

The nursing process is a method of problem identification and problem solving that describes what the nurse actually does. The nursing process model includes assessment, diagnosis outcomes identification, planning, implementation, and evaluation ([American Nurses Association, 2010](#)).

## **Assessment**

Assessment is a continuous process that operates at all phases of problem solving and is the foundation for decision-making. Assessment involves multiple nursing skills and consists of the purposeful collection, classification, and analysis of data from a variety of sources. To provide an accurate and comprehensive assessment, the nurse must consider information about the patient's biophysical, psychologic, sociocultural, and spiritual background.

## **Diagnosis**

The next stage of the nursing process is problem identification and nursing diagnosis. At this point, the nurse must interpret and make decisions about the data gathered. Not all children have actual health problems; some have a potential health problem, which is a risk state that requires nursing intervention to prevent the development of an actual problem. Potential health problems may be indicated by risk factors, or signs and predispose a child and family to a dysfunctional health pattern and are limited to individuals at greater risk than the population as a whole. Nursing interventions are directed toward reducing risk factors. To differentiate actual from potential health problems, the word *risk* is included in the nursing diagnosis statement (e.g., Risk for Infection).

Signs and symptoms refer to a cluster of cues and defining characteristics that are derived from patient assessment and indicate actual health problems. When a defining characteristic is essential for the diagnosis to be made, it is considered critical. These critical defining characteristics help differentiate between diagnostic categories. For example, in deciding between the diagnostic categories related to family function and coping, the nurse uses defining characteristics to choose the most appropriate nursing diagnosis (see [Family-Centered Care](#) box).