

Family-Centered Care

Using Defining Characteristics to Select an Appropriate Nursing Diagnosis

An 18-month-old only child is admitted with respiratory distress and a presumptive diagnosis of epiglottitis. Initial nursing actions focus on the child's physiologic status. As the condition stabilizes, the nurse gathers family assessment data. The child's immunizations are current, he is clean and well nourished, and his developmental age is appropriate. The parents are both present at admission. The mother is distraught about the sudden onset of respiratory distress. She states that earlier her child had only a "runny nose," and she thought it was just a cold. When the child suddenly began to have difficulty breathing, she felt helpless and unable to relieve her child's discomfort. She states, "Nothing I did made him any better. If I had known this could happen, I would have brought him to the hospital sooner. I feel like a bad mother." In the hospital, after explanations by the nurses, the mother understands that epiglottitis is a sudden illness that typically follows symptoms of a cold. She is cooperative and asks what she can do to make her child more comfortable. She implements all the suggestions of the health care team. The father supports both the child and mother, although he assumes a more passive "listening" role.

Three nursing diagnoses that relate to family and parent situations may be relevant. The first step is to review the diagnoses and the defining characteristics and decide which one is most appropriate:

1. Parenting, Impaired—Inability of the primary caretaker to create, maintain, or regain an environment that nurtures the child's growth and development
Selected defining characteristics:
 - Insecure (or lack of) attachment to infant
 - Poor or inappropriate caretaking skills