

Nursing informatics applying standardized terminologies in practice

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There is a need to pinpoint the input given by nurses to patient care. This need coincides with the requirement of ascertaining the finest way to integrate factors of nursing care to EHR (Electronic Health Record) systems and other archiving methods that characterize and assess the quality of care given to patients (Cashin, 2010). In addition, these terminologies distinguish between the motives and practices of nursing and medicine by serving as the professional language applied and understood between both professions.

Using standardized terminologies in nursing practice has several advantages. First, standardized terminologies allow for improved communication amongst nurses and other healthcare professionals (McGonigle and Mastroianni, 2014). Second, there is more transparency of nursing intercessions when using standardized terminologies. Third, patient care gets better with standardized terminologies, and data gathering methods improve to assess nursing care results. Fifth, nurses stick more to caregiving standards while fostering the evaluation of nursing proficiency. Lastly, standardized terminologies promote the nursing study itinerary by producing information concerning patient care on a regular basis (Cashin, 2010).

Applying standardized terminologies in psychiatric nursing helps in distinguishing nurse's inputs in patient care from those made by medicine practitioners. As the advancement of EHR systems and the NHIN (Nationwide Health Information Network) grow increasingly fast, the challenge of

distinguishing Geriatric, Correctional and Psychiatric nursing from pediatrics and psychology become even more crucial (Cashin, 2010). A second challenge that standardized terminologies can help overcome is integrating definitions of nursing practice into the health archive in a way that is proportionate to its significance to patients' wellbeing. I am currently partaking in a Family Nurse Practitioner program, which makes it my role to know nurses' contributions to patient treatment and recovery. This knowledge is as pivotal as finding a method to integrate aspects of nursing practice to EHR systems (McGonigle and Mastroianni, 2014).

The acknowledged standardized terminologies applied in Geriatric and Psychiatric nursing entail seven interface and three multidisciplinary terms. First, CCC (Clinical Care Classification) is a study-oriented, experientially built term that entails nursing analyses, intercessions, and findings (Cashin, 2010). Second, Omaha System is a framework that offers a compute-attuned configuration. Third, NIC (Nursing Intervention Classification) is a thorough, study-oriented standardized categorization of intercessions that the Family Nurse Practitioner program can carry out. Four, NOC (Nursing Outcomes Classification) is a measurable person, group of persons, municipal state, conduct, or image that a nurse determines along a scale and is quick to respond to nursing intercessions (McGonigle and Mastroianni, 2014). Five, NANDA International (Nursing Diagnoses, Definitions and Classification) is a foundational aspect of the SNT (Standardized Nursing Terminologies) with the importance of its developer and supporter. Six, ICNP (International Classification for Nursing Practice) is the latest categorization of the SNT advancement contributions and exclusively recognized by the ANA

internationally (Cashin, 2010). Lastly, the PND (Perioperative Nursing Data Set) is a databank that defines perioperative nursing analyses, intercessions, and patient results.

In conclusion, standardized terminologies are essential to the nursing practice mainly because of their ability to distinguish it from medicine. The most appropriate solution is in nursing informatics, specifically the application of standardized terminologies in nursing practice. Such terminologies echo the distinctiveness of Geriatric, Correctional and Psychiatric nursing.

References

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