

## **Session 5.2**

### **Clinical Track**

#### **Abstract Title:**

Injury Prone Syndrome

#### **Presenter:**

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#### **Intended Audiences:**

Educators, Clinicians, Informaticists

#### **Area of Focus:**

Classification Development

#### **Research Format:**

For Non-Research Reports

**TOPIC:** Injury Prone Syndrome

**BACKGROUND:** Injury is leading cause of death in the first four decades of life in developed or high-income nations (Peden, McGee, & Krug, 2002). Unintentional injury is defined as physical harm resulting from a sudden, unanticipated traumatic event. (Sommers, 2006). Identifying patients at risk for injury and intervening to reduce that risk is an important nursing concern that has been recognized in standardized nursing language. Currently three diagnoses related to non-specific types of injury exist in the NANDA-I classification list: risk for injury, ineffective protection and risk for trauma. Although these diagnoses already exist, they are not well differentiated and risk for injury, in particular, has been identified as a diagnosis that needs further refinement of its definition (DRC, 2004). In this presentation a new diagnosis, injury prone syndrome, will be proposed to replace the three non-specific injury diagnoses.

**DESCRIPTION:** Injury prone syndrome is an example of a diagnosis developed in accordance with the newly proposed definition of a syndrome diagnosis (a cluster or group of nursing diagnoses that almost always occur together and describes a clinical picture of health conditions/life processes). Injury prone syndrome includes the following accepted diagnoses within its cluster: risk for falls, risk for suffocation, risk for poisoning, risk for aspiration and wandering. In addition, injury prone syndrome includes two newly proposed diagnoses as part of the cluster: risk for thermal injury and risk for impaired driving. The definition and risk factors for injury prone syndrome, as well as the definitions and risk factors for the newly proposed diagnoses for thermal injury and impaired driving, will be presented. The process for developing and submitting syndrome diagnoses will be highlighted.

**CONCLUSIONS:** In their role as vigilant caregivers, nurses have long been concerned with promoting the safety of their patients. Having the diagnosis injury prone syndrome will allow nurses to efficiently describe patient situations in which multiple sources of injury risk exist. Using the diagnosis injury prone syndrome will facilitate coding in the electronic health record and could promote further nursing research into the phenomenon of injury.

#### **Citations:**

Peden, M., McGee, K. & Krug, E. (2002). Injury: A leading casue of the global burden of disease, 2000. Geneva, Switzerland: World Health Organization.  
Sommers, M. S. (2006). Injury as a global phenomenon of concern in nursing science. *Journal of Nursing Scholarship*, 38(4), 314-320.