Ineffective breathing pattern: nanda-i, nic, and noc

Ineffective Breathing Pattern

Informatics is defined as the collection, classification, storage, retrieval, and dissemination of recorded knowledge (Merriam Webster Online Dictionary, 2014). Moreover, nursing informatics is defined as a specialization of nursing that revolves around the characteristics of data, information, and knowledge combined (CCN, 2014). The progression of the three characteristics mentioned, coupled with the application of wisdom, serve to provide the framework for nursing informatics' metastructure (CCN, 2014). Nursing informatics, although often unrealized, is utilized in a myriad of ways by nurses to not only support the work that they do, but to also aid in the decision-making process for patients and other healthcare providers such to achieve favorable outcomes, (CCN, 2014).

One very important example of how nurses use informatics is through the utilization of nursing terminology. According to Hardiker (2012, p. 112), " nursing terminology serves as a vehicle to permit nurses to capture, represent, access, and communicate data, information, and knowledge. In addition, a standardized nursing terminology is a nursing terminology that is in some way approved by an appropriate authority, or by general consent; In North America, one such authority is the American Nurses Association ". The following paper is a detailed review by the author regarding a nurse-patient scenario as it flows through three standardized nursing terminologies: NANDA, NIC, and NOC while subsequently being critiqued against the metastructure of nursing informatics, mentioned above. In conclusion, the author will summarize this paper by drawing the sections of the paper together and offering his own perspective gained through this experience.

Ineffective Breathing Pattern: NANDA-I, NIC, & NOC

NANDA International, Inc. (NANDA-I), the Nursing Interventions Classification (NIC) and the Nursing Outcomes Classification (NOC) together provide a set of terminology to afford comprehensive, research-based, standardized classifications of nursing diagnoses, nursing interventions and nursing-sensitive patient outcomes (NNN, 2014). NANDA-I serves as a nursing terminology that maintains an agreed set of nursing diagnoses organized as a multiaxial taxonomy of domains and classes (Hardiker, 2012, p. 113). According to Bulechek, Butcher, Dochterman, and Wagner (2013), " NIC is a comprehensive, research-based, standardized classification of interventions that nurses perform. NIC covers physiological and psychological interventions. As with NANDA-I, NIC interventions are organized into classes and domains". According to Moorhead, Johnson, Maas, and Swanson (2013), " NOC is a comprehensive, standardized classification of patient/client outcomes developed to evaluate the effects of interventions provided by nurses or other health care professionals. As with NANDA-I and NIC, NOC's outcomes work in unison to assist patient outcomes".

As a nurse on a medical/surgical/telemetry floor this author encounters a very diverse range of patients with a plethora of morbidities; one very common admitting diagnosis is: Ineffective Breathing Pattern. " I can hardly breath and I'm scared; it seems as if this is getting worse, please help me". NANDA-I defines an ineffective breathing pattern as: inspiration and/or expiration that does not provide adequate ventilation (Ralph & Taylor, 2011). Patient X has respirations of 32, pulse of 118, a blood pressure of 145/92, and presents with nasal flaring, and her lips are pursed as she has an

increased focus on trying to breathe while currently on 3 liters of oxygen via nasal cannula. Pt. X's health history reveals a retired patient with end-stage COPD, obesity, and she has been a smoker for well over thirty years; her COPD has worsened through the years and she has developed an increasing level of anxiety. Pt. X has been admitted to the hospital several times over the past several years with similar complaints; however, over the past six months her condition has worsened.

Applying NIC to this scenario it is suggested that the nurse encourage slow, deep breathing, have the patient sit up in bed, turn frequently and cough; the nurse is to monitor respiratory and oxygenation status, as appropriate. In addition, the nurse should ascertain whether the patient's dyspnea is physiological, psychological, or a combination of both. Last but not least, applying NOC to this patient scenario, the patient through utilization of the NIC interventions, the patient will report the ability to breath comfortably and demonstrate the ability to perform pursed-lip breathing to assist controlling her breathing; moreover, her vital signs will fall into normal ranges: respirations less than 20, pulse less than 100, and a reduced blood pressure that is near her baseline which is 120/80. As a result, the patient should be able to vocalize less stress related to her breathing, and understand how to alleviate future episodes ((Ralph & Taylor, 2011). In a textbook situation, referring to the nursing standard terminologies of NANDA-I, NIC, and NOC should provide a foundation for assisting one's patient encountering an ineffective breathing pattern.

Data, Information, Knowledge, and Wisdom

A familiarity regarding standard nursing terminologies provides an excellent reference for nursing; however, a large majority of nurses have a limited knowledge or experience with standard nursing terminologies (Schwiran & Thede, 2011). Remarkably, having a familiarity with diagnoses, interventions, and outcomes is only that, a familiarity. A good nurse recognizes that a text-book definition and guidelines are simply tools to assist in the overall care for one's patient. By placing Patient X's scenario into the nursing informatics' metastructure, care for one's patient base can be greatly enhanced. First, one has to account for the raw data: increased respirations, increased pulse, increased blood pressure, and a heightened anxiety level. It is very important when providing patient care to remember that data, by itself has no particular meaning (CCN, 2014). Second, by retrieving all recorded data for patient X, reviewing trends, and placing her current data in contextual review allows a nurse to convert this raw data into information (CCN, 2014). A review of patient X's data reveals that her current assessment presents data that exceeds her normal baselines. Third, by taking into consideration patient X's physiological data as well as her physiologic and psychological presentation coupled with the nurse's working knowledge base and experience regarding the information presented, this nurse recognizes patient X as having an ineffective breathing pattern. Last but not least, wisdom is realized by not only having an appropriate knowledge base to address the patient's current health scenario but the skill-set, experience, and critical thinking skills of knowing when and how to take action (CCN, 2014; McKie, et al., 2012).

Conclusion

According to Robert and Petersen (2013), " Nurses must be able to think critically to face the challenges of today's burgeoning technological advances, and ensure safe passage and positive outcomes for patients". The referenced quote sums up the writing of this paper's message and the realized experience while writing this paper by its author. Nursing is a very complex profession that has many tools to advance and evolve. By reviewing patient X's condition, applying it through the nursing terminologies of NANDA-I, NIC, and NOC, and subsequently reviewing it against nursing informatics' metastructure one can clearly understand that there are many platforms available to properly assist in the care for not only patient X, but our community at-large.

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