

 <p>Connecticut Valley Hospital Nursing Policy and Procedure</p>	<p>SECTION A: NURSING SERVICE ORGANIZATION CHAPTER 2: STANDARDS OF NURSING PRACTICE AND CARE</p> <p>Policy and Procedure: 2.3 Genetic Standards of Nursing Practice for Connecticut Valley Hospital</p>
<p>Authorization: Nursing Executive Committee</p>	<p>Date Effective: May 1, 2018 Scope: Connecticut Valley Hospital</p>

Assessment and Diagnosis

I. Assessment:

The registered nurse, initially and throughout the hospitalization, assesses each patient in terms of the following:

1. Patient's view of his problems and needs
2. Reason for hospitalization
3. Risk factors
4. Current medication status
5. Biophysical, developmental, mental and emotional status
6. Spiritual or philosophical beliefs
7. Family, social, cultural and community systems
8. Daily activities, interactions and coping patterns
9. Economic, environmental and political factors affecting the patient's health
10. Personally significant support systems, as well as un-utilized but available support systems
11. Knowledge, satisfaction and change motivation regarding current health status
12. Strengths that can be used in reaching health goals
13. Knowledge of pertinent legal rights
14. Contributory data from the family, significant others, the health care team and pertinent individuals in the community

II. Diagnosis:

The registered nurse describes patient needs/problems using nursing diagnosis found in the latest edition of the NANDA Taxonomy and nursing diagnosis is defined by McFarland and Wasli and Kelly based upon data collected through the nursing assessment and evaluation processes which are prioritized through the application of Maslow's Hierarchy of Human Needs Theory.

III. Planning:

The registered nurse develops an individualized care plan in collaboration with the patient and significant others (if available) and the interdisciplinary team which:

1. Identifies priorities of care regarding Maslow's Hierarchy of Human Needs Theory
2. Works with the patient to set realistic goals in measurable terms with an expected date of accomplishment
3. Uses identifiable psychotherapeutic principles
4. Indicates which client needs will be a primary responsibility of the psychiatric and mental health nurse and which will be referred to others with the appropriate expertise
5. Stresses mutual goal-setting and shared responsibility for goal attainment at the level of the client's abilities
6. Provides guidance for the client care activities performed by others under the nurse's supervision that is also revised as goals are achieved, changed or updated

IV. Interventions:

A. Psychotherapeutic

The registered nurse intervenes psychotherapeutically with the patient and significant others (when available) as guided by the Nursing Plan of Care that is based upon the following theories/theorists:

- Crisis Theory
- Change Theory
- Peplau's Theory of the Nurse-Patient Relationship
- Sullivan's Interpersonal Theory of Psychiatry and General Interpersonal Theory
- Maslow's Hierarchy of Human Needs Theory and Motivation Theory
- Yalom's Theory of Group Psychotherapy
- Stress-Vulnerability Theory
- Cognitive-Behavioral and Learning Theory
- Psychoanalytic/Intrapsychic Theory
- Psychosocial Theory
- Jones' Theory of the Therapeutic Community
- Moss' Theory of the Therapeutic Environment
- Developmental Theory
- Henderson's Theory of Nursing
- Family Systems/Systems Theory
- Socio-Cultural Theory
- Biological Theory
- Communications Theory
- Phenomenological Theory
- Interaction Theory
- Needs Theory
- Outcome Theory
- Gordon's Functional Health Patterns

- Grief/Loss Theory and Death & Dying Theory
- Holistic Health Concepts
- Organizational Behavior and Group Process Theory
- Theories of Care and Caring (Benner, Chinn)

B. ADL's

C. Patient/Family Health Teaching

The registered nurse to the extent possible, intervenes with the patient and his/her significant others by applying appropriate teaching/learning techniques in order to assist the patient and significant others in achieving more adaptive ways of coping and improving their overall quality of life through health teaching. Involving the family and/or significant others in the process has been demonstrated to increase the patient's level of functioning and to decrease relapse and recidivism.

D. Somatic Therapies

Using current knowledge of psychopharmacology, ECT, Biofeedback and other somatic therapies, the registered nurse intervenes with the patient and his/her significant others to the extent possible, so as to achieve the goals stated in the Nursing Plan of Care with the focus on symptom reduction and a concomitant overall improvement in their level of functioning through the administration of prescribed somatic, i.e., medications, ECT, biofeedback interventions; these interventions include, but are not limited to the following:

- Observing and interpreting pertinent responses to somatic therapies in terms of the underlying principles of each therapy
- Evaluating the effectiveness of somatic therapies and recommended changes in the treatment plan as appropriate
- Collaborating with other clinicians to provide for safe administration of therapies
- Supervising the patient's pharmacologic regimen in collaboration with the physician
- Providing opportunities for patients and families to discuss, question, and explore their feelings and concerns about past, current or projected use of somatic therapies
- Reviewing expected actions and side effects of somatic therapies with patients and families
- Using prescriptive authority for medications as congruent with the State Nursing Practice Act

E. Therapeutic Environment

Using current knowledge of the therapeutic community, the registered nurse intervenes with the patient and his/her significant others so as to achieve the goals stated in the Nursing Plan of Care with the focus on structuring and maintaining a therapeutic environment; these interventions may include, but are not limited to the following:

- Assuring that patients and significant others are adequately oriented to the milieu and are familiar with scheduled activities and rules that govern behavior and daily living
- Observing, analyzing, interpreting and recording the effects of the environment upon the patient
- Assessing and developing the therapeutic potential of the practice-setting on behalf of patients through consideration of the physical environment structure and the culture of the setting
- Fostering communications in the environment that are congruent with therapeutic goals
- Collaborating with others in the development and institution of milieu activities specific to the patient's physical and mental needs
- Articulating to the patient and staff the justification for the use of limit-setting, restraint or seclusion, and the conditions necessary for release from restriction
- Participating in on-going evaluation of the effectiveness of the therapeutic milieu
- Assisting patients living at home or in the community to achieve and maintain an environment that supports and maintains health

F. Psychotherapy

(Only applies to those registered nurses who are credentialed for advanced practice, direct-care roles)

Using the current knowledge of individual, group and family psychotherapy, the Advanced Practice Nurse Clinical Specialist intervenes with the patient and his/her significant others so as to achieve the goals stated in the Nursing Plan of Care with the focus on the following:

- Structuring the therapeutic contract with the patient in the beginning phase of the relationship, including such elements as purpose, time, place, participants, confidentiality, available means of contact and responsibilities of both client and therapist; begin work on trust and rapport
- Facilitating interdisciplinary and intra disciplinary collaboration to achieve treatment goals
- Engaging the patient in the process of selecting an available and appropriate form of psychotherapy
- Identify the goals of psychotherapy using knowledge of growth and development, psychopathology, psychosocial systems, small group and family dynamics and knowledge of selected treatment modalities
- Articulating a rationale for the goals chosen and interventions utilized
- Providing for continuing care for patient in the therapist's absence
- Evaluating with the patient how therapy is progressing, when goals are reached, and facilitating the termination process when the time comes to end
- Referring patients to other professionals when indicated
- Respecting and protecting patients' legal rights
- Avail self of appropriate opportunities to increase knowledge and skill in the therapies utilized in nursing practice

- Obtain recognized educational preparations and on-going supervision for types of psychotherapy, e.g., individual psychotherapy, group and family psychotherapy, child psychotherapy, psychoanalysis, etc.

Interventions for Specialty Patients:

A. Aggressive/Violent Behavior

Nursing Diagnosis: Potential for Violence, Homicide, Assault, Inappropriate Aggression

The registered nurse applies principals derived from the following theories:

- Crisis Theory
- Aggression Theory
- Maslow's Hierarchy of Human Needs Theory
- Psychopharmacology
- Cognitive-Behavioral Theory
- Milieu Theory
- Theories of therapeutic interpersonal relationship with patients so as to assure optimum patient safety using the least restrictive, least intrusive means possible, always mindful of human dignity and patients' rights

B. Psychosis

Nursing Diagnosis: (1) Alteration in Thought Process; and
(2) Sensory/Perceptual Alteration

The registered nurse applies principles derived from both the theoretical and practical knowledge and understanding of patients with schizophrenia so as to ensure that the patient's safety, ADL, and communication needs are met, using the least intrusive, least restrictive means possible, always mindful of human dignity and patients' rights.

C. Suicide

Nursing Diagnosis: Potential for Violence, Suicide, Self-Harm

The registered nurse applies principles derived from both the theoretical and practical knowledge and understanding of inward and outward directed violence so as to ensure the patient's safety and communication needs are met using the least restrictive, least intrusive means possible, always mindful of human dignity and patients' rights.

D. The Pregnant Psychiatric Patient

Nursing Diagnosis: (1) Altered Growth and Development;
(2) Potential for Injury;
(3) Self-Care Deficit;
(4) Altered Nutrition; and
(5) Knowledge Deficit.

The registered nurse applies principles derived from both the theoretical and practical knowledge and understanding of pregnancy and birthing so as to ensure that all patient care needs will be identified and incorporated into the Nursing Care Plan for the patient and her significant others. The patient who has a severe emotional disorder and is also pregnant is in a high risk category. It is expected that maternal-newborn clinical specialist consultation and liaison be initiated as soon as possible and deeply involved in the ongoing nursing care delivery and planning.

E. The Patient with AIDS/ARC/HIV

Nursing Diagnosis: (1) Potential for Infection;
(2) Anticipatory Grief;
(3) Ineffective Coping;
(4) Altered Comfort;
(5) Fear; and
(6) Knowledge Deficit

The registered nurse applies principles derived from both the theoretical and practical knowledge and understanding of the nursing care needs of the patients with AIDS/ARC/HIV, so as to assure that the patient, his/her significant others, psychosocial, environmental/systems/economic, physiological, spiritual, developmental and cultural needs are met in a manner that maintains the patient's dignity and protects his/her rights in the least restrictive, least intrusive means possible.

V. Evaluation:

Continually, throughout the patient's hospitalization, the registered nurse evaluates the patient and significant others' responses to prescribed nursing care interventions as stated in the Nursing Plan of Care; and the registered nurse then uses this evaluation data to revise the data base, nursing diagnoses and the Nursing Plan of Care. The patient and significant others are continually involved in the entire nursing process.