

\*\*\*\*\*  
\* ADDENDUM \*  
\*\*\*\*\*

## HACKETTSTOWN REGIONAL MEDICAL CENTER

Division of Nursing

Index: 8620.000  
Addendum: #14  
Issue Date: October 15, 1992  
Review Date: May, 2005

TITLE: **AMERICAN NURSES= ASSOCIATION - STANDARDS OF CARE**

---

The standards of nursing practice have been made explicit by the American Nurses= Association (1973). The eight generic standards are as follows:

### **Standard I. Assessment**

THE NURSE COLLECTS CLIENT HEALTH DATA

#### **Measurement Criteria**

1. The priority of data collection is determined by the client's immediate condition or needs.
2. Pertinent data are collected using appropriate assessment techniques.
3. Data collection involves the client, significant other, and health care providers when appropriate.
4. The data collection process is systematic and ongoing.
5. Relevant data re documented in a retrievable form.

### **Standard II. Diagnoses**

THE NURSE ANALYZES THE ASSESSMENT DATA IN DETERMINING DIAGNOSES

#### **Measurement Criteria**

1. Diagnoses are derived from the assessment data.
2. Diagnoses are validated with the client, significant other and healthcare providers, when possible.
3. Diagnosis are documented in a manner that facilitates the determination of expected outcomes and plan of care.

### **Standards III. Identification**

Index: 8620.000  
Addendum: #14  
Page: 2 of 3  
Issue Date: October 15, 1992  
Review Date: May, 2005

THE NURSE IDENTIFIES EXPECTED OUTCOMES INDIVIDUALIZED TO THE CLIENT

**Measurement Criteria**

1. Outcomes are derived from the diagnoses.
2. Outcomes are documented as measurable goals.
3. Outcomes are mutually formulated with the client and health care providers, when possible.
4. Outcomes are realistic in relation to the client's present and potential capabilities.
5. Outcomes are attainable in relation to resources available to the client.
6. Outcomes include a time estimate for attainment.
7. Outcomes provide direction for continuity of care.

**Standards IV. Planning**

THE NURSE DEVELOPS A PLAN OF CARE THAT PRESCRIBES INTERVENTIONS TO ATTAIN EXPECTED OUTCOMES.

**Measurement Criteria**

1. The plan is individualized to the client's condition or needs.
2. The plan is developed with the client, significant other, and healthcare providers, when appropriate.
3. The plan reflects current nursing practice.
4. The plan is documented.
5. The plan provides for continuity of care.

Index: 8620.000  
Addendum: #14  
Page: 3 of 3  
Issue Date: October 15, 1992  
Review Date: May, 2005

### **Standards V. Implementation**

THE NURSE IMPLEMENTS THE INTERVENTIONS IDENTIFIED IN THE PLAN OF CARE.

#### **Measurement Criteria**

1. Interventions are consistent with the established plan of care.
2. Interventions are implemented in a safe and appropriate manner.
3. Interventions are documented.

### **Standards VI. Evaluation**

THE NURSE EVALUATES THE CLIENT=S PROGRESS TOWARD ATTAINMENT OF OUTCOMES.

#### **Measurement Criteria**

1. Evaluation is systematic and ongoing.
2. The client's responses to interventions are documented.
3. The effectiveness of interventions is evaluated in relation to outcome.
4. Ongoing assessment data re used to revise diagnoses, outcomes, and the plan of care, as needed.
5. Revisions in diagnoses, outcomes, and the plan of care documented.
6. The client, significant other, and health care providers are involved in the evaluation process, when appropriate.