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# Nursing Diagnoses with Defining Characteristics

Refer to Chapter 3 “Diagnosis,” p. 93

Nursing Diagnosis	Defining Characteristics	Related Factors
Activity intolerance (actual)	Excessive fatigue with activity Weakness with ambulation Inability to access surrounding environment by walking independently without caregiver’s help and assistive walking devices. Verbalization of excessive weakness	Respiratory Cardiac Immune system Musculoskeletal Neurological problems Endocrine problems Anemia
Breathing pattern, ineffective (actual)	Increased/decreased respiratory rate and rhythm (dyspnea) Increased heart rate Flaring of anterior nares Voiced difficulty breathing or shortness of breath.	General anesthesia Decreased oxygenation due to allergic reaction and upper respiratory tract infection
Airway clearance, ineffective (actual)	Adventitious lung sounds: rales, crackles, wheezes, rhonchi	Obstructive lung parenelync: pneumonia, COPD,

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Nursing Diagnosis	Defining Characteristics	Related Factors
Anxiety, high (actual)	Ineffective cough Cyanoses Dyspnea Orthopnea Tenacious mucus Inattention Failure to concentrate Illogical thought process/ reasoning Forgetfulness Anorexia Persistent eating—binge eating Restlessness Fidgeting Rapid eye movements Memory loss Failure to learn Inability to concentrate Crying spells Frequency of urination Precipitancy of urination Inability to recall past incidents	cancer, tuberculosis, emphysema, trauma (pneumothorax) Prolonged illness Economic disaster Unfamiliar environment such as hospitalization Role change Disaster—physical such as environmental and/or familial Unresolved stress Inherited psychological states Spiritual emptiness Change of status Change of locality Postpartum stressors Knowledge deficit related to specific problem-solving skills Conflict related to values and ethical issues Drug related: prescribed and illegal.
Body image disturbed (actual)	Denial of change in body structure Overcompensation for loss or change in body structure Regression to earlier stage of development Dependence of peers, significant others, or care giver Verbal discussion of perception of self. Nonverbal behavior demonstrating rejection of self Soliciting support from others for incompetence Poor self-imaging Inactivity Somnolence	Obesity/morbid obesity Loss of body part Unacceptance among peers Negative reinforcement from significant others Unrealistic expectation from self Unrealistic expectation from others Repeated failure Gluttony Anorexia nervosa Chronic illness Lack of support Depression Lack of motivation Overmedication (prescrip- tion, over the counter, and/or illegal)

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Nursing Diagnosis	Defining Characteristics	Related Factors
Body temperature imbalance; hyperthermia (actual)	Beginning stage <ul style="list-style-type: none"> <li>• Rapid heartbeat</li> <li>• Increased respirations</li> <li style="padding-left: 20px;">Ashen or cyanotic appearance of the skin</li> <li>• Skin cool or cold to touch</li> <li>• Shivering spell</li> <li>• Generalized spread of goosebumps over body</li> <li>• Complaints of generalized coldness over body</li> <li>• Temperature generally normal</li> <li>• Skin dry to touch</li> </ul> Appearance and stage of fever <ul style="list-style-type: none"> <li>• Shivering abates</li> <li>• Elevated temperature</li> <li>• Complaints of thirst</li> <li>• Signs of dehydration—dry mucus membranes, decreased urinary output</li> <li>• Complaints of sensitivity to light</li> <li>• Anorexia</li> <li>• Generalized • weakness</li> <li>• Muscle aches</li> <li>• Restlessness, sleeplessness, confusion/disorientation</li> <li>• Rapid heart rate and increased respirations</li> <li>• Herpes simplex</li> </ul>	Age—Temperature changes more labile in elderly adults and young children Strenuous exercise Hormonal changes particularly in women Environmental conditions—vary (hot weather) Infectious agents
Body temperature imbalance; hypothermia	Temperature below normal <ul style="list-style-type: none"> <li>• Pulse and respirations decrease</li> <li>• Skin pale, cold and clammy</li> <li>• Decreased blood pressure</li> <li>• Diminished urination</li> <li>• Shivering spell</li> <li>• Drowsiness and confusion</li> </ul>	Exposure to cold environment <ul style="list-style-type: none"> <li>• Improper clothing and shelter</li> <li>• Abuse of sedatives</li> <li>• Inadequate thermoregulation of the hypothalamic thermostat</li> </ul>
Bowel incontinence (actual)	Inability to control the passage of stool Passing of small amounts of stool constantly	Lack of sphincter control Inability to access bathroom Immobility

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Nursing Diagnosis	Defining Characteristics	Related Factors
Communication, impaired verbal (actual)	<p>Presence of stool on clothing                      Stool liquid in nature                      Minimal urge or no feeling or urge to defecate                      Irritation of perineurial area                      Urgency</p> <p>Aphasia                      Refusal to speak                      Muttering/stuttering                      Lack of comprehension of the phases of communication (sender- message-receiver)                      Poor formulation of words and sentences                      Inability to speak the expected language                      Dyspnea                      Tachypnea                      Altered self-concept                      Knowledge deficit</p>	<p>Lower motor neuron damage                      Intestinal obstruction                      Diet related                      Intestinal abnormalities                      Loss of muscle tone                      Diseases, colon and/or rectal</p> <p>Self-imposed behavior                      Diminished blood flow to the brain (due to tumors or cerebrovascular accidents and/or coma)                      Congenital anomaly                      Developmental stage                      Imposed surgical interventions such as tracheostomy                      Cultural barriers                      Environmental change                      Low I.Q.                      Unclear messages (uninformed)</p>
Infection (actual)	<p>Findings at the site of the infection:</p> <ul style="list-style-type: none"> <li>• Redness</li> <li>• Swelling</li> <li>• Pain</li> <li>• Heat</li> </ul> <p>Impaired functioning of the affected limb or part (when infection is severe)                      Elevated temperature with elevated pulse and respirations                      Generalized weakness and malaise (cachectic):</p> <ul style="list-style-type: none"> <li>• Loss of appetite</li> <li>• Complaints of thirst</li> <li>• Nausea and vomiting</li> <li>• Palpable lymph nodes</li> </ul> <p>Laboratory profile:</p> <ul style="list-style-type: none"> <li>• Increased WBC</li> <li>• Increased erythrocyte</li> <li>• Increased sedimentation rate</li> </ul>	<p>Loss of first defense against organism (broken skin)                      Inadequate nutritional pattern:</p> <ul style="list-style-type: none"> <li>• Impaired elimination</li> <li>• Impaired digestion</li> <li>• Impaired inflammatory response</li> <li>• Trauma (acute)</li> <li>• Chronic diseases</li> </ul>

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Nursing Diagnosis	Defining Characteristics	Related Factors
<p>Disuse syndrome, risk for Definition: At risk for lack of function of all body systems</p>	<ul style="list-style-type: none"> <li>• Identification of causative organism in culture of exudate from the affected area</li> </ul> <p>Urine</p> <ul style="list-style-type: none"> <li>• Bacteria cultured in urine</li> <li>• Cloudy urine</li> <li>• Blood or pus in urine</li> </ul> <p>(Risk Factors)</p> <p>Acute or chronic pain</p> <p>Semiconscious or unconscious state</p> <ul style="list-style-type: none"> <li>• Immobility</li> <li>• Paralysis: multiple fractures</li> </ul>	<p>(Similar to Risk Factors)</p> <p>Pain</p> <p>Immobility</p> <p>Unconsciousness or semiconsciousness</p> <p>Immobility: multiple fractures</p>
<p>Fluid volume, risk for deficient (actual)</p>	<p>Dehydration</p> <ul style="list-style-type: none"> <li>• Decreased urinary output</li> <li>• Increased specific gravity</li> <li>• Increased hematocrit</li> <li>• Marked weight loss over short period of time</li> <li>• Dry mucous membrane insipidus (initial stage)</li> <li>• Coated or dry cracking tongue</li> <li>• Excessive thirst</li> <li>• Decreased blood pressure</li> <li>• Decreased pulse volume</li> <li>• Decreased pulse</li> </ul>	<p>Draining wound</p> <p>Persistent vomiting and/or diarrhea</p> <p>Limited fluid intake</p> <p>Hemorrhage</p> <p>Excessive administration of medication such as diuretics</p> <p>Excessive urination as in polydypsia in diabetes mellitus and diabetes</p> <p>Bruns</p> <p>Ulcerative colitis</p> <p>AIDS</p>
<p>Constipation (actual)</p>	<p>Infrequent or absence of bowel movement</p> <p>Complaints of abdominal pain</p> <p>Excessive flatus</p> <p>Decrease in size and volume of stool</p> <p>Pasty stool</p> <p>Palpable abdominal mass</p> <p>General malaise</p> <p>Headache</p> <p>Change in color of stool (darker to black)</p> <p>Difficulty passing stool</p> <p>Pain with the passage of stool</p> <p>Passage of small watery stool</p>	<p>Immobility</p> <p>Decreased fluid intake</p> <p>Dietary imbalance (lack of fiber)</p> <p>Overuse of laxatives</p> <p>Loss of muscle tone due to disease processes and/or physiological changes and neurological damage</p> <p>Lack of exercise (causing decreased muscle tone)</p> <p>Obesity</p> <p>Inaccessibility to bathroom facility</p>

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Nursing Diagnosis	Defining Characteristics	Related Factors
Fluid volume, excess (actual)	Presence of hard stool in lower and or upper rectum on digital examination Hypoactive bowel sounds Nausea and/or vomiting Lack of desire to eat  Increased respiratory rate Edema excessive (anasarca) Output less than intake Rapid weight gain Pulmonary overload Changes in heart sounds Decreased hemoglobin Decreased hematocrit Orthopnea Mental confusion Rales and crackles on auscultation of lungs Electrolyte imbalance Agitation Blood pressure fluctuations Alteration in kidney function	Lack of response to the urge to defecate Decreased motility of gastrointestinal tract due to aging Emotional factors Various pharmaceutical products with side effects of constipation  Alteration in cardiac regulatory system Renal dysfunction <ul style="list-style-type: none"> <li>• Liver disorders</li> <li>• Carcinoma</li> <li>• Overhydration (intravenous)</li> <li>• High salt intake</li> </ul>
Home maintenance, impaired (actual)	Dirty and unkempt environment: utensils, supplies, and equipment scattered and out of place Evidence of weariness, tiredness, and anxiety among family members Abnormal environmental temperature Infestation by termites, vermin, and or insects Odorous smell in environment Pediculosis	Unavailable assistance Inability to properly care for self due to mental or physical disability Absent or diminished resources Overcrowding Chronic illness such as cerebrovascular—accidents, Alzheimer's osteoporosis, and arthritis
Infection, risk for	Lack of skin integrity at site of bacterial invasion Weak immune system Knowledge deficit regarding hygienic measures Lack of knowledge of the spread of microorganisms	The risk factors are also the related factors Others are chronic diseases such as diabetes, AIDS, and tuberculosis Pharmaceuticals such as steroidal medications

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Nursing Diagnosis	Defining Characteristics	Related Factors
Fluid volume, excess (actual)	Trauma to tissue Unsanitary environment Lack of knowledge about wound care Nutritional deficiency Prolonged illnesses Altered blood profile (low WBC, HBC, and HCT) Increased respiratory rate Edema excessive (anasarca) Output less than intake Increased specific gravity (urine) Rapid weight gain Pulmonary overload Changes in heart sounds Decreased hemoglobin Orthophnea Mental confusion Rales and crackles on auscultation of lungs Electrolyte imbalance Agitation Blood pressure fluctuations Alteration in kidney function	Alteration in cardiac regulatory system Renal dysfunction Liver disorders Carcinoma Overhydration (intravenous) High salt intake

*Reference:* Cox, H.C., Hinz, M., Lubno, M., Scott-Tilley, D., Newfield, S., Slater, M., Sridaromont, K. (2002). *Clinical applications of nursing diagnosis*. Philadelphia: F.A. Davis.