

Nursing Process in Psychiatric Nursing

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NURSING PROCESS

- Definition
- Nursing process in an orderly, systematic manner of determine the client's problems, making plans to solve them, initiating the plan or assigning others to implement it and evaluating the extent to which the plan was effective in resolving the problems identified.

-Yura and Walsh, 1978



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- The nursing process provides a scientific framework for the delivery of professional nursing care.
- Nursing process consists of five steps:
- Assessment
- Nursing diagnosis or Analysis
- Nursing goal or planning or objectives
- Implementation or Intervention
- Evaluation



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- NURSING ASSESSMENT
- In this step information is gathered to establish a database for best possible care of the patient.
- The nursing assessment is deliberate and systematic collection of bio-psychosocial information or data is done to determine current and past health and functional status and to evaluate past and present coping patterns.



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Techniques of Data Collection in Psychiatric Nursing

- Patient observation
- patient interview (process recording)
- Family interview
- Physical examination
- Mental status examination
- Records and diagnostic reports
- Collaboration with colleagues.



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BIOPSYCHOSOCIAL ASSESSMENT IN PSYCHIATRIC NURSING

I. Biologic Dimension

- **Present history**
- **Past psychiatric and medical history**
- **Personal history**
 - -Perinatal history
 - -Childhood history
 - -Educational history
 - -Play history
 - -Obstetrical history
 - -Sexual and marital history



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- **Physical examination**
- -Body system review
- -Neurological status
- -Laboratory results



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- **Physical functions**
- -Activity / Exercise
- -Sleep
- -Appetite and nutrition
- -Hydration
- -Sexuality
- -Self care
- **Pharmacological assessment**



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II. Psychological Dimension

General appearance and behavior

- -Psychomotor activity
- -Attitude
- Speech
- Mood
- -Affect and emotions
- Thought
- Perception
- Cognitive functions
- Insight
- Judgment



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- Abstract reasoning and comprehension
- Memory
- Behavioral responses
- Self esteem
- -Body image
- -Self esteem
- -Personal identity
- Present and past coping patterns
- Risk assessment
- -Suicidal ideation
- -Assault or homicidal ideation



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III. Social Dimension

- Functional status
- Social Systems
- -Cultural assessment
- -Family assessment
- -Community support and resources
- Spiritual assessment
- Occupational status
- Economic status
- Legal status
- Quality of life



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NURSING DIAGNOSIS

- Nursing diagnoses are defined as clinical judgments about individual, family or community responses to actual and potential health problems.
- Nursing diagnoses are used to describe an individual patient's condition, to prescribe nursing interventions, and to delineate the parameters for developing outcome criteria.
- The basic level psychiatric nurse identifies nursing problems by using the nomenclature specified by the North American Nursing Diagnoses Association (NANDA).



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- A nursing diagnosis describes an existing or high-risk problem and requires a **three-part statement**.
- The health problem (problem, 'p')
- The etiological or contributing factors (Etiology, 'E')
- The defining characteristics (Signs and symptoms, 'S').
- For example:
 - High risk for self directed violence related to depressed mood, feeling of worthlessness, anger turned inward on the self.
 - Powerlessness related to dysfunctional grieving process, lifestyle of helplessness, evidenced by feelings of lack of helplessness, evidenced by feelings of lack of control over life situations, over dependence on others to fulfill needs.



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PLANNING

- The planning phase consists of the total planning of the patient's overall treatment to achieve quality outcomes in a safe, effective, and timely manner.
- Nursing interventions with rationales are selected in the planning phase based on the client's identified risk factors and defining characteristics.
- **The process of planning includes:**
 - Collaboration by the nurse with patients, significant others, and treatment team members
 - Identification of priorities of care
 - Critical decisions regarding the use of psychotherapeutic principles and practices (Identify the most appropriate nursing intervention)
 - Coordination and delegation of responsibilities.



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- In this nurse will choose nursing interventions appropriate to an individual's identified, problem with specific expected outcomes.
- Once the nursing diagnoses are identified, the next step is the prioritization of the problems in order of importance.
- Highest priority is given to those problems that are life threatening.
- Next in the priority are those problems that are likely to cause destructive changes.
- Lowest in priority are those issues that are related to normative or developmental experiences.
- Psychiatric nurses often use Maslow's hierarchy of needs prioritize nursing diagnoses.



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- **Outcome Identification**
- Outcomes can be defined as a patient's response to the care received.
- Outcomes are the end result of the process.
- Measuring outcomes not only demonstrates clinical effectiveness but also helps to promote rational clinical decision-making on the part of the nurse.



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- **Outcome identification should be:**
- Patient centered
- Singular
- Observable
- Measurable
- Time limited
- Mutual
- Realistic



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IMPLEMENTATION

- In the implementation phase nurse sets interventions prescribed in the planning phase.
- Nursing interventions (also know as nursing orders or nursing prescriptions) are the most powerful pieces of the nursing process.
- Interventions are selected to achieve patient outcome and to prevent or reduce problems.
- Implementation serves as a blueprint of plan.
- Nursing interventions are classified as independent, interdependent and dependent.



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Nursing Intervention in Psychiatric Nursing

Interventions of biological dimension

- Self care activities
- Activity and exercise
- Nutritional interventions
- Relaxation interventions
- Hydration intervention
- Thermoregulation intervention
- Pain management
- Medication management



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Interventions for psychological dimension

- Counseling interventions
- Conflict resolutions
- Bibliotherapy
- Reminiscence therapy
- Behavior therapy
- Cognitive therapy
- Psycho-education
- Spiritual interventions



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Intervention for social dimensions

- Group interventions
- Family intervention
- Milieu therapy



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EVALUATION

- Evaluation is the process of determining the value of an intervention.
- Nurses determine the effectiveness of interventions with particular patients.
- Nurses evaluate selected interventions by judging the patients progress towards the outcome set down in the nursing care plan.



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Conclusion

- Psychiatric treatment is a team effort; basic outcomes often reflect the combined effects of the interventions of nurses, physician, occupational therapist, psychologists and social workers.



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