

# Overview of the Nursing Process

Steps	Description	Nursing Activities
<b>Assessment</b>	This step focuses on the gathering of patient information.	<p>The RN collects and validates the patient data. Communication of this data to the relevant care providers is also the RN's responsibility.</p> <p>The patient's medical history must be recorded accurately. Physically assessing the patient, reviewing the patient's medical records, and going through the nursing literature are all activities that the RN carries out during this portion of the process. The RN may also consult with the patient's family and friends (with the patient's permission) or with other health care professionals. All the data that has been collected is validated and continuously updated.</p>
<b>Analysis</b>	This step focuses on development of a prioritized list of nursing diagnoses and nursing diagnosis statements.	<p>The RN analyzes the patient data in order to identify any health problems. After interpreting all the available data the RN creates a prioritized list of nursing diagnoses. The nursing diagnoses are classified as actual (the patient has defining characteristics which support the nursing diagnosis) or risk* (the patient does not have defining characteristics but is vulnerable to develop the nursing diagnosis).</p> <p>The nursing diagnosis statement includes the following:</p> <ul style="list-style-type: none"> <li>• Nursing diagnosis (problem)</li> <li>• Etiology</li> <li>• Defining characteristics*</li> </ul> <p>*For risk nursing diagnoses, there are no defining characteristics.</p>
<b>Planning</b>	This step focuses on development of expected measurable patient outcomes and related nursing interventions.	<p>Once the nursing diagnosis statement has been formulated, the RN must develop:</p> <ul style="list-style-type: none"> <li>• A measurable patient outcome that prevents, reduces, or resolves the identified patient health problem (nursing diagnosis).</li> <li>• Nursing interventions which the RN performs to aid the patient in achieving the outcome specific to the nursing diagnosis statement.</li> </ul>
<b>Implementation</b>	This step focuses on carrying out the plan of care.	The plan of nursing care is implemented. The RN continuously collects and documents relevant data about the patient's health and modifies the plan of care as required.
<b>Evaluation</b>	This step focuses on evaluating the effectiveness of the nursing interventions, the outcomes achieved by the patient, and revising the plan of care, if necessary.	The RN assesses the patient's response to the care received. Factors that influence the achievement of the outcomes listed in the implementation stage are identified and the plan of care is revised as required.