

# The Nursing Process



## Assessment

- what do you see/hear/feel?
- collect **objective** (observed) & **subjective** (stated) info
- **verify** that the data you collected is clear and accurate



## Diagnosis

- what are the priority problems?
- **interpret** the information collected
- identify an appropriate **Nursing diagnosis**
- **document your diagnosis** and **communicate** it to the healthcare team
- determine the health team's **ability to help**



## Planning

- how will you fix them?
- **prioritize** the **outcomes** of care
- develop and modify a **plan of care**



## Implementation

- what interventions?
- **organize** & manage the client's care including **safety, communication, culture and delegation** of tasks
- carry out client's plan of care
- **counsel & educate** the client



## Evaluation

- how well did the interventions work?
- **compare** actual outcomes with the planned/expected outcomes
- evaluate patient's **compliance**
- **document client's response** to plan
- **modify** plan and **reasses** as needed