

Domain 3. Elimination and exchange

Secretion and excretion of waste products from the body

Class 1. Urinary function The process of secretion, reabsorption, and excretion of urine		
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Class 3. Integumentary function**The process of secretion and excretion through the skin**

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This class does not currently contain any diagnoses		

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Domain 3 • Class 1 • Diagnosis Code 00297

Disability-associated urinary incontinence

Focus of the diagnosis: disability-associated incontinence

Approved 2020 • Level of Evidence 2.3

Definition

Involuntary loss of urine not associated with any pathology or problem related to the urinary system.

Defining characteristics

- Adaptive behaviors to avoid others' recognition of urinary incontinence
- Mapping routes to public bathrooms prior to leaving home
- Time required to reach toilet is too long after sensation of urge
- Use of techniques to prevent urination
- Voiding prior to reaching toilet

Related factors

- Avoidance of non-hygienic toilet use
- Caregiver inappropriately implements bladder training techniques
- Cognitive dysfunction
- Difficulty finding the bathroom
- Difficulty obtaining timely assistance to bathroom
- Embarrassment regarding toilet use in social situations
- Environmental constraints that interfere with continence
- Habitually suppresses urge to urinate
- Impaired physical mobility
- Impaired postural balance
- Inadequate motivation to maintain continence
- Increased fluid intake
- Neurobehavioral manifestations
- Pelvic floor disorders

At risk population

- Children
- Older adults

Associated conditions

- Heart diseases
- Impaired coordination
- Impaired hand dexterity
- Intellectual disability
- Neuromuscular diseases
- Osteoarticular diseases
- Pharmaceutical preparations
- Psychological disorder
- Vision disorders

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Domain 3 • Class 1 • Diagnosis Code 00016

Impaired urinary elimination

Focus of the diagnosis: elimination

Approved 1973 • Revised 2006, 2017, 2020 • Level of Evidence 3.1

Definition

Dysfunction in urine elimination.

Defining characteristics

- Dysuria
- Frequent voiding
- Nocturia
- Urinary hesitancy
- Urinary incontinence
- Urinary retention
- Urinary urgency

Related factors

- Alcohol consumption
- Altered environmental factor
- Caffeine consumption
- Environmental constraints
- Fecal impaction
- Improper toileting posture
- Ineffective toileting habits
- Insufficient privacy
- Involuntary sphincter relaxation
- Obesity
- Pelvic organ prolapse
- Smoking
- Use of aspartame
- Weakened bladder muscle
- Weakened supportive pelvic structure

At risk population

- Older adults
- Women

Associated conditions

- Anatomic obstruction
- Diabetes mellitus
- Sensory motor impairment
- Urinary tract infection

Original literature support available at www.thieme.com/nanda-i.

Domain 3 • Class 1 • Diagnosis Code 00310

Mixed urinary incontinence

Focus of the diagnosis: incontinence

Approved 2020 • Level of Evidence 2.3

Definition

Involuntary loss of urine in combination with or following a strong sensation or urgency to void, and also with activities that increase intra-abdominal pressure.

3. Elimination and exchange

Defining characteristics

- Expresses incomplete bladder emptying
- Involuntary loss of urine upon coughing
- Involuntary loss of urine upon effort
- Involuntary loss of urine upon laughing
- Involuntary loss of urine upon physical exertion
- Involuntary loss of urine upon sneezing
- Nocturia
- Urinary urgency

Related factors

- Incompetence of the bladder neck
- Incompetence of the urethral sphincter
- Overweight
- Pelvic organ prolapse
- Skeletal muscular atrophy
- Smoking
- Weak anterior wall of the vagina

At risk population

- Individuals with chronic cough
- Individuals with one type of urinary incontinence
- Multiparous women
- Older adults
- Women experiencing menopause
- Women giving birth vaginally

Associated conditions

- Diabetes mellitus
- Estrogen deficiency
- Motor disorders
- Pelvic floor disorders
- Prolonged urinary incontinence
- Surgery for stress urinary incontinence
- Urethral sphincter injury

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Domain 3 • Class 1 • Diagnosis Code 00017

Stress urinary incontinence

Focus of the diagnosis: incontinence

Approved 1986 • Revised 2006, 2017, 2020 • Level of Evidence 2.3

Definition

Involuntary loss of urine with activities that increase intra-abdominal pressure, which is not associated with urgency to void.

Defining characteristics

- Involuntary loss of urine in the absence of detrusor contraction
- Involuntary loss of urine in the absence of overdistended bladder
- Involuntary loss of urine upon coughing
- Involuntary loss of urine upon effort
- Involuntary loss of urine upon laughing
- Involuntary loss of urine upon physical exertion
- Involuntary loss of urine upon sneezing

Related factors

- Overweight
- Pelvic floor disorders
- Pelvic organ prolapse

At risk population

- Individuals who perform high-intensity physical exercise
- Multiparous women
- Pregnant women
- Women experiencing menopause
- Women giving birth vaginally

Associated conditions

- Damaged pelvic floor muscles
- Degenerative changes in pelvic floor muscles
- Intrinsic urethral sphincter deficiency
- Nervous system diseases
- Prostatectomy
- Urethral sphincter injury

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Domain 3 • Class 1 • Diagnosis Code 00019

Urge urinary incontinence

Focus of the diagnosis: incontinence

Approved 1986 • Revised 2006, 2017, 2020 • Level of Evidence 2.3

Definition

Involuntary loss of urine in combination with or following a strong sensation or urgency to void.

Defining characteristics

- Decreased bladder capacity
- Feeling of urgency with triggered stimulus
- Increased urinary frequency
- Involuntary loss of urine before reaching toilet
- Involuntary loss of urine with bladder contractions
- Involuntary loss of urine with bladder spasms
- Involuntary loss of varying volumes of urine between voids, with urgency
- Nocturia

Related factors

- Alcohol consumption
- Anxiety
- Caffeine consumption
- Carbonated beverage consumption
- Fecal impaction
- Ineffective toileting habits
- Involuntary sphincter relaxation
- Overweight
- Pelvic floor disorders
- Pelvic organ prolapse

At risk population

- Individuals exposed to abuse
- Individuals with history of urinary urgency during childhood
- Older adults
- Women
- Women experiencing menopause

Associated conditions

- Atrophic vaginitis
- Bladder outlet obstruction
- Depression
- Diabetes mellitus
- Nervous system diseases
- Nervous system trauma
- Overactive pelvic floor
- Pharmaceutical preparations
- Treatment regimen
- Urologic diseases

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Domain 3 • Class 1 • Diagnosis Code 00022

Risk for urge urinary incontinence

Focus of the diagnosis: incontinence

Approved 1998 • Revised 2008, 2013, 2017, 2020 • Level of Evidence 2.2

Definition

Susceptible to involuntary passage of urine occurring soon after a strong sensation or urgency to void, which may compromise health.

Risk factors

- Alcohol consumption
- Anxiety
- Caffeine consumption
- Carbonated beverage consumption
- Fecal impaction
- Ineffective toileting habits
- Involuntary sphincter relaxation
- Overweight
- Pelvic floor disorders
- Pelvic organ prolapse

At risk population

- Individuals exposed to abuse
- Individuals with history of urinary urgency during childhood
- Older adults
- Women
- Women experiencing menopause

Associated conditions

- Atrophic vaginitis
- Bladder outlet obstruction
- Depression
- Diabetes mellitus
- Nervous system diseases
- Nervous system trauma
- Overactive pelvic floor
- Pharmaceutical preparations
- Treatment regimen
- Urologic diseases

Original literature support available at www.thieme.com/nanda-i.

Domain 3 • Class 1 • Diagnosis Code 00023

Urinary retention

Focus of the diagnosis: retention

Approved 1986 • Revised 2017, 2020 • Level of Evidence 3.1

Definition

Incomplete emptying of the bladder.

Defining characteristics

- Absence of urinary output
- Bladder distention
- Dysuria
- Increased daytime urinary frequency
- Minimal void volume
- Overflow incontinence
- Reports sensation of bladder fullness
- Reports sensation of residual urine
- Weak urine stream

Related factors

- Environmental constraints
- Fecal impaction
- Improper toileting posture
- Inadequate relaxation of pelvic floor muscles
- Insufficient privacy
- Pelvic organ prolapse
- Weakened bladder muscle

At risk population

- Puerperal women

Associated conditions

- Benign prostatic hyperplasia
- Diabetes mellitus
- Nervous system diseases
- Pharmaceutical preparations
- Urinary tract obstruction

Domain 3 • Class 1 • Diagnosis Code 00322

Risk for urinary retention

Focus of the diagnosis: retention

Approved 2020 • Level of Evidence 3.1

Definition

Susceptible to incomplete emptying of the bladder.

Risk factors

- Environmental constraints
- Fecal impaction
- Improper toileting posture
- Inadequate relaxation of pelvic floor muscles
- Insufficient privacy
- Pelvic organ prolapse
- Weakened bladder muscle

At risk population

- Puerperal women

Associated conditions

- Benign prostatic hyperplasia
- Diabetes mellitus
- Nervous system diseases
- Pharmaceutical preparations
- Urinary tract obstruction

Original literature support available at www.thieme.com/nanda-i.

Domain 3 • Class 2 • Diagnosis Code 00011

Constipation

Focus of the diagnosis: constipation

Approved 1975 • Revised 1998, 2017, 2020 • Level of Evidence 3.1

Definition

Infrequent or difficult evacuation of feces.

Defining characteristics

- Evidence of symptoms in standardized diagnostic criteria
- Hard stools
- Lumpy stools
- Need for manual maneuvers to facilitate defecation
- Passing fewer than three stools a week
- Sensation of anorectal obstruction
- Sensation of incomplete evacuation
- Straining with defecation

Related factors

- Altered regular routine
- Average daily physical activity is less than recommended for age and gender
- Cognitive dysfunction
- Communication barriers
- Habitually suppresses urge to defecate
- Impaired physical mobility
- Impaired postural balance
- Inadequate knowledge of modifiable factors
- Inadequate toileting habits
- Insufficient fiber intake
- Insufficient fluid intake
- Insufficient privacy
- Stressors
- Substance misuse

At risk population

- Individuals admitted to hospital
- Individuals experiencing prolonged hospitalization
- Individuals in aged care settings
- Individuals in the early postoperative period
- Older adults
- Pregnant women
- Women

Associated conditions

- Blockage in the colon
- Blockage in the rectum
- Depression
- Developmental disabilities
- Digestive system diseases
- Endocrine system diseases
- Heart diseases
- Mental disorders

- Muscular diseases
- Nervous system diseases
- Neurocognitive disorders
- Pelvic floor disorders
- Pharmaceutical preparations
- Radiotherapy
- Urogynecological disorders

Domain 3 • Class 2 • Diagnosis Code 00015

Risk for constipation

Focus of the diagnosis: constipation

Approved 1998 • Revised 2013, 2017, 2020 • Level of Evidence 3.2

Definition

Susceptible to infrequent or difficult evacuation of feces, which may compromise health.

3. Elimination and exchange

Risk factors

- Altered regular routine
- Average daily physical activity is less than recommended for age and gender
- Cognitive dysfunction
- Communication barriers
- Habitually suppresses urge to defecate
- Impaired physical mobility
- Impaired postural balance
- Inadequate knowledge of modifiable factors
- Inadequate toileting habits
- Insufficient fiber intake
- Insufficient fluid intake
- Insufficient privacy
- Stressors
- Substance misuse

At risk population

- Individuals admitted to hospital
- Individuals experiencing prolonged hospitalization
- Individuals in aged care settings
- Individuals in the early postoperative period
- Older adults
- Pregnant women
- Women

Associated conditions

- Blockage in the colon
- Blockage in the rectum
- Depression
- Developmental disabilities
- Digestive system diseases
- Endocrine system diseases
- Heart diseases
- Mental disorders
- Muscular diseases
- Nervous system diseases
- Neurocognitive disorders
- Pelvic floor disorders
- Pharmaceutical preparations
- Radiotherapy
- Urogynecological disorders

Domain 3 • Class 2 • Diagnosis Code 00012

Perceived constipation

Focus of the diagnosis: constipation

Approved 1988 • Revised 2020 • Level of Evidence 2.1

Definition

Self-diagnosis of infrequent or difficult evacuation of feces combined with abuse of methods to ensure a daily bowel movement.

Defining characteristics

- Enema misuse
- Expects bowel movement at same time daily
- Laxative misuse
- Suppository misuse

Related factors

- Cultural health beliefs
- Deficient knowledge about normal evacuation patterns
- Disturbed thought processes
- Family health beliefs

Domain 3 • Class 2 • Diagnosis Code 00235

Chronic functional constipation

Focus of the diagnosis: functional constipation

Approved 2013 • Revised 2017 • Level of Evidence 2.2

Definition

Infrequent or difficult evacuation of feces, which has been present for at least 3 of the prior 12 months.

Defining characteristics

General

- Distended abdomen
- Fecal impaction
- Leakage of stool with digital stimulation
- Pain with defecation
- Palpable abdominal mass
- Positive fecal occult blood test
- Prolonged straining
- Type 1 or 2 on Bristol Stool Chart

Adult: Presence of ≥ 2 of the following symptoms on Rome III classification system:

- Lumpy or hard stools in ≥ 25% defecations
- Manual maneuvers to facilitate ≥ 25% of defecations (digital manipulation, pelvic floor support)
- Sensation of anorectal obstruction/blockage for ≥ 25% of defecations
- Sensation of incomplete evacuation for ≥ 25% of defecations
- Straining during ≥ 25% of defecations
- ≤ 3 evacuations per week

Child > 4 years: Presence of ≥ 2 criteria on Rome III Pediatric classification system for ≥ 2 months:

- Large diameter stools that may obstruct the toilet
- Painful or hard bowel movements
- Presence of large fecal mass in the rectum
- Stool retentive posturing
- ≤ 2 defecations per week
- ≥ 1 episode of fecal incontinence per week

Child ≤ 4 years: Presence of ≥ 2 criteria on Rome III Pediatric classification system for ≥ 1 month:

- Large diameter stools that may obstruct the toilet
- Painful or hard bowel movements

- Presence of large fecal mass in the rectum
- Stool retentive posturing
- ≤ 2 defecations per week
- ≥ 1 episode of fecal incontinence per week

Related factors

- Decreased food intake
- Dehydration
- Diet disproportionately high in fat
- Diet disproportionately high in protein
- Frail elderly syndrome
- Habitually suppresses urge to defecate
- Impaired physical mobility
- Inadequate dietary intake
- Inadequate knowledge of modifiable factors
- Insufficient fiber intake
- Insufficient fluid intake
- Low caloric intake
- Sedentary lifestyle

At risk population

- Older adults
- Pregnant women

Associated conditions

- Amyloidosis
- Anal fissure
- Anal stricture
- Autonomic neuropathy
- Chronic intestinal pseudo-obstruction
- Chronic renal insufficiency
- Colorectal cancer
- Depression
- Dermatomyositis
- Diabetes mellitus
- Extra intestinal mass
- Hemorrhoids
- Hirschprung's disease
- Hypercalcemia
- Hypothyroidism
- Inflammatory bowel disease
- Ischemic stenosis
- Multiple sclerosis
- Myotonic dystrophy
- Neurocognitive disorders
- Panhypopituitarism
- Paraplegia
- Parkinson's disease
- Pelvic floor disorders
- Perineal damage
- Pharmaceutical preparations
- Polypharmacy
- Porphyria
- Postinflammatory stenosis
- Proctitis
- Scleroderma
- Slow colon transit time
- Spinal cord injuries
- Stroke
- Surgical stenosis

Original literature support available at www.thieme.com/nanda-i.

Domain 3 • Class 2 • Diagnosis Code 00236

Risk for chronic functional constipation

Focus of the diagnosis: functional constipation

Approved 2013 • Revised 2017 • Level of Evidence 2.2

Definition

Susceptible to infrequent or difficult evacuation of feces, which has been present nearly 3 of the prior 12 months, which may compromise health.

Risk factors

- Decreased food intake
- Dehydration
- Diet disproportionately high in fat
- Diet disproportionately high in protein
- Frail elderly syndrome
- Habitually suppresses urge to defecate
- Impaired physical mobility
- Inadequate dietary intake
- Inadequate knowledge of modifiable factors
- Insufficient fiber intake
- Insufficient fluid intake
- Low caloric intake
- Sedentary lifestyle

At risk population

- Older adults
- Pregnant women

Associated conditions

- Amyloidosis
- Anal fissure
- Anal stricture
- Autonomic neuropathy
- Chronic intestinal pseudo-obstruction
- Chronic renal insufficiency
- Colorectal cancer
- Depression
- Dermatomyositis
- Diabetes mellitus
- Extra intestinal mass
- Hemorrhoids
- Hirschprung's disease
- Hypercalcemia
- Hypothyroidism
- Inflammatory bowel disease
- Ischemic stenosis
- Multiple sclerosis
- Myotonic dystrophy
- Neurocognitive disorders
- Panhypopituitarism
- Paraplegia
- Parkinson's disease
- Pelvic floor disorders
- Perineal damage
- Pharmaceutical preparations
- Polypharmacy
- Porphyria
- Postinflammatory stenosis

- Proctitis
- Scleroderma
- Slow colon transit time
- Spinal cord injuries
- Stroke
- Surgical stenosis

Domain 3 • Class 2 • Diagnosis Code 00319

Impaired bowel continence

Focus of the diagnosis: continence

Approved 2020 • Level of Evidence 3.1

Definition

Inability to hold stool, to sense the presence of stool in the rectum, to relax and store stool when having a bowel movement is not convenient.

Defining characteristics

- Abdominal discomfort
- Bowel urgency
- Fecal staining
- Impaired ability to expel formed stool despite recognition of rectal fullness
- Inability to delay defecation
- Inability to hold flatus
- Inability to reach toilet in time
- Inattentive to urge to defecate
- Silent leakage of stool during activities

Related factors

- Avoidance of non-hygienic toilet use
- Constipation
- Dependency for toileting
- Diarrhea
- Difficulty finding the bathroom
- Difficulty obtaining timely assistance to bathroom
- Embarrassment regarding toilet use in social situations
- Environmental constraints that interfere with continence
- Generalized decline in muscle tone
- Impaired physical mobility
- Impaired postural balance
- Inadequate dietary habits
- Inadequate motivation to maintain continence
- Incomplete emptying of bowel
- Laxative misuse
- Stressors

At risk population

- Older adults
- Women giving birth vaginally
- Women giving birth with obstetrical extraction

Associated conditions

- Anal trauma
- Congenital abnormalities of the digestive system
- Diabetes mellitus
- Neurocognitive disorders
- Neurological diseases
- Physical inactivity
- Prostatic diseases

- Rectum trauma
- Spinal cord injuries
- Stroke

Domain 3 • Class 2 • Diagnosis Code 00013

Diarrhea

Focus of the diagnosis: diarrhea

Approved 1975 • Revised 1998, 2017, 2020 • Level of Evidence 3.1

Definition

Passage of three or more loose or liquid stools per day.

Defining characteristics

- Abdominal cramping
- Abdominal pain
- Bowel urgency
- Dehydration
- Hyperactive bowel sounds

Related factors

- Anxiety
- Early formula feeding
- Inadequate access to safe drinking water
- Inadequate access to safe food
- Inadequate knowledge about rotavirus vaccine
- Inadequate knowledge about sanitary food preparation
- Inadequate knowledge about sanitary food storage
- Inadequate personal hygiene practices
- Increased stress level
- Laxative misuse
- Malnutrition
- Substance misuse

At risk population

- Frequent travelers
- Individuals at extremes of age
- Individuals exposed to toxins

Associated conditions

- Critical illness
- Endocrine system diseases
- Enteral nutrition
- Gastrointestinal diseases
- Immunosuppression
- Infections
- Pharmaceutical preparations
- Treatment regimen

Domain 3 • Class 2 • Diagnosis Code 00196

Dysfunctional gastrointestinal motility

Focus of the diagnosis: gastrointestinal motility

Approved 2008 • Revised 2017 • Level of Evidence 2.1

Definition

Increased, decreased, ineffective, or lack of peristaltic activity within the gastrointestinal tract.

Defining characteristics

- Abdominal cramping
- Abdominal pain
- Absence of flatus
- Acceleration of gastric emptying
- Altered bowel sounds
- Bile-colored gastric residual
- Diarrhea
- Difficulty with defecation
- Distended abdomen
- Hard, formed stool
- Increased gastric residual
- Nausea
- Regurgitation
- Vomiting

Related factors

- Altered water source
- Anxiety
- Eating habit change
- Impaired physical mobility
- Malnutrition
- Sedentary lifestyle
- Stressors
- Unsanitary food preparation

At risk population

- Individuals who ingested contaminated material
- Older adults
- Premature infants

Associated conditions

- Decreased gastrointestinal circulation
- Diabetes mellitus
- Enteral nutrition
- Food intolerance
- Gastroesophageal reflux disease
- Infections
- Pharmaceutical preparations
- Treatment regimen

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Domain 3 • Class 2 • Diagnosis Code 00197

Risk for dysfunctional gastrointestinal motility

Focus of the diagnosis: gastrointestinal motility

Approved 2008 • Revised 2013, 2017 • Level of Evidence 2.1

Definition

Susceptible to increased, decreased, ineffective, or lack of peristaltic activity within the gastrointestinal tract, which may compromise health.

Risk factors

- Altered water source
- Anxiety
- Eating habit change
- Impaired physical mobility
- Malnutrition
- Sedentary lifestyle
- Stressors
- Unsanitary food preparation

At risk population

- Individuals who ingested contaminated material
- Older adults
- Premature infants

Associated conditions

- Decreased gastrointestinal circulation
- Diabetes mellitus
- Enteral nutrition
- Food intolerance
- Gastroesophageal reflux disease
- Infections
- Pharmaceutical preparations
- Treatment regimen

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Domain 3 • Class 4 • Diagnosis Code 00030

Impaired gas exchange

Focus of the diagnosis: gas exchange

Approved 1980 • Revised 1996, 1998, 2017, 2020 • Level of Evidence 3.3

Definition

Excess or deficit in oxygenation and/or carbon dioxide elimination.

Defining characteristics

- Abnormal arterial pH
- Abnormal skin color
- Altered respiratory depth
- Altered respiratory rhythm
- Bradypnea
- Confusion
- Decreased carbon dioxide level
- Diaphoresis
- Headache upon awakening
- Hypercapnia
- Hypoxemia
- Hypoxia
- Irritable mood
- Nasal flaring
- Psychomotor agitation
- Somnolence
- Tachycardia
- Tachypnea
- Visual disturbance

Related factors

- Ineffective airway clearance
- Ineffective breathing pattern
- Pain

At risk population

- Premature infants

Associated conditions

- Alveolar-capillary membrane changes
- Asthma
- General anesthesia
- Heart diseases
- Ventilation-perfusion imbalance