

WHY DOESN'T NANDA INTERNATIONAL PROVIDE A LIST OF ITS DIAGNOSES ON ITS WEBSITE?

There is no real use for simply providing a list of terms – to do so defeats the purpose of a standardized language. Unless the definition, defining characteristics, related and/or risk factors are known, the label itself is meaningless. Therefore, we do not believe it is in the interest of patient safety to produce simple lists of terms that could be misunderstood or used inappropriately in a clinical context.

WHY CAN'T NANDA-I PROVIDE A LIST OF NURSING DIAGNOSES THAT GO ALONG WITH THE MOST COMMON MEDICAL DIAGNOSES?

There are several books that use this format. However, we believe the individual nursing assessment is critical to the accurate nursing diagnosis for a patient. It can be helpful to consider nursing diagnoses that tend to cluster with a particular medical diagnosis. However, if nurses only use a “list” of nursing diagnoses with a particular medical diagnosis, they are missing the uniqueness of the patient for whom they are providing care – that is the risk of this approach. A nursing diagnosis must always be related to each individual patient’s nursing assessment, or we risk misdiagnosis and inappropriate interventions. Remember that patient safety demands accurate nursing diagnosis!

WHAT IS THE BEST NURSING DIAGNOSIS TO USE FOR MY PATIENT WITH CONGESTIVE HEART FAILURE (OR ANY OTHER MEDICAL DIAGNOSIS)?

Using a medical diagnosis alone does not provide enough information to accurately diagnosis a patient from a nursing perspective. A holistic nursing assessment is critical for you to identify the potential nursing diagnoses. A medical diagnosis may be a related (or etiologic) factor for a nursing diagnosis, but you must identify defining characteristics of a nursing diagnosis during your assessment; it is impossible to make an accurate nursing diagnosis strictly from a medical diagnosis.

CAN I CHANGE A NURSING DIAGNOSIS AFTER IT HAS BEEN DOCUMENTED IN A PATIENT RECORD?

Absolutely! As you continue to assess your patient and collect additional data, you may find that your initial diagnosis wasn't the best one – or your patient's condition may have resolved. It is very important to continually evaluate your patient to determine if the diagnosis is still the most accurate for the patient at any particular point in time.

HOW MANY DIAGNOSES SHOULD MY PATIENT HAVE?

Students are often encouraged to come up with a list of every possible diagnosis that a patient might have – this is a learning method. However, in practice, it is important to prioritize nursing diagnoses, as these form the basis for nursing interventions. You should consider which diagnoses are the most critical – from the patient's perspective as well as from a nursing perspective – and the resources and time available for treatment. Other diagnoses may require referral to other health care providers or settings, e.g. home health care, a different hospital unit, skilled nursing facility, etc.

DO I HAVE TO USE THE “NURSING DIAGNOSIS...RELATED TO...AS EVIDENCED BY” STATEMENT TO WRITE A DIAGNOSIS THAT IS CONSIDERED TO BE ACCURATE BY NANDA-I?

No. While this is a good way of teaching the diagnostic reasoning process, it is not required by NANDA-I. It is sufficient to provide the nursing diagnosis label (e.g., Anxiety), and in fact, many computer systems do not allow the “related to...as evidenced by” model. However, it is important that nurses communicate the assessment data to support the diagnosis they make, so that others caring for the patient know why a diagnosis was selected.

SHOULD LICENSED PRACTICAL / VOCATIONAL NURSES OR NURSING TECHNICIANS / ASSISTANTS BE TAUGHT TO MAKE NURSING DIAGNOSES?

The use of nursing diagnosis requires clinical judgment based on a holistic nursing assessment. Because only professional nurses (RN's in the USA, for example) are licensed to perform nursing assessments, it is not acceptable for a practical / vocational nurse or nursing technician / assistant to make a clinical judgment resulting in a nursing diagnosis. However, these individuals work with professional nurses to provide care to patients, by implementing a plan of care that is developed by the professional nurse. Therefore, it is important they understand the nursing diagnoses just as much as the medical diagnoses, so the rationale is clear for the interventions they are asked to do.

HOW CAN I GET MORE HELP WITH THIS?

Yes! There are a number of ways to get more help:

1. Email the NANDA-I Education and Research Committee at ed_research@nanda.org.
2. Email the NANDA-I Executive Director at execdir@nanda.org.