

nursing intervention. It is imperative that continual assessment of the patient's status occurs throughout all phases of the nursing process, thus making the process a dynamic rather than static problem-solving method. Throughout the implementation stage, the main concerns are the patient's physical safety and psychologic comfort in terms of atraumatic care.

Evaluation

Evaluation is the last step in the nursing care process. The nurse gathers, sorts, and analyzes data to determine whether (1) the established outcome has been met, (2) the nursing interventions were appropriate, (3) the plan requires modification, or (4) other alternatives should be considered. The evaluation phase either completes the nursing process (outcome is met) or serves as the basis for selecting alternative interventions to solve the specific problem.

With the current focus on patient outcomes in health care, the patient's care is evaluated not only at discharge but thereafter as well to ensure that the outcomes are met and there is adequate care for resolving existing or potential health problems. One federal agency that has developed clinical guidelines is the Agency for Healthcare Research and Quality.*

Documentation

Although documentation is not one of the steps of the nursing process, it is essential for evaluation. The nurse can assess, diagnose, and identify problems; plan; and implement without documentation; however, evaluation is best performed with written evidence of progress toward outcomes. The patient's medical record should include evidence of those elements listed in the Nursing Care Guidelines box.

Nursing Care Guidelines

Documentation of Nursing Care

- Initial assessments and reassessments
- Nursing diagnoses and/or patient care needs