admission nursing history and the physical assessment . \*Ongoing planning ; is carried by the nurse to keep the plan up date , by analyzing data to make plan more accurate .