



Nursing Diagnosis Submission Process

Nursing diagnosis submission, review and approval is a multiple-step process. Our goal is to provide you with tools for success including instructions, resources and one-to-one assistance.

Preparing Your Submission

Read the guidelines for preparing your nursing diagnosis submission, either for a new diagnosis or proposed revisions to an existing diagnosis.

Submission Review Process

Your nursing diagnosis submission will progress through either a Full Review Process or Expedited Review Process. This section includes an overview of the review processes and specific descriptions of each.

[Submissions Pending](#)

Track the progress of your nursing diagnosis submission(s) throughout the steps of the review process.

[Online Diagnosis Submission Form](#)

Use our online form to submit your proposed new diagnosis or proposed diagnosis revision.

Getting Help

For help with your diagnosis submission, email the Diagnosis Development Committee (DDC) at ddc@nanda.org.



Preparing Your Nursing Diagnosis Submission

1. Obtain the most recent edition of [NANDA-I Nursing Diagnoses: Definitions and Classification](#) and review related diagnoses.
2. Email the Diagnosis Development Committee at ddc@nanda.org for more specific instructions, guidelines regarding format, criteria for assigning level of evidence, and protocol for submission.
3. For a new diagnosis submission, review the Glossary of Terms in the most recent edition of NANDA-I Nursing Diagnoses: Definitions and Classification, and determine whether your proposed diagnosis is an: Actual Diagnosis, Risk Diagnosis, Health-Promotion Diagnosis or Wellness Diagnosis.
4. References cited for the diagnosis label, definition, defining characteristics, risk factors and related factors should be articles, not books and should be research based if possible. If no research-based references articles are available, indicate this in your submission. In addition to nursing references, references in related fields (e.g., psychosocial sciences) may also be appropriate.
5. Complete the [Online Diagnosis Submission Form](#) with details according to the instructions shown below:

Label	Applies To Diagnoses	New Diagnosis	Diagnosis Revision
	All Diagnosis Submissions	Provide a label for the diagnosis which is supported by references and identify the references.	Identify whether the label of the diagnosis needs revision. A label revision must be supported by references which are identified.

Definition	Applies To Diagnoses	New Diagnosis	Diagnosis Revision
	All Diagnosis Submissions	Provide a definition for the diagnosis that is supported by references and identify the references.	Review the definition of the diagnosis to determine if revision is necessary; revise if appropriate. The revision must be supported by references and the references must be identified.

Defining Characteristics	Applies To Diagnoses	New Diagnosis	Diagnosis Revision
	Actual Health-Promotion Wellness	Identify the defining characteristics.	Review the existing defining characteristics for the diagnosis and revise as needed.

To facilitate coding, each defining characteristic must contain a single concept rather than multiple concepts. For example, rather than listing "nausea & vomiting as a single defining characteristic, each concept needs to be listed separately.

Preparing Your Nursing Diagnosis Submission (continued)

Risk Factors	Applies To Diagnosis	New Diagnosis	Diagnosis Revision
	Risk	Identify risk factors.	Review the existing risk factors for the diagnosis and revise as needed.

To facilitate coding, each risk factor must contain a single concept rather than multiple concepts. For example, rather than listing “nausea & vomiting as a single risk factor, each concept needs to be listed separately.

Related Factors	Applies To Diagnosis	New Diagnosis	Diagnosis Revision
	Actual	Identify related factors.	Review the existing related factors for the diagnosis and revise as needed.

To facilitate coding, each related factor must contain a single concept rather than multiple concepts. For example, rather than listing “nausea & vomiting as a single related factor, each concept needs to be listed separately.

Bibliography	Applies To Diagnoses	New Diagnosis and Diagnosis Revision	
	All Diagnosis Submissions	Develop a bibliography, including all the articles referenced. Number the references and link the reference to the component(s) of your submission the reference supports. Submission components are: Label, Definition,	

Nursing Interventions	Applies To Diagnoses	New Diagnosis	Diagnosis Revision
	All Diagnosis Submissions	Provide up to 3 examples of appropriate nursing interventions from a standardized nursing terminology (e.g. NIC) for the diagnosis.	If the revision is changing the original intent of the diagnosis, provide up to 3 examples of appropriate nursing interventions from a standardized nursing terminology (e.g. NIC) for the diagnosis.

Nursing Outcomes	Applies To Diagnoses	New Diagnosis	Diagnosis Revision
	All Diagnosis Submissions	Provide up to 3 examples of appropriate nursing outcomes from a standardized nursing terminology (e.g. NOC) for the diagnosis.	If the revision is changing the original intent of the diagnosis, provide up to 3 examples of appropriate nursing outcomes from a standardized nursing terminology (e.g. NOC) for the diagnosis.



Protocol for Submission or Revision of Diagnoses

Proposed diagnoses and revisions of diagnoses undergo systematic review to determine consistency with the established criteria for a nursing diagnosis. All submissions are subsequently staged according to evidence supporting either the level of development or validation.

Diagnoses may be submitted at various levels of development (e.g., label and definition; label, definition, defining characteristics or risk factors, and related factors). All submissions must include supporting references. Indicate if no nursing literature is available. Related research from other disciplines is also appropriate to include. Articles used for the submission are to be catalogued in the reference section of the submission form.

Review Process Type

Your diagnosis submission will progress through either Full Review Process or Expedited Review Process, depending upon the type and scope of submission.

- **New Nursing Diagnoses: Full Review Process**
The Full Review process applies to all submissions for new nursing diagnoses.
- **Revised Nursing Diagnoses: Full Review Process**
The Full Review Process may apply to certain submissions for nursing diagnosis revisions, depending upon the extent of proposed changes. This is a determination made by the Diagnosis Development Committee (DDC).
- **Revised Nursing Diagnoses: Expedited Review Process**
The Expedited Review Process (ERP) is appropriate only for proposed revisions of current diagnoses. The ERP is a streamlined process intended to facilitate rapid review of proposed revisions of diagnoses when the proposed revisions are considered by the Diagnosis Development Committee (DDC) to be minor in nature and do not alter the original intent of the diagnoses. Examples of such revisions may include editing and clarification of definition or limited addition of defining characteristics or related factors.

Review Process Overview

When a nursing diagnosis submission is received, the DDC takes two initial steps: you receive notice via email that your submission has been received, and you are assigned a DDC reviewer / mentor. Your DDC reviewer / mentor will keep you advised of the status of your nursing diagnosis submission throughout the review process, and will assist you with any needed refinements or questions.



Protocol for Submission or Revision of Diagnoses (continued)

Following is a summary of the steps involved in both the Full and Expedited Review Processes:

Full Review Process	Expedited Review Process (ERP)
1. Initial Review by DDC Reviewer / Mentor	1. Initial Review by DDC Reviewer / Mentor
2. Refinements As Necessary for Full DDC Review	2. Refinements As Necessary for Full DDC Review
3. DDC Review	3. DDC Review
4. DDC Recommendations to Submitter(s)	4. DDC Recommendations to Submitter(s)
5. Refinements as Necessary for NANDA-I Membership Review	5. Refinements as Necessary for DDC Approval
6. NANDA-I Membership Online Review and Voting	6. Not Applicable to ERP
7. NANDA-I Membership Feedback to Submitter	7. DDC Recommendations to NANDA-I Board of Directors
8. Refinements as Necessary for NANDA-I Board of Directors Approval	8. NANDA-I Board of Directors Approval
9. DDC Recommendations to NANDA-I Board of Directors	9. Post on NANDA-I Website as Approved
10. NANDA-I Board of Directors Approval	10. Incorporation into NANDA-I Taxonomy II and NNN Taxonomy of Nursing Practice
11. Post on NANDA-I Website as Approved	11. Publication in NANDA-I Nursing Diagnoses: Definitions and Classification
12. Incorporation into NANDA-I Taxonomy II and NNN Taxonomy of Nursing Practice	
13. Publication in NANDA-I Nursing Diagnoses: Definitions and Classification	

Full Review Process

Submissions for new nursing diagnoses (and some diagnosis revision submissions) go through the Full Review Process, which includes the following steps:

1. Review of submission by the primary Diagnosis Development Committee (DDC) reviewer.
2. Primary DDC reviewer works with submitter to address needed changes that need to be made.
3. Submission is forwarded to full DDC for review.
4. DDC recommends one of the following:
 - a. Approve with no recommendations
 - b. Approve pending follow-through with recommendations (most frequent DDC decision)
 - c. Disapprove
5. The primary DDC reviewer forwards the DDC recommendations to the submitter and works with the submitter to make the recommended changes.
6. Submissions approved by the DDC are presented for NANDA-I member comment and voting through the Online Voting System. Recommendations from this process are reviewed with the submitter by the DDC.
7. The submission is then forwarded to the NANDA International Board of Directors for final approval. Diagnoses accepted at the 2.1 level of development will be incorporated into both the NANDA-I Taxonomy II and the NNN Taxonomy of Nursing Practice, and published in the next edition of *NANDA-I Nursing Diagnoses: Definitions & Classification*.
8. Approval of the proposed revision is posted on the NANDA-I website.



Protocol for Submission or Revision of Diagnoses (continued)

Expedited Review Process

The Expedited Review Process (ERP) is appropriate only for proposed revisions of current diagnoses. The ERP is a streamlined process intended to facilitate rapid review of proposed revisions of diagnoses when the proposed revisions are considered by the DDC to be minor in nature and do not alter the original intent of the diagnoses. Examples of such revisions may include editing and clarification of definition or limited addition of defining characteristics or related factors

1. Review of submission by the primary Diagnosis Development Committee (DDC) reviewer.
2. Primary DDC reviewer works with submitter to address needed changes that need to be made.
3. Submission is forwarded to full DDC for review.
4. DDC recommends one of the following:
 - a. Approve with no recommendations
 - b. Approve pending follow-through with recommendations (most frequent DDC decision)
 - c. Disapprove
5. The primary DDC reviewer forwards the DDC recommendations to the submitter and works with the submitter to make the recommended changes.
6. Submissions approved by the DDC are forwarded to the NANDA-I Board of Directors for approval.
7. Approval of the proposed revision is posted on the NANDA-I website.



Glossary of Terms

NURSING DIAGNOSES

Nursing Diagnosis

A clinical judgment about individual, family or community responses to actual or potential health conditions / life processes. A nursing diagnosis provides the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable (approved at the 9th conference, 1990).

Actual Nursing Diagnosis

Describes human responses to health conditions / life processes that exist in an individual, family or community. It is supported by defining characteristics (manifestations, signs and symptoms) that cluster in patterns of related cues or inferences.

Health-Promotion Nursing Diagnosis

Clinical judgment of a person's, family's or community's motivation and desire to increase well-being and actualize human health potential, as expressed in their readiness to enhance specific health behaviors such as nutrition and exercise. Health-promotion diagnoses can be used in any health state and do not require current levels of wellness. This readiness is supported by defining characteristics. Interventions are selected in concert with the individual / family / community to ensure the ability to reach the stated outcomes.

Risk Nursing Diagnosis

Describes human responses to health conditions / life processes that may develop in a vulnerable individual / family / community. It is supported by risk factors that contribute to increased vulnerability.

Syndrome

"A cluster or group of signs and symptoms that almost always occur together. Together, these clusters represent a distinct clinical picture." (McCourt, 1991, p.79).

Wellness Nursing Diagnosis

Describes human responses to levels of wellness in an individual, family or community that have a readiness for enhancement. This readiness is supported by defining characteristics. As with all diagnoses, nurse-sensitive (sensitive to nursing interventions) outcomes are identified and nursing interventions are selected that will provide a high likelihood of reaching the outcomes.

COMPONENTS OF A DIAGNOSIS

Label

Provides a name for a diagnosis. It is a concise term or phrase that represents a pattern of related clues. It may include modifiers.

Definition

Provides a clear, precise description; delineates its meaning and helps differentiate it from similar diagnoses.

Defining Characteristics

Observable clues / inferences that cluster as manifestations of an actual or wellness nursing diagnosis.



Glossary of Terms (continued)

COMPONENTS OF A DIAGNOSIS (continued)

Risk Factors

Environmental factors and physiological, psychological, genetic or chemical elements that increase the vulnerability of an individual, family or community to an unhealthy event.

Related Factors

Factors that appear to show some type of patterned relationship with the nursing diagnosis. Such factors may be described as antecedent to, associated with, related to, contributing to or abetting. Only actual nursing diagnoses have related factors.

DEFINITIONS FOR CLASSIFICATION OF NURSING DIAGNOSIS

Classification

Systematic arrangement of related phenomena in groups or classes based on characteristics that objects have in common.

Level of Abstraction

Describes the concreteness / abstractness of a concept:

- (a) Very abstract concepts are theoretical, may not be directly measurable, defined by concrete concepts, inclusive of concrete concepts, disassociated from any specific instance, independent of time and space, have more general descriptors, may not be clinically useful for planning treatment.
- (b) Concrete concepts are observable and measurable, limited by time and space, constitute a specific category, more exclusive, name a real thing or class of things, restricted by nature, may be clinically useful for planning treatment.

Nomenclature

A system of designations (terms) elaborated according to pre-established rules (*American Nurses Association, 1999*).

Taxonomy

Classification according to presumed natural relationships among types and their subtypes (*American Nurses Association, 1999*).

References

American Nurses Association. (1999). ANA CNP II recognition criteria and definitions. Washington DC: Author. McCourt, A. (1991). In R.M. Carroll-Johnson (Ed.), *Classification of nursing diagnoses: Proceedings of the ninth conference* (p. 79). Philadelphia: Lippincott.



Level of Evidence Criteria

1. RECEIVED FOR DEVELOPMENT (CONSULTATION FROM DDC)

1.1 Label Only

This level is intended primarily for submission by organized groups rather than individuals. The label is clear, stated at a basic level and is supported by literature references and these are identified.

1.2 Label and Definition

The label is clear and stated at a basic level. The definition is consistent with the label. The label and definition are distinct from other NANDA-I diagnoses and definitions. The definition differs from the defining characteristics and label, and these components are not included in the definition. At this stage, the diagnosis must be consistent with the current NANDA-I definition of nursing diagnosis. The label and definition are supported by literature references and these are identified,

2. ACCEPTED FOR PUBLICATION AND INCLUSION IN THE NANDA-I TAXONOMY

2.1 Label, Definition, Defining Characteristics or Risk Factors, Related Factors, and References

References are cited for the label, definition, each defining characteristic or risk factor, and each related factor. In addition, it is required that nursing outcomes and nursing interventions from a standardized nursing terminology (e.g., NOC, NIC) be provided for each diagnosis. If approved, the diagnosis will be forwarded to the Taxonomy Committee for classification within the NANDA-I taxonomy.

2.2 Concept Analysis

The criteria in 2.1 are met. In addition, a narrative review of relevant literature, culminating in a written concept analysis, is required to demonstrate the existence of a substantive body of knowledge underlying the diagnosis. The literature review / concept analysis supports the label and definition, and includes discussion and support of the defining characteristics, risk factors (for risk diagnoses) or related factors (for actual diagnoses).

2.3 Consensus Studies Related to Diagnosis Using Experts

The criteria in 2.1 are met. Studies include those soliciting expert opinion, Delphi, and similar studies of diagnostic components in which nurses are subjects.

3. CLINICALLY SUPPORTED (VALIDATION AND TESTING)

3.1 Literature Synthesis

The criteria in 2.2 are met. The synthesis is in the form of an integrated review of the literature. Search terms / MESH terms used in the review are provided to assist future researchers.

3.2 Clinical Studies Related to Diagnosis, But Not Generalizable to the Population

The criteria in 2.2 are met. The narrative includes a description of studies related to the diagnosis, which includes defining characteristics or risk factors, and related factors. Studies may be qualitative in nature, or quantitative studies using nonrandom samples in which patients are subjects.

3.3 Well-Designed Clinical Studies with Small Sample Sizes

The criteria in 2.2 are met. The narrative includes a description of studies related to the diagnosis, which includes defining characteristics or risk factors, and related factors. Random sampling is used in these studies, but the sample size is limited.

3.4 Well-Designed Clinical Studies with Random Sample of Sufficient Size to Allow for Generalizability to the Overall Population

The criteria in 2.2 are met. The narrative includes a description of studies related to the diagnosis, which includes defining characteristics or risk factors, and related factors. Random sampling is used in these studies and the sample size is sufficient to allow for generalizability of results to the overall population.