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| **Assessment: Client Data** *(What subjective and objective data from your client assessment indicates that the NANDA Label is a problem?)* | Nursing Diagnosis Statement(NANDA Approved) | | |
| ***Subjective Data:*** *(What did the client say about the issue?)*  Patient stated that she frequently cries when speaking to her children and feels as though she’s not able support them emotionally as she used to. | ***NANDA Label:***  Risk for situational low self-esteem  *Definition: Susceptible to change from positive to negative perception of self-worth, self-acceptance, self-respect, competence, and attitude toward self in response to a current situation, which may compromise health.* | | ***Priority According to Maslow:***  *(circle one)*  ***HIGH***  ***MEDIUM***  ***LOW*** |
| ***Objective Data: (****What information, [lab values, vital signs, etc.] do you have about the issue?)*  Spoke with patient for several minutes during multiple visits about her connection to her family and support systems she has in place. She became emotional more than once during our conversations. | ***Related to:*** *(Etiology: Pick one. This is what you will develop the outcome to address.)*   * Depression * Functional Impairment * Mental Disorders   X Physical Illness   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| ***As Manifested by:*** *(These are the signs and/or symptoms that prove the NANDA Label is a problem.)*  During our conversations she had stated that she was the source of strength for her family especially after the death of her spouse. She is worried that her condition is causing worry and stress on her children which is causing her to second guess her role as the primary source of strength, comfort, and stability in her family. | | |
| **Planning: Client Outcome** |  | | |
| ***Outcome*** *(Only one behavior/response. Needs to be specific, observable, measureable, achievable, realistic and timed for THIS client.)* | | ***Time*** *(When you expect the response to occur. If there is an agency policy for reassessment, such as with pain, utilize that time frame in your outcome to add it to your workflow.)* | |
| **The client will:**  X State accurate self-appraisal  X Demonstrate the ability to self-validate   * Demonstrate the ability to make decisions independent of primary peer group. * Express effect of media on self-appraisal * Express influence of substances on self esteem   X Identify strengths and healthy coping skills  X State life events and change as influencing self-esteem   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | * By the end of hospital day \_\_\_\_\_ *(1, 2, 3?)* * Every day / week / month *(circle one)*   X by discharge / transfer *(circle one)*   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **PLANNING:** **Interventions** *(Select interventions that help the client achieve the outcome. Do not choose all assess and monitor interventions. The majority of your interventions should reflect nursing action (actually doing something). Rationales for actions are in italics. Rationales for actions must be included.).* ***Make sure to cite the source (Ackley book) and add the page number at the end of each rationale in the box(es) below.*** | **IMPLEMENTATION:** *(****Document how you implemented the intervention and the client’s response*** *If you were unable to implement the intervention, state that, and why.)* |
| Assist patient to challenge negative perceptions of self and performance. (Ackley & Ladwig, 2023, p. 862) | While speaking with patient when she made comments of not being able to provide the same supportive role she had prior, I would ask her why she felt the way she did. This would lead in more discussions of setting expectations for herself and family members after dealing with trauma. Challenging her to reexamine her view of the role she believes has changed. |
| Encourage self-affirmations by reflecting on values and strengths, in response to daily threats. (Ackley & Ladwig, 2023, p. 862) | It was important for her to be able to verbalize that she has a very strong support system in her children and grandchildren. Affirmations of values and strengths in one’s self and around one’s self helps to build a solid foundation of mental health during trying times. |
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| **EVALUATION of OUTCOME: *(Documented in a Nurse’s Note)*** | |
| Spoke with Pt on several occasions and she was able to state that she is aware that it’s a normal reaction to trauma and stress to | |
| become more emotional, especially when speaking with loved ones. She stated that she is aware that she is a strong willed and | |
| determined individual normally and wants to return to that feeling. She says that she is eagerly anticipating surgery in order to return  to “normal life”. All interventions were met but there needs to be continuation of emotional support. | |