

# Applying standardized terminologies in practice essay example

[Experience](#), [Failure](#)



## **The Patient Scenario**

The population of elderly individuals is consistently increasing with the advent of technological innovations in clinical research and medical practice. However, with the increase in life expectancy, the cardiovascular morbidities including congestive heart failure becoming the matter of concern and requiring intervention by researchers to mitigate the clinical manifestations of this public health problem prevalent among the elderly individuals across the globe. The patients of congestive heart failure (CHF) experience prolonged hospitalizations, thereby increasing the healthcare cost and consequently the economic burden of their respective states. Indeed, the implementation of proactive care strategies require further investment in terms of time and cost while rendering critical care and assistance to the target population. The effective rendering of care and assistance to the CHF patients require identifying the preliminary nursing outcomes, interventions and manifestations during the course of patients' care and therapy for cost effectively providing qualitative assistance with the intent of enhancing health outcomes of the patients affected with congestive heart failure.

## **Applying standardized Terminologies in Practice**

Indeed, the cardiopulmonary responses and mechanisms in terms of assisting activities and rest patterns elaborated under Domain 4 (Class 4) of NANDA-I's Taxonomy II . The North American Nursing Diagnosis Association International (NANDA - I) establishes nursing diagnoses for congestive heart failure in terms of “ excess fluid volume” for effective rendering of nursing care and assistance to the target population . The excess fluid volume

attributes to increase in isotonicity of the body fluid in relation to defective myocardial contraction following the episodes of congestive heart failure . The patients affected with CHF and presenting with excess fluid volume display the patterns of weight-gain, edema and reduced serum osmolality requiring nursing care and intervention for their effective mitigation. The nursing interventions warranted for mitigating the outcomes of fluid retention include fluid restriction, administration of diuretics, monitoring of the fluid status and enhancing the electrolyte excretion for restoring the vascular function. Furthermore, the recording of patients' vitals is highly essential for tracking the patterns of shortness of breath and circulatory deficit in relation to the cardiovascular manifestation. The evidence based research literature advocates the requirement of nursing interventions in terms of rendering home care and therapy to the high-risk prenatal patients affected with congestive heart failure . The recording and coding of medical necessities of these patients executed with the effective utilization of Nursing Interventions Classifications (NIC) convention. However, the nursing interventions for these patients attribute to the strategies including active listening, parental education, self-esteem improvement and enhancement of support systems across the hospital environment. The chronic comorbidities of CHF patients warrant rendering home care intervention by nurse professionals for assisting in activities of daily living, personal care and respiratory management. The NIC and NOC (Nursing Outcome Classification) measures in relation to the case management of CHF patients attribute to developing effective therapeutic relationship with patients and their family members across the community environment . Furthermore, keeping the

privacy of patient and maintaining the confidentiality while executing medical decision-making process ascertains the implementation of prescription compliance by the patient following the clinical intervention. Indeed, discussing the plan of care with patients, defining health care goals, expected outcomes and monitoring the timeline and quality of rendered services is of paramount importance for effective case management in accordance with the NIC and NOC convention. The nursing outcome measures require effective monitoring of patients' conditions and responses in relation to therapeutic or care interventions to evaluate the extent of accomplishment of clinical goals during the course of medical management . Furthermore, the NOC measures for enhancing the patients' care relate to effectively rendering mood therapy and psychosocial interventions for enhancing patients' confidence on the course of medical management. Indeed, rendering assistance in terms of inducing behavioural modification, organizing counselling sessions, disseminating information about the cardiovascular manifestations, facilitating nutritional enhancement and telephonic interaction with patients include some of the NIC/NOC strategies for evaluating and increasing the effectiveness of clinical interventions among patients affected with congestive heart failure. The signs and symptoms of congestive heart failure including, fatigue, weakness, dyspnea, cough, abdominal distension, edema, liver dysfunction and peripheral vasoconstriction also require effective monitoring by nurse professionals for their proactive management across the hospital or home care setting.

## Conclusion

The nursing interventions for mitigating CHF manifestations in accordance with the NANDA-I, NIC and NOC conventions relate to configuring the clinical goals and developing the care guidelines for reducing the intensity and duration of the configured nursing diagnoses (for CHF). In fact, the nursing diagnoses related to the episodes of CHF include cardiac preload and after-load, diminished gas exchange, nutritional deficit and activity intolerance in the context of reduced cardiovascular output. Indeed, the nursing interventions and care strategies in relation to balancing the cardiac contractility attribute to formulating guidelines including activity limitation, dietary sodium reduction, and administration of inotropic agents, vasodilators and cardiac glycosides for restoring the cardiac functionality of patients across the community environment.

## References

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