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Risk for impaired resilience

ACTIVITIES / REST - The ability to engage in necessary/ desired life activities (work and leisure) and get proper sleep / rest activity intolerance Activity intolerance, *Activity planning, ineffective disuse syndrome, risk of diversion, insufficient fatigue Insomnia Lifestyle, sedentary mobility, impaired bed mobility, impaired wheelchair Sleep, preparation for enhanced sleep deprivation +Sleep pattern, impaired transfer ability, impaired walking, impaired blood circulation – ability to transport oxygen and nutrients, autonomic dysreflexia Autonomic dysreflexia, *Risk of bleeding, risk of cardiac output, decreased intracranial adaptive capacity, decreased * perfusion, ineffective peripheral tissue * Perfusion, risk of decreased cardiac lymphatic Tissues *Perfusion, risk of ineffective brain tissue *perfusion, risk of gastrointestinal failure*perfusion, risk of ineffective kidney *shock, ego integrity —Ability to develop and use skills and behaviors to integrate and manage life experience Anxiety [indicate level] Anxiety , death behaviour, risk to health body image, disturbed conflict, decision-making (specify) + coping, defensive cope, ineffective coping, preparedness enhanced decision-making, readiness enhanced denial, ineffective dignity, risk that compromised human suffering, moral energy, disturbed fear grieving grieving, complex grieving, risk of complex hope, readiness enhanced hope + identity, disturbed person after trauma syndrome after trauma syndrome after trauma syndrome, risk power, readiness enhanced helplessness Helplessness, rape-trauma syndrome risk [Rape-Trauma Syndrome: composite reaction-pensioner 2009] [Rape-Injury Syndrome: Silent Reaction-Pensioner 2009] * Relationships, readiness enhanced by religion, impaired religion, ready to strengthen religiosity, risk of impaired displacement Syndrome transfer stress syndrome, * risk of resistance, impaired individual * resistance, readiness for enhanced * resistance, risk of compromised self-conception, readiness to strengthen +Self-esteem, chronic low self-esteem, low self-esteem , risk due to low sadness, chronic spiritual suffering, risk of spiritual well-being , preparedness for enhanced ELIMINATION—Ability other than waste products Intestinal incontinence Constipation Constipation, perceived constipation, risk of diarrhoea *Mobility, dysfunctional gastrointestinal tract *Mobility, risk of urinary dysfunctional urinary elimination, impaired urinary removal, readiness for enhanced urinary incontinence, functional urinary incontinence, overflow urinary incontinence, reflex urine retention, reflexible urine risk of urge urinary incontinence, stress [urinary incontinence, general retirement 2009] Urinary retention [acute/chronic] FOOD / LIQUID-Ability to maintain maintenance and use nutrients and liquids to meet the physiological needs of breastfeeding, effective breastfeeding, ineffective breastfeeding, interrupted denitification, impaired * Electrolyte imbalance, risk of inability to thrive, adult feeding pattern, ineffective infant fluid balance, readiness to increase [Volume of fluids, insufficient hyper/hypotonic] Volume of fluids, insufficient [isotonic] volume of fluid, excess fluid volume, risk of lack of +Fluid volume, risk of unbalanced glucose, risk of unstable blood +Liver function, risk of impaired nausea Diet: less than body requirements, unbalanced diet, preparation for enhanced oral mucosa, impaired swallowing, impaired hygiene —Ability to perform daily life self-defense activities, preparation enhanced self-protection deficits, bathing self-protection deficits, self-preservation deficit, meals , toilet * Negligence, self NEUROSENSORY -Ability to perceive, integrate and respond to internal and external cues Confusion, acute confusion, risk of acute confusion , chronic infant behaviour, disorganized behaviour of infants, preparedness for enhanced organized behaviour of infants, risk of fugitive memory, impaired neglect, unilateral peripheral neurovascular dysfunction, sensory perception risk, disturbed (indicate: vision, hearing, kinesthetics, gustatory, tactile, olfactory) Stress overload [Thought processes, disturbed pensioner 2009] PAIN / DISCOMFORT-Ability to control the internal / external environment to maintain comfort * Comfort, impaired comfort, preparation for enhanced pain, acute pain, Chronic BREATHING-Ability to provide and use oxygen to meet physiological needs Respiratory clearance, ineffective aspiration, respiratory model risk, ineffective gas exchanges, impaired ventilation, impaired spontaneous ventilation weaning response, dysfunctional safety – ability to provide a safe, growth-promoting environment Allergy response, latex allergy response, risk of latex body temperature, risk of unbalanced contamination, risk of death syndrome, risk of sudden infant environmental interpretation syndrome, impaired fall, health risk, ineffective home care , hyperthermia hypothermia immunisation abnormal, preparation for enhanced infection, risk of injury, risk of injury, risk of perioperative status *Jaundice, neonatal * Mother/fetal Dyad, risk of impaired mobility, impaired physical poisoning, risk of protection, ineffective self-harm Self-harm, risk of skin integrity, impaired skin integrity, risk of suffocation, risk of suicide, risk of surgical recovery, delayed thermoregulation, ineffective tissue integrity, trauma, *Risk of injury, risk of vascular violence, [actual/] risk to other targeted [actual/] risk of self-directed wandering [indicate casual or persistent] SEXUALITY-[Component of ego integrity and social interaction] Ability to meet the requirements/characteristics of male/female role * fertility process, preparation enhanced sexual dysfunction sexuality model, ineffective social interaction- Ability to establish and maintain relationships Attachment, role of impaired caregiver strain risk, communication risk, impaired verbal communication, preparation for enhanced conflict, parental role cope, ineffective community cope, readiness of strengthened communities cope, damaged family cope, disabled families cope, preparation enhanced family processes, dysfunctional family processes, interrupted family processes, preparedness enhanced loneliness, risk of parenthood, impaired parenting, readiness enhanced parenting, risk of impaired productivity, ineffective social interactions, impaired social isolation TRAINING / LEARNING - ability to incorporate and use information to achieve a healthy lifestyle / , risk of delayed growth, risk of disproportionate growth and development , delayed +health behaviour, risk +Health management, ineffective self-knowledge, insufficient (please specify) knowledge (specify), preparedness enhanced non-compliance [Compliance, ineffective] [specify] [Therapeutic regime management, Effective retirement 2009] Therapeutic regime management, ineffective community pensioner 2009] Therapeutic regime management, ineffective management of the family therapeutic regime, readiness enhanced Most people often feel uncomfortable when they feel like the requirements or pressure on them are more than it includes its share of stressors and needs, from family, work and professional role to duties in major life events such as divorce, illness, and the death of loved ones. Everyone sometimes feels tense. However, the way one responds to such stressors depends in part on the resources of the person coping. Taking healthy ways to cope and get proper care and support can cause problems in perspective and help stressful feelings and symptoms subside. Nurses, together with patients, must recognize the stress of the most effective but appropriate strategies that are best suited for each patient, accordingly. A nursing assessment assessment is needed to distinguish between potential problems that may lead to an ineffective patient to cope, as well as to identify any episode that may occur during nursing. AssessmentSactionSoval for defining characteristics. Behavioral and physiological response to stress can be varied and provide clues to the level of coping difficulties. Assess the influence of cultural beliefs, norms and values the patient's perception of effective coping. The patient's coping behavior can be based on the cultural perception of normal and abnormal coping behavior. Monitor the causes of ineffective coping, such as poor self-conception, grief, lack of problem solving skills, lack of support, or recent change in life situations. Situational factors must be identified in order to better understand the patient's current situation and help the patient to cope effectively. Assess the family problems of generations, which can overwhelm to cope with abilities. Generations of family problems pose a risk of dysfunction to families. Identify specific stressors. Accurate evaluation can facilitate the development of appropriate sit-in strategies. Since the patient has an altered state of health, does not mean that to cope with the difficulties he or she exhibits is only (if not all) involved with it. Persistent stressors can harness the patient's ability to maintain effective coping. Monitor strengths, such as the ability to link facts and acknowledge the source of stressors. Family members who face critical injuries often feel defeated, hopeless and as a failure; therefore, it is necessary to verbally praise them for their strengths and to use those strengths to help them act. Determine the patient's understanding of the tense situation. Patients may think that the threat is greater than their resources to handle it and feel a loss of control in dealing with a threat or problem. The patient's cultural heritage and past experience can influence the patient's understanding of the current situation and the response to her situation. This information provides a basis for planning supervision and for the selection of appropriate interventions. Analyze previous use of coping mechanisms, including decision-making and problem solving. Successful adjustments are influenced by previous success. patients who have previously had maladaptive cope may need additional resources. In addition, previously successfully coping skills may not be sufficient in the current situation. Monitor the risk of harming yourself or others and intervene appropriately. A patient with hopelessness and inability to solve problems often risks suicide. Evaluate the resources and support systems available to the patient. Patients may have support in one environment, such as hospitalisation, but there is a lack of sufficient support in the home environment. Rate suicidal tendencies. If instructed, seek mental health care immediately. Determine an emergency plan if the patient becomes suicidal. A suicidal patient is not safe in a home environment unless it is supported by professional help. Nursing interventions These therapeutic care interventions in patients with ineffective coping: InterventionsRationatesSet working relationship with the patient through continuity of care. relationship builds trust, reduces feeling insulation, and can facilitate coping. Help the patient to set realistic goals and identify personal skills and knowledge. Involving patients in decision-making helps them move towards independence. Give you the opportunity to express concerns, fears, feelings and expectations. Verbalizing actual or perceived threats can help reduce anxiety and open the door to constant communication. Use empathic communication. Recognizing and empathizing creates a favorable environment that improves coping. Convey the feelings of acceptance and understanding. Avoid false assurances. Honest relationships facilitate problem solving and successful coping. False assurances are never beneficial to the patient and can only help to reduce the discomfort of the care provider. Encourage the patient to choose and participate in planning care and elective activities. Participation gives a sense of control and increases self-esteem. Encourage the patient to recognize their strengths and abilities. In times of crisis, patients may not be able to recognize their strengths. Awareness-raising can speed up the use of these strong institutions. Consider mental and physical activities according to the patient's capabilities (e.g. reading, TV, going out, movies, radio, crafts, exercise, sports, games, dinners and social gatherings). Interventions that improve body awareness, such as exercise, proper nutrition and muscle relaxation, can be useful in treating anxiety and depression. Help patients accurately assess the situation and their achievements. It may be useful for the patient to recognize that he has skills and strength reserves to manage the situation effectively. The patient may need help coming into the real perspective of the situation. If the patient is physically capable, encourage moderate aerobic exercise. Aerobic exercise improves the ability to cope with acute stress. Provide the information that the patient wants and needs. Do not give more than the patient can handle. Patients who encounter ineffectively have less chance of absorbing information and may need more recommendations initially. Provide touch therapy with permission. Give the patient a massage of the back slowly, rhythmically stroking with his hands. Use 60 strokes per minute per minute for 3 minutes in 2-inch-wide areas on both sides of the spine process from the crown to the sacral area. A soothing touch can reveal acceptance and empathy. Slow stroke back massage decreased heart rate, decreased systolic and diastolic blood pressure, and increased skin temperature at high levels. The conclusion is that relaxation is caused by a slow stroke of back massage. Constructively help the patient to solve problems. Constructive solutions to problems can promote independence and a sense of autonomy. Before you start caring, provide and an explanation of supervision. In traumatic situations, families need Explanations. The provision of information prepares the patient and the family to understand the situation and possible outcomes. Remove stimuli in an environment that can be misunderstood as sinister. The presence of noise associated with medical equipment can increase anxiety and make coping more difficult. Before creating them, discuss changes with the patient. Communication with medical patients and families provides an understanding of the state of health. Provide outlets that promote feelings of personal achievement and self-esteem. Opportunities to play roles or rehearse relevant actions can increase confidence in behaviour in actual situations. Pay attention to signs of positive progress or change. Patients who encounter ineffectiveness may not be able to assess their progress towards an effective deal. Encourage the use of cognitive behavioural relaxation (e.g. music therapy, guided images). Relaxation methods, desensitization and managed images can help patients cope, increase their sense of control and dispel anxiety. Be supported to cope with behavior; give the patient time to relax. Supportive presence creates a favorable environment that is enhanced by coping. Discuss with the patient about their previous stressors and coping mechanisms used. The description of previous experience strengthens effective coping and helps eliminate ineffective coping mechanisms. Use methods of distraction during procedures, for which the patient is afraid. Distraction is used to divert attention to a pleasant experience and block the attention of the awe-inspiring procedure. Apply systematic desensitization by introducing new people, places or procedures that can cause fear and change to cope. Fear of new things decreases with repeated exposure. If necessary, read the consultation. The organization of shipping helps the patient to work with the system, and the use of resources helps to develop problem solving and indebtedness skills. See medical social services for evaluation and counseling. This will promote proper coping as a medical plan for care. If the patient is associated with the mental health system, actively engage in the planning of the mental health team. Based on knowledge of homes and families, home care nurses can often speak out for patients. These nurses are often asked to monitor medications, so you need to know the care plan. TAGSineffective to copenursing diagnosis diagnosis diagnosis

