

Nursing care models

Nursing process



Nursing care models

- Functional nursing
- Comprehensive nursing
- Team nursing
- Primary nursing



Functional nursing

- Basing staff assignments on specific duties
- One nurse give medications, another performs all treatments, another assesses vital sign, and all other members of the staff assists patients with personal care

Comprehensive nursing

- **The group care system – total patient care** – each nurse is assigned to care for a group of patients and provides **all care** for each patient in the group
- Nurse has an opportunity to build a therapeutic nurse-patient relationship, which includes identifying psychosocial needs of a patients and planning nursing interventions to meet those needs

Team nursing

- The assignment of group of nurses to care for a number of patients
- The team may be made up of two levels – RNs – LPNs – or three levels – RNs and LPNs and nursing assistants

Primary nursing


- **The primary nurse system** - upon admission the patient is assigned his/her primary nurse who draws up the nursing care plan for the patient and is responsible for the implementation of the plan throughout the hospitalization of the patient. The nursing care plan is draw up with the assistance of other nursing worker. When off duty, the nurse passes on the patient to the nurses of the other shift to take her patients back when reporting on duty again. During the shift, the primary nurse participates in rendering medical care to patient for whom she is not the primary nurse

Nursing documentation

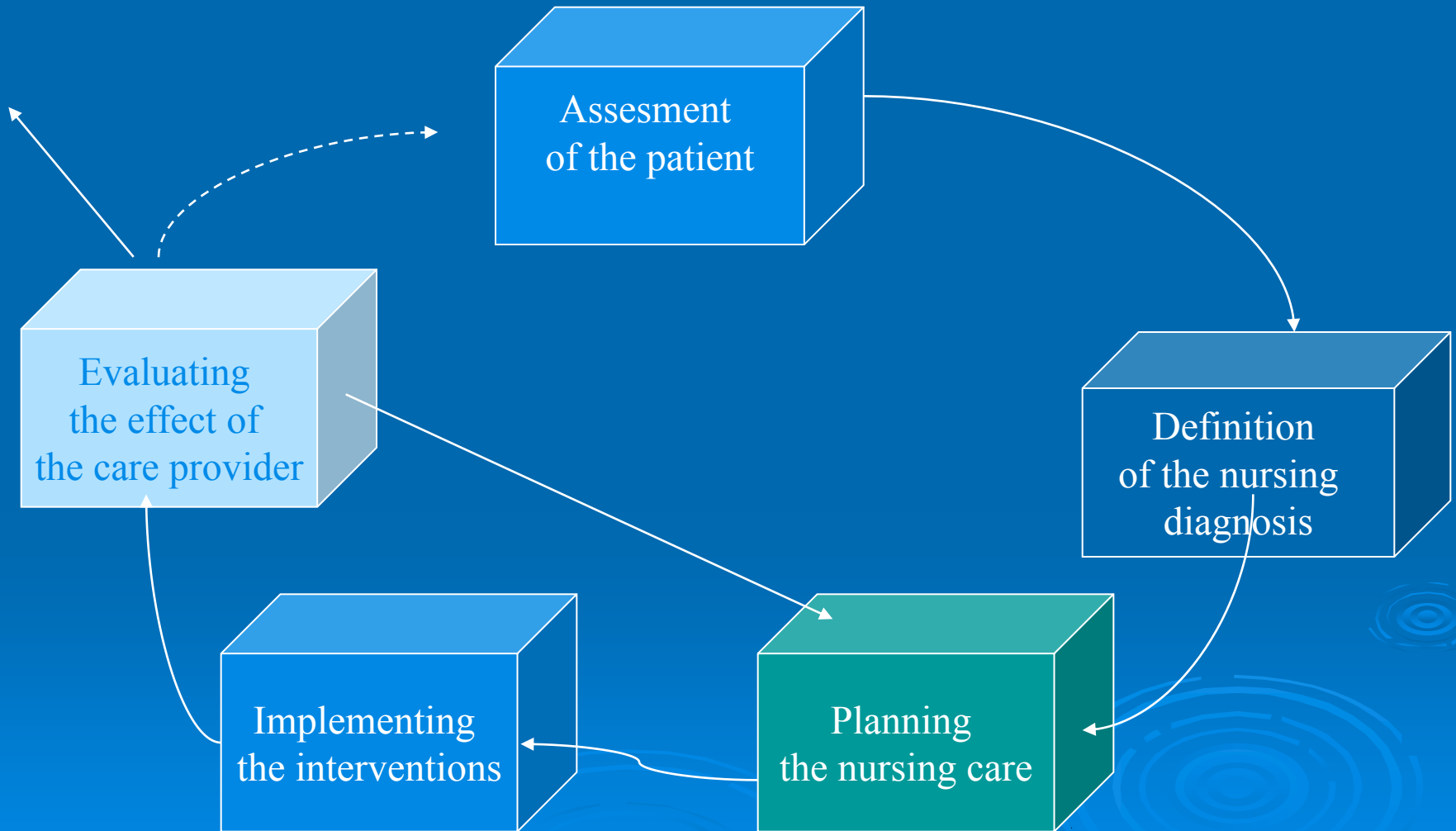
- The nursing process is recorded for every patient/client in the independent nursing documentation which forms a part of the patient's medical documentation
- High-quality nursing care is the basic current requirement in the field. The definition of the standard of quality of the nursing care is set forth in the nursing standards whereby also the measurable criteria for the quality of the nursing services are established.

The standards can be issued in the legislation (laws, directives or methodological instructions)

Nursing process

- is the essential methodological framework for the implementation of the objectives of nursing.
 - Is a implementation of the objectives nursing
 - Is a systematic and profession/specific method of individualised approach to the nursing for every patient/client the hospital or in the field services which is implemented in the following five integrate steps.
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Nursing process



A nursing assessment includes

- A physical assessment
- The deliberate and systematic collection of data
- A determination of an individual's current health status
- An evaluation of his/her present and past coping pattern
- Data verification, data organization
- Data analysis and problem identification

Definition of nursing diagnosis

Nursing Diagnosis:

a statement of a present or potential patient problem that requires nursing intervention in order to be resolved or lessened.

Nursing Diagnosis = Patient problem + Cause if Known

Planning

- The RN shall develop the action plan (which is an organized way of recording an individual's health needs, the nursing care goals and intervention), based on the data obtained during the assessment.
- The action plan shall be developed within 30 days or as determined by the RN as part of the individual's overall plan of service or follow along plan.
- The RN will collaborate with other members of the IDT while developing the action plan.
- The LPN may assist in the delegation process under the direction of the RN.

Planning includes

- setting priorities
- writing goals short-term
long-term → goals
- planning nursing actions



Implementation

- The licensed nurse (RN/LPN) intervenes, as guided by the action plan, to implement nursing actions that promote, maintain or restore health, prevent illness and effect habilitation.
- Intervention shall be documented in accordance with Nursing Documentation Standard (96.3).
- The licensed nurse (RN/LPN) may delegate specific interventions per the approved Nursing Delegation Standard.
- The LPN may assist in the delegation process under the direction of the RN.
- Includes validating care plan, documenting care plan, giving nursing care, continuing data collection

Evaluation

- The purpose of evaluation is to decide if the goal in the care plan has been achieved

Evaluative statement = Goal Met
= Goal Partially Met
= Goal Not Met

Evaluation

- The RN evaluates the individual's response to the action plan and interventions in order to revise the data base, nursing assessment, and action plan. This evaluation shall be shared with the person's IDT.
- The RN shall continually evaluate and document individual's responses to interventions to identify the degree to which the expected outcomes have been achieved.
- Based on the evaluation, the RN shall revise the action plan as appropriate.
- The LPN may assist in the delegation process under the direction of the RN.
- Evaluations shall be performed and documented in the person's FAP/OPS:
 - Annually OR, as required by regulation, OR as determined by the RN, based on the individual's needs.

Relationship between nursing prescribed interventions and physician prescribed intervention

Nursing prescribed intervention

Reposition q 2 h
Lightly massage vulnerable areas
Teach how to reduce pressure when sitting

Nursing diagnoses

High risk for impaired Skin Integrity related to immobility
Secondary to fatigue

Physician prescribed intervention

Usually not needed

Relationship between nursing prescribed interventions and physician prescribed intervention

Nursing prescribed intervention

- Maintain NPO state
- Monitor:
 - Hydration
 - Vital sign
 - Intake/output
 - Specific gravity
 - Monitor electrolytes
- Maintain IV at prescribed rate
- Provide encourage mouth care

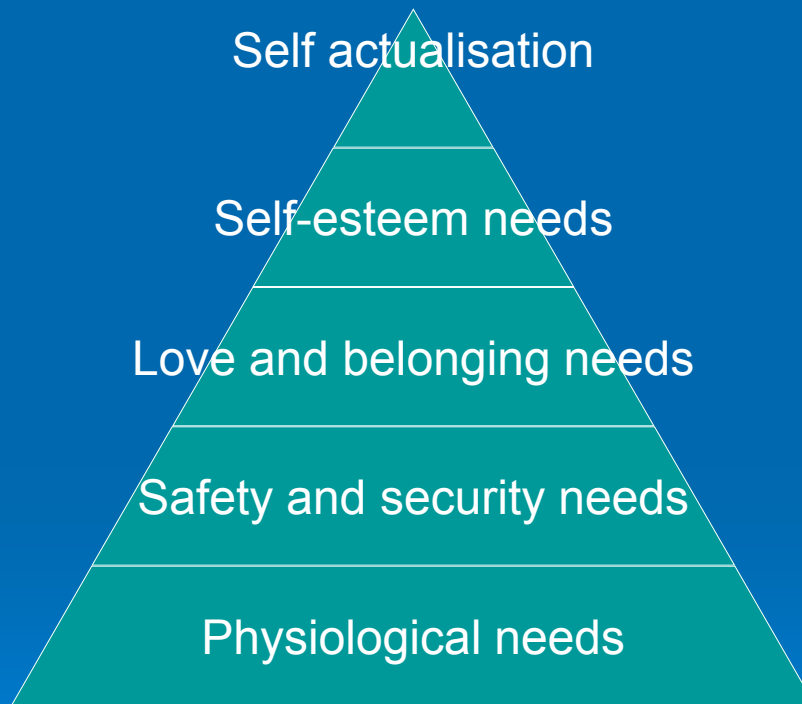
Collaborative problems

Potential Complication:
Fluid and electrolyte
Imbalances

Physician prescribed intervention


IV (type, amount)
Laboratory studies

Maslow's hierarchy of needs



Assessment according the Dr. Marjory Gordon

Typology of the eleven functional health patterns:

1. Health perception - Health management pattern
 2. Nutritional – Metabolic pattern
 3. Elimination pattern
 4. Activity – exercise pattern
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Assessment according the Dr. Marjory Gordon

5. Cognitive – Perceptual pattern
 6. Sleep – rest pattern
 7. Self perception – Self concept pattern
 8. Role – Relationship pattern
 9. Sexuality – Reproductive pattern
 10. Coping – Stress tolerance pattern
 11. Value – Belief pattern
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