Planning Nursing Care for the Patients in the Unit

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During a three day conference for head nurses, at Emory University School of Nursing, various factors affecting planning of nursing care, and problems involved in such planning were discussed. An attempt has been made here to summarize some of these factors and problems, and some of the decisions that were reached. Nurses from small and large hospitals were present and expressed many ideas, and an effort has been made to reflect these ideas, but they are, naturally, interpreted from the viewpoint of the writer.

The head nurse who plans the care of patients in a given unit must know the scope of nursing and decide what her aims for this care are. The head nurse in an emergency clinic will see the scope of nursing in such a situation as giving immediate care to the patients, providing safe physical care and promoting physical and emotional comfort to him, and helping to allay the fears of his family or friends. The head nurse of a general medical and surgical unit will see nursing as being of longer duration and, perhaps, broader aspects. Both would see nursing as a service providing collaboration with many types of personnel—the medical staff, dietitians, social workers, and personnel in housekeeping, x-ray, laboratory and physical medicine, as well as the personnel in her unit. A head nurse may not have formulated her own definition of nursing, but will realize that nursing includes collaboration with all health workers and the family, that it follows the plan of medical care, and that to be truly effective it must be centered in the person who is being cared for.

The head nurse must also be aware of the aim of nursing in order to formulate plans for the care of patients in the unit. In some instances, this aim is purely to provide support to the patient, in others to aid in diagnosis, others to assist in treatment of a specific diagnosis. The optimum aim of nursing appears to be rehabilitation of the individual to the point that he is capable of self-direction of his own health within his maximum capabilities, and prevention of further illness.

The role of the head nurse in planning patient care is illustrated in the accompanying diagram. It shows the head nurse collaborating with the doctor and others to make use of preventive, diagnostic, therapeutic and supportive measures to surround the patient with the individualized care of the classic nursing triangle. This nursing care includes the spiritual, emotional, intellectual and physical needs of the patient, and aims to bring him from dependence to self-direction of his own health.

In planning nursing care the head nurse must, of course, know each patient in the unit, his diagnosis, his prescribed treatment, his progress, and his problems. (There are no problem patients, only patients with problems, some of whom may be nurses.) She must have established paths of communications through nurses’ notes, verbal reporting, kardex checking, and direct contact with patients, doctors, and others. There are problems which arise here that often make it difficult for the head nurse to maintain her constant awareness of each patient’s condition and treatment. Nursing notes should be complete reports of patients’ symptoms, and problems. There must be prompt reliable reporting of treatments and medications administered and diagnostic measures carried out.

Many hospitals use some type of kardex, and this or other methods are good if checked promptly and accurately. Some method of knowing promptly of changes in doctors’ orders is essential. Several methods have been suggested and include requesting doctors to replace charts backwards to attract attention; providing a box or a basket for charts with new orders; or requesting doctors to leave charts with new orders open on the desk to attract attention.

An additional suggestion is to keep all order sheets in alphabetical order in a separate loose leaf notebook, and provide a special sheet at the front of
Finally, to develop a plan of nursing care the head nurse must know the capabilities and limitations of her staff. The family and community from which the worker comes, the educational preparation, and the feeling the worker has toward her job will condition her abilities and limitations. Here again, the head nurse may use the assistance of the personnel department, or the school of nursing instructors to increase the ability of her staff.

Suggestions for promoting the capabilities of nursing personnel include planned on the job instruction, staff meetings, and individual conferences. There are differing opinions concerning the advisability of including non-professional personnel in morning report. It does seem that this is a good time to promote group feeling and effort, and to give instructions without repeating them and encouraging graduate nurses to teach personnel with whom they are working.

Motivation of staff members to give the best care of which they are capable is important. Democratic leadership which provides each staff member of the unit an opportunity to express her own suggestions and requests is essential. Good ideas need to be accepted, and commendation given when deserved. Each request should be considered, and if it is denied, reasons for denial should be explained.

In addition to considering the people with whom she works, the head nurse evaluates the equipment available. Standards for needed supplies such as linen, sterile supplies, and medications may be developed to simplify ordering. Knowledge of new equipment is necessary for promoting good patient care.

After considering these factors, the head nurse may develop a functional flexible plan for nursing care of patients in her unit. She plans daily and weekly assignments within the capabilities of her staff members. She supervises them in order to maintain increasingly higher standards of nursing, and encourages only the best practices. She uses the resources available in planning care, discussing nursing care aims and problems with co-workers in her own and other departments. Her plan for care of the patients includes the general routine care, specific care to meet the needs of each patient, and health teaching both general and specific, which includes teaching by example as well as precept.

The Place of the Head Nurse on the Medical Team

DOCTOR  HEAD NURSE  ADMINISTRATOR AND OTHERS

PREVENTIVE  DIAGNOSTIC  THERAPEUTIC  SUPPORTIVE  REHABILITATIVE

INDIVIDUALIZED  NURSING CARE

FROM DEPENDENCE TO SELF DIRECTION OF OWN HEALTH

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