ENP® – European Nursing care Pathways

Standardised nursing language for the illustration of pathways

Performance transparency and quality control in health care

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Standardisation, classification and the nursing language

By Professor Dr. Sabine Bartholomeyczik

Since nursing care lost its invisibility and was recognised as a health care discipline, the language of this discipline has increasingly become a matter of public discourse (e.g. Zegelin 1997). After all, language is essential to the acquirement of visibility. In this context, the terms standardisation and classification of the technical language often mostly appear mentioned in one breath. Before discussing the necessity of standardised linguistic systems, a few considerations about these terms should be made.

Standardisation in the mentioned context means using the same terms and linguistic elements on the same occasions. That may sound obvious; however, it does not apply to the lively everyday and colloquial speech, which show multifaceted forms, flexible usability, variations and different meanings by words or terms having the same or similar sounds. The same contents are often expressed in different ways, depending on the background of the person using the language. Specific aspects regarding stratum, region, often also gender, but in particular generation are here worth mentioning. Moreover, the direct circumstances are reflected in the linguistic usage. For example, we only have one term for the word sand, whereas the Bedouins dispose of more than ten terms for it, each describing different types of sand (Bollnow 1966). Human beings turn reality into a familiar world by means of language. Language is not only a communication tool, but also a flexible mind tool that changes according to the context. Everyday language terms are particularly characterised by the fact that they can have different meanings according to the context.

The standardisation of a particular language within a discipline is mostly connected with the development of a technical language. As a rule, technical languages can be reduced to single technical terms, which have to meet certain criteria (Oertle Bürki 1997).

• Consensus on the definition: terms have to be univocal, all the colleagues should mean the same thing when using a term.
• No polysemy: a term should not be associated with several meanings.
• No synonymy: one meaning should not be expressed by several terms.
• Context independence: a technical term should be understandable even without knowing its context.

The existence of a nursing language is undisputed. What is questionable, however, is whether their terms meet the above mentioned requirements. Everyday language in the nursing practice is mainly characterised by the use of medical technical terms on the one hand, and on the other hand by the use of colloquial terms as far as nursing care specific issues are concerned. Medical terms are mainly based on the so-called „dead“ languages Greek and Latin, but increasingly on English as well, and sound consequently unfamiliar and incomprehensible to laymen. The same cannot be said for nursing care terms.
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Feeling the necessity of documentation and dealing with this task, which is often considered as disagreeable, have much contributed to the increasing usage of a technical language and to the development of technical communication in nursing care (Brünner 1997). The technical language changes especially when spoken language has to be written. As a rule, expressions are more economical in the written language than in the oral language. However, technical terms specific to certain areas or to a certain facility still exist. Thus, we can only partially speak of a standardisation.

There are different whereas to the standardisation of language in nursing care. These include different levels, some of them are highly developed standardised instruments such as, for example, risk scales or other assessment instruments (Bartholomeyczik et al. 2004). Other approaches provide complex terminology systems such as the ICNP® (International Classification of Nursing Practice), which can be used for the description of the most diverse nursing care issues (ICN 2003). ICNP® consists not only of terms that can be used in a standardised way; these terms are also divided into hierarchical categories. Furthermore, there are some groups, such as, for example, nursing phenomena or interventions, which developed in the nursing care sector. The terms of each group are internally organised in superordinate and subordinate concepts according to linguistic rules.

Moreover, there are classification systems based on other approaches, i.e. using standardised terms and following not a linguistic, but a technical point of view in terms of classification. Examples for this include complex systems like the nursing diagnosis system of NANDA (North American Nursing Diagnosis Association); the more basic systems of NIC (Nursing Interventions Classification) and NOC (Nursing Outcomes Classification) are trying to advance their development as systems by referring one to the other in the meantime (Johnson et al. 2001).

As to the different terms appearing in these systems, it is important to firstly record that a technical language may exist even without a wide standardisation; secondly, that it is difficult to standardise a technical language using mostly everyday terms. However, standardisation does not mean classification, as this requires a superordinated organising or classification system. The classification of a technical language can be carried out according to the most diverse principles. It does not presuppose a tight standardisation; however, this considerably facilitates a classification, as the single terms can appear only in a single category. A classification does not reveal anything about contents or usability, not to mention how substantiated it is. Theoretically, and this is what the word classification means, everything can be organised in categories, whatever their definition may be.

ENP®, the nursing language presented in this book, organises contents in horizontal groups and connects them according to technical principles of nursing. ENP® lays claim to the possibility of illustrating the complete nursing process. It does not only operate with single terms, that can be compiled by the user, but suggests connections related to the content as well. Thus, ENP® is on the one hand a standardised language in the sense of a system of terms; on the other hand, a technical system enabling to arrange the nursing process. If nursing diagnoses and characteristics, etiologies and resources (that is how
they are called in ENP®) are entered in the computer-aided system, this proposes possible objectives and indicates the correspondent interventions. So, there is a connection between every step of the nursing process.

For this reason, ENP® is far more than a technical language with single terms. These content connections should ideally be scientifically based, in the sense of Evidence-Based Nursing. Thus, ENP® should provide what in nursing care has been so far achieved only through a few approaches, that is to base all actions on research results. Even if ENP® obviously cannot provide this on a preliminary stage, it is necessary to consider to what extent it can possibly contribute to the production of research results. Some parts of the system are currently being examined as far as quality criteria, that is validity and reliability, are concerned.

The practical advantages, that play a crucial role in a system like this, will not be further dealt with here. This will be done in other parts of the book.

A linguistic system for nursing care is very interesting from a scientific point of view as well, as standardised and documented terms offer unexpected possibilities for research in the nursing field, regardless of whether a scientific-based standardised system is employed. Provided that a standardised terminology is used in the same way in comparable situations and that it consequently illustrates comparable contents, it can become a rich source for nursing epidemiological statements. As this is not only a terminology, but a coherent system for the illustration of the nursing process, it offers far more possibilities.

The focus lies first of all on transparency of nursing actions, inasmuch as these are documented. It is important, of course, to consider that what has been documented and what has been performed is not necessarily identical.

On the other hand, differentiated „documentation aid“, such as ENP® for example, supports perception skills of the nurses. They direct the attention on main focuses and expand it according to the nature of the system. That is at least what is argued about the use of the assessment tool RAI (Brandenburg 2004).

On the other hand, at the same time this shows the weak points of a bad tool, as the „objects“ that were not included in the tool run the risk of not being taken into consideration.

Several European and American countries use a Nursing Minimum Data Set (NMDS), in order to create such transparency. In the USA this contains nursing diagnoses as well (Werley 1989). In other countries, such as Belgium for example, nursing interventions are above all recorded with great effort (e.g. Nonn 2002).

On this first descriptive level, statements about the prevalence of nursing care needs in different institutions or type of institutions according to gender, age, region etc. can be made by means of ENP® and basic data for structure and resource planning in health care can be obtained.

It is also possible to see which nursing interventions often occur, which seldom, in what context and above all on what occasions/ by what nursing diagnoses they are carried out. Here the motivations why interventions were performed can be analysed.

Finally, and this is a specific characteristic of this system, it should be possible to futher
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examine which interventions meet the objectives by use of which nursing diagnoses. That requires, however, a very good and complete application of ENP®. On a epidemiological level it would be possible here to study the effectiveness of nursing actions. So, a database would be created that would drive clinical research forward in the nursing field. Clearly, this database constitutes a tool for quality development, too. This systematic evaluation of ENP® data can additionally drive forward the development of the system, as it would permit to define correlations in a plausible way, even if these should be checked and substantiated in the nursing process through clinical studies. If one takes advantage of this complexity, there is possibly the opportunity to elaborate scientifically based nursing paths.

Of course, it would be reasonable to connect ENP® with medical systems, so that it would be possible to analyse and develop not discipline-specific, but patient-oriented paths. It is obvious to think forward in this context and to connect these analyses with manning and other general conditions, so that in the end it will be possible to establish a connection between the effects of nursing actions and the conditions of the facilities, where these are performed. A little step forward would be towards the use of other health indicators such as morbidity and death rate and their correlations with nursing actions and facilities conditions, in the same way as this was basically studied in the US (Aiken et al. 2002). The ideas regarding the use of these data are still theoretical, as even a standardised system does not provide evaluable data without additional work. That requires, however, that both producers and users of such systems are interested in analyses and results, in order to benefit from them.

1 History of origins

Pia Wieteck

The first chapter describes the development, the structure and the theoretical background of ENP®. The main methodical approaches applied to the development of ENP® will be presented. Furthermore, the most important decisions of the project team are reflected. There is also a discussion on the objectives of ENP® and the possible points of risk, too, that can accompany the standardisation of nursing languages. The objectives of ENP® are to be equated with the advantages that are discussed in the literature as advantages of a standardised use of a nursing language. The chapter ends with the intent to formulate the demands on an computer-aided implementation in a nursing planning and documentation system, considering the pros and cons of applying a standardised nursing language. Meanwhile, it will be shown how to satisfy these demands by using ENP®.
1.1 Introduction

People have been working to develop a universally used nursing language for a number of years now. Since 1989, the International Council for Nursing Practice (ICN), for instance, has pushed ahead on the development of an International Classification for Nursing Practice (ICNP®) (Nielsen 2003a). Against the background of the increasing demand for the administration of institutions in the health care sector on quantifying data about nursing, as well as developing electronic patient data and pushing ahead the development of knowledge data bases for nursing care and nursing practice, the development of terminology has made the greatest leap forward in the early Nineties (Hardiker et al. 2000). Yet, there is no nursing language that has been accepted as an international standard.

ENP® has been developed in view of the difficulties to carry out the nursing process in the nursing practice, that means to document the nursing process by means of handwritten notes as well as by using a classification system. When developing ENP®, the focus has been particularly directed on the further application of the formulated nursing language in the practice.
So-called modified „practice theories“ (Dickoff et al. 1968; Walker and Avant 1998, p. 14; Abderhalden 2000, p. 26) were the basis for a systematic observation of actions in the nursing practice.
1.2 Overview of ENP® development and of course of the project

Since the end of 1989, so-called modified „practice theories“ (Dickoff et al. 1986; Evers 1997; Walker and Avant 1998; Meleis 1999) have been systematically studied, formulated and subsequently supported in a further process with specialist literature. To do so, practice instructions of trainees have been used. This very pragmatic approach has two reasons. On the one hand, practice instructions offered a very simple access to the field. On the other hand, the objective of the actual ENP® gradually changed. In the beginning, the primary reason for the observation, documentation and development of the diagnosis-related pathways was pragmatic. The main objective was to offer a formulation support to trainees and nursing practitioners that should facilitate the nursing process documentation.

During the further course of the project, the objectives were changed and extended (cf. 1.7.1.ff.). From the end of 1989 until 1998 a total of 2138 practice instructions was carried out with trainees, accompanied by nursing experts and teachers. In the framework of these practice instructions, individual patients were under medical care and a nursing planning was created or existing nursing plannings were reflected. The several nursing plannings represented the basis for later publications. In 1994, a part of the formulations developed in this way (335 modified “practice theories”) were published for the first time under the title “Handbuch zur Pflegeplanung” (manual of nursing planning) (Wieteck and Velleuer 1994) by RECOM.

The following book titled “Pflegeprobleme formulieren - Pflegemaßnahmen planen” (formulating nursing problems - planning nursing interventions) is currently published in the 7th edition (Wieteck and Velleuer 2001). The modified „practice theories“ that were developed until 1998 were carried out by empirical observations and a subsequent process of clustering and theme building (van der Bruggen 2002) as well as continuous comparisons of repetitive phenomena. That means they were inductively developed through empirical observations of patients/residents in the nursing practice. A more detailed description of methods used for the development can be found in chapter 1.6. In 1996, the contents extended continuously in this ways were published and implemented in the nursing practice in the form of a computer application.

The project could have been decisively extended by applying ENP® to the nursing practice in 1996. These first practical experiences with ENP® in a computer-aided implementation have been made in the district hospital of Rinteln in Germany (Zielke-Nadkarni 1997; Deppmeyer 1999).

The elements of the newly developed nursing language (the concept nursing language is used according to the definition of van Maanen [2002]) were called text building blocks then. The present name ENP (European Nursing care Pathways) was introduced only in
2002 when the project had reached a new level. Since then, the ENP system has been discussed also on a scientific level as a practice-oriented, intervention-guiding and computer system-compatible nursing language. Today new institutions of the most diverse health care sectors apply ENP® in the nursing practice to document the nursing process. Since 1998, the way of working and the further development of ENP® have also changed. Systematic evaluations of the data base entries have been carried out with the aim to analyse recently added formulations of the participating partners of the project and integrate them into ENP®. Both the evaluation of user comments on missing content in the system and the analysis of in-house standards lead to an increasingly detailed image of the nursing practice in various institutions. The various pathways have been developed systematically by nursing experts with their claim to illustrate the nursing reality most accurately and to support the practitioners’ decision-making process in the best possible way.

In the course of the development of ENP® as a nursing language, the modified „practice theories“ have changed. Especially the use of ENP® in a computer-aided application and therefore related to the various areas of the health care sector (urgent clinics, nursing homes, ambulatory services, psychiatric clinics) made evident which nursing diagnoses had to be developed for special departments. Due to the analysis of the free text entries in the data bases and the continuous feedback from users, the ENP could, meanwhile, have grown to 720 modified practice theories of which 595 are published in this book.

1.3 Theoretical background of ENP®

ENP is, declaredly, not a classification system as there is no hierarchical relationship between the individual nursing diagnoses. When referring to a classification, it is only in the context of horizontal nursing diagnoses of equal status that, by defining characteristics, etiologies and resources, offer the possibility to describe a patient’s or resident’s health condition, determine nursing objectives from both the nurse’s and patient’s perspective and select the appropriate nursing interventions. Furthermore, intervention-guiding information to describe accurately the interventions are available.

The ENP®’s principle of order is not fixed. Their structure does not correspond to a particular nursing theory but follows, instead, a pluralistic approach to theory. That means, various standpoints of nursing theories can be illustrated by the nursing language ENP®. In this way, it is possible to apply an alphabetical structure or a structure according to life activities of Roper, Logan and Tierney (Roper et al. 2002) as well as according to Gordon’s health patterns (Gordon 1994). Also, the ADL structure by Juchli (Kellnhauser et al. 2000) as well as the activities and existential life experiences (AEDL) according to Krohwinkel (Hellmann 2003) can be applied. The same applies to a structure according to ICNP® (Hinz et al. 2003) or the ICF (ICF 2002). In the present publication of the ENP® the ADL structure has been chosen, because it is a very common model in Germany. Currently ENP® does not meet the demands for offering all texts that might be needed
What is a modified „practice theory of nursing“?

to illustrate nursing diagnoses, characteristics, etiologies, resources, nursing objectives and interventions, especially against the background of the pluralistic approach of theory. Completeness is a goal that is aimed for in the continuous process of data analysis and revision, for new research studies will generate new possibilities of nursing objectives and interventions as well as differentiate the needs of nursing care.

1.4 What is a modified „practice theory of nursing“?

Against the background of the theory of the individually coordinated nursing process according to Orlando (1972) (Marriner-Tomey 1999, Fawcett 1998, Fawcett 1999), a nursing language was developed that consists of nursing diagnoses, characteristics, etiologies, resources as well as nursing objectives and interventions to illustrate the individual nursing process.

The technical language should serve as a formulation aid for the nursing practitioners as well as facilitate the use of data generated during the computer-aided nursing process documentation for the illustration of nursing performances and motivation of taken interventions.

The suggestions made by Dickoff, James and Wiedenbach and their definition of the "situation-producing theory" (Dickoff et al. 1968, p. 420-422) that is also called “practice theory” (Walker and Avant 1998) that already contains central building blocks of the nursing process such as the objective of nursing interventions and the resulting intervention instructions have been continuously extended and modified in the course of the ENP® project.

The advanced perspective of the modified „practice theories“ has been developed by the idea of the nursing process described as an individual problem solving and relationship process during the several phases (Fiechter and Meier 1998; Krohwinkel 1993; Orlando 1972; Wieteck and Velleuer 1994).

The developers of ENP® understand modified „practice theory“ as a nursing-related pathway that put in relation the following nursing dimensions: the definition of the nursing diagnosis with the possible characteristics, etiologies and resources, the description of the intended objective and the proposals of the nursing interventions in question that are beneficial to meet the objective (see fig.1).

The diagnostic and therapeutic process, within the framework of the ENP development, denotes a hypothesis-forming process (Gordon/Bartholomewczik 2001, Schrems 2003). The modified „practice theories“ being developed through inductive empirical observations and literature research are thus regarded as hypotheses.

The fact that the developed hypotheses are preliminary knowledge of the subject matter of nursing care plays a crucial role. The established hypotheses can be confirmed, refuted, or modified by newly gained knowledge (Popper 1994). Against this background, it becomes evident that the computer-aided implementation of ENP® always has to offer a field for freetext entries in the individual building blocks of an ENP®. Likewise, it is intended that complete constructions of formulations can be entered in the system according to the structure of an ENP®. These demands for the providers of computer systems concerning the implementation of ENP® in the several applications assure a continuous process of
1.5 Definitions of the single ENP® elements®

ENP® is a nursing language developed on the basis of the structure below that helps to describe the clinical assessment of a person’s current and potential health problems and life processes in the form of a nursing diagnosis. The objectives and the interventions are chosen on the base of the clinical assessment of the nursing diagnoses and the relevant characteristics, etiologies and resources of the individual, in order to illustrate the nursing pathway.

Structure of the modified “practice theory” of ENP®

In the following, the definitions of the single elements of a modified „practice theory“ are presented.
### ADL washing and getting dressed

#### ENP® overview

#### Nursing diagnoses: Self-sufficiency deficit - hygiene and bathing

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Etiologies</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>000529 The ability to wash body parts is limited</td>
<td>000165 Apraxia</td>
<td>000150 Is motivated to support interventions and shows corresponding behaviour</td>
</tr>
<tr>
<td>001798 Is unable to use personal care implements self-sufficiently or adequately</td>
<td>000163 Conditions of fear</td>
<td>001657 Is able to sit</td>
</tr>
<tr>
<td>000809 Is unable to get to washing facility</td>
<td>000211 Condition of pain</td>
<td>005656 Is able to sit self-sufficiently</td>
</tr>
<tr>
<td>000810 Does not show initiative of his own to wash himself</td>
<td>007348 Maturation factors</td>
<td>005797 Accepts family support</td>
</tr>
<tr>
<td></td>
<td>000602 Restriction of mobility</td>
<td>005061 Is able to follow requests and follows instructions</td>
</tr>
<tr>
<td></td>
<td>000164 Depressed</td>
<td>000826 Is able to wash upper part of body / face self-sufficiently</td>
</tr>
<tr>
<td></td>
<td>007347 Changed awareness</td>
<td>001812 Is able to perform hygiene self-sufficiently when guided and instructed</td>
</tr>
</tbody>
</table>
## ADL washing and getting dressed

### Objectives

- 000025 Expresses well-being
- 000190 Feels respected and safe
- 005012 Body hygiene is ensured
- 005060 Needs and wishes are paid attention to

### Interventions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000001 Wash whole body (WWB) individually</td>
<td>Wash whole body (WWB)</td>
</tr>
<tr>
<td>WWB individually</td>
<td>007453 WWB in bed</td>
</tr>
<tr>
<td>WWB at edge of bed</td>
<td>007454 WWB at sink</td>
</tr>
<tr>
<td>WWB at sink</td>
<td>007456 WWB in shower</td>
</tr>
</tbody>
</table>

### Guiding interventions

- **Help with whole body wash**
  - 008065 Supervise
  - 007459 Help through support
  - 007460 Take over partially
  - 007544 Take over completely
  - 010377 Activate/guide

### Respect particularies

- 007464 Respect ritualisation

### Objectives

- 000029 Performs hygiene self-sufficiently

### Interventions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>002763 Wash parts of the body (WPB) individually</td>
<td>Wash parts of body (WPB) upper / lower part of the body</td>
</tr>
<tr>
<td>WPB individually</td>
<td>011103 WPB upper part of the body in bed</td>
</tr>
<tr>
<td>011104 WPB upper part of the body at edge of bed</td>
<td></td>
</tr>
<tr>
<td>011105 WPB upper part of the body at sink</td>
<td></td>
</tr>
<tr>
<td>011107 WPB lower part of the body in bed</td>
<td></td>
</tr>
<tr>
<td>011108 WPB lower part of the body at edge of bed</td>
<td></td>
</tr>
<tr>
<td>011109 WPB lower part of the body at sink</td>
<td></td>
</tr>
</tbody>
</table>

### Guiding interventions

- **Wash parts of the body (WPB) face/hands**
  - 011111 WPB face/hands in bed
  - 011112 WPB face/hands at edge of bed
  - 011113 WPB face/hands at sink

- **Help with whole body wash**
  - 008065 Supervise
  - 007459 Help through support
ADL washing and getting dressed

007460 Take over partially
007544 Take over completely
010377 Activate/guide

Pay attention to particulars
007464 Respect ritualisation

Select used personal care implements

► Objectives
005147 Feels secure by the familiar course of the nursing intervention

Interventions
000002 Wash the body in a systematic way

► Objectives
0005846 Expresses well-being after the nursing intervention
005059 Feels refreshed and clean

Interventions
002756 Support individually while patient is having a shower

Guiding interventions
010367 Wash parts of the body: upper part of the body
010368 Wash parts of the body: lower part of the body
010369 Wash whole body in shower
010370 Hair wash in shower

Help taking a shower
010372 Place materials ready
008065 Supervise
007459 Help through support
007460 Take over partially
007544 Take over completely
010377 Activate/guide

Pay attention to particulars
007464 Observe ritualisation

Determine how to take a shower
010381 Take a shower sitting down/using a bath seat
010382 Take a shower standing up
014272 Take a shower lying down using a shower trolley
### Objectives
005162 Is able to relax while bathing
005059 Feels refreshed and clean

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Guiding interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>002225 Support while he is bathing</td>
<td>010387 Prepare bathroom and personal care implements</td>
</tr>
<tr>
<td></td>
<td>010388 Help getting in / out of the bath tub</td>
</tr>
<tr>
<td></td>
<td>010389 Use lifter for the transfer</td>
</tr>
<tr>
<td></td>
<td>010390 Transfer from the seat to the bath tub</td>
</tr>
<tr>
<td></td>
<td><strong>Determine the type of bath</strong></td>
</tr>
<tr>
<td></td>
<td>010392 Warm full bath</td>
</tr>
<tr>
<td></td>
<td>010393 Hot full bath</td>
</tr>
<tr>
<td></td>
<td>010394 Increasing partial bath</td>
</tr>
<tr>
<td></td>
<td>010395 Decreasing partial bath</td>
</tr>
<tr>
<td></td>
<td><strong>Help with body wash</strong></td>
</tr>
<tr>
<td></td>
<td>008065 Supervise</td>
</tr>
<tr>
<td></td>
<td>007459 Help through support</td>
</tr>
<tr>
<td></td>
<td>007460 Take over partially</td>
</tr>
<tr>
<td></td>
<td>007544 Take over completely</td>
</tr>
<tr>
<td></td>
<td>010377 Activate/guide</td>
</tr>
<tr>
<td></td>
<td><strong>Determine peculiaries</strong></td>
</tr>
<tr>
<td></td>
<td>007464 Observe ritualisation</td>
</tr>
<tr>
<td></td>
<td><strong>Use aids</strong></td>
</tr>
<tr>
<td></td>
<td>007561 Bathtub seat</td>
</tr>
</tbody>
</table>

### Objectives
005145 Is able to wash himself in the bathroom
005845 The transfer to the bathroom and back is securely accomplished

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Guiding interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>002195 Provide individual support to get in/out of the bathroom</td>
<td>010212 Accompany patient when getting in/out of the bathroom</td>
</tr>
<tr>
<td></td>
<td>010213 Provide support to go to sink</td>
</tr>
<tr>
<td></td>
<td>010214 Use wheel-chair to get in the bathroom</td>
</tr>
</tbody>
</table>

Literature: 50, 75, 98, 121, 140, 163, 164, 168, 172, 272, 273, 278
ADL washing and getting dressed

Nursing Diagnosis
000005 The patient has an elevated risk of inflaming his eyes by germs spreading when performing body hygiene

Characteristics
- 000469 Reddened sclerae
- 000470 Reddened conjunctiva
- 000661 Itching
- 000472 Agglutinations and encrustations of lids and eyelashes

Etiologies
- 000474 Does not respect the washing direction while performing eye care
- 000475 Use of contaminated materials (wash water / washcloth)

Resources
- 001939 Accepts the agreed variation of the nursing intervention
- 002747 Is able to perform intervention self-sufficiently when guided

Objectives
000005 Conjunctiva is intact

Interventions
000009 Perform therapeutic eye care

Guiding interventions
- Perform therapeutic eye care
- 007549 Use sterile, not feazing swabs
- 007550 Use 0.9 per cent saline
- 007551 Use sterile syringe
- 007552 Use sterile bowl

Literature: 50, 75, 98, 121, 140, 163, 164, 168, 172, 272, 273, 278
**Nursing Diagnosis**

000006 The patient has an elevated risk of germs spreading when performing hygiene

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Etiologies</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>000494 Infectious skin disease</td>
<td>000497 Lack of hygiene</td>
<td>000150 Is motivated to support interventions and shows corresponding behavior</td>
</tr>
<tr>
<td>007165 Lacking comprehension of the necessity to adapt body hygiene</td>
<td>000498 Lacking exchange of the wash water</td>
<td>001939 Accepts the agreed variation of the nursing intervention</td>
</tr>
<tr>
<td>006650 Feces smearing (coprophilia)</td>
<td>000499 Infected areas of skin and lacking modification of the chronological order of washing</td>
<td>002747 Is able to perform intervention self-sufficiently when guided</td>
</tr>
<tr>
<td>000481 Expresses uncomprehension about the requested behaviour</td>
<td>000500 Humid washclothes / towels that are not changed</td>
<td></td>
</tr>
</tbody>
</table>

**Objectives**

005023 The natural skin flora is maintained

**Interventions**

002192 Respect aspects of hygiene while performing body hygiene (f.ex. chronological order or use of single-use material)

**Guiding interventions**

**Pay attention to chronological order of WWB**

- 007475 Use single-use material
- 007476 Wash at the end the body parts that are infected/spread- ed by germs
- 007477 Use single-use gloves

**Objectives**

000066 Germs spreading is prevented

**Interventions**

002198 Observe carefully modification of the skin
ADL washing and getting dressed

► Objectives
005023 The natural skin flora is preserved

Interventions
002199 Pay attention to the washing direction when performing eye care

► Objectives
000066 Germs spreading is prevented

Interventions
000011 Pay attention to the washing direction when washing genital area

Guiding interventions
Determine the order of washing the genital area
007486 Pay attention to the order of genital area washing
007475 Use single-use material
007489 Wear gloves

Literature: 50, 75, 98, 121, 140, 163, 164, 168, 172, 272, 273, 278

Nursing Diagnosis
000009 The patient has an elevated risk of slipping while taking a shower/

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Etiologies</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>002407 Impaired coordina-</td>
<td>012753 Lacking anti-slip coating in the bathroom/</td>
<td>000150 Is motivated to support</td>
</tr>
<tr>
<td>tion of movement</td>
<td>bathtub/shower base</td>
<td>interventions and shows correspon-</td>
</tr>
<tr>
<td>002489 Expresses fear of a</td>
<td></td>
<td>ding behaviour</td>
</tr>
<tr>
<td>fall</td>
<td></td>
<td>007159 Anti-slip material exists (mats, bath shoes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>007160 There are handholds to grab on to</td>
</tr>
</tbody>
</table>
### Objectives
000008 Safety is ensured

### Interventions
000019 Pay attention to the risk of slipping and prevent it

### Guiding interventions
**Avoid slipping**
- 010154 Use bath mats
- 010155 Wear house shoes/sturdy shoes
- 010156 Ensure dry floor
- 010157 Dupe feet in the shower only when patient is sitting

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Literature: 50, 75, 98, 121, 140, 163, 164, 168, 172, 272, 273, 278