

# Nursing Outcomes Classification (NOC)



Fifth Edition

**Sue Moorhead**  
**Marion Johnson**  
**Meridean L. Maas**  
**Elizabeth Swanson**

ELSEVIER

# Nursing Outcomes Classification (NOC)

*Measurement of Health Outcomes*

Fifth Edition

Editors

**Sue Moorhead, PhD, RN**

**Marion Johnson, PhD, RN**

**Meridean L. Maas, PhD, RN, FAAN**

**Elizabeth Swanson, PhD, RN**

ELSEVIER

**ELSEVIER**  
MOSBY

3251 Riverport Lane  
St. Louis, Missouri 63043

NURSING OUTCOMES CLASSIFICATION (NOC)

ISBN: 978-0-323-10010-6

Copyright © 2013 by Mosby, an imprint of Elsevier Inc. Copyright © 2008, 2004, 2000, 1996, 1992  
by Mosby, Inc., an affiliate of Elsevier, Inc.

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or any information storage and retrieval system, without permission in writing from the publisher. Details on how to seek permission, further information about the Publisher's permissions policies and our arrangements with organizations such as the Copyright Clearance Center and the Copyright Licensing Agency, can be found at our website: [www.elsevier.com/permissions](http://www.elsevier.com/permissions).

This book and the individual contributions contained in it are protected under copyright by the Publisher (other than as may be noted herein).

**Library of Congress Cataloging-in-Publication Data**

Nursing outcomes classification (NOC) : measurement of health outcomes / editors, Sue Moorhead . . . [et al.]. — 5th ed.  
p. ; cm.

Includes bibliographical references and index.

ISBN 978-0-323-10010-6 (pbk. : alk. paper)

I. Moorhead, Sue.

[DNLM: 1. Nursing Process—standards. 2. Outcome Assessment (Health Care)—standards. WY 100.1]

610.73012—dc23

201203

*Senior Content Strategist:* Sandra Clark  
*Senior Content Development Specialist:* Karen C. Turner  
*Publishing Services Manager:* Jeff Patterson  
*Senior Project Manager:* Clay S. Broecker  
*Designer:* Amy Buxton

Gambar dengan hak cipta

Printed in the United States of America

Last digit is the print number: 9 8 7 6 5 4 3 2 1

Bahan dengan hak cipta

# Contents

## **PART ONE Overview and Use of Nursing Outcomes Classification (NOC), 1**

### **1 The Current Classification, 2**

#### **The Nursing Outcomes Classification (NOC): What Is It?, 2**

- Definition of an Outcome, 2*
- Measurement of an Outcome, 3*
- Use of a Reference Person for Comparison, 3*
- Level of Abstraction of NOC Outcomes, 3*
- Sensitivity of the Outcomes, 4*
- Use by Other Disciplines, 4*

#### **The Nursing Outcomes Classification: What It Is Not, 4**

- The Classification Is Not Complete, 4*
- NOC Outcomes Are Not Prescriptive, 5*
- NOC Outcomes Are Not Nursing Diagnoses, 5*
- Outcomes Are Not Assessments, 5*

#### **Frequently Asked Questions, 6**

- Who Is the Patient?, 6*
- What Do Patient Outcomes Describe?, 6*
- At What Levels of Abstraction Should Outcomes Be Developed?, 6*
- How Should Outcomes Be Stated?, 8*
- Why Are the Outcomes Not Stated as Goals?, 8*
- What Are Nursing-Sensitive Patient Outcomes?, 9*
- Are Nursing-Sensitive Patient Outcomes the Resolution of Nursing Diagnoses?, 9*
- How Are the Outcomes Different from Nursing Diagnoses?, 9*
- When Should Patient Outcomes Be Measured?, 10*
- At What Intervals Should the Outcomes Be Assessed and Documented?, 10*
- How Are the Outcomes Used in Standardized Care Plans/Critical Paths?, 10*
- Why Is It Necessary for Nurses to Have Their Own List of Outcomes?, 10*
- Why Is It Important to Assess Outcomes Across Care Settings?, 10*
- Why Is It Necessary to Use the Outcome Labels When the Indicators May Be More Useful?, 11*
- Why Is the Standardization of Outcomes Advocated When Each Patient, Caregiver, Family, or Community/Population is Unique?, 11*

*How Do I Identify Outcomes for Use in my Practice?, 11*

*When Is a New Outcome Developed and How Is It Done?, 11*

*Why Are There So Many Different Measurement Scales?, 11*

*Why Do Some Outcomes Have Two Scales?, 18*

#### **Refinement of the Classification: Ongoing and Future Development, 22**

#### **Summary, 31**

### **2 Using NOC in Clinical, Research, and Educational Settings, 32**

#### **Considerations When Using NOC in Practice, 32**

*Selecting Outcomes, 32*

*After Outcome Selection, 34*

#### **Implementing NOC in Clinical Settings, 36**

*Implementation Planning, 36*

#### **Implementing NOC in Electronic Systems, 37**

#### **Implementing NOC in Educational Programs, 38**

*Implementation Strategies, 38*

*Aids for Curriculum Development and Teaching, 38*

#### **Using NOC in Research, 39**

*Evaluating Nursing Quality and Effectiveness, 39*

#### **Licensing NOC Outcomes, 40**

#### **Summary, 40**

## **PART TWO NOC Taxonomy, 43**

### **Overview of the NOC Taxonomy, 44**

#### **Historical Development of the NOC Taxonomy, 44**

#### **Revisions Made in the Taxonomy Since Its Creation. 44**

*Second Edition, 44*

*Third Edition, 45*

*Fourth Edition, 45*

*Fifth Edition, 45*

#### **Coding of the Classification, 47**

## **PART THREE Outcomes, 69**

*Abstract Thinking, 70*

*Abuse Cessation, 71*

*Abuse Protection, 71*

- Abuse Recovery, 72  
Abuse Recovery: Emotional, 73  
Abuse Recovery: Financial, 74  
Abuse Recovery: Physical, 75  
Abuse Recovery: Sexual, 76  
Abusive Behavior Self-Restraint, 77  
Acceptance: Health Status, 78  
Activity Tolerance, 79  
Acute Respiratory Acidosis Severity, 80  
Acute Respiratory Alkalosis Severity, 81  
Adaptation to Physical Disability, 82  
Adherence Behavior, 83  
Adherence Behavior: Healthy Diet, 84  
Aggression Self-Restraint, 85  
Agitation Level, 86  
Alcohol Abuse Cessation Behavior, 87  
Allergic Response: Localized, 88  
Allergic Response: Systemic, 89  
Ambulation, 90  
Ambulation: Wheelchair, 91  
Anger Self-Restraint, 91  
Anxiety Level, 93  
Anxiety Self-Control, 94  
Appetite, 95  
Aspiration Prevention, 95  
Balance, 97  
Blood Coagulation, 98  
Blood Glucose Level, 99  
Blood Loss Severity, 99  
Blood Transfusion Reaction, 100  
Body Image, 101  
Body Mechanics Performance, 102  
Body Positioning: Self-Initiated, 103  
Bone Healing, 104  
Bottle Feeding Establishment: Infant, 106  
Bottle Feeding Performance, 106  
Bowel Continence, 107  
Bowel Elimination, 108  
Breastfeeding Establishment: Infant, 109  
Breastfeeding Establishment: Maternal, 110  
Breastfeeding Maintenance, 111  
Breastfeeding Weaning, 112  
Burn Healing, 113  
Burn Recovery, 114  
Cardiac Pump Effectiveness, 115  
Cardiopulmonary Status, 116  
Caregiver Adaptation to Patient Institutionalization, 117  
Caregiver Emotional Health, 118  
Caregiver Home Care Readiness, 119  
Caregiver Lifestyle Disruption, 120  
Caregiver-Patient Relationship, 121  
Caregiver Performance: Direct Care, 121  
Caregiver Performance: Indirect Care, 123  
Caregiver Physical Health, 124  
Caregiver Role Endurance, 125  
Caregiver Stressors, 126  
Caregiver Well-Being, 127  
Child Adaptation to Hospitalization, 128  
Child Development: 1 Month, 129  
Child Development: 2 Months, 130  
Child Development: 4 Months, 130  
Child Development: 6 Months, 131  
Child Development: 12 Months, 132  
Child Development: 2 Years, 133  
Child Development: 3 Years, 134  
Child Development: 4 Years, 134  
Child Development: 5 Years, 135  
Child Development: Middle Childhood, 136  
Child Development: Adolescence, 137  
Circulation Status, 138  
Client Satisfaction, 139  
Client Satisfaction: Access to Care Resources, 140  
Client Satisfaction: Caring, 141  
Client Satisfaction: Case Management, 142  
Client Satisfaction: Communication, 143  
Client Satisfaction: Continuity of Care, 144  
Client Satisfaction: Cultural Needs Fulfillment, 145  
Client Satisfaction: Functional Assistance, 146  
Client Satisfaction: Pain Management, 147  
Client Satisfaction: Physical Care, 148  
Client Satisfaction: Physical Environment, 149  
Client Satisfaction: Protection of Rights, 150  
Client Satisfaction: Psychological Care, 151  
Client Satisfaction: Safety, 152  
Client Satisfaction: Symptom Control, 153  
Client Satisfaction: Teaching, 154  
Client Satisfaction: Technical Aspects of Care, 155  
Cognition, 156  
Cognitive Orientation, 157  
Comfort Status, 158  
Comfort Status: Environment, 158  
Comfort Status: Physical, 159  
Comfort Status: Psychospiritual, 160  
Comfort Status: Sociocultural, 161  
Comfortable Death, 162  
Communication, 163  
Communication: Expressive, 164  
Communication: Receptive, 164  
Community Competence, 165  
Community Disaster Readiness, 166  
Community Disaster Response, 167  
Community Grief Response, 168  
Community Health Screening Effectiveness, 169  
Community Health Status, 170  
Community Immune Status, 172  
Community Program Effectiveness, 173

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*



Self-Management: Chronic Disease, 481  
 Self-Management: Chronic Obstructive Pulmonary Disease, 483  
 Self-Management: Coronary Artery Disease, 484  
 Self-Management: Diabetes, 486  
 Self-Management: Dysrhythmia, 488  
 Self-Management: Heart Failure, 489  
 Self-Management: Hypertension, 491  
 Self-Management: Kidney Disease, 493  
 Self-Management: Lipid Disorder, 494  
 Self-Management: Multiple Sclerosis, 496  
 Self-Management: Osteoporosis, 497  
 Self-Management: Peripheral Artery Disease, 498  
 Sensory Function, 500  
 Sensory Function: Hearing, 500  
 Sensory Function: Proprioception, 501  
 Sensory Function: Tactile, 502  
 Sensory Function: Taste & Smell, 503  
 Sensory Function: Vision, 503  
 Sexual Functioning, 504  
 Sexual Identity, 506  
 Shock Severity: Anaphylactic, 507  
 Shock Severity: Cardiogenic, 508  
 Shock Severity: Hypovolemic, 509  
 Shock Severity: Neurogenic, 510  
 Shock Severity: Septic, 510  
 Skeletal Function, 511  
 Sleep, 512  
 Smoking Cessation Behavior, 513  
 Social Anxiety Level, 515  
 Social Interaction Skills, 516  
 Social Involvement, 517  
 Social Support, 518  
 Spiritual Health, 519  
 Stress Level, 520  
 Student Health Status, 521  
 Substance Addiction Consequences, 522  
 Substance Withdrawal Severity, 523  
 Suffering Severity, 524  
 Suicide Self-Restraint, 525  
 Surgical Recovery: Convalescence, 526  
 Surgical Recovery: Immediate Post-Operative, 528  
 Swallowing Status, 529  
 Swallowing Status: Esophageal Phase, 530  
 Swallowing Status: Oral Phase, 531  
 Swallowing Status: Pharyngeal Phase, 532  
 Symptom Control, 533  
 Symptom Severity, 534  
 Systemic Toxin Clearance: Dialysis, 535  
 Thermoregulation, 536  
 Thermoregulation: Newborn, 537  
 Tissue Integrity: Skin & Mucous Membranes, 538

Tissue Perfusion, 539  
 Tissue Perfusion: Abdominal Organs, 540  
 Tissue Perfusion: Cardiac, 541  
 Tissue Perfusion: Cellular, 542  
 Tissue Perfusion: Cerebral, 543  
 Tissue Perfusion: Peripheral, 544  
 Tissue Perfusion: Pulmonary, 545  
 Transfer Performance, 546  
 Urinary Continence, 547  
 Urinary Elimination, 548  
 Vision Compensation Behavior, 549  
 Vital Signs, 550  
 Weight: Body Mass, 551  
 Weight Gain Behavior, 552  
 Weight Loss Behavior, 553  
 Weight Maintenance Behavior, 555  
 Will to Live, 556  
 Wound Healing: Primary Intention, 557  
 Wound Healing: Secondary Intention, 558

## **PART FOUR NOC Linkages: Health Patterns and NANDA International, 561**

### **NOC Linkages—Health Patterns, 562**

**Nursing Outcomes Classification (NOC) Organized by the Eleven Health Patterns, 563**

### **NOC Linkages—NANDA International Diagnoses, 571**

**Actual Nursing Diagnoses, 572**  
 Activity Intolerance, 572  
 Activity Planning, Ineffective, 572  
 Airway Clearance, Ineffective, 573  
 Anxiety, 573  
 Autonomic Dysreflexia, 574  
 Body Image, Disturbed, 575  
 Bowel Incontinence, 575  
 Breast Milk, Insufficient, 576  
 Breastfeeding, Ineffective, 576  
 Breastfeeding, Interrupted, 577  
 Breathing Pattern, Ineffective, 577  
 Cardiac Output, Decreased, 578  
 Caregiver Role Strain, 578  
 Childbearing Process, Ineffective, 579  
 Comfort, Impaired, 580  
 Communication, Impaired Verbal, 580  
 Community Coping, Ineffective, 581  
 Community Health, Deficient, 581  
 Confusion, Acute, 582  
 Confusion, Chronic, 582  
 Constipation, 583  
 Constipation, Perceived, 583  
 Contamination, 584

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*

This page intentionally left blank

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*



be seen as useful. Decisions regarding the inclusion of broad vs. specific outcomes, however, will depend upon what is useful to nurses. Our experience to date is that nurses in different settings may need different levels of abstraction based on their specialty and health care setting. The best example of this is that nurses working in intensive-care units prefer more specific outcomes for use in their practice. In the taxonomic structure, level of abstraction also is reflected in the domain, class, and outcome structure.

The classification structure uses colons to separate broad from specific outcome terms. As much as possible, the first term in the outcome reflects the word that practitioners might select when looking for the outcome. For example, recovery from abuse is found under the broad category *Abuse Recovery* but is further specified by *Abuse Recovery: Emotional*, *Abuse Recovery: Financial*, *Abuse Recovery: Physical*, and *Abuse Recovery: Sexual*. This pattern of creating more global outcomes, in addition to more specific outcomes using colons, has been helpful in the development of this classification. Nurses can choose between the specific outcomes or use the more global outcome that contains the more specific content as indicators. This may result in nurses' selecting fewer outcomes for some patients.

### Sensitivity of the Outcomes

Each concept represents a patient, caregiver, family, or community state that is sensitive in varying degrees to nursing interventions. Originally, the research team assessed sensitivity to nursing interventions by (1) selecting the concepts from outcomes in nursing literature and clinical information systems, (2) determining that the outcomes have been used to measure the effects of nursing interventions, and (3) surveying expert nurses about the importance of the outcomes as measures of the effects of nursing interventions. The ultimate test of sensitivity will be the widespread selection and use of outcomes in practice and research with careful analyses that isolate the effects of interventions on the outcomes. Because the outcomes have been developed for use in all settings where nurses provide care, some of the outcome indicators may be more applicable in one setting than another. For example, blood values and other diagnostic results used as indicators may be pertinent in an intensive or acute care setting, but they may be less useful in a home or nursing home setting. When in doubt we have included indicators that we believe are still used in practice globally, such as urine testing for diabetes, even though the standard in the United States has been focused on blood samples. These indicators allow outcomes in this classification to have value for nurses in other countries. Community-level outcomes are most likely useful in community health settings or in the evaluation of community actions. This continues to be the least-developed area of the classification although six additional community-focused outcomes are included in the fifth edition.

### Use by Other Disciplines

Many of the nursing-sensitive outcomes developed to date are not specific to just the nursing profession; thus, they could be used to evaluate the care provided by other health care disciplines since the focus is on the patient. For example, physical therapists may greatly influence a patient's overall outcome rating for *Mobility* and *Activity Tolerance*. In this situation these outcomes measure the collaborative results of nursing care and physical therapy and would be an example of how the NOC can increase opportunities for collaboration. While the outcomes may be used in other disciplines, the indicators used to assess patient condition in relation to the outcome may vary from discipline to discipline. For example, physical therapists may use indicators that measure progress with the use of equipment not routinely used by nursing. In this case additional indicators may be added to the outcome by care providers to address these specific needs for measuring an outcome.

### THE NURSING OUTCOMES CLASSIFICATION: WHAT IT IS NOT

The previous section highlighted key points about the NOC. This section highlights what it is not: complete, prescriptive, focused on nursing diagnoses, or focused on nursing assessments.

### The Classification Is Not Complete

Although the NOC contains outcomes frequently used by nurses, at this stage of development the classification does not include all outcomes that might be important for nursing. This edition includes 107 new outcomes available for use by nurses and other care providers. As nurses review the outcomes and use them in practice and research, the need for additional outcomes will be identified, and published outcomes may require modification. Because the classification of outcomes must be modified to reflect changes in nursing practice and health care delivery, the classification will be continually evolving. The testing of the outcomes in clinical sites resulted in many revisions to the third edition based on feedback from nurses in practice. Changes in the fourth edition of the classification were made to better position the classification for use in electronic health records to ensure that the contributions of nurses can be accurately represented in the future. The fifth edition refined the taxonomy and added a class. Efforts of this type enhance the classification, build nursing knowledge, and improve the care nurses provide to patients, families and communities.

The outcomes published in this volume do not include all outcomes for individuals, families, and communities for which nurses provide interventions. Family and community level outcomes are included in this edition, building on previous work, but more outcomes are needed in these areas. However, many individual-level outcomes can be aggregated

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*

**Table 1-2** LEVELS OF ABSTRACTION IN THE TAXONOMY

Most Abstract	Nursing-Sensitive Outcome Domain
High Middle Level Abstraction	Nursing-Sensitive Outcome Classes
Middle Level Abstraction	Nursing-Sensitive Outcome
Low Level Abstraction	Nursing-Sensitive Outcome Indicators
Empirical Level	Measurement Activities for Outcomes

level includes measurement activities for each outcome and its indicators.

### How Should Outcomes Be Stated?

Because outcomes and indicators are conceptualized as variable patient, caregiver, family, or community states, behaviors, or perceptions, they are given labels representing concepts that can be measured along a continuum as negative or positive states. Whenever possible the team avoids labels that describe an undesirable state; however, because of the common use of some labels or difficulty identifying an antonym, some do describe an undesirable state. Examples are *Infection Severity*, *Discomfort Level*, *Fear Level*, and *Pain Level*. These types of outcomes are used frequently by nurses to help patients validate the severity of the symptoms they experience. From the patient

viewpoint these symptoms are their perceptions of the extent to which they are experiencing the indicators present in an outcome. Conceptualization of the outcomes as variables allows measurement of negative or positive changes, as well as no change, resulting from nursing interventions. Box 1-2 summarizes the basic rules used in the development of the outcomes for this classification.

### Why Are the Outcomes Not Stated as Goals?

The outcomes were developed as variable concepts for several reasons. First, NOC outcomes are variable concepts so that the response of the patient, caregiver, family, or community to nursing interventions can be documented and monitored over time and across settings and then compared. A goal statement developed for each patient does not allow for this cross comparison. Second, variable outcomes yield more information than just whether or not a goal is met. For clinical and research purposes, either/or type data provide very limited information and constrain nurses' abilities to adequately evaluate the effectiveness of their interventions. If goals are not met, it is important to know whether any progress was made or to what extent the outcome status deteriorated, if at all. Third, with the current short length of stays in acute care settings, it has become very important to be able to document even slight increases in outcome scores at discharge. Goals for short timeframes become meaningless for monitoring progress across time. NOC outcomes can be used to state a goal for a patient, family, or community, but this should be in addition to the measurement of status on the outcome at baseline and over time. Fourth, in many cases the goal of nursing care may be

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*



**Table 1-3** SINGLE MEASUREMENT SCALES USED IN NOC

Scale Code	Scales and Associated Outcomes		
01	<i>Severely compromised</i>	<i>Substantially compromised</i>	<i>Moderately compromised</i>
	DEFINITION: Extent of impairment of health or well-being		
	Abstract Thinking Activity Tolerance Ambulation Ambulation: Wheelchair Appetite Body Positioning: Self-Initiated Caregiver Physical Health Cognition Cognitive Orientation Comfort Status Comfort Status: Environment Comfort Status: Sociocultural Communication Communication: Expressive		Communication: Receptive Concentration Coordinated Movement Decision-Making Information Processing Memory Mobility Personal Health Status Physical Fitness Preterm Infant Organization Rest Self-Care Status Self-Care: Activities of Daily Living (ADL) Self-Care: Bathing
02	<i>Severe deviation from normal range</i>	<i>Substantial deviation from normal range</i>	<i>Moderate deviation from normal range</i>
	DEFINITION: Extent of departure from an established norm or standard		
	Blood Glucose Level Electrolyte Balance Fetal Status: Antepartum Fetal Status: Intrapartum Growth Joint Movement Joint Movement: Ankle Joint Movement: Elbow Joint Movement: Fingers		Joint Movement: Hip Joint Movement: Knee Joint Movement: Neck Joint Movement: Passive Joint Movement: Shoulder Joint Movement: Spine Joint Movement: Wrist Newborn Adaptation Nutritional Status
06	<i>Not adequate</i>	<i>Slightly adequate</i>	<i>Moderately adequate</i>
	DEFINITION: Extent of sufficiency in quantity or quality to achieve a desired state		
	Abuse Protection Bottle Feeding Establishment: Infant Breastfeeding Establishment: Infant Breastfeeding Establishment: Maternal Breastfeeding Maintenance Breastfeeding Weaning Caregiver Home Care Readiness Caregiver Performance: Direct Care		Caregiver Performance: Indirect Care Caregiver Role Endurance Community Disaster Readiness Community Disaster Response Community Grief Response Cup Feeding Establishment: Infant Infant Nutritional Status
07	<i>10 and over</i>	<i>7-9</i>	<i>4-6</i>
	DEFINITION: Number of occurrences		
	Elopement Occurrence		Falls Occurrence

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*

**Table 1-3** SINGLE MEASUREMENT SCALES USED IN NOC—cont'd

Scale Code	Scales and Associated Outcomes			
<i>13—cont'd</i>	Personal Health Screening Behavior Personal Resiliency Personal Safety Behavior Personal Time Management Play Participation Postpartum Maternal Health Behavior Prenatal Health Behavior Psychosocial Adjustment: Life Change Risk Control Risk Control: Alcohol Use Risk Control: Cancer Risk Control: Cardiovascular Disease Risk Control: Drug Use Risk Control: Dry Eye Risk Control: Hearing Impairment Risk Control: Hypertension Risk Control: Hyperthermia Risk Control: Hypotension Risk Control: Hypothermia Risk Control: Infectious Process			Risk Control: Lipid Disorder Risk Control: Osteoporosis Risk Control: Sexually Transmitted Diseases (STD) Risk Control: Stroke Risk Control: Sun Exposure Risk Control: Thrombus Risk Control: Tobacco Use Risk Control: Unintended Pregnancy Risk Control: Visual Impairment Risk Detection Seizure Self-Control Self-Awareness Self-Direction of Care Self-Management: Acute Illness Self-Management: Anticoagulation Therapy Self-Management: Cardiac Disease Self-Management: Chronic Disease Self-Management: Chronic Obstructive Pulmonary Disease Self-Management: Coronary Artery Disease
<i>14</i>	<i>Severe</i>	<i>Substantial</i>	<i>Moderate</i>	
	DEFINITION: Extent of a negative or adverse state or response			
	Acute Respiratory Acidosis Severity Acute Respiratory Alkalosis Severity Agitation Level Allergic Response: Localized Allergic Response: Systemic Anxiety Level Blood Loss Severity Blood Transfusion Reaction Caregiver Stressors Delirium Level Dementia Level Depression Level Discomfort Level Dry Eye Severity Fatigue: Disruptive Effects Fear Level Fear Level: Child Fluid Overload Severity Hyperactivity Level Hypercalcemia Severity		Hyperchloremia Severity Hyperglycemia Severity Hyperkalemia Severity Hypermagnesemia Severity Hypernatremia Severity Hyperphosphatemia Severity Hypertension Severity Hypocalcemia Severity Hypochloremia Severity Hypoglycemia Severity Hypokalemia Severity Hypomagnesemia Severity Hyponatremia Severity Hypophosphatemia Severity Hypotension Severity Infection Severity Infection Severity: Newborn Loneliness Severity Metabolic Acidosis Severity Metabolic Alkalosis Severity	
<i>17</i>	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	
	DEFINITION: Extent of proximity to a desired state			
	Community Competence Community Health Screening Effectiveness Community Health Status Community Immune Status Community Program Effectiveness		Community Resiliency Community Risk Control: Chronic Disease Community Risk Control: Communicable Disease Community Risk Control: Lead Exposure	

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*



**Table 1-4** COMBINATION MEASUREMENT SCALES USED IN NOC

Scale Code	Scales and Associated Outcomes		
21	<i>Severely compromised</i>	<i>Substantially compromised</i>	<i>Moderately compromised</i>
	<i>Severe</i>	<i>Substantial</i>	<i>Moderate</i>
	Balance	Liver Function	
	Bowel Elimination	Medication Response	
	Caregiver Emotional Health	Neurological Status	
	Comfort Status: Physical	Neurological Status: Autonomic	
	Comfort Status: Psychospiritual	Neurological Status: Central Motor Control	
	Comfortable Death	Neurological Status: Consciousness	
	Endurance	Neurological Status: Cranial Sensory/Motor Function	
	Family Health Status	Neurological Status: Peripheral	
	Fluid Balance	Neurological Status: Spinal Sensory/Motor Function	
	Gait	Oral Health	
	Gastrointestinal Function	Sensory Function: Hearing	
	Hemodialysis Access	Sensory Function: Proprioception	
Hydration	Sensory Function: Tactile		
Immune Status			
Kidney Function			
22	<i>Severe deviation from normal range</i>	<i>Substantial deviation from normal range</i>	<i>Moderate deviation from normal range</i>
	<i>Severe</i>	<i>Substantial</i>	<i>Moderate</i>
	Blood Coagulation	Mechanical Ventilation Weaning Response: Adult	
	Cardiac Pump Effectiveness	Post-Procedure Recovery	
	Cardiopulmonary Status	Respiratory Status	
	Circulation Status	Respiratory Status: Airway Patency	
	Electrolyte & Acid/Base Balance	Respiratory Status: Gas Exchange	
	Maternal Status: Antepartum	Respiratory Status: Ventilation	
	Maternal Status: Intrapartum	Surgical Recovery: Convalescence	
	Maternal Status: Postpartum		
	Mechanical Ventilation Response: Adult		
23	<i>None</i>	<i>Limited</i>	<i>Moderate</i>
	<i>Extensive</i>	<i>Substantial</i>	<i>Moderate</i>
	Abuse Recovery: Emotional	Burn Healing	
	Abuse Recovery: Sexual	Burn Recovery	
Bone Healing	Neglect Recovery		
24	<i>Never demonstrated</i>	<i>Rarely demonstrated</i>	<i>Sometimes demonstrated</i>
	<i>Consistently demonstrated</i>	<i>Often demonstrated</i>	<i>Sometimes demonstrated</i>
	Bowel Continence	Discharge Readiness: Independent Living	
	Child Adaptation to Hospitalization	Eating Disorder Self-Control	
	Development: Late Adulthood	Mood Equilibrium	
	Development: Middle Adulthood	Psychomotor Energy	
	Development: Young Adulthood	Relocation Adaptation	
25	<i>Severe</i>	<i>Substantial</i>	<i>Moderate</i>
	<i>Severely compromised</i>	<i>Substantially compromised</i>	<i>Moderately compromised</i>
	Caregiver Lifestyle Disruption	Immobility Consequences: Psycho-Cognitive	
	Fatigue Level		
Immobility Consequences: Physiological			
26	<i>Severe</i>	<i>Substantial</i>	<i>Moderate</i>
	<i>Severe deviation from normal range</i>	<i>Substantial deviation from normal range</i>	<i>Moderate deviation from normal range</i>
Pain Level			

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*

**Table 1-5** NOC PERFORMANCE OUTCOMES RELATED TO NOC KNOWLEDGE OUTCOMES—cont'd

Knowledge Outcomes	Primary Behavioral Outcomes	Secondary Behavioral Outcomes
1847 Knowledge: Chronic Disease Management	1632 Compliance Behavior: Prescribed Activity 1622 Compliance Behavior: Prescribed Diet 1623 Compliance Behavior: Prescribed Medication 1603 Health Seeking Behavior 1605 Pain Control 1305 Psychosocial Adjustment: Life Change 3102 Self-Management: Chronic Disease 1608 Symptom Control	1302 Coping 1606 Participation in Health Care Decisions 1634 Personal Health Screening Behavior 1924 Risk Control: Infectious Process 0313 Self-Care Status
1848 Knowledge: Chronic Obstructive Pulmonary Disease Management	0002 Energy Conservation 1632 Compliance Behavior: Prescribed Activity 1623 Compliance Behavior: Prescribed Medication 1603 Health Seeking Behavior 1605 Pain Control 3103 Self-Management: Chronic Obstructive Pulmonary Disease 1625 Smoking Cessation Behavior 1608 Symptom Control	1302 Coping 1606 Participation in Health Care Decisions 1634 Personal Health Screening Behavior 1924 Risk Control: Infectious Process 1914 Risk Control: Cardiovascular Disease 1906 Risk Control: Tobacco Use 0313 Self-Care Status
1821 Knowledge: Conception Prevention	1907 Risk Control: Unintended Pregnancy	1606 Participation in Health Care Decisions 1634 Personal Health Screening Behavior 1902 Risk Control 1905 Risk Control: Sexually Transmitted Diseases (STD)
1849 Knowledge: Coronary Artery Disease Management	1632 Compliance Behavior: Prescribed Activity 1622 Compliance Behavior: Prescribed Diet 1623 Compliance Behavior: Prescribed Medication 3104 Self-Management: Coronary Artery Disease 1625 Smoking Cessation Behavior	1606 Participation in Health Care Decisions 1634 Personal Health Screening Behavior 1914 Risk Control: Cardiovascular Disease 1906 Risk Control: Tobacco Use
1850 Knowledge: Cup Feeding	1018 Cup Feeding Establishment: Infant 1019 Cup Feeding Performance	1918 Aspiration Prevention 1500 Parent-Infant Attachment 2904 Parenting Performance: Infant
1851 Knowledge: Dementia Management	1902 Risk Control 1608 Symptom Control	1302 Coping 1920 Elopement Propensity Risk 1926 Safe Wandering 0313 Self-Care Status 1613 Self-Direction of Care
1836 Knowledge: Depression Management	1623 Compliance Behavior: Prescribed Medication 1409 Depression Self-Control 1603 Health Seeking Behavior 1634 Personal Health Screening Behavior 1408 Suicide Self-Restraint	1302 Coping 2013 Lifestyle Balance 1606 Participation in Health Care Decisions 0313 Self-Care Status 1503 Social Involvement 1608 Symptom Control 1628 Weight Maintenance Behavior

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*



**Table 1-5** NOC PERFORMANCE OUTCOMES RELATED TO NOC KNOWLEDGE OUTCOMES—cont'd

Knowledge Outcomes	Primary Behavioral Outcomes	Secondary Behavioral Outcomes
1808 Knowledge: Medication	2205 Caregiver Performance: Direct Care 1623 Compliance Behavior: Prescribed Medication 0307 Self-Care: Non-Parenteral Medication 0309 Self-Care: Parenteral Medication	1911 Personal Safety Behavior 1908 Risk Detection 1613 Self-Direction of Care
1838 Knowledge: Multiple Sclerosis Management	1623 Compliance Behavior: Prescribed Medication 1603 Health Seeking Behavior 1631 Self-Management: Multiple Sclerosis 1608 Symptom Control	1632 Compliance Behavior: Prescribed Activity 1622 Compliance Behavior: Prescribed Diet 1909 Fall Prevention Behavior 1606 Participation in Health Care Decisions 1908 Risk Detection 0307 Self-Care: Non-Parenteral Medication 0313 Self-Care Status
1859 Knowledge: Osteoporosis Management	1623 Compliance Behavior: Prescribed Medication 1305 Psychosocial Adjustment: Life Change	1909 Fall Prevention Behavior 1902 Risk Control 1908 Risk Detection
1829 Knowledge: Ostomy Care	1615 Ostomy Self-Care 1305 Psychosocial Adjustment: Life Change 1608 Symptom Control	1908 Risk Detection 0305 Self-Care: Hygiene
1843 Knowledge: Pain Management	1623 Compliance Behavior: Prescribed Medication 1618 Nausea & Vomiting Control 1605 Pain Control 1608 Symptom Control	1302 Coping 1606 Participation in Health Care Decisions 1902 Risk Control 0307 Self-Care: Non-Parenteral Medication 0309 Self-Care: Parenteral Medication
1826 Knowledge: Parenting	1500 Parent-Infant Attachment 2211 Parenting Performance 2904 Parenting Performance: Infant 2903 Parenting Performance: Adolescent 2902 Parenting Performance: Adolescent Physical Safety 2905 Parenting Performance: Middle Childhood 2906 Parenting Performance: Preschooler 2907 Parenting Performance: Toddler 2901 Parenting Performance: Early/Middle Childhood Physical Safety 2900 Parenting Performance: Infant/Toddler Physical Safety 1901 Parenting Performance: Psychosocial Safety	2501 Abuse Protection 1017 Bottle Feeding Performance 1001 Breastfeeding Establishment: Maternal 1019 Cup Feeding Performance 2602 Family Functioning 2605 Family Participation in Professional Care 2608 Family Resiliency 2610 Family Risk Control: Obesity 0116 Play Participation 1501 Role Performance
1860 Knowledge: Peripheral Artery Disease Management	1623 Compliance Behavior: Prescribed Medication 1632 Compliance Behavior: Prescribed Activity 1605 Pain Control 1305 Psychosocial Adjustment: Life Change	1902 Risk Control 1906 Risk Control: Tobacco Use 1908 Risk Detection 0313 Self-Care Status
1809 Knowledge: Personal Safety	1909 Fall Prevention Behavior 1911 Personal Safety Behavior	1616 Body Mechanics Performance 1405 Impulse Self-Control 1902 Risk Control 1903 Risk Control: Alcohol Use 1904 Risk Control: Drug Use 1922 Risk Control: Hyperthermia 1923 Risk Control: Hypothermia 1908 Risk Detection

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*

## CHAPTER TWO

# Using NOC in Clinical, Research, and Educational Settings

The value of using the Nursing Outcomes Classification (NOC) and other standardized languages is based on the contribution they make to delineate professional nursing practice.<sup>14</sup> To be successful in implementing NOC, strong leadership, administrative commitment, detailed planning, and educational sessions are required. Organizational leaders and staff need to be educated about the importance of using standardized languages for nursing practice. In addition, it is critical that persons working with NOC in clinical practice, research, and education possess knowledge of the taxonomic structure and the outcome labels, definitions, indicators, scales, and methods to rate patient outcomes. This knowledge of the components of the classification will be extremely helpful in addressing application issues and questions that arise.

Standardized outcomes are important for evaluating the effectiveness of nursing interventions, facilitating the continuity of care in integrated health systems, and assuring nursing accountability.<sup>30</sup> In addition, The Institute of Medicine (IOM) report (2010) *The Future of Nursing: Leading Change, Advancing Health*<sup>12</sup> reinforces the importance of nursing and the value of using outcomes to improve patient care in health care settings. The strengths of using a standardized outcomes classification such as NOC need to be communicated to nursing staff and reinforced by organizational leaders. The recognition of the importance of outcomes by the IOM requires sound measurement, tracking of patient outcomes, and delineation of the critical impact nursing has on patient care.<sup>12</sup> It is time for the nursing profession to truly embrace the evaluation of care using standardized outcomes.

### CONSIDERATIONS WHEN USING NOC IN PRACTICE

Evaluating the effectiveness of nursing care requires outcomes focused on patient status that can measure both short-term changes following an intervention or episode of care and long-term changes over the course of an illness or disease. NOC was developed to measure both levels of change in patient status. Outcomes were developed for nursing, but other health professionals, including interdisciplinary teams, have found them useful for evaluating the effectiveness of their interventions.

#### Selecting Outcomes

Selecting patient outcomes for a particular patient or a group of patients is one step in the nurse's clinical decision-making

process. The use of standardized terms and measures to evaluate outcomes does not decrease the nurse's responsibility to make an informed assessment and engage in clinical reasoning; selected factors are paramount in the choice of patient outcomes. These factors are (1) the type of health problem, (2) the nursing or medical diagnoses, (3) patient characteristics, (4) available resources, (5) patient preferences, and (6) treatment potential.<sup>1,16</sup>

#### Type of Health Problem

Health concerns can be categorized as (1) problems for referral that are addressed primarily by other health providers, (2) interdisciplinary problems that are addressed collaboratively with other providers, and (3) nursing diagnoses for which nurses have primary responsibility.<sup>11</sup> When the health concern falls in the first category, the primary responsibility for identifying the desired outcome will usually reside with the responsible health provider. When the health concern falls under the second category, nurses and other responsible providers should work together to identify the outcomes. When the health concern is a nursing diagnosis, nurses should assume primary responsibility for identifying patient outcomes related to the diagnosis. In all three cases the provider of care should include the patient in the decision-making process.

#### Nursing Diagnosis or Medical Diagnosis

It is important to consider all health-related diagnoses when nurses select an outcome, but many of the outcomes directly relate to an identified nursing diagnosis. When using NANDA International (NANDA-I) diagnoses, consideration in selecting outcomes should be given to the diagnosis definition, the defining characteristics, and related factors or the risk factors for a risk diagnosis. For example, *Activity Intolerance* is defined as "Insufficient physiological or psychological energy to endure or complete required or desired daily activities" (p. 231).<sup>11</sup> Based on this definition, nurses might select *Activity Tolerance*, *Endurance*, *Psychomotor Energy*, or *Self-Care Status* as outcomes. In the NOC outcomes, *Activity Tolerance* and *Endurance* are related to insufficient physiological energy while *Psychomotor Energy* is related to insufficient psychological energy. When considering the defining characteristics (e.g., blood pressure, cardiac response to activity, dyspnea, or fatigue) of the same diagnosis, the outcomes *Vital Signs* or *Cardiopulmonary*

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*



the patient, therapeutic response of the intervention, or the length of time in care setting). Community agencies may elect to evaluate patient status at each visit or at every other visit if the patient is seen frequently.<sup>30</sup> Measurement times are not standardized, so it is important for making comparisons between populations and among units to report the date and time when measures were obtained. This information will support recommended time intervals for the various outcomes and for varied patient populations.

It is crucial that nurses have a minimum of two outcome ratings to determine if change in the outcome has occurred and to what level or degree it has occurred. As was mentioned previously, this type of data will be valuable in evaluating how nursing interventions, other aspects of the patient's care, and the patient characteristics affect outcome achievement. If the desired change is not occurring in patients, data will allow nurses to determine what differences exist between those who achieve the outcome target rating and those who do not. In addition, it enables nurses to identify if the type of intervention or care program needs to be or can be changed. If it is a patient characteristic that cannot be changed, such as age, gender, or initial severity of illness, then the target rating of the outcome may need reevaluation and adjustment.

### **Using the Measurement Scales**

As previously discussed, the scales are rated on a 1- to 5-point scale. The indicators have been provided to assist nurses in determining the patient's status and to serve as evidence for the outcome rating, but the presence of the indicators does not eliminate the need for a nursing judgment. Because the scale anchors are not specifically defined for each indicator and outcome, the nurse must make a nursing judgment about the patient status for the indicators used and for the overall outcome. Although the accuracy of this judgment becomes more important when assigning the target rating, it requires the same judgment process when determining if the patient has achieved a "5" on the rating of the outcome. To assist the nursing staff, some organizations have elected to provide more specific anchors for each of the outcome ratings used in the respective facilities. Examples of this work are documented in the fourth edition of NOC.<sup>21</sup> This approach is especially useful when using the outcomes in a standard plan, when the number of outcomes is limited for a particular population, or in a research study.

The NOC outcome also can be used in conjunction with published measurement scales. The scales could be used for assessment purposes to identify nursing problems or diagnoses, and the NOC outcomes can be chosen to measure the impact of the interventions. For an example, there are recognized patient assessment tools to assess pain, neurological status, pedal pulses, and edema or to grade pressure ulcers

and burns. These scales tend to measure a more specific or limited concept while the NOC outcome may be at a more abstract level, but it will be critical in this exercise to ensure that the concepts of both the published measurement scales and the NOC are conceptually aligned with one another. Another recommendation would be that users determine what they want to measure and if the published measurement scale serves their need more appropriately; they may elect to use that scale instead of a NOC outcome. For example, the 10-point pain scale that measures the patient's report of pain may be more appropriate for the practice situation than using the NOC outcome *Pain Level*, particularly if the patient's verbal report of pain is the only measure desired.

While the process described for using the outcomes in practice is important, the processes associated with preparing to implement NOC in a clinical setting and in an electronic patient record are equally important. With a shrinking workforce, increased requirements for documentation, higher patient acuity, and concerns over patient safety, administrators need tools or strategies to meet these challenges.<sup>13,22</sup> The next section gives a brief overview of these aspects of implementation.

## **Implementing NOC in Clinical Settings**

Organizational leaders and staff may need to be educated about the importance of using standardized languages for nursing practice. A key person or "champion" is one who is committed to the project and able to articulate the advantages of using standardized languages. This person needs to be responsible for the planning as well as the implementation process. The nurse in charge of nursing informatics or outcome management is often one of the persons most appropriate for this role.

In addition, the "champion" staff members who use NOC need to be identified and educated about the classification. Education of the staff is one of the most important factors for the successful implementation of NOC, and it should include the process for using NOC outcomes and the issues and concerns that arise as nurses begin to use them. Staff should not have to become familiar with the use of NOC and a new computer system at the same time. If an organization is going to select a new computer system, the time used for evaluation and selection of the system should be used to orient nurses to using NOC outcomes and to piloting written forms.

## **Implementation Planning**

A set of representatives from key areas and pilot units should be established to assist the "champions" with the implementation process. The representatives can assist with the development of the plan and with staff education during the implementation process. Components of the plan include goals, timelines, evaluation plans, and cost projections. The

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*

medical diagnoses are just a sample of the questions that can be addressed. Studies should also be testing the use of the outcomes and interventions with specific patient populations and add to the body of knowledge.

As well as studying the relationships between interventions and outcomes, the relationships among the environment, the structure of the health care organization, the processes of care, and patient outcomes need to be studied. Without these types of data, organizations have little information that supports the adjustment of staff mix or determination of the cost-effectiveness of structural or process changes in the nursing care delivery system. Issues related to the study of organizational factors that influence patient outcomes have gained increased emphasis in recent years.

Identification of patient factors that influence outcome attainment, referred to as risk factors, is another area that needs to be studied to carry out effectiveness research related to nursing interventions. Personal factors need to be identified to reduce or remove the effects of confounding factors in studies where the cases are not randomly assigned to different treatments, as is typical in most effectiveness research. Identification of the personal factors that influence outcome achievement for a particular diagnosis or the effectiveness of an intervention for patients with varying personal characteristics and life circumstances will add to the body of nursing knowledge and allow nurses to provide the highest quality care possible. As effectiveness research and evidence-based practice gain momentum in nursing, both organizational and personal factors that need to be considered in the analysis of data are being identified in the literature.<sup>29</sup>

In addition to these other examples, the rating scales for the indicators of the outcomes need to be developed more completely. An example of this work is presented by Brokel and Hoffman<sup>3</sup> in the refinement of indicators and the scale and subsequent retirement of an outcome label. It is critical that patients who are evaluated on an outcome present the different levels of the scale ratings of "1" through "5." For example, if the indicator for an outcome is "appears calm" and your observations after reviewing numerous charts help you to base the ratings in certain behaviors, you may come up with the following rating example:

Rating of 1: Continuous crying out, moaning, groaning, thrashing

Rating of 2: Three fourths of the day crying out, moaning, groaning, thrashing

Rating of 3: Half of the day crying out, moaning, groaning, thrashing

Rating of 4: One fourth of the day crying out, moaning, groaning, thrashing

Rating of 5: Restful, sleeping throughout the entire day<sup>3</sup>

With this example a large amount of patient data was used to base (or operationalize) the ratings in the behavior of the specific indicator.<sup>3</sup>

Other projects that need to be completed relate to these following questions: (1) Are some outcomes selected more frequently for a particular nursing diagnosis? (2) What is the difference in the selection of outcomes for a particular nursing diagnosis across settings of care? (3) How do the outcomes selected for a particular nursing diagnosis vary with patient age, gender, education, or social and economic status? (4) Are there particular interventions or combinations of nursing interventions that produce the best nursing outcomes? This type of information will be invaluable in designing protocols for novice nurses to make judgments and decisions about care. It is also important to examine the diagnoses, interventions, and outcomes linkages or selected components of the NNN that reflect the core specialty content of our colleagues in specialty areas of practice.

## LICENSING NOC OUTCOMES

A license is needed to use NOC if you use it in an electronic information system or if you use more than a few outcomes in a product for commercial gain. Mosby, now a part of Elsevier, holds the copyright on NOC. Requests for permission to use or license NOC should be sent to Elsevier. The inside front cover contains information about whom to contact to use NOC or to obtain a license.

The use of NOC in an electronic system requires a license because significant portions of the book will be available to multiple users. Fees for the use of NOC in an organization's electronic system depend upon the number of users. If the user purchases a software product that uses NOC, the license fees often will be included as part of the product cost. In addition, a license is required if a significant portion of the classification in a book is used or products using portions of the book are being sold. Many requests are consistent with fair use and do not require fees. Fees are not required if the organization uses the outcomes in a paper format; however, the organization should purchase sufficient books so that it does not have to make multiple copies of the classification. Fees are generally not required for schools of nursing that want to use NOC in educational products for their own students; however, if the school is using a significant portion of NOC, it is expected that students will have the books to use with the products produced by the schools. Fees are generally not required for research using NOC, and fees for use in another publication will depend on the number of outcomes used.

## SUMMARY

The use of NOC in practice, education, and research is increasing as more of the nurses, clinicians, faculty members, and scholars move toward the use of standardized languages. These are important steps for the nursing profession and will ensure that future nurses are better equipped to deal with the changes that will take place with the implementation of electronic records and electronic documentation. Research

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*



## Overview of the NOC Taxonomy

The following section of this book contains the three-level taxonomy for the NOC. The NOC taxonomy was created to (1) organize the key concepts in the taxonomy into domains, classes, and outcomes, (2) provide a stable structure for outcome placement over time, (3) allow for the addition of new outcomes, (4) identify missing outcomes needed for future editions, and (5) assist nurses and other health care providers in identifying and selecting outcomes for the diagnoses they treat for patients, families, and communities. Use of the taxonomy makes identification of possible outcomes for use in practice easier than an alphabetical list of outcomes. The domain and class levels in the taxonomy have become even more important as the classification has grown over time.

### HISTORICAL DEVELOPMENT OF THE NOC TAXONOMY

The taxonomic structure was developed during the second phase of the original research and was first distributed in a publication from the Center<sup>3</sup> and then published in an article overviewing the methods in 1998.<sup>5</sup> The NOC taxonomic structure was developed using strategies refined by the Iowa Intervention Project.<sup>1</sup> The goal was to create a three-level taxonomic structure similar to the one developed for the Nursing Interventions Classification (NIC).<sup>2</sup> This required an inductive approach using qualitative similarity-dissimilarity analysis with many participants sorting outcomes into clusters. Each participant identified a concept label that he or she felt captured the essence of the cluster of outcomes. In the first sort, 175 outcomes were grouped in this manner and the participants were asked to create 15 to 25 clusters based on the sorting process. Hierarchical cluster analysis was then applied to combine the results of each participant's individual sort. This process created the class level of the NOC taxonomy which when finalized created 24 classes: *Energy Maintenance, Growth and Development, Mobility, Self-Care, Cardiopulmonary, Elimination, Fluid and Electrolytes, Immune Response, Metabolic Regulation, Neurocognitive, Nutrition, Tissue Integrity, Psychological Well-Being, Psychological Adaptation, Self-Control, Social Interaction, Health Behavior, Health Beliefs, Health Knowledge, Risk Control and Safety, Health and Life Quality, Symptom Status, Family Caregiver Status, and Maltreatment Resolution*. Each outcome is listed in only one class in the taxonomy.

In the second phase of the development of the taxonomy, the 24 classes were sorted by participants to create the top level of the taxonomy using the same methods used to create the concept labels for each class. The results of this process identified 6 domains: *Functional Health, Physiologic Health, Psychosocial Health, Health Knowledge and Behavior, Perceived Health, and Family Health*. By the time the first publication was available, 197 outcomes had been placed in the taxonomy including several outcomes that were included for the first time in the second edition of NOC. A more detailed description of the process used to create the taxonomy is available elsewhere.<sup>5</sup>

### REVISIONS MADE IN THE TAXONOMY SINCE ITS CREATION

The following sections highlight the changes made in the NOC taxonomy by edition. The reader can review a more complete list of new and revised outcomes in the appendix of previous editions. In general, new classes are added to the taxonomy when outcomes are identified that do not fit easily into the current classes in the taxonomy or when a substantial number of outcomes focused on a concept are added to the classification.

#### Second Edition

The NOC taxonomy was first published within the classification in the second edition<sup>4</sup> in 2000. At that time there were 7 domains, 29 classes, and 260 outcomes. The revisions to the taxonomy for the second edition included 5 new classes: *Therapeutic Response* and *Sensory Function* in the *Functional Health Domain*, *Family Member Health Status* in the *Family Health Domain*, and *Community Well-Being and Community Health Protection* in the new *Domain Community Health*. *Community Health* was added as a domain to the taxonomy to allow for the inclusion of outcomes focused on the community as the recipient of care. This domain contains outcomes that describe the health, well-being, and functioning of a community or population. Like the *Family Domain* the focus of care is on a group rather than an individual. In this case the population might be an entire community, a neighborhood, or a population of patients with the same health concern (e.g., diabetes). The addition of another domain enlarged the taxonomy to 7 domains, 29 classes, and 260 outcomes. In addition, the definitions for 4 classes, *Nutrition, Symptom Status, Family Care Status, and Family*

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*



*image  
not  
available*

*image  
not  
available*

*image  
not  
available*





*image  
not  
available*

*image  
not  
available*

*image  
not  
available*



*image  
not  
available*

*image  
not  
available*

*image  
not  
available*





*image  
not  
available*

*image  
not  
available*

*image  
not  
available*



*image  
not  
available*

*image  
not  
available*

*image  
not  
available*



## References

---

1. Iowa Intervention Project. (1993). The NIC taxonomy structure. *Image: Journal of Nursing Scholarship*, 25(3), 187-192.
2. Iowa Intervention Project, McCloskey, J. C., & Bulechek, G. M. (Eds.). (1996). *Nursing interventions classification (NIC)* (2nd ed.). St. Louis: Mosby.
3. Iowa Outcomes Project. (1997). *Taxonomy of nursing outcomes classification (NOC)*. Iowa City, IA: Author.
4. Iowa Outcomes Project, Johnson, M., Maas, M., & Moorhead, S. (Eds.). (2000). *Nursing outcomes classification (NOC)* (2nd ed.). St. Louis: Mosby.
5. Moorhead, S., Head, B., Johnson, M., & Maas, M. (1998). The nursing outcomes taxonomy: Development and coding. *Journal of Nursing Care Quality*, 12(6), 56-63.
6. Moorhead, S., Johnson, M., & Maas, M. (Eds.). (2004). *Nursing outcomes classification (NOC)* (3rd ed.). St. Louis: Mosby.
7. Moorhead, S., Johnson, M., Maas, M., & Swanson, E. (Eds.). (2008). *Nursing outcomes classification (NOC)* (4th ed.). St. Louis: Elsevier Mosby.

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*

## OUTCOME CONTENT REFERENCES:

- Brendtro, M., & Bowker, L. H. (1989). Battered women: How can nurses help? *Issues in Mental Health Nursing*, 10(2), 169–180.
- +Dutton, M. A. (1992). *Empowering and healing the battered woman: A model for assessment and intervention*. New York: Springer.
- Helton, A., McFarlane, J., & Anderson, E. (1987). Prevention of battering during pregnancy: Focus on nurse behavioral change. *Public Health Nursing*, 4(3), 166–174.
- Hoff, L. A. (1992). Battered woman: Understanding, identification, and assessment. A psychosocial perspective, Part 1. *Journal of the American Academy of Nurse Practitioners*, 4, 148–155.
- Hoff, L. A. (1993). Battered women: Intervention and prevention. A psychosocial cultural perspective, Part 2. *Journal of the American Academy of Nurse Practitioners*, 5(1), 34–39.
- Schiambreg, L. B., & Gans, D. (2000). Elder abuse by adult children: An applied ecological framework for understanding contextual risk factors and the inter-generational character of quality of life. *International Aging & Human Development*, 50(4), 329–359.
- Theran, S. A., Sullivan, C. M., Bogat, G. A., Stewart, C. S. (2006). Abusive partners and ex-partners: Understanding the effects of relationship to the abuser on women's well-being. *Violence Against Women*, 12(10), 950–969.

**Abuse Recovery**

2514

**Definition:** Extent of healing following physical or psychological abuse that may include sexual or financial exploitation

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		None	Limited	Moderate	Substantial	Extensive	
		1	2	3	4	5	
<b>Indicators:</b>							
251401	Recognition of abusive relationship(s)	1	2	3	4	5	NA
251402	Healing of psychological injuries	1	2	3	4	5	NA
251403	Healing of physical injuries	1	2	3	4	5	NA
251404	Healing of physical injuries due to sexual abuse	1	2	3	4	5	NA
251405	Healing of psychological injuries due to sexual abuse	1	2	3	4	5	NA
251406	Control of personal finances following financial exploitation	1	2	3	4	5	NA
251407	Control of legal matters following financial exploitation	1	2	3	4	5	NA
251408	Self-esteem	1	2	3	4	5	NA
251409	Feelings of empowerment	1	2	3	4	5	NA
251410	Positive interpersonal relationships	1	2	3	4	5	NA

**Domain-Family Health (VI) Class-Family Member Health Status (Z) 3rd edition 2004; revised 2008**

## OUTCOME CONTENT REFERENCES:

- Bass, E., & Davis, L. (1994). *The courage to heal: A guide for women survivors of child sexual abuse* (3rd ed.). New York: Harper & Row.
- Campbell, J., McKenna, L. S., Torres, S., Sheridan, D., & Landenburger, K. (1993). Nursing care of abused women. In J. Campbell & J. Humphreys (Eds.), *Nursing care of survivors of family violence* (pp. 248–289). St. Louis: Mosby.
- Hudson, M. E., & Johnson, T. F. (1986). Elder neglect and abuse: A review of the literature. *Annual Review of Nursing Research*, 6(3), 81–134.
- Kaplan, S. J., Pelcovitz, D., & Labruna, V. (1999). Child and adolescent abuse and neglect research: A review of the past 10 years. Part I: Physical and emotional abuse and neglect. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(10), 1214–1222.
- Reed, K. (2005). When elders lose their cents: Financial abuse of the elderly. *Clinics in Geriatric Medicine*, 21(2), 365–382.
- Smith, M. E., & Kelly, L. M. (2001). The journey of recovery after a rape experience. *Issues in Mental Health Nursing*, 22(4), 337–352.
- Taylor, J. Y. (2000). Sisters of the Yam: African American women's healing and self-recovery from intimate male partner violence. *Issues in Mental Health Nursing*, 21(5), 515–531.
- Walsh, K., & Bennett, G. (2000). Financial abuse of older people. *Journal of Adult Protection*, 2(1), 21–29.
- Wang, J. J., Lin, J. N., & Lee, F. P. (2006). Psychologically abusive behaviors by those caring for the elderly in a domestic context. *Geriatric Nursing*, 27(5), 284–291.

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*



**Definition:** Extent of healing of physical and psychological injuries due to sexual abuse or exploitation

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		None	Limited	Moderate	Substantial	Extensive	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
250502	Acknowledgment of right to disclose abusive situation	1	2	3	4	5	NA
250505	Expressions of right to have been protected from abuse	1	2	3	4	5	NA
250523	Healing of physical injuries	1	2	3	4	5	NA
250509	Relief of anger in non-destructive ways	1	2	3	4	5	NA
250510	Self-advocacy	1	2	3	4	5	NA
250511	Feelings of empowerment	1	2	3	4	5	NA
250512	Expressions of hope	1	2	3	4	5	NA
250513	Consistency of behavior with social norms	1	2	3	4	5	NA
250514	Evidence of non-abusive same-sex relationships	1	2	3	4	5	NA
250515	Evidence of non-abusive opposite-sex relationships	1	2	3	4	5	NA
250524	Expressions of comfort with gender identity	1	2	3	4	5	NA
250525	Expressions of comfort with sexual orientation	1	2	3	4	5	NA
250521	Verbalization of accurate information about sexual functioning	1	2	3	4	5	NA
250526	Resolution of feelings about abuse	1	2	3	4	5	NA
250527	Resolution of guilt	1	2	3	4	5	NA
		Extensive	Substantial	Moderate	Limited	None	
250501	Verbalization of details of abuse	1	2	3	4	5	NA
250507	Sleep disturbance	1	2	3	4	5	NA
250508	Depression	1	2	3	4	5	NA
250518	Eating disorders	1	2	3	4	5	NA
250519	Self-mutilation	1	2	3	4	5	NA
250520	Suicide attempts	1	2	3	4	5	NA

**Domain-Family Health (VI) Class-Family Member Health Status (Z) 1st edition 1997; revised 2004, 2013**

OUTCOME CONTENT REFERENCES:

- Bass, E., & Davis, L. (1994). *The courage to heal: A guide for women survivors of child sexual abuse* (3rd ed.). New York: Harper & Row.
- +Briere, J., & Runtz, M. (1989). The trauma symptom checklist (TSC-33): Early data on a new scale. *Journal of Interpersonal Violence*, 4(2), 151-163.
- DePanfilis, D. (1986). *Literature review of sexual abuse* (DHHS Publication No. [OHDSA] 87-30530). Washington, DC: USDHHS, National Center on Child Abuse & Neglect.
- Gries, L. T., Goh, D. S., Andrews, M. B., Gilbert, J., Praver, E., & Stelzer, D. N. (2000). Positive reaction to disclosure and recovery from child sexual abuse. *Journal of Child Sexual Abuse*, 9(1), 29-51.
- Hill, E. L., Gold, S. N., & Bornstein, R. F. (2000). Interpersonal dependency among adult survivors of childhood sexual abuse in therapy. *Journal of Child Sexual Abuse*, 9(2), 71-86.
- Sgroi, S. M. (1982). *Handbook of clinical intervention in child sexual abuse*. Lexington, MA: Lexington Books.
- Sgroi, S. M. (Ed). (1988). *Vulnerable populations: Evaluation and treatment of sexually abused children and adult survivors* (Vol. 1). Lexington, MA: Lexington Books.
- Sgroi, S. M. (Ed). (1988). *Vulnerable populations: Sexual abuse treatment for children, adult survivors, offenders, and persons with mental retardation* (Vol. 2). Lexington, MA: Lexington Books.
- Smith, M. E., & Kelly, L. M. (2001). The journey of recovery after a rape experience. *Issues in Mental Health Nursing*, 22(4), 337-352.
- Symes, L. (2000). Arriving at readiness to recover emotionally after sexual assault. *Archives of Psychiatric Nursing*, 14(1), 30-38.
- Tremblay, C., Hébert, M., & Piché, C. (2000). Type I and type II posttraumatic stress disorder in sexually abused children. *Journal of Child Sexual Abuse*, 9(1), 65-90.

*image  
not  
available*

*image  
not  
available*

*image  
not  
available*

## Acute Respiratory Acidosis Severity

0604

**Definition:** Severity of signs and symptoms of decreased blood pH and increased partial arterial carbon dioxide pressure due to hypoventilation and retention of carbon dioxide

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Severe	Substantial	Moderate	Mild	None	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
060401	Decrease in blood plasma pH	1	2	3	4	5	NA
060402	Increase in serum hydrogen ions	1	2	3	4	5	NA
060403	Increase in serum partial arterial carbon dioxide pressure	1	2	3	4	5	NA
060404	Decrease in serum partial arterial oxygen pressure	1	2	3	4	5	NA
060405	Hypoxia	1	2	3	4	5	NA
060406	Increased apical heart rate	1	2	3	4	5	NA
060407	Arrhythmias	1	2	3	4	5	NA
060408	Increased respiratory rate	1	2	3	4	5	NA
060409	Increased blood pressure	1	2	3	4	5	NA
060410	Muscle twitching	1	2	3	4	5	NA
060411	Drowsiness	1	2	3	4	5	NA
060412	Decreased level of consciousness	1	2	3	4	5	NA
060413	Confusion	1	2	3	4	5	NA
060414	Slowed verbal response	1	2	3	4	5	NA
060415	Dizziness	1	2	3	4	5	NA
060416	Dilated conjunctival blood vessels	1	2	3	4	5	NA
060417	Headache	1	2	3	4	5	NA
060418	Diaphoresis	1	2	3	4	5	NA

Domain-Physiologic Health (II) Class-Fluid & Electrolytes (G) 5th edition 2013

## OUTCOME CONTENT REFERENCES:

- Appel, S. J., & Downs, C. A. (2007). Steady a disturbed equilibrium: Accurately interpret the acid-base balance of acutely ill patients. *Nursing Critical Care*, 2(4), 45-53.
- Clancy, J., & McVicar, A. (2007). Intermediate and long-term regulation of acid-base homeostasis. *British Journal of Nursing*, 16(17), 1076-1079.
- Isenhour, J. L., & Slovis, C. M. (2008). Arterial blood gas analysis: A 3-step approach to acid-base disorders. *The Journal of Respiratory Diseases*, 29(2), 74-82.
- Kraut, J. A., & Madeas, N. E. (2001). Approach to patients with acid-base disorders. *Respiratory Care*, 46(4), 392-402.
- Lian, J. X. (2010). Interpreting and using the arterial blood gas analysis. *Nursing Critical Care*, 5(3), 26-36.
- Lynch, F. (2009). Arterial blood gas analysis: Implications for nursing. *Paediatric Nursing*, 21(1), 41-44.
- Porth, C. M. (2007). *Essentials of pathophysiology* (2nd ed.). Philadelphia: Lippincott Williams & Wilkins.
- Priestly, M. A., & Litman, R. (2009). Acidosis, respiratory. In *Emedicine*. Retrieved from <http://emedicine.medscape.com/article/906545-overview>
- Ruhoff, L. (2006). Arterial blood gases: Analysis and nursing responses. *MEDSURG Nursing*, 15(6), 343-351.

*image  
not  
available*

## Adaptation to Physical Disability

1308

**Definition:** Personal actions to adapt to a significant functional challenge due to a physical disability

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
		1	2	3	4	5	
Indicators:							
130801	Verbalizes ability to adjust to disability	1	2	3	4	5	NA
130802	Verbalizes reconciliation to disability	1	2	3	4	5	NA
130803	Adapts to functional limitations	1	2	3	4	5	NA
130804	Modifies lifestyle to accommodate disability	1	2	3	4	5	NA
130805	Modifies career goals to accommodate disability	1	2	3	4	5	NA
130806	Uses strategies to reduce stress related to disability	1	2	3	4	5	NA
130807	Identifies ways to increase sense of control	1	2	3	4	5	NA
130808	Identifies ways to cope with life changes	1	2	3	4	5	NA
130809	Identifies risk of complications associated with disability	1	2	3	4	5	NA
130810	Identifies plan to meet activities of daily living	1	2	3	4	5	NA
130811	Identifies plan to meet instrumental activities of daily living	1	2	3	4	5	NA
130812	Accepts need for physical assistance	1	2	3	4	5	NA
130821	Obtains information about disability	1	2	3	4	5	NA
130822	Uses community resources	1	2	3	4	5	NA
130823	Obtains assistance from health professional	1	2	3	4	5	NA
130824	Uses personal support system	1	2	3	4	5	NA
130817	Reports decrease in stress related to disability	1	2	3	4	5	NA
130818	Reports decrease in negative feelings	1	2	3	4	5	NA
130819	Reports decrease in negative body image	1	2	3	4	5	NA
130820	Reports increase in psychological comfort	1	2	3	4	5	NA

**Domain-Psychosocial Health (III) Class-Psychosocial Adaptation (N) 3rd edition 2004; revised 2008, 2013**

## OUTCOME CONTENT REFERENCES:

- Carlsson, E., Berglund, B., & Norgren, S. (2001). Living with an ostomy and short bowel syndrome: Practical aspects and impact on daily life. *Journal of WOCN: Wound, Ostomy, and Continence Nursing*, 28(2), 96-105.
- Gignac, M. A., Cott, C., & Badley, E. M. (2000). Adaptation to chronic illness and disability and its relationship to perceptions of independence and dependence. *Journal of Gerontology Series B—Psychological Sciences*, 55(6), P362-P372.
- Livneh, H., Antonak, R. F., & Gerhardt, J. (1999). Psychosocial adaptation to amputation: The role of sociodemographic variables, disability-related factors and coping strategies. *International Journal of Rehabilitation Research*, 22(1), 21-31.
- Wingate, S. J. (1986). Levels of pacemaker acceptance by patients. *Heart & Lung*, 15(1), 93-100.

## Adherence Behavior

1600

A

**Definition:** Self-initiated actions to promote optimal wellness, recovery, and rehabilitation

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
		1	2	3	4	5	
Indicators:							
160001	Asks health-related questions	1	2	3	4	5	NA
160002	Seeks health information from a variety of sources	1	2	3	4	5	NA
160016	Evaluates accuracy of health information obtained	1	2	3	4	5	NA
160003	Uses reputable health information to develop strategies	1	2	3	4	5	NA
160004	Weighs risks/benefits of health behavior	1	2	3	4	5	NA
160007	Provides rationale for adopting a health behavior	1	2	3	4	5	NA
160008	Uses strategies to eliminate unhealthy behavior	1	2	3	4	5	NA
160009	Uses strategies to optimize health	1	2	3	4	5	NA
160010	Uses health care services congruent with need	1	2	3	4	5	NA
160011	Performs activities of daily living consistent with energy and tolerance	1	2	3	4	5	NA
160012	Performs self-screening	1	2	3	4	5	NA
160013	Describes rationale for deviating from a health regimen	1	2	3	4	5	NA
160014	Performs self-monitoring of health status	1	2	3	4	5	NA

**Domain-Health Knowledge & Behavior (IV) Class-Health Behavior (Q) 1st edition 1997; revised 2004, 2008**

## OUTCOME CONTENT REFERENCES:

- Burkhart, P. V., Dunbar-Jacob, J. M., & Rohay, J. M. (2001). Accuracy of children's self-reported adherence to treatment. *Journal of Nursing Scholarship*, 33(1), 27-32.
- Epstein, L., & Cluss, P. A. (1982). A behavioral perspective on adherence to long-term medical regimens. *Journal of Consulting and Clinical Psychology*, 50(6), 950-971.
- Folden, S. L. (1993). Definitions of health and health goals of participants in a community-based pulmonary rehabilitation program. *Public Health Nursing*, 10(1), 31-35.
- +Hettler, B. (1982). Wellness promotion and risk reduction on a university campus. In M. Faber & A. Reinhardt (Eds.), *Promoting health through risk reduction*. New York: Macmillan.
- Jensen, L., & Allen, M. (1993). Wellness: The dialect of illness. *Image—The Journal of Nursing Scholarship*, 25(3), 220-224.
- Konradi, D. B., & Lyon, B. L. (2000). Measuring adherence to a self-care fitness walking routine. *Journal of Community Health Nursing*, 17(3), 159-169.
- Kravits, R., Hays, R. D., Sherbourne, C. D., DiMatteo, M. R., Rogers, W. H., Ordway, L., & Greenfield, S. (1993). Recall of recommendations and adherence to advice among patients with chronic medical conditions. *Archives of Internal Medicine*, 153(16), 1869-1878.
- Miller, P., Wikoff, R., & Hiatt, A. (1972). Fishbein's Model of measured behavior of hypertensive patients. *Nursing Research*, 41(2), 104-109.
- Pender, N. J. (1990). Expressing health through lifestyle patterns. *Nursing Science Quarterly*, 3(3), 115-122.
- Pender, N. J., & Pender, A. R. (1986). Attitudes, subjective norms, and intentions of engagement in health behaviors. *Nursing Research*, 35(1), 15-18.
- Shumaker, S. A., Chron, E. B., & Ockene, J. K. (1998). *The handbook of health behavior change* (2nd ed.). New York: Springer.
- Toljamo, M., & Hentinen, M. (2001). Adherence to self-care and social support. *Journal of Clinical Nursing*, 10(5), 618-627.
- Woods, N. (1989). Conceptualizations of self-care: Toward health-oriented models. *Advances in Nursing Science*, 12(1), 1-13.



## Adherence Behavior: Healthy Diet

1621

**Definition:** Self-initiated actions to monitor and optimize a balanced nutritional dietary regimen

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
		1	2	3	4	5	
Indicators:							
162101	Sets achievable dietary goals	1	2	3	4	5	NA
162102	Balances caloric intake and caloric requirements	1	2	3	4	5	NA
162103	Seeks information about established nutritional guidelines	1	2	3	4	5	NA
162104	Uses recommended nutritional guidelines to plan meals	1	2	3	4	5	NA
162105	Selects foods consistent with recommended nutritional guidelines	1	2	3	4	5	NA
162106	Selects portions consistent with recommended nutritional guidelines	1	2	3	4	5	NA
162107	Selects foods based on nutritional information on food labels	1	2	3	4	5	NA
162108	Washes fresh fruits and vegetables before eating	1	2	3	4	5	NA
162109	Prepares foods following dietary recommendations for fat, sodium, and carbohydrates	1	2	3	4	5	NA
162110	Cooks meat, poultry, fish, and eggs based on safety recommendations	1	2	3	4	5	NA
162111	Eats recommended servings of fruits per day	1	2	3	4	5	NA
162112	Eats recommended servings of vegetables per day	1	2	3	4	5	NA
162113	Eats more whole-grain products than refined-grain products	1	2	3	4	5	NA
162114	Minimizes foods with high caloric value and little nutritional value	1	2	3	4	5	NA
162115	Balances fluid intake and fluid loss	1	2	3	4	5	NA
162116	Maintains hydration	1	2	3	4	5	NA
162117	Selects foods that provide calcium to meet requirements	1	2	3	4	5	NA
162118	Supplements with vitamins/minerals within suggested guidelines	1	2	3	4	5	NA
162119	Chooses foods consistent with cultural religious beliefs	1	2	3	4	5	NA
162120	Discusses use of herbal remedies with health provider	1	2	3	4	5	NA
162121	Avoids foods that interact with medications	1	2	3	4	5	NA
162122	Avoids foods that interact with herbal remedies	1	2	3	4	5	NA
162123	Avoids foods that trigger allergic reactions	1	2	3	4	5	NA

**Domain-Health Knowledge & Behavior (IV) Class-Health Behavior (Q) 4th edition 2008; revised 2013**

## OUTCOME CONTENT REFERENCES:

- Brownell, K. D., & Cohen, L. R. (1995). Adherence to dietary regimen 2: Components of effective intervention. *Behavioral Medicine, 20*(4), 155–164.
- Dudek, S. G. (2007). *Nutrition essentials for nursing practice* (5th rev. ed.). Philadelphia: Lippincott Williams & Wilkins.
- Marotz, L. R., Rush, J. M., & Cross, M. Z. (2001). *Health, safety, and nutrition for the young child*. Albany, NY: Thomson Delmar Learning.
- U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2010). *Dietary guidelines for Americans 2010* (7th ed.). Washington, DC: U.S. Government Printing Office.

## Aggression Self-Restraint

1401

A

**Definition:** Personal actions to refrain from assaultive, combative, or destructive behaviors toward others

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
		1	2	3	4	5	
Indicators:							
140110	Identifies when angry	1	2	3	4	5	NA
140111	Identifies when frustrated	1	2	3	4	5	NA
140112	Identifies situations that precipitate hostility	1	2	3	4	5	NA
140113	Identifies responsibility to maintain control	1	2	3	4	5	NA
140114	Identifies when feeling aggressive	1	2	3	4	5	NA
140115	Identifies alternatives to aggression	1	2	3	4	5	NA
140116	Identifies alternatives to verbal outbursts	1	2	3	4	5	NA
140124	Uses effective conflict resolution skills	1	2	3	4	5	NA
140125	Expresses needs in a non-destructive manner	1	2	3	4	5	NA
140117	Vents negative feelings in a non-destructive manner	1	2	3	4	5	NA
140101	Refrains from verbal outbursts	1	2	3	4	5	NA
140126	Avoids violating others' personal space	1	2	3	4	5	NA
140103	Refrains from striking others	1	2	3	4	5	NA
140104	Refrains from harming others	1	2	3	4	5	NA
140105	Refrains from harming animals	1	2	3	4	5	NA
140106	Refrains from destroying property	1	2	3	4	5	NA
140109	Controls impulses	1	2	3	4	5	NA
140121	Uses physical activity to reduce pent-up energy	1	2	3	4	5	NA
140122	Uses techniques to control anger	1	2	3	4	5	NA
140123	Uses techniques to control frustration	1	2	3	4	5	NA
140118	Upholds contract to restrain aggressive behaviors	1	2	3	4	5	NA
140119	Maintains self-control without supervision	1	2	3	4	5	NA

**Domain-Psychosocial Health (III) Class-Self-Control (O) 1st edition 1997; revised 2000, 2004, 2008, 2013**

### OUTCOME CONTENT REFERENCES:

- Berkowitz, L. (1993). *Aggression: Its causes, consequences, and control*. New York: McGraw-Hill.
- +Buss, A. H., & Perry, M. (1992). The aggression questionnaire. *Journal of Personality and Social Psychology*, 63(3), 452-459.
- Crowell, D. H., Evans, I. M., & O'Donnell, C. R. (Eds.). (1987). *Childhood aggression and violence*. New York: Plenum.
- Grancola, P. R., & Zeichner, A. (1993). Aggressive behavior in the elderly: A critical review. *Clinical Gerontologist*, 13(2), 3-22.
- Ingram, T. N. (2001). Risk for violence: Self-directed or directed at others. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Titler & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 696-705). St. Louis: Mosby.
- Mason, T., Chandley, M. (1999). *Managing violence and aggression: A manual for nurses and health care workers*. Edinburgh: Churchill Livingstone.
- Maxfield, M. C., Lewis, R. E., & Connor, S. (1996). Training staff to prevent aggressive behavior of cognitively impaired elderly patients during bathing and grooming. *Journal of Gerontological Nursing*, 22(1), 37-43.
- Pepler, D. J., & Rubin, K. H. (Eds.). (1991). *The development and treatment of childhood aggression*. Hillsdale, NJ: Erlbaum.
- Rantz, M. J., & McShane, R. E. (1995). Nursing interventions for chronically confused nursing home residents. *Geriatric Nursing*, 16(1), 22-27.
- Ryden, M. B. (1992). Aggressive behavior in persons with dementia who live in the community. *Alzheimer Disease and Associated Disorders*, 2(4), 342-355.

## Agitation Level

1214

**Definition:** Severity of disruptive physiologic and behavioral manifestations of stress or biochemical triggers

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severe	Substantial	Moderate	Mild	None	
		1	2	3	4	5	
Indicators:							
121401	Difficulty processing information	1	2	3	4	5	NA
121402	Restlessness	1	2	3	4	5	NA
121403	Frustration	1	2	3	4	5	NA
121404	Irritability	1	2	3	4	5	NA
121405	Pacing	1	2	3	4	5	NA
121406	Repetitious movements	1	2	3	4	5	NA
121407	Inability to remain seated	1	2	3	4	5	NA
121408	Difficulty staying on tasks	1	2	3	4	5	NA
121409	Resists assistance	1	2	3	4	5	NA
121410	Combativeness	1	2	3	4	5	NA
121411	Thrashing in bed	1	2	3	4	5	NA
121432	Insomnia	1	2	3	4	5	NA
121412	Pulling at tubes or restraints	1	2	3	4	5	NA
121413	Repetitious mannerisms	1	2	3	4	5	NA
121414	Grabbing	1	2	3	4	5	NA
121415	Hoarding	1	2	3	4	5	NA
121416	Hitting	1	2	3	4	5	NA
121417	Kicking	1	2	3	4	5	NA
121418	Throwing	1	2	3	4	5	NA
121419	Spitting	1	2	3	4	5	NA
121420	Biting	1	2	3	4	5	NA
121421	Emotional lability	1	2	3	4	5	NA
121422	Verbal outbursts	1	2	3	4	5	NA
121423	Inappropriate verbalizations	1	2	3	4	5	NA
121424	Inappropriate gestures	1	2	3	4	5	NA
121425	Disinhibition	1	2	3	4	5	NA
121426	Interrupted sleep	1	2	3	4	5	NA
121427	Weight loss	1	2	3	4	5	NA
121428	Dehydration	1	2	3	4	5	NA
121429	Increased blood pressure	1	2	3	4	5	NA
121430	Increased radial pulse rate	1	2	3	4	5	NA
121431	Increased respiratory rate	1	2	3	4	5	NA

**Domain-**Psychosocial Health (III) **Class-**Psychological Well-Being (M) 4th edition 2008; revised 2013

## OUTCOME CONTENT REFERENCES:

- Cohen-Mansfield, J. (1996). Behavioral and mood evaluations: Assessment of agitation. *International Psychogeriatrics*, 8(2), 233-245.
- Gray, K. F. (2004). Managing agitation and difficult behavior in dementia. *Clinics in Geriatric Medicine*, 20(1), 69-82.
- Hamill-Ruth, R. J. (2006). Managing pain and agitation in the critically ill—are we there yet? *Critical Care Medicine*, 34(6), 1838-1839.
- Jaber, S., Chanques, G., Altairac, C., Sebbane, M., Vergne, C., Perrigault, P., Eledjam, J. (2005). A prospective study of agitation in a medical-surgical ICU: Incidence, risk factors, and outcomes. *Chest*, 128(4), 2749-2757.
- Nott, M. T., Chapparo, C., & Baguley, I. J. (2006). Agitation following traumatic brain injury: An Australian sample. *Brain Injury*, 20(11), 1175-1182.
- Sessler, C. N., Gosnell, M. S., Grap, M. J., Brophy, G. M., O'Neal, P. V., Keane, K. A., Tesoro, E. P., & Elswick, R. K. (2002). The Richmond agitation-sedation scale: Validity and reliability in adult intensive care unit patients. *American Journal of Respiratory Critical Care Medicine*, 166(10), 1338-1344.

**Alcohol Abuse Cessation Behavior**

1629

A

**Definition:** Personal actions to eliminate alcohol use that poses a threat to health

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
		1	2	3	4	5	
Indicators:							
162901	Expresses willingness to stop alcohol use	1	2	3	4	5	NA
162902	Expresses belief in the ability to stop alcohol use	1	2	3	4	5	NA
162903	Identifies benefits of eliminating alcohol use	1	2	3	4	5	NA
162904	Identifies negative consequences of alcohol use	1	2	3	4	5	NA
162905	Develops effective strategies to eliminate alcohol use	1	2	3	4	5	NA
162906	Identifies barriers to alcohol elimination	1	2	3	4	5	NA
162907	Identifies emotional states that trigger alcohol use	1	2	3	4	5	NA
162908	Adjusts alcohol elimination strategies as needed	1	2	3	4	5	NA
162909	Commits to alcohol elimination strategies	1	2	3	4	5	NA
162910	Follows selected alcohol elimination strategies	1	2	3	4	5	NA
162911	Participates in screening for associated health problems	1	2	3	4	5	NA
162912	Uses strategies to cope with withdrawal symptoms	1	2	3	4	5	NA
162913	Uses behavior modification strategies	1	2	3	4	5	NA
162914	Uses effective coping strategies	1	2	3	4	5	NA
162915	Obtains assistance from health professional	1	2	3	4	5	NA
162916	Uses personal support system	1	2	3	4	5	NA
162917	Uses reputable sources of information	1	2	3	4	5	NA
162918	Participates in Alcoholics Anonymous	1	2	3	4	5	NA
162919	Contacts sponsor for cessation support	1	2	3	4	5	NA
162920	Encourages family to participate in Al-Anon	1	2	3	4	5	NA
162921	Uses alternative therapy	1	2	3	4	5	NA
162922	Adjusts lifestyle to promote alcohol elimination	1	2	3	4	5	NA
162923	Uses prescribed medication as recommended	1	2	3	4	5	NA
162924	Uses non-prescription medication as recommended	1	2	3	4	5	NA
162925	Avoids situations that encourage alcohol use	1	2	3	4	5	NA
162926	Uses available support groups	1	2	3	4	5	NA
162927	Uses available community resources	1	2	3	4	5	NA
162928	Participates in counseling	1	2	3	4	5	NA
162929	Monitors for signs of depression	1	2	3	4	5	NA
162930	Eliminates alcohol use	1	2	3	4	5	NA

## OUTCOME CONTENT REFERENCES:

- Fox, H. C., Bergquist, K. L., Hong, K., & Sinha, R. (2007). Stress-induced and alcohol cue-induced craving in recently abstinent alcohol-dependent individuals. *Alcoholism: Clinical and Experimental Research, 31*(3), 395–403.
- Graham, K., Massak, A., Demers, A., & Rehm, J. (2007). Does the association between alcohol consumption and depression depend on how they are measured? *Alcoholism: Clinical and Experimental Research, 31*(1), 78–88.
- Gruzca, R. A., & Bierut, L. J. (2006). Cigarette smoking and the risk for alcohol use disorders among adolescent drinkers. *Alcoholism: Clinical and Experimental Research, 30*(12), 2046–2054.
- Humphreys, K., & Moos, R. H. (2007). Encouraging posttreatment self-help group involvement to reduce demand for continuing care services: Two-year clinical and utilization outcomes. *Alcoholism: Clinical and Experimental Research, 31*(1), 64–68.
- Williams, E. C., Horton, N. J., Samet, J. H., & Saitz, R. (2007). Do brief measures of readiness to change predict alcohol consumption and consequences in primary care patients with unhealthy alcohol use? *Alcoholism: Clinical and Experimental Research, 31*(3), 428–435.

**Allergic Response: Localized**

0705

**Definition:** Severity of localized hypersensitive immune response to a specific environmental (exogenous) antigen

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Severe	Substantial	Moderate	Mild	None	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
070501	Sinus pain	1	2	3	4	5	NA
070502	Headache	1	2	3	4	5	NA
070503	Conjunctivitis	1	2	3	4	5	NA
070504	Lacrimation	1	2	3	4	5	NA
070505	Rhinitis	1	2	3	4	5	NA
070506	Sneezing	1	2	3	4	5	NA
070507	Mucous secretions	1	2	3	4	5	NA
070508	Circumoral edema	1	2	3	4	5	NA
070509	Periorbital edema	1	2	3	4	5	NA
070510	Dark circles under eyes	1	2	3	4	5	NA
070511	Burning sensation of eyes	1	2	3	4	5	NA
070512	Localized itching	1	2	3	4	5	NA
070513	Localized rash	1	2	3	4	5	NA
070514	Localized erythema	1	2	3	4	5	NA
070515	Increased localized skin temperature	1	2	3	4	5	NA
070516	Localized edema	1	2	3	4	5	NA
070517	Localized pain	1	2	3	4	5	NA
070518	Localized granuloma	1	2	3	4	5	NA
070519	Localized necrotizing vasculitis	1	2	3	4	5	NA

**Domain-Physiologic Health (II) Class-Immune Response (H) 3rd edition 2004**

## OUTCOME CONTENT REFERENCES:

- Altman, G. B., Buchsel, P., & Coxon, V. (2000). *Delmar's fundamental & advanced nursing skills*. Albany, NY: Thomson Delmar Learning.
- Beltrani, V. S. (2004). Dermatologic allergy. *Pediatric Asthma Allergy and Immunology, 17*(1), 97–99.
- Huether, S. E., & McCance, K. L. (2000). *Understanding pathophysiology* (2nd ed.). St. Louis: Mosby.
- Krause, H. F. (2003). Allergy and chronic rhinosinusitis. *Otolaryngological Head Neck Surgery, 128*(1), 14–16.
- Ledgerwood, G. L., & D'Arienzo, P. A. (2004). Allergic eye disorders: Identification—and alleviation. *Consultant 44*(6), 781–786, 788–789.
- Lewis, S., Heitkemper, M., & Dirksen, S. (2000). *Medical surgical nursing: Assessment and management of clinical problems* (5th ed.). St. Louis: Mosby.
- McCance, K. L., & Huether, S. E. (2001). *Pathophysiology: The biological basis for disease in adults and children* (4th ed.). St. Louis: Mosby.
- Morris, A. J. (2004). Allergy explained: The new definitive terminology. *Nurse, 4*(2), 40–41.
- Mudge-Grout, C. (1992). *Immunologic disorders: Mosby's clinical nursing series*. St. Louis: Mosby.
- Opperwall, B. (2003). Asthma, allergy, and upper airway disease. *Nursing Clinics of North America, 38*(4), 697–711.
- Scally, R. (2003). Living with latex allergies. *Nursezone, 2*(1), 5–7.
- Smeltzer, S. C., & Bare, B. G. (Eds.). (2003). *Brunner and Suddarth's textbook of medical-surgical nursing* (10th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Thelan, L., Urden, L., Lough, M., & Stacy, K. (1998). *Critical care nursing: Diagnosis and management* (3rd ed.). St. Louis: Mosby.
- Tortora, G., & Grabowski, S. (1996). *Principles of anatomy and physiology* (8th ed.). New York: Harper Collins.

## Allergic Response: Systemic

0706

A

**Definition:** Severity of systemic hypersensitive immune response to a specific environmental (exogenous) antigen

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severe	Substantial	Moderate	Mild	None	
		1	2	3	4	5	
Indicators:							
070601	Laryngeal edema	1	2	3	4	5	NA
070602	Dyspnea at rest	1	2	3	4	5	NA
070603	Wheezing	1	2	3	4	5	NA
070604	Stridor	1	2	3	4	5	NA
070605	Adventitious breath sounds	1	2	3	4	5	NA
070606	Tachycardia	1	2	3	4	5	NA
070607	Decreased blood pressure	1	2	3	4	5	NA
070608	Dysrhythmia(s)	1	2	3	4	5	NA
070609	Pulmonary edema	1	2	3	4	5	NA
070610	Decreased level of consciousness	1	2	3	4	5	NA
070611	Mucous secretions	1	2	3	4	5	NA
070612	Facial edema	1	2	3	4	5	NA
070613	Generalized itching	1	2	3	4	5	NA
070614	Hives	1	2	3	4	5	NA
070615	Body exfoliation	1	2	3	4	5	NA
070616	Petechiae	1	2	3	4	5	NA
070617	Erythema	1	2	3	4	5	NA
070618	Increased skin temperature	1	2	3	4	5	NA
070619	Fever	1	2	3	4	5	NA
070620	Chills	1	2	3	4	5	NA
070621	Nausea	1	2	3	4	5	NA
070622	Vomiting	1	2	3	4	5	NA
070623	Diarrhea	1	2	3	4	5	NA
070624	Abdominal cramping	1	2	3	4	5	NA
070625	Red blood cell hemolysis	1	2	3	4	5	NA
070626	Increased bilirubin	1	2	3	4	5	NA
070627	Enlarged spleen	1	2	3	4	5	NA
070628	Enlarged lymph nodes	1	2	3	4	5	NA
070629	Joint pain	1	2	3	4	5	NA
070630	Muscle pain	1	2	3	4	5	NA
070631	Anaphylactic shock	1	2	3	4	5	NA

Domain-Physiologic Health (II) Class-Immune Response (H) 3rd edition 2004

## OUTCOME CONTENT REFERENCES:

- Altman, G. B., Buchsel, P., & Coxon, V. (2000). *Delmar's fundamental & advanced nursing skills*. Albany, NY: Thomson Delmar Learning.
- Gupta, R., Sheikh, A., Strachan, D., & Anderson, H. R. (2003). Increasing hospital admissions for systemic allergic disorders in England: Analysis of national admissions data. *British Medical Journal*, 327(7424), 1142-1143.
- Huether, S. E., & McCance, K. L. (2000). *Understanding pathophysiology* (2nd ed.). St. Louis: Mosby.
- Lewis, S., Heitkemper, M., & Dirksen, S. (2000). *Medical-surgical nursing: Assessment and management of clinical problems* (5th ed.). St. Louis: Mosby.
- McCance, K., & Huether, S. (2001). *Pathophysiology: The biological basis for disease in adults and children* (4th ed.). St. Louis: Mosby.
- Mudge-Grout, C. (1992). *Immunologic disorders: Mosby's clinical nursing series*. St. Louis: Mosby.
- Reading, D. (2004). Managing anaphylaxis. *Practicing Nurse*, 28(3), 28, 30-31.
- Ryder, S., & Waldmann, C. (2003). Anaphylaxis. *Care for Critical Illness*, 19(6), 174-176.
- Smeltzer, S. C., & Bare, B. G. (Eds.). (2003). *Brunner and Suddarth's textbook of medical-surgical nursing* (10th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Thelan, L., Urden, L., Lough, M., & Stacy, K. (1998). *Critical care nursing: Diagnosis and management* (3rd ed.). St. Louis: Mosby.
- Tortora, G., & Grabowski, S. (1996). *Principles of anatomy and physiology* (8th ed.). New York: Harper Collins.

**Definition:** Personal actions to walk from place to place independently with or without assistive device

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severely compromised	Substantially compromised	Moderately compromised	Mildly compromised	Not compromised	
		1	2	3	4	5	
Indicators:							
020001	Bears weight	1	2	3	4	5	NA
020002	Walks with effective gait	1	2	3	4	5	NA
020003	Walks at slow pace	1	2	3	4	5	NA
020004	Walks at moderate pace	1	2	3	4	5	NA
020005	Walks at fast pace	1	2	3	4	5	NA
020006	Walks up steps	1	2	3	4	5	NA
020007	Walks down steps	1	2	3	4	5	NA
020008	Walks up inclines	1	2	3	4	5	NA
020009	Walks down inclines	1	2	3	4	5	NA
020010	Walks short distance (< 1 block)	1	2	3	4	5	NA
020011	Walks moderate distance (> 1 block < 5 blocks)	1	2	3	4	5	NA
020012	Walks long distance (5 blocks or >)	1	2	3	4	5	NA
020014	Walks around room	1	2	3	4	5	NA
020015	Walks around dwelling	1	2	3	4	5	NA
020016	Adjusts to different surface textures	1	2	3	4	5	NA
020017	Walks around obstacles	1	2	3	4	5	NA

**Domain-Functional Health (I) Class-Mobility (C) 1st edition 1997; revised 2004, 2008, 2013**

**OUTCOME CONTENT REFERENCES:**

- Green, J., Forster, A., & Young, J. (2002). Reliability of gait speed measured by a timed walking test in patients one year after stroke. *Clinical Rehabilitation, 16*(3), 306-314.
- Hoeman, S. (2002). *Rehabilitation nursing: Process, application, and outcomes* (3rd ed.). St. Louis: Mosby.
- Jirovec, M. M. (1991). The impact of daily exercise on the mobility, balance, and urine control of cognitively impaired nursing home residents. *International Journal of Nursing Studies, 28*(2), 145-151.
- Lord, S. R., & Menz, H. B. (2002). Physiologic, psychologic, and health predictors of 6-minute walk performance in older people. *Archives of Physical Medicine & Rehabilitation, 83*(7), 907-911.
- Mikulic, M. A., Griffith, E. R., & Jepsen, R. H. (1976). Clinical application of a standardized mobility test. *Archives of Physical Medicine and Rehabilitation, 57*(3), 143-146.
- Pomeroy, V. (1990). Development of an ADL-oriented assessment-of-mobility scale suitable for use for elderly people with dementia. *Physiotherapy, 76*(8), 446-448.
- Tinetti, M. E. (1986). Performance-oriented assessment of mobility problems in elderly patients. *Journal of the American Geriatric Society, 34*(2), 119-126.
- + Uniform Data System for Medical Rehabilitation. (1997). *Guide for the Uniform Data Set for Medical Rehabilitation* (including the FIM™ instrument) (version 5.1). Buffalo, NY: Author.

**Ambulation: Wheelchair**

0201

A

**Definition:** Personal actions to move from place to place in a wheelchair

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Severely compromised	Substantially compromised	Moderately compromised	Mildly compromised	Not compromised	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
020101	Transfers to and from wheelchair	1	2	3	4	5	NA
020102	Propels wheelchair safely	1	2	3	4	5	NA
020103	Propels wheelchair short distance	1	2	3	4	5	NA
020104	Propels wheelchair moderate distance	1	2	3	4	5	NA
020105	Propels wheelchair long distance	1	2	3	4	5	NA
020106	Maneuvers curbs	1	2	3	4	5	NA
020107	Maneuvers doorways	1	2	3	4	5	NA
020108	Maneuvers ramps	1	2	3	4	5	NA

**Domain-Functional Health (I) Class-Mobility (C) 1st edition 1997; revised 2004, 2013**

## OUTCOME CONTENT REFERENCES:

- Hoeman, S. (2002). *Rehabilitation nursing: Process, application, and outcomes* (3rd ed.). St. Louis: Mosby.
- Kane, R. L., & Kane, R. A. (2000). *Assessing older persons: Measures, meaning, and practical applications*. New York: Oxford University Press.
- Lan, T. Y., Melzer, D., Tom, B. D., & Guralnik, J. M. (2002). Performance tests and disability: Developing an objective index of mobility-related limitation in older populations. *Journals of Gerontology. Series A, Biological Sciences & Medical Sciences*, 57(5), M294-M301.
- Mikulic, M. A., Griffith, E. R., & Jepsen, R. H. (1976). Clinical application of a standardized mobility test. *Archives of Physical Medicine and Rehabilitation*, 57(3), 143-146.
- + Uniform Data System for Medical Rehabilitation. (1997). *Guide for the Uniform Data Set for Medical Rehabilitation* (including the FIM™ instrument) (version 5.1). Buffalo, NY: Author.

**Anger Self-Restraint**

1410

**Definition:** Personal actions to eliminate or reduce intense hostile thoughts, feelings, and behaviors

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
141001	Identifies when angry	1	2	3	4	5	NA
141002	Identifies when frustrated	1	2	3	4	5	NA
141003	Identifies early signs of anger	1	2	3	4	5	NA
141004	Identifies situations that precipitate anger	1	2	3	4	5	NA
141005	Approaches unpredictable situation with an open mind	1	2	3	4	5	NA
141006	Identifies the basis of angry feelings	1	2	3	4	5	NA
141007	Assumes responsibility for personal behaviors	1	2	3	4	5	NA

Continued



**Anger Self-Restraint—cont'd**

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
141008	Uses effective conflict resolution skills	1	2	3	4	5	NA
141009	Expresses needs in a constructive manner	1	2	3	4	5	NA
141010	Vents negative feelings in a non-threatening manner	1	2	3	4	5	NA
141011	Monitors behavioral manifestations of anger	1	2	3	4	5	NA
141012	Monitors physical manifestations of anger	1	2	3	4	5	NA
141013	Uses physical activity to reduce repressed anger	1	2	3	4	5	NA
141014	Refrains from vacillating between outbursts of anger and passivity	1	2	3	4	5	NA
141015	Avoids imposing one's values on others	1	2	3	4	5	NA
141016	Shares feelings of anger with others	1	2	3	4	5	NA
141017	Uses strategies to control anger	1	2	3	4	5	NA
141018	Uses strategies to control frustration	1	2	3	4	5	NA
141019	Obtains counseling as needed	1	2	3	4	5	NA
141020	Maintains self-control without supervision	1	2	3	4	5	NA

*Domain-Psychosocial Health (III) Class-Self-Control(O) 5th edition 2013*

## OUTCOME CONTENT REFERENCES:

- Dunbar, B. (2004). Anger management: A holistic approach. *Journal of the American Psychiatric Nurses Association, 10*(1), 16-23.
- Howells, K., & Day, A. (2003). Readiness for anger management: Clinical and theoretical issues. *Clinical Psychology Review, 23*(2), 319-337.
- Park, Y., Ryu, H., Han, K., Kwon, J., Kyeom-Kim, H., Kang, H., Yoon, J., Cheon, S., Shin, H. (2010). Anger, anger expression, and suicidal ideation in Korean adolescents. *Archives of Psychiatric Nursing, 24*(3), 168-177.
- Puskar, K., Stark, K., Northcut, T., Williams, R., & Haley, T. (2010). Teaching kids to cope with anger: Peer education. *Journal of Child Health Care, 15*(1), 5-13.
- Walker, A., Nott, M., Doyle, M., Onus, M., McCarthy, K., & Baguley, I. (2010). Effectiveness of a group anger management programme after severe traumatic brain injury. *Brain Injury, 24*(3), 517-524.

## Anxiety Level

1211

A

**Definition:** Severity of manifested apprehension, tension, or uneasiness arising from an unidentifiable source

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severe	Substantial	Moderate	Mild	None	
		1	2	3	4	5	
Indicators:							
121101	Restlessness	1	2	3	4	5	NA
121102	Pacing	1	2	3	4	5	NA
121103	Hand wringing	1	2	3	4	5	NA
121104	Distress	1	2	3	4	5	NA
121105	Uneasiness	1	2	3	4	5	NA
121106	Muscle tension	1	2	3	4	5	NA
121107	Facial tension	1	2	3	4	5	NA
121108	Irritability	1	2	3	4	5	NA
121109	Indecisiveness	1	2	3	4	5	NA
121110	Outbursts of anger	1	2	3	4	5	NA
121111	Problem behavior	1	2	3	4	5	NA
121112	Difficulty concentrating	1	2	3	4	5	NA
121113	Difficulty learning	1	2	3	4	5	NA
121114	Difficulty problem solving	1	2	3	4	5	NA
121115	Panic attack	1	2	3	4	5	NA
121116	Verbalized apprehension	1	2	3	4	5	NA
121117	Verbalized anxiety	1	2	3	4	5	NA
121118	Exaggerated concern about life events	1	2	3	4	5	NA
121119	Increased blood pressure	1	2	3	4	5	NA
121120	Increased pulse rate	1	2	3	4	5	NA
121121	Increased respiratory rate	1	2	3	4	5	NA
121122	Dilated pupils	1	2	3	4	5	NA
121123	Sweating	1	2	3	4	5	NA
121124	Dizziness	1	2	3	4	5	NA
121125	Fatigue	1	2	3	4	5	NA
121126	Decreased productivity	1	2	3	4	5	NA
121127	Decreased school achievement	1	2	3	4	5	NA
121128	Withdrawal	1	2	3	4	5	NA
121129	Sleep disturbance	1	2	3	4	5	NA
121130	Change in bowel pattern	1	2	3	4	5	NA
121131	Change in eating pattern	1	2	3	4	5	NA

Domain-Psychosocial Health (III) Class-Psychological Well-Being (M) 3rd edition 2004

## OUTCOME CONTENT REFERENCES:

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed. text rev.). Washington, DC: Author.
- Byrne, B. (2000). Relationships between anxiety, fear, self-esteem, and coping strategies in adolescence. *Adolescence*, 35(137), 201-216.
- Charron, H. S. (1998). Anxiety disorders. In E. M. Varcarolis (Ed.), *Foundations of psychiatric mental health nursing* (3rd ed., pp. 443-477). Philadelphia: W. B. Saunders.
- Kim, M., Sertella, R., Gulanick, M., Moyer, K., Parsons, E., Scherbel, J., Stafford, M., Suhayada, R., & Yocum, C. (1984). Clinical validation of cardiovascular nursing diagnoses. In M. Kim, G. McFarland, & A. McLane (Eds.), *Classification of nursing diagnoses: Proceedings of the fifth national conference* (pp. 128-137). St. Louis: Mosby.
- Shuldham, C. M., Cunningham, G., Hiscock, M., & Luscombe, P. (1995). Assessment of anxiety in hospital patients. *Journal of Advanced Nursing*, 22(1), 87-93.
- Taylor-Loughran, A. E., O'Brien, M. E., LaChapelle, R., & Rangel, S. (1989). Defining characteristics of the nursing diagnoses fear and anxiety: A validation study. *Applied Nursing Research*, 2(4), 178-186.
- Whitley, G. G., & Tousman, S. A. (1996). A multivariate approach for validation of anxiety and fear. *Nursing Diagnosis*, 7(3), 116-124.

## Anxiety Self-Control

1402

**Definition:** Personal actions to eliminate or reduce feelings of apprehension, tension, or uneasiness from an unidentifiable source

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
		1	2	3	4	5	
<b>Indicators:</b>							
140201	Monitors intensity of anxiety	1	2	3	4	5	NA
140202	Eliminates precursors of anxiety	1	2	3	4	5	NA
140203	Decreases environmental stimuli when anxious	1	2	3	4	5	NA
140204	Seeks information to reduce anxiety	1	2	3	4	5	NA
140205	Plans coping strategies for stressful situations	1	2	3	4	5	NA
140206	Uses effective coping strategies	1	2	3	4	5	NA
140207	Uses relaxation techniques to reduce anxiety	1	2	3	4	5	NA
140208	Monitors duration of episodes	1	2	3	4	5	NA
140209	Monitors length of time between episodes	1	2	3	4	5	NA
140210	Maintains role performance	1	2	3	4	5	NA
140211	Maintains social relationships	1	2	3	4	5	NA
140212	Maintains concentration	1	2	3	4	5	NA
140213	Monitors sensory perceptual distortions	1	2	3	4	5	NA
140214	Maintains adequate sleep	1	2	3	4	5	NA
140215	Monitors physical manifestations of anxiety	1	2	3	4	5	NA
140216	Monitors behavioral manifestations of anxiety	1	2	3	4	5	NA
140217	Controls anxiety response	1	2	3	4	5	NA

**Domain-Psychosocial Health (III) Class-Self-Control (O) 1st edition 1997; revised 2000, 2004**

**OUTCOME CONTENT REFERENCES:**

- +Hudson, W. W. (1992). *The WALMYR assessment scales scoring manual*. Tempe, AZ: WALMYR.
- Laraia, M. T., Stuart, G. W., & Best, C. L. (1989). Behavioral treatment of panic-related disorders: A review. *Archives of Psychiatric Nursing*, 3(3), 125-133.
- Moorhead, S. A., & Brighton, V. A. (2001). Anxiety and fear. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Tiller, & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 571-592). St. Louis: Mosby.
- Stuart, G. W., & Laraia, M. T. (2001). *Principles and practice of psychiatric nursing* (7th ed.). St. Louis: Mosby.
- Tucker, S., Moore, W., & Luedtke, C. (2000). Outcomes of a brief inpatient treatment program for mood and anxiety disorders. *Outcomes Management for Nursing Practice*, 4(3), 117-123.
- Waddell, K. L., & Demi, A. S. (1993). Effectiveness of an intensive partial hospitalization program for treatment of anxiety disorders. *Archives of Psychiatric Nursing*, 7(1), 2-10.

## Appetite

1014

A

**Definition:** Desire to eat

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Severely compromised	Substantially compromised	Moderately compromised	Mildly compromised	Not compromised	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
101401	Desire to eat	1	2	3	4	5	NA
101402	Craving for food	1	2	3	4	5	NA
101403	Enjoyment of food	1	2	3	4	5	NA
101404	Taste of food	1	2	3	4	5	NA
101405	Energy to eat	1	2	3	4	5	NA
101406	Food intake	1	2	3	4	5	NA
101407	Nutrient intake	1	2	3	4	5	NA
101408	Fluid intake	1	2	3	4	5	NA
101409	Stimulus to eat	1	2	3	4	5	NA

**Domain-Physiologic Health (II) Class-Digestion & Nutrition (K) 3rd edition 2004; revised 2013**

## OUTCOME CONTENT REFERENCES:

- Anderson, K. N., Anderson, L. E., & Glanze, W. D. (2002). *Mosby's medical, nursing, & allied health dictionary* (6th ed.). St. Louis: Mosby.
- Dudek, S. G. (2001). *Nutrition essentials for nursing practice*. Philadelphia: Lippincott Williams & Wilkins.
- Lewis, S. M., Heitkemper, M. M., & Dirksen, S. R. (2000). *Medical-surgical nursing: Assessment and management of clinical problems*. St. Louis: Mosby.
- McCanse, K. L., & Huether, S. E. (2002). *Pathophysiology: The biological basis for disease in adults and children*. St. Louis: Mosby.
- Potter, P. A., & Perry, A. G. (2001). *Fundamentals of nursing* (5th ed.). St. Louis: Mosby.
- Thomas, C. L. (Ed.). (1993). *Taber's cyclopedic medical dictionary* (17th ed.). Philadelphia: F. A. Davis.

## Aspiration Prevention

1918

**Definition:** Personal actions to prevent the passage of fluid and solid particles into the lung

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
191801	Identifies risk factors	1	2	3	4	5	NA
191802	Avoids risk factors	1	2	3	4	5	NA
191809	Maintains oral hygiene	1	2	3	4	5	NA
191803	Positions self upright for eating and drinking	1	2	3	4	5	NA
191805	Positions self on side for eating and drinking as needed	1	2	3	4	5	NA
191804	Selects foods according to swallowing ability	1	2	3	4	5	NA
191806	Selects food and fluid of proper consistency	1	2	3	4	5	NA

*Continued*

*Aspiration Prevention—cont'd*

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
191808	Uses liquid thickeners as needed	1	2	3	4	5	NA
191810	Remains upright for 30 minutes after eating	1	2	3	4	5	NA

*Domain-Health Knowledge & Behavior (IV) Class-Risk Control & Safety (T) 2nd edition 2000; revised 2004, 2008*

## OUTCOME CONTENT REFERENCES:

- Fellows, L. S., Miller, E. H., Frederickson, M., Bly, B., & Felt, P. (2000). Evidence-based practice for enteral feedings: Aspiration prevention strategies, bedside detection, and practice change. *MedSurg Nursing, 9*(1), 27-31.
- The Joanna Briggs Institute for Evidence Based Nursing and Midwifery. (2000). Identification and nursing management of dysphagia in adults with neurological impairment. *Best Practice, 4*(2), Blackwell Science-Asia, Australia.
- Johnson, J. L., & Hirsch, C. S. (2003). Aspiration pneumonia. *Postgraduate Medicine, 113*(3), 99-107.
- Lewis, S. M., Collier, I. C., Heitkemper, M. M., & Dirksen, S. R. (2000). *Medical-surgical nursing: Assessment & management of clinical problems* (5th ed.). St. Louis: Mosby.
- McCance, K. L., & Huether, S. E. (2002). *Pathophysiology: The biologic basis for disease in adults and children* (4th ed.). St. Louis: Mosby.
- Oh, E., Weintraub, N., & Dhanai, S. (2004). Can we prevent aspiration pneumonia in the nursing home? *Journal of the American Medical Directors Association, 6*(3, Suppl. 1), S76-S80.
- Smeltzer, S. C., & Bare, B. G. (Eds.). (2003). *Brunner and Suddarth's textbook of medical-surgical nursing* (10th ed.). Philadelphia: Lippincott Williams & Wilkins.

**Balance**

0202

**Definition:** Ability to maintain body equilibrium**B**

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severely compromised	Substantially compromised	Moderately compromised	Mildly compromised	Not compromised	
		1	2	3	4	5	
<b>Indicators:</b>							
020202	Maintains balance while sitting without back support	1	2	3	4	5	NA
020212	Maintains balance while rising from sitting position	1	2	3	4	5	NA
020201	Maintains balance while standing	1	2	3	4	5	NA
020203	Maintains balance while walking	1	2	3	4	5	NA
020209	Maintains balance while standing on one foot	1	2	3	4	5	NA
020210	Maintains balance while shifting weight from one foot to another	1	2	3	4	5	NA
020213	Maintains balance while turning 360 degrees	1	2	3	4	5	NA
020211	Posture	1	2	3	4	5	NA
		<b>Severe</b>	<b>Substantial</b>	<b>Moderate</b>	<b>Mild</b>	<b>None</b>	
020205	Weaving	1	2	3	4	5	NA
020206	Dizziness	1	2	3	4	5	NA
020207	Shakiness	1	2	3	4	5	NA
020208	Stumbling	1	2	3	4	5	NA

**Domain-Functional Health (I) Class-Mobility (C) 1st edition 1997; revised 2004, 2008, 2013**

## OUTCOME CONTENT REFERENCES:

- +Berg, K., Wood-Dauphinee, S., Williams, J. L., & Gayton, D. (1989). Measuring balance in the elderly: Preliminary development of an instrument. *Physiotherapy Canada, 41*(6), 304–311.
- Dittmar, S. (1989). *Rehabilitation nursing: Process and application*. St. Louis: Mosby.
- Our balancing act. (2006). *Harvard Health Letter, 31*(10), 1–3.
- Pettersson, A. F., Engardt, M., & Wahlund, L. O. (2002). Activity level and balance in subjects with mild Alzheimer's disease. *Dementia & Geriatric Cognitive Disorders, 13*(4), 213–216.
- Pomeroy, V. (1990). Development of an ADL-oriented assessment-of-mobility scale suitable for use with elderly people with dementia. *Physiotherapy, 76*(8), 446–448.
- Roberts, B. L. (1989). Effects of walking on balance among elders. *Nursing Research, 38*(3), 180–182.
- Tinetti, M. E. (1986). Performance-oriented assessment of mobility problems in elderly patients. *Journal of the American Geriatric Society, 34*(2), 119–126.

## Blood Coagulation

0409

B

**Definition:** Extent to which blood clots within normal period of time

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severe deviation from normal range	Substantial deviation from normal range	Moderate deviation from normal range	Mild deviation from normal range	No deviation from normal range	
		1	2	3	4	5	
Indicators:							
040901	Clot formation	1	2	3	4	5	NA
040912	Prothrombin time (PT)	1	2	3	4	5	NA
040905	Prothrombin time - international normalized ratio (PT-INR)	1	2	3	4	5	NA
040907	Partial thromboplastin time (PTT)	1	2	3	4	5	NA
040913	Hemoglobin (Hgb)	1	2	3	4	5	NA
040908	Platelet count	1	2	3	4	5	NA
040909	Plasma fibrinogen	1	2	3	4	5	NA
040914	Fibrin split products (FSP)	1	2	3	4	5	NA
040910	Hematocrit (Hct)	1	2	3	4	5	NA
040915	Activated clotting time (ACT)	1	2	3	4	5	NA
		Severe	Substantial	Moderate	Mild	None	
040902	Bleeding	1	2	3	4	5	NA
040903	Bruising	1	2	3	4	5	NA
040904	Petechiae	1	2	3	4	5	NA
040916	Ecchymosis	1	2	3	4	5	NA
040917	Purpura	1	2	3	4	5	NA
040918	Hematuria	1	2	3	4	5	NA
040919	Blood in stool	1	2	3	4	5	NA
040920	Hemoptysis	1	2	3	4	5	NA
040921	Hematemesis	1	2	3	4	5	NA
040922	Bleeding gums	1	2	3	4	5	NA

**Domain-Physiologic Health (II) Class-Cardiopulmonary (E) 2nd edition 2000; revised 2004**

## OUTCOME CONTENT REFERENCES:

- Arnett, C. (1998). Thrombocytopenia in the newborn. *Neonatal Network—Journal of Neonatal Nursing*, 17(8), 27–37.
- Beyth, R. J. (2001). Thromboembolic disease and anticoagulation in the elderly: Hemorrhagic complications of oral anticoagulant therapy (electronic version). *Clinics in Geriatric Medicine*, 17(1), 49–56.
- Clochesy, J. M., Brey, C., Cardin, S., Whittaker, A. A., & Rudy, E. B. (1996). *Critical care nursing* (2nd ed.). Philadelphia: W. B. Saunders.
- Fahy, V. A. (Ed.). (1999). *Vascular nursing* (3rd ed.). Philadelphia: W. B. Saunders.
- Fihn, S. D., Callahan, C. M., Martin, D., McDonell, M. B., Henikoff, J. G., & White, R. H. (1996). The risk for and severity of bleeding complications in elderly patients treated with warfarin. *Annals of Internal Medicine*, 124(11), 970–979.
- Lewis, S. M., Collier, I. C., Heitkemper, M. M., & Dirksen, S. R. (2000). *Medical-surgical nursing: Assessment & management of clinical problems* (5th ed.). St. Louis: Mosby.
- McCance, K. L., & Huether, S. E. (2002). *Pathophysiology: The biologic basis for disease in adults and children* (4th ed.). St. Louis: Mosby.
- Smeltzer, S. C., & Bare, B. G. (Eds.). (2003). *Brunner and Suddarth's textbook of medical-surgical nursing* (10th ed.). Philadelphia: Lippincott Williams & Wilkins.

**Blood Glucose Level**

2300

**B****Definition:** Extent to which glucose levels in plasma and urine are maintained in normal range

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severe deviation from normal range	Substantial deviation from normal range	Moderate deviation from normal range	Mild deviation from normal range	No deviation from normal range	
		1	2	3	4	5	
Indicators:							
230001	Blood glucose	1	2	3	4	5	NA
230004	Glycosylated hemoglobin	1	2	3	4	5	NA
230005	Fructosamine	1	2	3	4	5	NA
230007	Urine glucose	1	2	3	4	5	NA
230008	Urine ketones	1	2	3	4	5	NA

**Domain-Physiologic Health (II) Class-Therapeutic Response (AA) 2nd edition 2000; revised 2004**

## OUTCOME CONTENT REFERENCES:

- American Diabetes Association. (1998). Standards of medical care for patients with diabetes mellitus. *Diabetes Care*, 21(Suppl. 1), S23-S31.
- American Diabetes Association. (1998). Testing of glycemia in diabetes. *Diabetes Care*, 21(Suppl. 1), S69-S71.
- Cryer, P. E. (2001). Hypoglycemia risk reduction in type 1 diabetes. *Experimental & Clinical Endocrinology & Diabetes*, 109(Suppl. 2), S412-S423.
- Dalewitz, J., Khan, N., & Hershey, C. (2000). Barriers to control of blood glucose in diabetes mellitus. *American Journal of Medical Quality*, 15(1), 16-25.
- Funnell, M. M., Hunt, C., Kulkarni, K., Rubin, R. R., & Yarborough, P. C. (Eds.). (1998). *A core curriculum for Association of Diabetes Educators*. Chicago: American Association of Diabetes Educators.
- Kelley, D. B. (Ed.). (1998). *Intensive diabetes management* (2nd ed.). Alexandria, VA: American Diabetes Association.
- Lebovitz, H. E. (Ed.). (1998). *Therapy for diabetes mellitus and related disorders* (3rd ed.). Alexandria, VA: American Diabetes Association.
- Lewis, S. M., Collier, I. C., Heitkemper, M. M., & Dirksen, S. R. (2000). *Medical surgical nursing: Assessment & management of clinical problems* (5th ed.). St. Louis: Mosby.
- McCance, K. L., & Huether, S. E. (2002). *Pathophysiology: The biologic basis for disease in adults and children* (4th ed.). St. Louis: Mosby.
- Zgibor, J. C., & Simmons, D. (2002). Barriers to blood glucose monitoring in a multiethnic community. *Diabetes Care*, 25(10), 1772-1777.

**Blood Loss Severity**

0413

**Definition:** Severity of signs and symptoms of internal or external bleeding

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severe	Substantial	Moderate	Mild	None	
		1	2	3	4	5	
Indicators:							
041301	Visible blood loss	1	2	3	4	5	NA
041302	Hematuria	1	2	3	4	5	NA
041303	Frank blood from anus	1	2	3	4	5	NA
041304	Hemoptysis	1	2	3	4	5	NA
041305	Hematemesis	1	2	3	4	5	NA
041306	Abdominal distention	1	2	3	4	5	NA
041307	Vaginal bleeding	1	2	3	4	5	NA
041308	Post surgical bleeding	1	2	3	4	5	NA
041309	Decreased systolic blood pressure	1	2	3	4	5	NA
041310	Decreased diastolic blood pressure	1	2	3	4	5	NA
041311	Increased apical heart rate	1	2	3	4	5	NA
041312	Loss of body heat	1	2	3	4	5	NA
041313	Skin and mucous membrane pallor	1	2	3	4	5	NA
041314	Anxiety	1	2	3	4	5	NA
041315	Decreased cognition	1	2	3	4	5	NA



**Blood Loss Severity—cont'd**

		Severe	Substantial	Moderate	Mild	None	
041316	Decreased hemoglobin (Hgb)	1	2	3	4	5	NA
041317	Decreased hematocrit (Hct)	1	2	3	4	5	NA

Estimated blood loss: \_\_\_\_\_ (cc)

**Domain-Physiologic Health (II) Class-Cardiopulmonary (E) 3rd edition 2004; revised 2013**

## OUTCOME CONTENT REFERENCES:

- American College of Surgeons Committee on Trauma. (1997). *Advanced trauma life support for doctors*. Chicago: American College of Surgeons.
- Baron, B. J., Sinert, R., Zehtabchi, S., Stavile, K. L., & Scalea, T. M. (2004). Diagnostic utility of sublingual PCO<sub>2</sub> for detecting hemorrhage in penetrating trauma patients. *Journal of Trauma*, 57(1), 69–74.
- Blankenship, J. C. (1999). Bleeding complications of glycoprotein IIb/IIIa receptor inhibitors. *American Heart Journal*, 138(4 Pt 2), 287–296.
- Bose, P., Regan, F., & Paterson-Brown, S. (2006). Improving the accuracy of estimated blood loss at obstetric haemorrhage using clinical reconstructions. *BJOG: An International Journal of Obstetrics & Gynaecology*, 113(8), 919–924.
- deGuzman, E., Shankar, M. N., & Mattox, K. L. (1999). Limited volume resuscitation in penetrating thoracoabdominal trauma. *AACN Clinical Issues*, 10(1), 61–68.
- Fihn, S. D., Callahan, C. M., Martin, D., McDonell, M. B., Henikoff, J. G., & White, R. H. (1996). The risk for and severity of bleeding complications in elderly patients treated with warfarin. *Annals of Internal Medicine*, 124(11), 970–979.
- Maxson, J. H. (2000). Management of disseminated intravascular coagulation. *Critical Care Nursing Clinics of North America*, 12(3), 341–352.
- Sims, C., Seigne, P., Menconi, M., Monarca, J., Barlow, C., Pettit, J., & Puyana, J. C. (2001). Skeletal muscle acidosis correlates with the severity of blood volume loss during shock and resuscitation. *Journal of Trauma*, 51(6), 1137–1146.
- Swearington, P. L., & Keen, J. H. (2001). *Manual of critical care nursing: Nursing interventions and collaborative management* (4th ed.). St. Louis: Mosby.

**Blood Transfusion Reaction**

0700

**Definition:** Severity of complications with blood transfusion reaction

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Severe	Substantial	Moderate	Mild	None	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
070020	Shortness of breath	1	2	3	4	5	NA
070003	Decreased urine output	1	2	3	4	5	NA
070004	Increased apical heart rate	1	2	3	4	5	NA
070022	Decreased blood pressure	1	2	3	4	5	NA
070007	Fever	1	2	3	4	5	NA
070008	Chills	1	2	3	4	5	NA
070009	Itching	1	2	3	4	5	NA
070010	Rash	1	2	3	4	5	NA
070011	Restlessness	1	2	3	4	5	NA
070012	Anxiety	1	2	3	4	5	NA
070013	Malaise	1	2	3	4	5	NA
070021	Nausea	1	2	3	4	5	NA
070014	Chest pain	1	2	3	4	5	NA
070015	Lumbar pain	1	2	3	4	5	NA
070017	Hemoglobinuria	1	2	3	4	5	NA
070023	Muscle spasms	1	2	3	4	5	NA
070024	Twitching	1	2	3	4	5	NA

**Domain-Physiologic Health (II) Class-Immune Response (H) 1st edition 1997; revised 2004, 2008**

## OUTCOME CONTENT REFERENCES:

- McCance, K. L., & Huether, S. E. (2002). *Pathophysiology: The biologic basis for disease in adults and children* (4th ed.). St. Louis: Mosby.
- Raife, T. J. (1997). Adverse effects of transfusions caused by leukocytes. *Journal of Intravenous Nursing*, 20(5), 238–244.
- Smeltzer, S. C., & Bare, B. G. (Eds.). (2003). *Brunner and Suddarth's textbook of medical-surgical nursing* (10th ed.). Philadelphia: Lippincott Williams & Wilkins.

## Body Image

1200

B

**Definition:** Perception of own appearance and body functions

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Never positive	Rarely positive	Sometimes positive	Often positive	Consistently positive	
		1	2	3	4	5	
<b>Indicators:</b>							
120001	Internal picture of self	1	2	3	4	5	NA
120002	Congruence between body reality, body ideal, and body presentation	1	2	3	4	5	NA
120003	Description of affected body part	1	2	3	4	5	NA
120016	Attitude toward touching affected body part	1	2	3	4	5	NA
120017	Attitude toward using strategies to enhance appearance	1	2	3	4	5	NA
120005	Satisfaction with body appearance	1	2	3	4	5	NA
120018	Attitude toward using strategies to enhance function	1	2	3	4	5	NA
120006	Satisfaction with body function	1	2	3	4	5	NA
120007	Adjustment to changes in physical appearance	1	2	3	4	5	NA
120008	Adjustment to changes in body function	1	2	3	4	5	NA
120009	Adjustment to changes in health status	1	2	3	4	5	NA
120013	Adjustment to body changes due to injury	1	2	3	4	5	NA
120014	Adjustment to body changes due to surgery	1	2	3	4	5	NA
120015	Adjustment to body changes due to aging	1	2	3	4	5	NA

**Domain-Psychosocial Health (III) Class-Psychological Well-Being (M) 1st edition 1997; revised 2004, 2008**

### OUTCOME CONTENT REFERENCES:

- Fritz, G. K. (Ed). (2004). Body image—tips for parents. *The Brown University Child and Adolescent Behavior Letter*. Providence, RI: Manisses Communications.
- Comunale, D. L. (1992). Collaborative care planning with the arthritic client at home. *Journal of Home Health Care Practice*, 4(2), 8–15.
- Dixon, J. B., Dixon, M. E., & O'Brien, P. E. (2002). Body image: Appearance orientation and evaluation in the severely obese. Changes with weight loss. *Obesity Surgery*, 12(1), 65–71.
- Kater, K. J., Rohwer, J., & Londre, K. (2002). Evaluation of an upper elementary school program to prevent body image, eating, and weight concerns. *Journal of School Health*, 72(5), 199–204.
- Key, A., George, C. L., Beattie, D., Stammers, K., Lacey, H., & Waller, G. (2002). Body image treatment within an inpatient program for anorexia nervosa: The role of mirror exposure in the desensitization process. *International Journal of Eating Disorders*, 31(2), 185–190.
- LeMone, P. (1991). Analysis of human phenomenon: Self-concept. *Nursing Diagnosis*, 2(3), 129–130.
- Low, M. B. (1993). Women's body image: The nurse's role in promotion of self-acceptance. *AWONN's Clinical Issues*, 4(2), 213–219.
- MacGinley, K. J. (1993). Nursing care of the patient with altered body image. *British Journal of Nursing*, 2(22), 1098–1102.
- Martin, H., & Ammerman, S. D. (2002). Adolescents with eating disorders: Primary care screening, identification, and early intervention. *Nursing Clinics of North America*, 37(3), 537–551.
- Newell, R. (1991). Body-image disturbance: Cognitive behavioral formulation and intervention. *Journal of Advanced Nursing*, 16(12), 1400–1405.
- Price, B. (1990). A model for body image care. *Journal of Advanced Nursing*, 15(5), 585–593.
- Price, B. (1992). Living with altered body image: The cancer experience. *British Journal of Nursing*, 1(13), 641–645.
- Price, B. (1993). Profiling the high-risk altered body image patient. *Senior Nurse*, 13(4), 17–21.
- +Rosen, J. C., Srebnik, D., Saltzberg, E., & Wendt, S. (1991). Development of a body image avoidance questionnaire. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 3(1), 32–37.
- Van Deusen, J., Harlowe, D., & Baker, L. (1989). Body image perceptions of the community-based elderly. *The Occupational Therapy Journal of Research*, 9(4), 243–248.
- Wasson, D., & Anderson, M. A. (1995). Chemical dependency and adolescent self-esteem. *Clinical Nursing Research*, 4(3), 274–289.

## Body Mechanics Performance

1616

B

**Definition:** Personal actions to maintain proper body alignment and to prevent musculoskeletal strain

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
		1	2	3	4	5	
Indicators:							
161601	Uses correct standing posture	1	2	3	4	5	NA
161602	Uses correct sitting posture	1	2	3	4	5	NA
161603	Uses correct lying posture	1	2	3	4	5	NA
161604	Uses correct lifting techniques	1	2	3	4	5	NA
161605	Uses correct carrying techniques	1	2	3	4	5	NA
161612	Uses correct pushing technique	1	2	3	4	5	NA
161607	Uses supportive devices correctly	1	2	3	4	5	NA
161608	Obtains assistance with heavy load	1	2	3	4	5	NA
161613	Maintains muscle strength	1	2	3	4	5	NA
161614	Maintains joint flexibility	1	2	3	4	5	NA
161611	Uses prescribed exercises to prevent injury	1	2	3	4	5	NA
161615	Uses proper body mechanics	1	2	3	4	5	NA

*Domain-Health Knowledge & Behavior (IV) Class-Health Behavior (Q) 3rd edition 2004; revised 2008*

### OUTCOME CONTENT REFERENCES:

- Chan, D., Laporte, D. M., & Sveistrup, H. (1999). Rising from sitting in elderly people, Part 2: Strategies to facilitate rising. *British Journal of Occupational Therapy*, 62(2), 64-68.
- Laporte, D. M., Chan, D., & Sveistrup, H. (1999). Rising from sitting in elderly people, Part 1: Implications of biomechanics and physiology. *British Journal of Occupational Therapy*, 62(1), 36-42.
- Potter, P. A., & Perry, A. G. (2001). *Fundamentals of nursing* (5th ed.). St. Louis: Mosby.

**Body Positioning: Self-Initiated**

0203

**B****Definition:** Personal actions to change own body position independently with or without assistive device

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severely compromised	Substantially compromised	Moderately compromised	Mildly compromised	Not compromised	
		1	2	3	4	5	
Indicators:							
020302	Moves from lying to sitting	1	2	3	4	5	NA
020303	Moves from sitting to lying	1	2	3	4	5	NA
020304	Moves from sitting to standing	1	2	3	4	5	NA
020305	Moves from standing to sitting	1	2	3	4	5	NA
020306	Moves from standing to kneeling	1	2	3	4	5	NA
020307	Moves from kneeling to standing	1	2	3	4	5	NA
020308	Moves from standing to squatting	1	2	3	4	5	NA
020309	Moves from squatting to standing	1	2	3	4	5	NA
020310	Bends at waist while standing	1	2	3	4	5	NA
020311	Moves from side to side while lying	1	2	3	4	5	NA
020301	Moves from front to back while lying	1	2	3	4	5	NA
020313	Moves from back to front while lying	1	2	3	4	5	NA

**Domain-Functional Health (I) Class-Mobility (C) 1st edition 1997; revised 2000, 2004, 2013**

## OUTCOME CONTENT REFERENCES:

- +Berg, K., Wood-Dauphinee, S., Williams, J. I., & Gayton, D. (1989). Measuring balance in the elderly: Preliminary development of an instrument. *Physiotherapy Canada, 41*(6), 304-311.
- Melzer, I., Benjuya, N., & Kaplanski, J. (2000). Age related changes in muscle strength and fatigue. *Isokinetics & Exercise Science, 8*(2), 73-83.
- Mikulic, M. A., Griffith, E. R., & Jepsen, R. H. (1976). Clinical application of a standardized mobility test. *Archives of Physical Medicine and Rehabilitation, 57*(3), 143-146.

## Bone Healing

1104

B

**Definition:** Extent of regeneration of cells and tissues following bone injury

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		None	Limited	Moderate	Substantial	Extensive	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
110402	Cellular proliferation	1	2	3	4	5	NA
110403	Callus formation	1	2	3	4	5	NA
110404	Ossification, consolidation, and remodeling	1	2	3	4	5	NA
110405	Intact peripheral circulation	1	2	3	4	5	NA
110406	Return of skeletal function	1	2	3	4	5	NA
		Extensive	Substantial	Moderate	Limited	None	
110401	Hematoma	1	2	3	4	5	NA
110407	Pain	1	2	3	4	5	NA
110408	Edema	1	2	3	4	5	NA
110410	Infection in surrounding tissue	1	2	3	4	5	NA
110411	Infection in bone	1	2	3	4	5	NA

Site of fracture (# from skeleton): \_\_\_\_\_

**Domain-Physiologic Health (II) Class-Tissue Integrity (I)** 1st edition 1997; revised 2004

**OUTCOME CONTENT REFERENCES:**

- Abdullah, D., Ford, T. R., Papaioannou, S., Nicholson, J., & McDonald, F. (2002). An evaluation of accelerated Portland cement as a restorative material. *Biomaterials*, 23(19), 4001-4010.
- Mandracchia, V. J., Nelson, S. C., & Barp, E. A. (2001). Current concepts of bone healing. *Clinics in Podiatric Medicine & Surgery*, 18(1), 55-77.
- Porth, C. M. (2002). *Pathophysiology: Concepts of altered health states* (6th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Potter, P. A., & Perry, A. G. (2001). *Fundamentals of nursing* (5th ed.). St. Louis: Mosby.
- Wade, R., & Richardson, J. (2001). Outcome in fracture healing: A review. *Injury*, 32(2), 109-114.

4

Gambar dengan hak cipta

**Bones of the head**

1. Frontal
2. Right temporal
3. Left temporal
4. Right zygomatic
5. Left zygomatic
6. Right maxilla
7. Left maxilla
8. Mandible
47. Left parietal
48. Right parietal
49. Occipital

**Bones of the neck and chest**

9. Right clavicle
10. Left clavicle
11. Sternum
12. Right ribs
13. Left ribs
14. Right floating rib
15. Left floating rib
16. Vertebral column
50. Atlas
51. Cervical vertebra(e) specify \_\_\_\_\_
52. Left acromion
53. Right acromion
54. Left spine of scapula
55. Right spine of scapula
58. Left scapula
59. Right scapula
60. Thoracic vertebra(e) specify \_\_\_\_\_

**Bones of the abdomen**

16. Vertebral column
17. Right ilium
18. Left ilium
19. Sacrum
20. Coccyx
72. Left ischium
73. Right ischium
67. Lumbar vertebra(e) specify \_\_\_\_\_

**Bones of the arm**

35. Right humerus
36. Left humerus
37. Right radius
38. Left radius
39. Right ulna
40. Left ulna
41. Right carpals
42. Left carpals
43. Right metacarpals
44. Left metacarpals
45. Right phalanges
46. Left phalanges
56. Right head of humerus
57. Left head of humerus
61. Left epicondyle
62. Right epicondyle
63. Left epitrochlea
64. Right epitrochlea
65. Left olecranon
66. Right olecranon

**Bones of the leg**

21. Right femur
22. Left femur
23. Right patella
24. Left patella
25. Right fibula
26. Left fibula
27. Right tibia
28. Left tibia
29. Right tarsals
30. Left tarsals
31. Right metatarsals
32. Left metatarsals
33. Right phalanges
34. Left phalanges
68. Left head of femur
69. Right head of femur
70. Left neck of femur
71. Right neck of femur
74. Left condyle of femur
75. Right condyle of femur
76. Left talus
77. Right talus
78. Left calcaneus
79. Right calcaneus

**Bottle Feeding Establishment: Infant**

1016

**B****Definition:** Establishment of bottle feeding for hydration and nourishment of an infant

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Not adequate	Slightly adequate	Moderately adequate	Substantially adequate	Totally adequate	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
101601	Proper grasp of nipple	1	2	3	4	5	NA
101602	Suck reflex	1	2	3	4	5	NA
101603	Ability to consume milk or formula from bottle	1	2	3	4	5	NA
101604	Formula flow rate tolerance	1	2	3	4	5	NA
101605	Audible swallow	1	2	3	4	5	NA
101606	Periodic burping	1	2	3	4	5	NA
101607	Feeding tolerance	1	2	3	4	5	NA
101608	Feedings per day	1	2	3	4	5	NA
101609	Contentment after feeding	1	2	3	4	5	NA
101610	Urine output appropriate for age	1	2	3	4	5	NA
101611	Stools appropriate for age	1	2	3	4	5	NA
101612	Weight gain appropriate for age	1	2	3	4	5	NA

*Domain-Physiologic Health (II) Class-Digestion & Nutrition (K) 5th edition 2013*

## OUTCOME CONTENT REFERENCES:

Hancock, M. E., & Brown, J. (2010). Formula feeding safety: What nurses need to teach parents who choose to formula-feed. *Nursing for Women's Health, 14*(4), 302-309.Hockenberry, M. J., & Wilson, D. (2011). *Wong's nursing care of infants and children* (9th ed.). St. Louis: Elsevier Mosby.**Bottle Feeding Performance**

1017

**Definition:** Caregiver actions to provide fluids to an infant using a bottle

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
101701	Washes hands prior to preparation of formula	1	2	3	4	5	NA
101702	Prepares formula according to directions	1	2	3	4	5	NA
101703	Uses clean bottles and nipples	1	2	3	4	5	NA
101704	Uses correct size of nipple to regulate fluid flow	1	2	3	4	5	NA
101705	Uses formula before expiration date	1	2	3	4	5	NA
101706	Stores mixed formula correctly	1	2	3	4	5	NA
101707	Stores breast milk correctly	1	2	3	4	5	NA

### Bottle Feeding Performance—cont'd

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
101708	Warms bottle in warm water	1	2	3	4	5	NA
101709	Tests temperature of formula prior to feeding	1	2	3	4	5	NA
101710	Responds to infant hunger cues	1	2	3	4	5	NA
101711	Positions infant correctly while feeding	1	2	3	4	5	NA
101712	Positions bottle correctly while feeding	1	2	3	4	5	NA
101713	Burps infant at frequent intervals	1	2	3	4	5	NA
101714	Responds to infant cues to stop feeding	1	2	3	4	5	NA
101715	Repositions infant in response to choking	1	2	3	4	5	NA

*Domain-Physiologic Health (II) Class-Digestion & Nutrition (K) 5th edition 2013*

**OUTCOME CONTENT REFERENCES:**

Lowdermilk, D., & Perry, S. (2007). *Maternity & women's health care* (9th ed.). Philadelphia: Elsevier.

Hockenberry, M. J., & Wilson, D. (2011). *Wong's nursing care of infants and children* (9th ed.). St. Louis: Elsevier Mosby.

### Bowel Continence

0500

**Definition:** Control of passage of stool from the bowel

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
<b>OUTCOME OVERALL RATING</b>		1	2	3	4	5	
<b>Indicators:</b>							
050008	Recognizes urge to defecate	1	2	3	4	5	NA
050001	Maintains predictable pattern of stool evacuation	1	2	3	4	5	NA
050002	Maintains control of stool passage	1	2	3	4	5	NA
050003	Evacuates stool at least q 3 days	1	2	3	4	5	NA
050006	Sphincter tone adequate to control defecation	1	2	3	4	5	NA
050007	Sphincter innervation functional	1	2	3	4	5	NA
050009	Responds to urge in timely manner	1	2	3	4	5	NA
050012	Gets to toilet between urge and evacuation of stool	1	2	3	4	5	NA
050017	Maintains barrier-free environment for independent toileting	1	2	3	4	5	NA
050013	Ingests adequate amount of fluid	1	2	3	4	5	NA
050014	Ingests adequate amount of fiber	1	2	3	4	5	NA

*Continued*



**Bowel Continence—cont'd**

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
050015	Describes relationship of food intake to stool consistency	1	2	3	4	5	NA
050018	Monitors amount and consistency of stool	1	2	3	4	5	NA
050019	Toilets independently	1	2	3	4	5	NA
		Consistently demonstrated	Often demonstrated	Sometimes demonstrated	Rarely demonstrated	Never demonstrated	
050004	Diarrhea	1	2	3	4	5	NA
050005	Constipation	1	2	3	4	5	NA
050020	Overuse of laxatives	1	2	3	4	5	NA
050021	Overuse of enemas	1	2	3	4	5	NA
050022	Soils clothing during day	1	2	3	4	5	NA
050023	Soils clothing or bedding during night	1	2	3	4	5	NA

*Domain-Physiologic Health (II) Class-Elimination (F) 1st edition 1997; revised 2004, 2008*

## OUTCOME CONTENT REFERENCES:

- Hogstel, M. O., & Nelson, M. (1992). Anticipation and early detection can reduce bowel elimination complications. *Geriatric Nursing, 13*(1), 28–33.
- Maas, M. L., & Specht, J. P. (2001). Bowel incontinence. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Titler, & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 238–251). St. Louis: Mosby.
- McLane, A. (1987). *Classification of nursing diagnoses: Proceedings of the 7th conference*. St. Louis: Mosby.
- +Morris, J. N., Hawes, C., Fries, B. E., Phillips, C. D., Mor, V., Katz, S., Murphy, K., Drugovich, M. L., & Friedlob, A. S. (1990). Designing the national resident assessment instrument for nursing homes. *Gerontologist, 30*(3), 293–307.

**Bowel Elimination**

0501

**Definition:** Formation and evacuation of stool

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Severely compromised	Substantially compromised	Moderately compromised	Mildly compromised	Not compromised	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
050101	Elimination pattern	1	2	3	4	5	NA
050102	Control of bowel movements	1	2	3	4	5	NA
050103	Stool color	1	2	3	4	5	NA
050104	Stool amount for diet	1	2	3	4	5	NA
050105	Stool soft and formed	1	2	3	4	5	NA
050112	Ease of stool passage	1	2	3	4	5	NA
050118	Sphincter tone	1	2	3	4	5	NA
050119	Muscle tone to evacuate stool	1	2	3	4	5	NA
050121	Passage of stool without aids	1	2	3	4	5	NA
050129	Bowel sounds	1	2	3	4	5	NA
		Severe	Substantial	Moderate	Mild	None	
050107	Fat in stool	1	2	3	4	5	NA
050108	Blood in stool	1	2	3	4	5	NA
050109	Mucus in stool	1	2	3	4	5	NA
050110	Constipation	1	2	3	4	5	NA
050111	Diarrhea	1	2	3	4	5	NA

**Bowel Elimination—cont'd**

		Severe	Substantial	Moderate	Mild	None	
050123	Abuse of elimination aids	1	2	3	4	5	NA
050128	Pain with passage of stool	1	2	3	4	5	NA

**Domain-Physiologic Health (II) Class-Elimination (F) 1st edition 1997; revised 2004, 2008**

## OUTCOME CONTENT REFERENCES:

- Heading, C. (1987). Factors affecting bowel functions. *Nursing*, 3(21), 773-783.
- Hogstel, M. O., & Nelson, M. (1992). Anticipation and early detection can reduce bowel elimination complications. *Geriatric Nursing*, 13(1), 28-33.
- Lepshy, M. S., & Michael, A. (1993). Chronic diarrhea: Evaluation and treatment. *American Family Physician*, 48(8), 1461-1466.
- Loening-Baucke, V. (1994). Management of chronic constipation in infants and toddlers. *American Family Physician*, 46(2), 397-406.
- McKenna, S., Wallis, M., Brannelly, A., & Cawood, J. (2001). The nursing management of diarrhoea and constipation before and after the implementation of a bowel management protocol. *Australian Critical Care*, 14(1), 10-16.
- McLane, A. M., & McShane, R. E. (2001). Constipation. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Titler, & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 220-226). St. Louis: Mosby.
- McShane, R. E., & McLane, A. M. (1988). Constipation: Impact of etiological factors. *Journal of Gerontological Nursing*, 14(4), 31-34.
- Potter, P. A., & Perry, A. G. (2001). *Fundamentals of nursing* (5th ed.). St. Louis: Mosby.
- Wadle, K. R. (2001). Diarrhea. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Titler, & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 227-237). St. Louis: Mosby.

**Breastfeeding Establishment: Infant**

1000

**Definition:** Infant attachment to and sucking from the mother's breast for nourishment during the first 3 weeks of breastfeeding

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Not adequate	Slightly adequate	Moderately adequate	Substantially adequate	Totally adequate	
OUTCOME OVERALL RATING		1	2	3	4	5	
<b>Indicators:</b>							
100001	Proper alignment and latch on	1	2	3	4	5	NA
100002	Proper areolar grasp	1	2	3	4	5	NA
100003	Proper areolar compression	1	2	3	4	5	NA
100013	Correct tongue placement	1	2	3	4	5	NA
100014	Suck reflex	1	2	3	4	5	NA
100005	Audible swallow	1	2	3	4	5	NA
100006	Nursing a minimum of 5-10 minutes per breast	1	2	3	4	5	NA
100015	Stop to burp infant at frequent intervals	1	2	3	4	5	NA
100007	Minimum of 8 feedings per day	1	2	3	4	5	NA
100008	Urinations per day appropriate for age	1	2	3	4	5	NA
100009	Loose, yellow, seedy stools per day appropriate for age	1	2	3	4	5	NA
100010	Weight gain appropriate for age	1	2	3	4	5	NA
100011	Infant contentment after feeding	1	2	3	4	5	NA

**Domain-Physiologic Health (II) Class-Digestion & Nutrition (K) 1st edition 1997; revised 2004, 2013**

## OUTCOME CONTENT REFERENCES:

- Biancuzzo, M. (2003). *Breastfeeding the newborn* (2nd ed.). St. Louis: Mosby.
- Cricco-Lizza, R. (2006). Black non-Hispanic mothers' perceptions about the promotion of infant feeding methods by nurses and physicians. *Journal of Obstetric, Gynecologic, and Neonatal Nursing (JOGNN)*, 35(2), 173-180.
- Henderson, A. M., Pincombe, J., & Stamp, G. E. (2000). Assisting women to establish breastfeeding: Exploring midwives' practices. *Breastfeeding Review*, 8(3), 11-17.
- Lang, S. (2002). *Breastfeeding special care babies* (2nd ed.). London: Bailliere Tindall.

- Lawrence, R. A., & Lawrence, R. M. (1999). *Breastfeeding: A guide for the medical profession* (5th ed.). St. Louis: Mosby.
- Minchin, M. K. (1989). Positioning for breastfeeding. *Birth*, 16(2), 67–80.
- + Mulford, C. (1992). The mother-baby assessment (MBA): An "Apgar Score" for breastfeeding. *Journal of Human Lactation*, 8(2), 79–82.
- Neifert, M. R., & Seacat, J. M. (1986). A guide to successful breastfeeding. *Contemporary Pediatrics*, 3, 1–14.
- Page-Goertz, S. (1989). Discharge planning for the breastfeeding dyad. *Pediatric Nursing*, 15(5), 543–544.
- Righard, L., & Alade, M. O. (1992). Sucking technique and its effect on success of breastfeeding. *Birth*, 19(4), 185–189.
- Riordan, J., & Auerbach, K. G. (1999). *Breastfeeding and human lactation* (2nd ed.). Sudbury, MA: Jones and Bartlett.
- Shrago, L., & Bocar, D. (1990). The infant's contribution to breastfeeding. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 19(3), 209–213.
- Walker, M. (1989). Functional assessment of infant breastfeeding patterns. *Birth*, 16(3), 140–147.

## Breastfeeding Establishment: Maternal

1001

**Definition:** Maternal establishment of proper attachment of an infant to and sucking from the breast for nourishment during the first 3 weeks of breastfeeding

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Not adequate	Slightly adequate	Moderately adequate	Substantially adequate	Totally adequate	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
100101	Comfort of position during nursing	1	2	3	4	5	NA
100102	Supports breast using "C" hold (cupping)	1	2	3	4	5	NA
100103	Breast fullness prior to feeding	1	2	3	4	5	NA
100104	Milk ejection (let-down) reflex	1	2	3	4	5	NA
100106	Recognition of infant swallowing	1	2	3	4	5	NA
100107	Suction broken before removing infant from breast	1	2	3	4	5	NA
100121	Techniques to prevent nipple tenderness	1	2	3	4	5	NA
100109	Avoidance of artificial nipple use with infant	1	2	3	4	5	NA
100110	Avoidance of giving water to infant	1	2	3	4	5	NA
100122	Supplemental feedings	1	2	3	4	5	NA
100112	Response to infant's temperament	1	2	3	4	5	NA
100113	Recognition of early hunger cues	1	2	3	4	5	NA
100120	Fluid intake of mother	1	2	3	4	5	NA
100123	Pumping of breast	1	2	3	4	5	NA
100115	Safe storage of breastmilk	1	2	3	4	5	NA
100124	Use of family support	1	2	3	4	5	NA
100125	Use of community support	1	2	3	4	5	NA
100118	Satisfaction with breastfeeding process	1	2	3	4	5	NA

**Domain-Physiologic Health (II) Class-Digestion & Nutrition (K) 1st edition 1997; revised 2004, 2008**

### OUTCOME CONTENT REFERENCES:

- Biancuzzo, M. (2003). *Breastfeeding the newborn* (2nd ed.). St. Louis: Mosby.
- Cricco-Lizza, R. (2006). Black non-Hispanic mothers' perceptions about the promotion of infant feeding methods by nurses and physicians. *Journal of Obstetric, Gynecologic, and Neonatal Nursing (JOGNN)*, 35(2), 173–180.
- Henderson, A. M., Pincombe, J., & Stamp, G. E. (2000). Assisting women to establish breastfeeding: Exploring midwives' practices. *Breastfeeding Review*, 8(3), 11–17.
- Hill, P., & Aldag, J. (1991). Potential indicators of insufficient milk supply syndrome. *Research in Nursing and Health*, 14(1), 11–19.
- Lawrence, R. A., & Lawrence, R. M. (1999). *Breastfeeding: A guide for the medical profession* (5th ed.). St. Louis: Mosby.
- Lowdermilk, D., & Perry, S. (2004). *Maternity & women's health care* (8th ed.). St. Louis: Mosby.
- Minchin, M. K. (1989). Positioning for breastfeeding. *Birth*, 16(2), 67–80.
- + Mulford, C. (1992). The mother-baby assessment (MBA): An "Apgar Score" for breastfeeding. *Journal of Human Lactation*, 8(2), 79–82.
- Neifert, M. R., & Seacat, J. M. (1986). A guide to successful breastfeeding. *Contemporary Pediatrics*, 3, 1–14.
- Page-Goertz, S. (1989). Discharge planning for the breastfeeding dyad. *Pediatric Nursing*, 15(5), 543–544.
- Righard, L., & Alade, M. O. (1992). Sucking technique and its effect on success of breastfeeding. *Birth*, 19(4), 185–189.
- Riordan, J., & Auerbach, K. G. (1999). *Breastfeeding and human lactation* (2nd ed.). Sudbury, MA: Jones and Bartlett.
- Shrago, L., & Bocar, D. (1990). The infant's contribution to breastfeeding. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 19(3), 209–213.
- Walker, M. (1989). Functional assessment of infant breastfeeding patterns. *Birth*, 16(3), 140–147.

## Breastfeeding Maintenance

1002

B

**Definition:** Continuation of breastfeeding from establishment to weaning for nourishment of an infant/toddler

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Not adequate	Slightly adequate	Moderately adequate	Substantially adequate	Totally adequate	
		1	2	3	4	5	
Indicators:							
100201	Infant's growth in normal range	1	2	3	4	5	NA
100202	Infant's development in normal range	1	2	3	4	5	NA
100205	Ability to safely collect and store breastmilk	1	2	3	4	5	NA
100217	Ability to safely thaw and warm stored breastmilk	1	2	3	4	5	NA
100218	Techniques to prevent breast tenderness	1	2	3	4	5	NA
100208	Recognition of signs of decreased milk supply	1	2	3	4	5	NA
100219	Recognition of signs of plugged ducts	1	2	3	4	5	NA
100220	Recognition of signs of mastitis	1	2	3	4	5	NA
100221	Awareness that breastfeeding can continue beyond infancy	1	2	3	4	5	NA
100210	Avoidance of self-medication without checking with health professional	1	2	3	4	5	NA
100222	Perceived family support for breastfeeding	1	2	3	4	5	NA
100223	Perceived support for continuation of lactation on return to work	1	2	3	4	5	NA
100224	Perceived support for continuation of lactation on return to school	1	2	3	4	5	NA
100204	Knowledge of benefits from continued breastfeeding	1	2	3	4	5	NA
100225	Knowledge of resources for support	1	2	3	4	5	NA
100215	Satisfaction with breastfeeding process	1	2	3	4	5	NA

**Domain-Physiologic Health (II) Class-Digestion & Nutrition (K) 1st edition 1997; revised 2004, 2008**

## OUTCOME CONTENT REFERENCES:

- Bear, K., & Tigges, B. B. (1993). Management strategies for promoting successful breastfeeding. *Nurse Practitioner*, 18(6), 50, 53-54, 56-58, 60.
- Callahan, S., Sejourne, N., & Denis, A. (2006). Fatigue and breastfeeding—an inevitable relationship. *Journal of Human Lactation*, 22(2), 182-187.
- Coreil, J., & Murphy, J. E. (1988). Maternal commitment, lactation practices, and breastfeeding duration. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 17(4), 273-278.
- Cricco-Lizza, R. (2006). Black non-Hispanic mothers' perceptions about the promotion of infant feeding methods by nurses and physicians. *Journal of Obstetric, Gynecologic, and Neonatal Nursing (JOGNN)*, 35(2), 173-180.
- Dick, M. J., Evans, M. L., Arthurs, J. B., Barnes, J. K., Caldwell, R. S., Hutchins, S. S., & Johnson, L. K. (2002). Predicting early breastfeeding attrition. *Journal of Human Lactation*, 18(1), 21-28.
- Hauck, Y., & Reinbold, J. (1996). Criteria for successful breastfeeding: Mothers' perceptions. *Journal—Australian College of Midwives*, 9(1), 21-27.
- Lawrence, R. A., & Lawrence, R. M. (1999). *Breastfeeding: A guide for the medical profession* (5th ed.). St. Louis: Mosby.
- Rentschler, D. D. (1991). Correlates of successful breastfeeding. *Image—The Journal of Nursing Scholarship*, 23(3), 151-154.
- Riordan, J., & Auerbach, K. G. (1999). *Breastfeeding and human lactation* (2nd ed.). Sudbury, MA: Jones and Bartlett.

## Breastfeeding Weaning

1003

B

**Definition:** Progressive discontinuation of breastfeeding of an infant/toddler

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Not adequate	Slightly adequate	Moderately adequate	Substantially adequate	Totally adequate	
		1	2	3	4	5	
Indicators:							
100302	Recognition of weaning readiness cues	1	2	3	4	5	NA
100318	Recognition of signs of decreased milk supply	1	2	3	4	5	NA
100304	Knowledge of benefits of gradual weaning	1	2	3	4	5	NA
100305	Knowledge of guidelines for rapid "emergency" weaning	1	2	3	4	5	NA
100319	Knowledge of appropriate methods to reduce breast tenderness	1	2	3	4	5	NA
100320	Mother's freedom from plugged ducts	1	2	3	4	5	NA
100321	Mother's freedom from mastitis	1	2	3	4	5	NA
100322	Introduction of solids as recommended by health professional	1	2	3	4	5	NA
100308	Replacement of one additional breastfeeding with solids every few days	1	2	3	4	5	NA
100323	Replacement of breastmilk with other fluids	1	2	3	4	5	NA
100309	Introduction of solid foods one at a time	1	2	3	4	5	NA
100310	Introduction of solid foods using a spoon	1	2	3	4	5	NA
100311	Additional physical touch during time of weaning	1	2	3	4	5	NA
100313	Knowledge of resources available for support	1	2	3	4	5	NA
100314	Use of available resources	1	2	3	4	5	NA
100316	Satisfaction with weaning process	1	2	3	4	5	NA

**Domain-Physiologic Health (II) Class-Digestion & Nutrition (K) 1st edition 1997; revised 2004, 2008**

## OUTCOME CONTENT REFERENCES:

- Castiglia, P. T. (1992). Weaning. *Journal of Pediatric Health Care, 6*(1), 38-39.
- Hendricks, K. M., & Badruddin, S. H. (1992). Weaning recommendations: The scientific basis. *Nutrition Reviews, 50*(5), 125-133.
- Hervada, A. R. (1992). Weaning: Historical perspectives, practical recommendations, and current controversies. *Current Problems in Pediatrics, 22*(5), 223-241.
- Huggins, K., & Ziedrich, L. (1994). *The nursing mother's guide to weaning*. Boston: The Harvard Common Press.
- Kleinman, R. E. (Ed.). (1998). *Pediatric nutrition handbook* (4th ed.). Elk Grove Village, IL: American Academy of Pediatrics.
- Lawrence, R. A., & Lawrence, R. M. (1999). *Breastfeeding: A guide for the medical profession* (5th ed.). St. Louis: Mosby.
- Lewallen, L. P., Dick, M. J., Flowers, J., Powell, W., Zickefoose, K. T., Wall, Y. G., & Price, Z. M. (2006). Breastfeeding support and early cessation. *Journal of Obstetric, Gynecologic, and Neonatal Nursing (JOGNN), 35*(2), 166-172.
- Riordan, J., & Auerbach, K. G. (1999). *Breastfeeding and human lactation* (2nd ed.). Sudbury, MA: Jones and Bartlett.
- Rogers, C. S., Morris, S., & Taper, L. J. (1987). Weaning from the breast: Influences on maternal decisions. *Pediatric Nursing, 13*(5), 341-345.
- Spangler, A. (1992). *Amy Spangler's breastfeeding: A parent's guide*. Atlanta: Abbey Drue.
- Walker, C. (1995). When to wean: Whose advice do mothers find helpful? *Health Visitor, 68*(3), 109-111.

## Burn Healing

1106

B

**Definition:** Extent of healing of a burn site

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		None	Limited	Moderate	Substantial	Extensive	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
110601	Percent of graft site healed	1	2	3	4	5	NA
110602	Percent of burn site healed	1	2	3	4	5	NA
110603	Tissue granulation	1	2	3	4	5	NA
110604	Joint movement of affected extremity	1	2	3	4	5	NA
110605	Tissue perfusion of burn site	1	2	3	4	5	NA
		Extensive	Substantial	Moderate	Limited	None	
110606	Pain	1	2	3	4	5	NA
110607	Infection	1	2	3	4	5	NA
110608	Blistered skin	1	2	3	4	5	NA
110609	Purulent drainage	1	2	3	4	5	NA
110610	Foul wound odor	1	2	3	4	5	NA
110611	Burn site edema	1	2	3	4	5	NA
110612	Difficulty breathing	1	2	3	4	5	NA
110613	Tissue necrosis	1	2	3	4	5	NA

Grafted: Yes / No	001 Head	007 Right upper arm	013 Right thigh
Location of burn: _____	002 Neck	008 Left upper arm	014 Left thigh
	003 Anterior trunk	009 Right lower arm	015 Right leg
	004 Posterior trunk	010 Left lower arm	016 Left leg
	005 Buttock	011 Right hand	017 Right foot
	006 Genitalia	012 Left hand	018 Left foot

**Domain-Physiologic Health (II) Class-Tissue Integrity (L) 4th edition 2008**

### OUTCOME CONTENT REFERENCES:

- American Burn Association. (1990). Hospital and prehospital resources for optimal care of patients with burn injury: Guidelines for development and operation of burn centers. *Journal of Burn Care and Rehabilitation*, 11(2), 98-104.
- Black, J., & Hawks, J. (2005). *Medical-surgical nursing: Clinical management for positive outcomes* (7th ed.). St. Louis: Saunders.
- Mendez-Eastman, S. (2005). Burn injuries. *Plastic Surgical Nursing* 25(3), 133-139.
- Nowlin, A. (2006). The delicate business of burn care. *RN*, 69(1), 52-58.
- Osborn, K. (2003). Nursing burn injuries (critical care). *Nursing Management*, 34(5), 49-56.
- Regojo, P. (2003). Burn care basics: How to extinguish problems. *Nursing* 2003, 3(3), 50-53.

## Burn Recovery

1107

B

**Definition:** Extent of overall physical and psychological healing following major burn injury

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		None	Limited	Moderate	Substantial	Extensive	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
110701	Tissue granulation	1	2	3	4	5	NA
110702	Tissue perfusion of burn site	1	2	3	4	5	NA
110703	Percent of burn healed	1	2	3	4	5	NA
110704	Temperature stability	1	2	3	4	5	NA
110705	Electrolyte stability	1	2	3	4	5	NA
110706	Fluid balance	1	2	3	4	5	NA
110707	Self-care ability	1	2	3	4	5	NA
110708	Joint movement of extremities	1	2	3	4	5	NA
110709	Ambulation tolerance	1	2	3	4	5	NA
110710	Positive attitude toward touching affected part	1	2	3	4	5	NA
110711	Psychological adjustment to changes in physical appearance	1	2	3	4	5	NA
110712	Psychological adjustment to changes in body function	1	2	3	4	5	NA
		Extensive	Substantial	Moderate	Limited	None	
110713	Pain	1	2	3	4	5	NA
110714	Decreased cognition	1	2	3	4	5	NA
110715	Pain medication requirements	1	2	3	4	5	NA
110716	Decreased oxygen saturation	1	2	3	4	5	NA
110717	Difficulty breathing	1	2	3	4	5	NA
110718	Weight loss	1	2	3	4	5	NA
110719	Infection	1	2	3	4	5	NA
110720	Blistered skin	1	2	3	4	5	NA
110721	Purulent drainage	1	2	3	4	5	NA
110722	Foul wound odor	1	2	3	4	5	NA
110723	Burn site edema	1	2	3	4	5	NA
110724	Tissue necrosis	1	2	3	4	5	NA
110725	Generalized edema	1	2	3	4	5	NA
110726	Gastrointestinal complications	1	2	3	4	5	NA
110727	Decreased urine output	1	2	3	4	5	NA
110728	Burn site grafting required	1	2	3	4	5	NA

**Domain-Physiologic Health (II) Class-Tissue Integrity (L) 4th edition 2008**

## OUTCOME CONTENT REFERENCES:

- American Burn Association. (1990). Hospital and prehospital resources for optimal care of patients with burn injury: Guidelines for development and operation of burn centers. *Journal of Burn Care and Rehabilitation*, 11(2), 98-104.
- Black, J., & Hawks, J. (2005). *Medical-surgical nursing: Clinical management for positive outcomes* (7th ed.). St. Louis: Saunders.
- Mendez-Eastman, S. (2005). Burn injuries. *Plastic Surgical Nursing* 25(3), 133-139.
- Nowlin, A. (2006). The delicate business of burn care. *RN*, 69(1), 52-58.
- Osborn, K. (2003). Nursing burn injuries (critical care). *Nursing Management*, 34(5), 49-56.
- Regojo, P. (2003). Burn care basics: How to extinguish problems. *Nursing* 2003, 3(3), 50-53.

## Cardiac Pump Effectiveness

0400

**Definition:** Adequacy of blood volume ejected from the left ventricle to support systemic perfusion pressure

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severe deviation from normal range	Substantial deviation from normal range	Moderate deviation from normal range	Mild deviation from normal range	No deviation from normal range	
		1	2	3	4	5	
<b>Indicators:</b>							
040001	Systolic blood pressure	1	2	3	4	5	NA
040019	Diastolic blood pressure	1	2	3	4	5	NA
040002	Apical heart rate	1	2	3	4	5	NA
040003	Cardiac index	1	2	3	4	5	NA
040004	Ejection fraction	1	2	3	4	5	NA
040006	Peripheral pulses	1	2	3	4	5	NA
040007	Heart size	1	2	3	4	5	NA
040020	Urine output	1	2	3	4	5	NA
040022	24-hour intake and output balance	1	2	3	4	5	NA
040025	Central venous pressure	1	2	3	4	5	NA
		<b>Severe</b>	<b>Substantial</b>	<b>Moderate</b>	<b>Mild</b>	<b>None</b>	
040009	Neck vein distension	1	2	3	4	5	NA
040010	Dysrhythmia	1	2	3	4	5	NA
040011	Abnormal heart sounds	1	2	3	4	5	NA
040012	Angina	1	2	3	4	5	NA
040013	Peripheral edema	1	2	3	4	5	NA
040014	Pulmonary edema	1	2	3	4	5	NA
040015	Diaphoresis	1	2	3	4	5	NA
040016	Nausea	1	2	3	4	5	NA
040017	Fatigue	1	2	3	4	5	NA
040023	Dyspnea at rest	1	2	3	4	5	NA
040026	Dyspnea with mild exertion	1	2	3	4	5	NA
040024	Weight gain	1	2	3	4	5	NA
040027	Ascites	1	2	3	4	5	NA
040028	Hepatomegaly	1	2	3	4	5	NA
040029	Impaired cognition	1	2	3	4	5	NA
040030	Activity intolerance	1	2	3	4	5	NA
040031	Pallor	1	2	3	4	5	NA
040032	Cyanosis	1	2	3	4	5	NA
040033	Flushed	1	2	3	4	5	NA

**Domain-Physiologic Health (II) Class-Cardiopulmonary (E) 1st edition 1997; revised 2004, 2008**

### OUTCOME CONTENT REFERENCES:

- Bumann, R., & Speltz, M. (1989). Decreased cardiac output: A nursing diagnosis. *Dimensions of Critical Care Nursing*, 8(1), 6-15.
- Dalton, J. (1985). A descriptive study: Defining characteristics of the nursing diagnosis cardiac output, alterations in: Decreased. *Image—The Journal of Nursing Scholarship*, 17(4), 113-117.
- Dougherty, C. (1986). Decreased cardiac output: Validation of a nursing diagnosis. *Dimensions of Critical Care Nursing*, 5(3), 182-188.
- Dougherty, C. M. (2001). Decreased cardiac output. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Titler, & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 285-297). St. Louis: Mosby.
- Futrell, A. (1990). Decreased cardiac output: Case for a collaborative diagnosis. *Dimensions of Critical Care Nursing*, 9(4), 202-209.



## Cardiopulmonary Status

0414

**Definition:** Adequacy of blood volume ejected from the ventricles and exchange of carbon dioxide and oxygen at the alveolar level

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severe deviation from normal range	Substantial deviation from normal range	Moderate deviation from normal range	Mild deviation from normal range	No deviation from normal range	
		1	2	3	4	5	
<b>Indicators:</b>							
041401	Systolic blood pressure	1	2	3	4	5	NA
041402	Diastolic blood pressure	1	2	3	4	5	NA
041403	Peripheral pulses	1	2	3	4	5	NA
041404	Apical heart rate	1	2	3	4	5	NA
041405	Cardiac rhythm	1	2	3	4	5	NA
041406	Respiratory rate	1	2	3	4	5	NA
041407	Respiratory rhythm	1	2	3	4	5	NA
041408	Depth of inspiration	1	2	3	4	5	NA
041409	Expulsion of air	1	2	3	4	5	NA
041410	Urinary output	1	2	3	4	5	NA
041411	Cardiac index	1	2	3	4	5	NA
041412	Oxygen saturation	1	2	3	4	5	NA
041413	Movement of sputum out of airway	1	2	3	4	5	NA
		Severe	Substantial	Moderate	Mild	None	
041414	Activity intolerance	1	2	3	4	5	NA
041415	Impaired cognition	1	2	3	4	5	NA
041416	Pallor	1	2	3	4	5	NA
041417	Cyanosis	1	2	3	4	5	NA
041418	Flushed	1	2	3	4	5	NA
041419	Neck vein distention	1	2	3	4	5	NA
041420	Chest retraction	1	2	3	4	5	NA
041421	Pursed lip breathing	1	2	3	4	5	NA
041422	Peripheral edema	1	2	3	4	5	NA
041423	Pulmonary edema	1	2	3	4	5	NA
041424	Dyspnea at rest	1	2	3	4	5	NA
041425	Dyspnea with mild exertion	1	2	3	4	5	NA
041426	Fatigue	1	2	3	4	5	NA
041427	Restlessness	1	2	3	4	5	NA
041428	Somnolence	1	2	3	4	5	NA
041429	Weight gain	1	2	3	4	5	NA
041430	Weight loss	1	2	3	4	5	NA
041431	Diaphoresis	1	2	3	4	5	NA

**Domain-Physiologic Health (II) Class-Cardiopulmonary (E) 4th edition 2008**

### OUTCOME CONTENT REFERENCES:

- Berry, B. E., & Pinard, A. E. (2002). Assessing tissue oxygenation. *Critical Care Nurse*, 22(3), 22-36.
- Dougherty, C. M. (2001). Decreased cardiac output. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Titler, & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 285-297). St. Louis: Mosby.
- Smeltzer, S. C., & Bare, B. G. (2004). *Brunner & Suddarth's textbook of medical surgical nursing* (Vols. 1 & 2) (10th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Wakefield, B. (2001). Ineffective breathing pattern. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Titler, & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 313-323). St. Louis: Mosby.

**Caregiver Adaptation to Patient Institutionalization**

2200

**Definition:** Adaptive response of family caregiver when the care recipient is moved to an institution

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
		1	2	3	4	5	
<b>Indicators:</b>							
220001	Trusts non-family caregiver	1	2	3	4	5	NA
220002	Maintains desired control over care	1	2	3	4	5	NA
220003	Participates in care as desired	1	2	3	4	5	NA
220004	Maintains caregiver-care recipient relationship	1	2	3	4	5	NA
220016	Collaborates with health provider in determining care	1	2	3	4	5	NA
220006	Reports decreased need to verbalize feelings about change	1	2	3	4	5	NA
220007	Resolves feelings of guilt	1	2	3	4	5	NA
220008	Resolves feelings of anger	1	2	3	4	5	NA
220009	Uses conflict resolution strategies	1	2	3	4	5	NA
220017	Reports comfort with role transition	1	2	3	4	5	NA
220011	Provides consent for treatment	1	2	3	4	5	NA
220012	Provides information about patient's routine	1	2	3	4	5	NA
220013	Provides patient's comfort items	1	2	3	4	5	NA
220014	Communicates needs of nonverbal patient	1	2	3	4	5	NA

**Domain-Family Health (VI) Class-Family Caregiver Performance (W) 1st edition 1997; revised 2004, 2008**

## OUTCOME CONTENT REFERENCES:

- Gaugler, J. E., Pearlin, L. I., Leitsch, S. A., & Davey, A. (2001). Relinquishing in-home dementia care: Difficulties and perceived helpfulness during the nursing home transition. *American Journal of Alzheimer's Disease & Other Dementias*, 16(1), 32-42.
- Kaus, K. J. (1990). Fostering family integrity. In M. Craft & J. A. Denchy (Eds.), *Nursing interventions for infants and children* (pp. 181-200). Philadelphia: W. B. Saunders.
- Langford, M. (2001). A view from the front lines. Residential treatment: Have I done the right thing? *Premier Outlook*, 2(1), 16, 18.
- Lindgren, C. L. (1993). The caregiver career. *Image—The Journal of Nursing Scholarship*, 25(3), 214-219.
- Lindsay, J. K., Roman, L., DeWys, M., Eager, M., Levick, J., & Quinn, M. (1993). Creative caring in the NICU: Parent to parent support. *Neonatal Network*, 12(4), 37-44.
- Maas, M., Buckwalter, K., Swanson, E., Specht, J., Tripp-Reimer, T., & Hardy, M. (1994). The caring partnership: Staff and families of persons institutionalized with Alzheimer's disease. *The American Journal of Alzheimer's Care and Related Disorders & Research*, 9(6), 21-30.
- + Montgomery, R. J. V., Gonyea, J. G., & Hooyman, N. R. (1985). Caregiving and the experience of subjective and objective burden. *Family Relations*, 34(1), 19-26.
- Moyle, W., Edwards, H., & Clinton, M. (2002). Living with loss: Dementia and the family caregiver. *Australian Journal of Advanced Nursing*, 19(3), 25-31.
- Olson, R. K., Heater, B. S., & Becker, A. M. (1990). A meta-analysis of the effects of nursing interventions on children and parents. *Maternal-Child Nursing*, 15(2), 104-108.
- + Picot, S. J., Youngblut, J., & Zeller, R. (1997). Development and testing of a measure of perceived caregiver rewards in adults. *Journal of Nursing Measurement*, 5(1), 33-52.
- Stevenson, J. E. (1990). Family stress related to home care of Alzheimer's disease patients and implications for support. *Journal of Neuroscience Nursing*, 22(3), 179-188.
- Swanson, E., Jensen, D. P., Specht, J., Saylor, D., Johnson, M., & Maas, M. (1997). Caregiving: Concept analysis and outcomes. *Scholarly Inquiry for Nursing Practice*, 11(1), 65-79.
- Wilson, H. S. (1989). Family caregiving for a relative with Alzheimer's dementia: Coping with negative choices. *Nursing Research*, 38(2), 94-98.

## Caregiver Emotional Health

2506

**Definition:** Emotional well-being of a family care provider while caring for a family member

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severely compromised	Substantially compromised	Moderately compromised	Mildly compromised	Not compromised	
		1	2	3	4	5	
Indicators:							
250601	Satisfaction with life	1	2	3	4	5	NA
250602	Sense of control	1	2	3	4	5	NA
250603	Self-esteem	1	2	3	4	5	NA
250610	Certainty about future	1	2	3	4	5	NA
250611	Perceived social connectedness	1	2	3	4	5	NA
250612	Perceived spiritual well-being	1	2	3	4	5	NA
250614	Perceived adequacy of resources	1	2	3	4	5	NA
		Severe	Substantial	Moderate	Mild	None	
250604	Anger	1	2	3	4	5	NA
250605	Resentfulness	1	2	3	4	5	NA
250606	Guilt	1	2	3	4	5	NA
250607	Depression	1	2	3	4	5	NA
250608	Frustration	1	2	3	4	5	NA
250609	Ambivalence about situation	1	2	3	4	5	NA
250613	Perceived burden	1	2	3	4	5	NA
250615	Psychotropic medication use	1	2	3	4	5	NA

**Domain-Family Health (VI) Class-Family Member Health Status (Z) 1st edition 1997; revised 2004**

### OUTCOME CONTENT REFERENCES:

- Brown, M. A., & Powell-Cope, G. M. (1991). AIDS family caregiving: Transitions through uncertainty. *Nursing Research, 40*(6), 338-345.
- Bull, M. J. (1990). Factors influencing family caregiver burden and health. *Western Journal of Nursing Research, 12*(6), 758-776.
- Croog, S. H., Sudilovsky, A., Burlison, J. A., & Baume, R. M. (2001). Vulnerability of husband and wife caregivers of Alzheimer disease patients to caregiving stressors. *Alzheimer Disease & Associated Disorders, 15*(4), 201-210.
- Ducharme, F., LeVesque, L., Gendron, M., & Legault, A. (2001). Development process and qualitative evaluation of a program to promote the mental health of family caregivers. *Clinical Nursing Research, 10*(2), 182-201.
- Fruewirth, S. E. (1989). An application of Johnson's Behavioral Model: A case study. *Journal of Community Health Nursing, 6*(2), 61-71.
- Given, B. A., Kozachik, S. L., Collins, C. E., DeVoss, D. N., & Given, C. W. (2001). Caregiver role strain. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Titler, & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 679-695). St. Louis: Mosby.
- Grant, L., Adler, K. A., Patterson, T. L., Dimsdale, J. E., Ziegler, M. G., & Irwin, M. R. (2002). Health consequences of Alzheimer's caregiving transitions: Effects of placement and bereavement. *Psychosomatic Medicine, 64*(3), 477-486.
- Haley, W. E., LaMonde, L. A., Han, B., Narramore, S., & Schonwetter, R. (2001). Family caregiving in hospice: Effects on psychological and health functioning among spousal caregivers of hospice patients with lung cancer or dementia. *Hospice Journal, 15*(4), 1-18.
- Lindgren, C. L. (1990). Burnout and social support in family caregivers. *Western Journal of Nursing Research, 12*(4), 469-487.
- Ptok, U., Papassotiropoulos, A., & Heun, R. (2001). Mental health in spouses of patients with gerontopsychiatric disorders. *International Journal of Geriatric Psychiatry, 16*(10), 1014-1016.
- +Robinson, B. C. (1983). Validation of a caregiver strain index. *Journal of Gerontology, 38*(3), 344-348.
- Romeis, J. C. (1989). Caregiver strain. *Journal of Aging and Health, 1*(2), 188-208.
- Thompson, E. H., Fitterman, A. M., Gallagher-Thompson, D., Rose, J. M., & Lovett, S. B. (1993). Social support and caregiving burden in family caregivers of frail elders. *Journal of Gerontology, 48*(5), S245-S254.

## Caregiver Home Care Readiness

2202

**Definition:** Preparedness of a caregiver to assume responsibility for the health care of a family member in the home

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Not adequate	Slightly adequate	Moderately adequate	Substantially adequate	Totally adequate	
		1	2	3	4	5	
Indicators:							
220201	Willingness to assume caregiving role	1	2	3	4	5	NA
220204	Participation in decisions about home care	1	2	3	4	5	NA
220202	Knowledge about caregiving role	1	2	3	4	5	NA
220203	Demonstration of positive regard for care recipient	1	2	3	4	5	NA
220205	Knowledge of care recipient's disease process	1	2	3	4	5	NA
220206	Knowledge of recommended treatment regimen	1	2	3	4	5	NA
220207	Knowledge of recommended procedures	1	2	3	4	5	NA
220219	Knowledge of equipment and supplies required	1	2	3	4	5	NA
220220	Knowledge of equipment operation	1	2	3	4	5	NA
220208	Knowledge of prescribed activity	1	2	3	4	5	NA
220209	Knowledge of follow-up care	1	2	3	4	5	NA
220210	Knowledge of emergency care	1	2	3	4	5	NA
220211	Knowledge of financial resources	1	2	3	4	5	NA
220212	Financial resources for caregiving	1	2	3	4	5	NA
220213	Knowledge of when to contact health professional	1	2	3	4	5	NA
220214	Perceived social support for caregiving	1	2	3	4	5	NA
220215	Confidence in ability to manage care at home	1	2	3	4	5	NA
220217	Willingness to involve care recipient in planning care	1	2	3	4	5	NA
220218	Evidence of plans for caregiver backup	1	2	3	4	5	NA
220222	Participation in discharge planning	1	2	3	4	5	NA

**Domain-Family Health (VI) Class-Family Caregiver Performance (W) 1st edition 1997; revised 2004, 2008**

### OUTCOME CONTENT REFERENCES:

- Axelrod, J., Geismar, L., & Ross, R. (1994). Families of chronically mentally ill patients: Their structure, coping resources, and tolerance for deviant behavior. *Health & Social Work, 19*(4), 271-278.
- Baginski, Y. (1994). Roadblocks to home care. *Continuing Care, 13*(8), 16-18, 24, 28-29.
- Bull, M. J., Hansen, H. E., & Gross, C. R. (2000). Differences in family caregiver outcomes by their level of involvement in discharge planning. *Applied Nursing Research, 13*(2), 76-82.
- Coppa, C., Hepburn, J., Strauss, D., & Yody, B. B. (1999). Return to home after acquired brain injury: Is the family ready? *Brain Injury Source, 3*(2), 18-20, 22.
- Gennaro, S., & Bakewell-Sachs, S. (1992). Discharge planning and home care for low-birth-weight infants. *NAACOGS Clinical Issues in Perinatal & Women's Health Nursing, 3*(1), 129-145.
- Magilvy, J. K., & Lakomy, J. M. (1991). Transitions of older adults to home care. *Home Health Care Services Quarterly, 12*(4), 59-70.
- + Picot, S. J., Youngblut, J., & Zeller, R. (1997). Development and testing of a measure of perceived caregiver rewards in adults. *Journal of Nursing Measurement, 5*(1), 33-52.
- Scherbring, M. (2002). Effect of caregiver perception of preparedness of burden in an oncology population. *Oncology Nursing Forum, 29*(6), E70-E76.
- Titler, M. G., & Pettit, D. M. (1995). Discharge readiness assessment. *Journal of Cardiovascular Nursing, 9*(4), 64-74.

## Caregiver Lifestyle Disruption

2203

**Definition:** Severity of disturbances in the lifestyle of a family member due to caregiving

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severe	Substantial	Moderate	Mild	None	
		1	2	3	4	5	
Indicators:							
220315	Disruption of routine	1	2	3	4	5	NA
220317	Disruption of family dynamics	1	2	3	4	5	NA
220318	Disruption of living environment	1	2	3	4	5	NA
220319	Financial burden from caregiving	1	2	3	4	5	NA
		Severely compromised	Substantially compromised	Moderately compromised	Mildly compromised	Not compromised	
220310	Role responsibilities	1	2	3	4	5	NA
220302	Role performance	1	2	3	4	5	NA
220320	Sleep	1	2	3	4	5	NA
220303	Role flexibility	1	2	3	4	5	NA
220304	Opportunities for privacy	1	2	3	4	5	NA
220305	Relationships with family members	1	2	3	4	5	NA
220306	Social interactions	1	2	3	4	5	NA
220307	Social support	1	2	3	4	5	NA
220308	Diversional activities	1	2	3	4	5	NA
220312	Relationships with friends	1	2	3	4	5	NA
220313	Relationships with pets	1	2	3	4	5	NA
220309	Work productivity	1	2	3	4	5	NA

**Domain-Family Health (VI) Class-Family Caregiver Performance (W) 1st edition 1997; revised 2004, 2008**

### OUTCOME CONTENT REFERENCES:

- Baldwin, B. A., Kleeman, K. M., Stevens, G. L., & Rasin, J. (1989). Family caregiver stress: Clinical assessment and management. *International Psychogeriatrics, 1*(2), 183-193.
- Gaynor, S. E. (1990). The long haul: The effects of home care on caregivers. *Image—The Journal of Nursing Scholarship, 22*(4), 208-212.
- Given, B. A., & Given, C. W. (1991). Family caregiving for the elderly. *Annual Review of Nursing Research, 9*, 77-101.
- Hinds, C. (1992). Suffering: A relatively unexplored phenomenon among family caregivers of non-institutionalized patients with cancer. *Journal of Advanced Nursing, 17*(8), 918-925.
- Kuhlman, G. J., Wilson, H. S., Hutchison, S. A., & Wallhagen, M. (1991). Alzheimer's disease and family caregiving: Critical syntheses of the literature and research agenda. *Nursing Research, 40*(6), 331-337.
- Lindgren, C. L. (1990). Burnout and social support in family caregivers. *Western Journal of Nursing Research, 12*(4), 469-487.
- Lindgren, C. L. (1993). The caregiver career. *Image—The Journal of Nursing Scholarship, 25*(3), 214-219.
- Oberst, M. T., Thomas, S. E., Gass, K. A., & Ward, S. E. (1989). Caregiving demands and appraisal of stress among family caregivers. *Cancer Nursing, 12*(4), 209-215.
- +Robinson, B. C. (1983). Validation of a caregiver strain index. *Journal of Gerontology, 38*(3), 344-348.
- Robinson, K. (1990). The relationships between social skills, social support, self-esteem and burden in adult caregivers. *Journal of Advanced Nursing, 15*(7), 788-795.
- Robinson, K. M. (1989). Predictors of depression among wife caregivers. *Nursing Research, 38*(8), 359-363.
- Stern, S., Doolan, M., Staples, E., Szmukler, G. L., & Eisler, I. (1999). Disruption and reconstruction: Narrative insights into the experience of family members caring for a relative diagnosed with serious mental illness. *Family Process, 38*(3), 353-369.
- Stevenson, J. E. (1990). Family stress related to home care of Alzheimer's disease patients and implications for support. *Journal of Neuroscience Nursing, 22*(3), 179-188.
- Thompson, E. H., Futterman, A. M., Gallagher-Thompson, D., Rose, J. M., & Lovette, S. B. (1993). Social support and caregiving burden in family caregivers of frail elders. *Journal of Gerontology, 48*(5), S245-S254.

## Caregiver-Patient Relationship

2204

**Definition:** Positive interactions and connections between the caregiver and care recipient

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Never positive	Rarely positive	Sometimes positive	Often positive	Consistently positive	
		1	2	3	4	5	
Indicators:							
220401	Effective communication	1	2	3	4	5	NA
220402	Patience	1	2	3	4	5	NA
220404	Calmness	1	2	3	4	5	NA
220405	Nurturance and affirmation	1	2	3	4	5	NA
220406	Companionship	1	2	3	4	5	NA
220407	Caring	1	2	3	4	5	NA
220408	Long-term commitment	1	2	3	4	5	NA
220409	Mutual acceptance	1	2	3	4	5	NA
220410	Mutual respect	1	2	3	4	5	NA
220411	Collaborative problem solving	1	2	3	4	5	NA
220412	Sense of responsibility	1	2	3	4	5	NA
220413	Mutual sense of attachment	1	2	3	4	5	NA

**Domain-Family Health (VI) Class-Family Caregiver Performance (W) 1st edition 1997; revised 2004, 2008**

### OUTCOME CONTENT REFERENCES:

- Caldwell, S. M. (1988). Measuring family well-being: Conceptual model, reliability, validity and use. In C. F. Waltz & O. L. Strickland (Eds.), *Measurement of nursing outcomes: Measuring client outcomes* (Vol. 1, pp. 396-422). New York: Springer.
- Clemen-Stone, S., McGuire, S., & Eigsti, D. (2002). *Comprehensive community health nursing: Family, aggregate and community practice* (6th ed.). St. Louis: Mosby.
- Craft, M. J., & Willadsen, J. A. (1992). Interventions related to family. *Nursing Clinics of North America*, 27(20), 517-540.
- Gaynor, S. E. (1990). The long haul: The effects of home care on caregivers. *Image—The Journal of Nursing Scholarship*, 22(4), 208-212.
- Hooymans, M., Gonyea, J., & Montgomery, R. (1985). Impact of in-home services termination on family caregivers. *The Gerontologist*, 25(2), 141-145.
- O'Neill, C., & Sorenson, E. S. (1991). Home care of the elderly: A family perspective. *Advances in Nursing Science*, 13(4), 28-37.
- Phillips, L. R. (1988). The fit of elder abuse with the family violence paradigm, and the implications of a paradigm shift for clinical practice. *Public Health Nursing*, 5(4), 222-229.
- + Picot, S. J., Youngblut, J., & Zeller, R. (1997). Development and testing of a measure of perceived caregiver rewards in adults. *Journal of Nursing Measurement*, 5(1), 33-52.
- Printz-Fedderson, V. (1990). Group process effect on caregiver burden. *Journal of Neuroscience Nursing*, 22(3), 164-168.
- + Vermooij-Dassen, M. J. F. J. (1993). *Dementia and home care: Determinants of the sense of competence of primary caregivers and the effect of professionally guided caregiver support* (in Dutch). Lisse, The Netherlands: Swets & Zeitlinger.

## Caregiver Performance: Direct Care

2205

**Definition:** Provision by family care provider of appropriate personal and health care for a family member

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Not adequate	Slightly adequate	Moderately adequate	Substantially adequate	Totally adequate	
		1	2	3	4	5	
Indicators:							
220503	Knowledge of disease process	1	2	3	4	5	NA
220504	Knowledge of treatment regimen	1	2	3	4	5	NA
220505	Adherence to treatment regimen	1	2	3	4	5	NA
220516	Performance of procedures	1	2	3	4	5	NA

Continued

### Caregiver Performance: Direct Care—cont'd

		Not adequate	Slightly adequate	Moderately adequate	Substantially adequate	Totally adequate	
220502	Assistance with care recipient's activities of daily living needs	1	2	3	4	5	NA
220506	Assistance with care recipient's instrumental activities of daily living needs	1	2	3	4	5	NA
220501	Provision of emotional support to care recipient	1	2	3	4	5	NA
220508	Surveillance of health status of care recipient	1	2	3	4	5	NA
220509	Surveillance of behavior of care recipient	1	2	3	4	5	NA
220510	Anticipation of care recipient's needs	1	2	3	4	5	NA
220517	Unconditional positive regard for care recipient	1	2	3	4	5	NA
220518	Competence monitoring own caregiving skill level	1	2	3	4	5	NA
220513	Confidence performing needed tasks	1	2	3	4	5	NA
220515	Provision of safe environment	1	2	3	4	5	NA

*Domain-Family Health (VI) Class-Family Caregiver Performance (W) 1st edition 1997; revised 2004, 2008*

#### OUTCOME CONTENT REFERENCES:

- Given, B. A., & Given, C. W. (1991). Family caregiving for the elderly. *Annual Review of Nursing Research*, 9, 77-101.
- Given, B. A., Kozachik, S. L., Collins, C. E., DeVoss, D. N., & Given, C. W. (2001). Caregiver role strain. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Titler, & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 679-695). St. Louis: Mosby.
- Oberst, M. T., Thomas, S. E., Gass, K. A., & Ward, S. E. (1989). Caregiving demands and appraisal of stress among family caregivers. *Cancer Nursing*, 12(4), 209-215.
- + Picot, S. J., Youngblut, J., & Zeller, R. (1997). Development and testing of a measure of perceived caregiver rewards in adults. *Journal of Nursing Measurement*, 5(1), 33-52.
- Pierson, M. A., & Irons, K. (1992). Identification of a cluster of nursing diagnoses for a caregiver support group. *Nursing Diagnosis*, 3(1), 36-41.
- Printz-Fedderson, V. (1990). Group process effect on caregiver burden. *Journal of Neuroscience Nursing*, 22(3), 164-168.
- Thomas, V. M., Ellison, K., Howell, E. V., & Winters, K. (1992). Caring for the person receiving ventilatory support at home: Caregivers' needs and involvement. *Heart & Lung*, 21(2), 180-186.
- + Vermooij-Dassen, M. J. F. J. (1993). *Dementia and home care: Determinants of the sense of competence of primary caregivers and the effect of professionally guided caregiver support* (in Dutch). Lisse, The Netherlands: Swets & Zeitlinger.
- Wallhagen, M. I., & Kagan, S. H. (1993). Staying within bounds: Perceived control and the experience of elderly caregivers. *Journal of Aging Studies*, 7(2), 197-213.

## Caregiver Performance: Indirect Care

2206

**Definition:** Arrangement and oversight by family care provider of appropriate care for a family member

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Not adequate	Slightly adequate	Moderately adequate	Substantially adequate	Totally adequate	
		1	2	3	4	5	
<b>Indicators:</b>							
220601	Confidence in problem solving	1	2	3	4	5	NA
220602	Recognition of changes in health status of care recipient	1	2	3	4	5	NA
220603	Recognition of changes in behavior of care recipient	1	2	3	4	5	NA
220614	Anticipation of care recipient's needs	1	2	3	4	5	NA
220605	Procurement of needed health care services for care recipient	1	2	3	4	5	NA
220611	Procurement of needed transportation for care recipient	1	2	3	4	5	NA
220612	Procurement of needed equipment and supplies for care recipient	1	2	3	4	5	NA
220606	Skill in overseeing provision of care	1	2	3	4	5	NA
220615	Unconditional positive regard for care recipient	1	2	3	4	5	NA
220608	Skill in pursuing care problems with direct care providers	1	2	3	4	5	NA
220609	Confidence in performing needed tasks	1	2	3	4	5	NA
220613	Recognition of requirements for safety	1	2	3	4	5	NA

**Domain-Family Health (VI) Class-Family Caregiver Performance (W) 1st edition 1997; revised 2004, 2008**

### OUTCOME CONTENT REFERENCES:

- Bowers, B. J. (1987). Intergenerational caregiving: Adult caregivers and their aging parents. *Advances in Nursing Science*, 9(2), 20-31.
- Given, B. A., & Given, C. W. (1991). Family caregiving for the elderly. *Annual Review of Nursing Research*, 9, 77-101.
- Given, B. A., Kozachik, S. L., Collins, C. E., DeVoss, D. N., & Given, C. W. (2001). Caregiver role strain. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Titler, & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 679-695). St. Louis: Mosby.
- Oberst, M. T., Thomas, S. E., Gass, K. A., & Ward, S. E. (1989). Caregiving demands and appraisal of stress among family caregivers. *Cancer Nursing*, 12(4), 209-215.
- Pierson, M. A., & Irons, K. (1992). Identification of a cluster of nursing diagnoses for a caregiver support group. *Nursing Diagnosis*, 3(1), 36-41.
- Printz-Feddersen, V. (1990). Group process effect on caregiver burden. *Journal of Neuroscience Nursing*, 22(3), 164-168.
- Thomas, V. M., Ellison, K., Howell, E. V., & Winters, K. (1992). Caring for the person receiving ventilatory support at home: Caregivers' needs and involvement. *Heart & Lung*, 21(2), 180-186.
- + Vermooij-Dassen, M. J. F. J. (1993). *Dementia and home care: Determinants of the sense of competence of primary caregivers and the effect of professionally guided caregiver support* (in Dutch). Lisse, The Netherlands: Swets & Zeitlinger.
- Wallhagen, M. I., & Kagan, S. H. (1993). Staying within bounds: Perceived control and the experience of elderly caregivers. *Journal of Aging Studies*, 7(2), 197-213.



## Caregiver Physical Health

2507

**Definition:** Physical well-being of a family care provider while caring for a family member

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Severely compromised	Substantially compromised	Moderately compromised	Mildly compromised	Not compromised	
		1	2	3	4	5	
Indicators:							
250715	Physical fitness	1	2	3	4	5	NA
250702	Sleep-rest pattern	1	2	3	4	5	NA
250703	Blood pressure	1	2	3	4	5	NA
250704	Energy level	1	2	3	4	5	NA
250705	Physical comfort	1	2	3	4	5	NA
250706	Mobility level	1	2	3	4	5	NA
250707	Resistance to infection	1	2	3	4	5	NA
250708	Physical function	1	2	3	4	5	NA
250709	Weight	1	2	3	4	5	NA
250710	Gastrointestinal function	1	2	3	4	5	NA
250716	Cardiac function	1	2	3	4	5	NA
250717	Pulmonary function	1	2	3	4	5	NA
250718	Nutritional status	1	2	3	4	5	NA
250719	Cognitive status	1	2	3	4	5	NA
250711	Medication use	1	2	3	4	5	NA
250712	Perceived general health	1	2	3	4	5	NA

**Domain-Family Health (VI) Class-Family Member Health Status (Z) 1st edition 1997; revised 2004, 2008**

### OUTCOME CONTENT REFERENCES:

- Collins, C. E., Given, B. A., & Given, C. W. (1994). Interventions with family caregivers of persons with Alzheimer's disease. *Nursing Clinics of North America*, 29(1), 127-131.
- Given, B. A., & Given, C. W. (1991). Family caregiving for the elderly. *Annual Review of Nursing Research*, 9, 77-101.
- Given, B. A., Kozachik, S. L., Collins, C. E., DeVoss, D. N., & Given, C. W. (2001). Caregiver role strain. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Titler, & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 679-695). St. Louis: Mosby.
- Grant, I., Adler, K. A., Patterson, T. L., Dimsdale, J. E., Ziegler, M. G., & Irwin, M. R. (2002). Health consequences of Alzheimer's caregiving transitions: Effects of placement and bereavement. *Psychosomatic Medicine*, 64(3), 477-486.
- Grasel, E. (2002). When home care ends—changes in the physical health of informal caregivers caring for dementia patients: A longitudinal study. *Journal of American Geriatric Society*, 50(5), 843-849.
- Haley, W. E., LaMonde, L. A., Han, B., Narramore, S., & Schonwetter, R. (2001). Family caregiving in hospice: Effects on psychological and health functioning among spousal caregivers of hospice patients with lung cancer or dementia. *Hospice Journal*, 15(4), 1-18.
- Pepin, J. I. (1992). Family caring and caring in nursing. *Image—The Journal of Nursing Scholarship*, 24(2), 127-131.
- +Robinson, B. C. (1983). Validation of a caregiver strain index. *Journal of Gerontology*, 38(3), 344-348.
- Springer, D., & Brubaker, T. H. (1984). *Caregiving and the dependent elderly*. Thousand Oaks, CA: Sage.
- Winslow, B., & O'Brien, R. (1992). Use of formal community resources by spouse caregivers of chronically ill adults. *Public Health Nursing*, 9(27), 128-132.
- Zeisel, J., Hyde, J., & Levkoff, S. (1994). Best practices: An environment-behavior (E-B) model for Alzheimer special care units. *The American Journal of Alzheimer's Care and Related Disorders & Research*, 9(2), 4-21.

**Caregiver Role Endurance**

2210

**Definition:** Factors that promote family care provider's capacity to sustain caregiving over an extended period of time

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Not adequate	Slightly adequate	Moderately adequate	Substantially adequate	Totally adequate	
		1	2	3	4	5	
<b>Indicators:</b>							
221001	Mutually satisfying care recipient-caregiver relationship	1	2	3	4	5	NA
221002	Mastery of direct care activities	1	2	3	4	5	NA
221003	Mastery of indirect care activities	1	2	3	4	5	NA
221004	Supplemental services to assist with care	1	2	3	4	5	NA
221012	Health provider support for caregiver	1	2	3	4	5	NA
221013	Supplies for caregiving	1	2	3	4	5	NA
221011	Financial resources for caregiving	1	2	3	4	5	NA
221005	Social support for caregiver	1	2	3	4	5	NA
221008	Respite for caregiver	1	2	3	4	5	NA
221009	Opportunities for caregiver leisure activities	1	2	3	4	5	NA

**Domain-Family Health (VI) Class-Family Caregiver Performance (W) 1st edition 1997; revised 2004, 2008**

## OUTCOME CONTENT REFERENCES:

- Czaja, S. J., & Rubert, M. P. (2002). Telecommunications technology as an aid to family caregivers of persons with dementia. *Psychosomatic Medicine, 64*(3), 469-476.
- Given, B. A., Stommel, M., Collins, C., King, S., & Given, C. W. (1990). Responses of elderly spouse caregivers. *Research in Nursing & Health, 13*(2), 77-85.
- Oberst, M. T., Thomas, S. E., Gass, K. A., & Ward, S. E. (1989). Caregiving demands and appraisal of stress among family caregivers. *Cancer Nursing, 12*(4), 209-215.
- + Picot, S. J., Youngblut, J., & Zeller, R. (1997). Development and testing of a measure of perceived caregiver rewards in adults. *Journal of Nursing Measurement, 5*(1), 33-52.
- Rawlins, S. R. (1991). Using the connecting process to meet family caregiver needs. *Journal of Professional Nursing, 7*(4), 213-220.
- Romeis, J. C. (1989). Caregiver strain. *Journal of Aging and Health, 1*(2), 188-208.
- Stevenson, J. E. (1990). Family stress related to home care of Alzheimer's disease patients and implications for support. *Journal of Neuroscience Nursing, 22*(3), 179-188.
- Thompson, E. H., Futterman, A. M., Gallagher-Thompson, D., Rose, J. M., & Lovett, S. B. (1993). Social support and caregiving burden in family caregivers of frail elders. *Journal of Gerontology, 48*(5), S245-S254.
- Wallhagen, M. I. (1992). Caregiving demands: Their difficulty and effects on the well-being of elderly caregivers. *Scholarly Inquiry for Nursing Practice: An International Journal, 6*(2), 111-133.
- Winslow, B., & O'Brien, R. (1992). Use of formal community resources by spouse caregivers of chronically ill adults. *Public Health Nursing, 9*(27), 128-132.

## Caregiver Stressors

2208

**Definition:** Severity of biopsychosocial pressure on a family care provider caring for another over an extended period of time

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Severe	Substantial	Moderate	Mild	None	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
220801	Reported stressors of caregiving	1	2	3	4	5	NA
220802	Physical limitations for caregiving	1	2	3	4	5	NA
220803	Psychological limitations for caregiving	1	2	3	4	5	NA
220804	Cognitive limitations	1	2	3	4	5	NA
220805	Role conflict	1	2	3	4	5	NA
220815	Sense of isolation	1	2	3	4	5	NA
220807	Perceived lack of social support	1	2	3	4	5	NA
220818	Perceived lack of health professional support	1	2	3	4	5	NA
220816	Loss of personal time	1	2	3	4	5	NA
220819	Conflict between work and caregiver responsibilities	1	2	3	4	5	NA
220820	Perceived burden of care recipient's progressive health problems	1	2	3	4	5	NA
220813	Impairment of caregiver-patient relationship	1	2	3	4	5	NA
220821	Impairment of family relationships	1	2	3	4	5	NA

**Domain-Family Health (VI) Class-Family Caregiver Performance (W) 1st edition 1997; revised 2004, 2008**

## OUTCOME CONTENT REFERENCES:

- Andersson, A., Levin, L.A., Emtinger, B. G. (2002). The economic burden of informal care. *International Journal of Technology Assessment in Health Care*, 18(1), 46-54.
- Brown, M. A., & Powell-Cope, G. M. (1991). AIDS family caregiving: Transitions through uncertainty. *Nursing Research*, 40(6), 338-345.
- Chambers, M., Ryan, A. A., & Connors, S. L. (2001). Exploring the emotional needs and coping strategies of family caregivers. *Journal of Psychiatric and Mental Health Nursing*, 8(2), 99-106.
- Davis, L. L. (2001). Altered family processes. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Titler, & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 719-727). St. Louis: Mosby.
- Given, C. W., Given, B., Stommel, M., Collins, C., King, S., & Franklin, S. (1992). The caregiver reaction assessment (CRA) for caregivers to persons with chronic physical and mental impairments. *Research in Nursing & Health*, 15(4), 271-283.
- Glasscock, R. (2000). A phenomenological study of the experience of being a mother of a child with cerebral palsy. *Pediatric Nursing*, 26(4), 407-410.
- Laidlaw, T. M., Coverdale, J. H., Falloon, I. R., & Kydd, R. R. (2002). Caregivers' stresses when living together or apart from patients with chronic schizophrenia. *Community Mental Health Journal*, 38(4), 303-310.
- Levesque, L., Ducharme, F., & Lachance, L. (1999). Is there a difference between family caregiving of institutionalized elders with or without dementia? *Western Journal of Nursing Research*, 21(4), 472-497.
- + Robinson, B. C. (1983). Validation of a caregiver strain index. *Journal of Gerontology*, 38(3), 344-348.
- Saban, K., Sherwood, P., DeVon, H., & Hynes, D. (2010). Measures of psychological stress and physical health in family caregivers of stroke survivors: A literature review. *Journal of Neuroscience Nursing*, 42(3), 128-138.
- Stevenson, J. E. (1990). Family stress related to home care of Alzheimer's disease patients and implications for support. *Journal of Neuroscience Nursing*, 22(3), 179-188.
- Thompson, E. H., Futterman, A. M., Gallagher-Thompson, D., Rose, J. M., & Lovett, S. B. (1993). Social support and caregiving burden in family caregivers of frail elders. *Journal of Gerontology*, 48(5), S245-S254.
- Wallhagen, M. I. (1992). Caregiving demands: Their difficulty and effects on the well-being of elderly caregivers. *Scholarly Inquiry for Nursing Practice: An International Journal*, 6(2), 111-133.

## Caregiver Well-Being

2508

**Definition:** Extent of positive perception of primary care provider's health status

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Not at all satisfied	Somewhat satisfied	Moderately satisfied	Very satisfied	Completely satisfied	
		1	2	3	4	5	
Indicators:							
250801	Physical health	1	2	3	4	5	NA
250802	Psychological health	1	2	3	4	5	NA
250803	Lifestyle	1	2	3	4	5	NA
250804	Performance of usual roles	1	2	3	4	5	NA
250805	Social support	1	2	3	4	5	NA
250806	Support for instrumental activities of daily living	1	2	3	4	5	NA
250807	Health professional support	1	2	3	4	5	NA
250808	Social relationships	1	2	3	4	5	NA
250811	Family sharing of responsibilities for caregiving	1	2	3	4	5	NA
250812	Availability for respite	1	2	3	4	5	NA
250813	Ability to cope	1	2	3	4	5	NA
250809	Caregiver role	1	2	3	4	5	NA
250814	Financial resources for caregiving	1	2	3	4	5	NA

**Domain-Family Health (VI) Class-Family Member Health Status (Z) 1st edition 1997; revised 2004, 2008**

## OUTCOME CONTENT REFERENCES:

- Brown, M. A., & Powell-Cope, G. M. (1991). AIDS family caregiving: Transitions through uncertainty. *Nursing Research, 40*(6), 338-345.
- Given, B. A., Kozachik, S. L., Collins, C. E., DeVoss, D. N., & Given, C. W. (2001). Caregiver role strain. In M. Maas, K. Buckwalter, M. Hardy, T. Tripp-Reimer, M. Titler, & J. Specht (Eds.), *Nursing care of older adults: Diagnoses, outcomes & interventions* (pp. 679-695). St. Louis: Mosby.
- Given, C. W., Given, B., Stommel, M., Collins, C., King, S., & Franklin, S. (1992). The Caregiver Reaction Assessment (CRA) for caregivers to persons with chronic physical and mental impairments. *Research in Nursing & Health, 15*(4), 271-283.
- Jungbauer, J., & Angermeyer, M. C. (2002). Living with a schizophrenic patient: A comparative study of burden as it affects parents and spouses. *Psychiatry, 65*(2), 110-123.
- Pender, N., Murdaugh, C., & Parsons, M. A. (2001). *Health promotion in nursing practice* (4th ed.). Upper Saddle River, NJ: Prentice Hall.
- + Picot, S. J., Youngblut, J., & Zeller, R. (1997). Development and testing of a measure of perceived caregiver rewards in adults. *Journal of Nursing Measurement, 5*(1), 33-52.
- Stevenson, J. E. (1990). Family stress related to home care of Alzheimer's disease patients and implications for support. *Journal of Neuroscience Nursing, 22*(3), 179-188.
- Thompson, E. H., Futterman, A. M., Gallagher-Thompson, D., Rose, J. M., & Lovett, S. B. (1993). Social support and caregiving burden in family caregivers of frail elders. *Journal of Gerontology, 48*(5), S245-S254.
- Wade, S. L., Taylor, H. G., Drotar, D., Stancin, T., Yeates, K. O., & Minich, N. M. (2002). A prospective study of long-term caregiver and family adaptation following brain injury in children. *Journal of Health Trauma Rehabilitation, 17*(2), 96-111.
- Wallhagen, M. I. (1992). Caregiving demands: Their difficulty and effects on the well-being of elderly caregivers. *Scholarly Inquiry for Nursing Practice: An International Journal, 6*(2), 111-133.
- Warfield, M. E. (2001). Employment, parenting, and well-being among mothers of children with disabilities. *Mental Retardation, 39*(4), 297-309.

## Child Adaptation to Hospitalization

1301

**Definition:** Adaptive response of a child from 3 years through 17 years of age to hospitalization

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
OUTCOME OVERALL RATING		1	2	3	4	5	
<b>Indicators:</b>							
130112	Interacts with parent	1	2	3	4	5	NA
130121	Maintains usual routine	1	2	3	4	5	NA
130113	Recognizes reason for hospitalization	1	2	3	4	5	NA
130115	Participates in decision-making	1	2	3	4	5	NA
130123	Asks questions about illness	1	2	3	4	5	NA
130124	Asks questions about treatment	1	2	3	4	5	NA
130125	Describes illness	1	2	3	4	5	NA
130126	Describes prescribed treatment	1	2	3	4	5	NA
130127	Maintains sense of control	1	2	3	4	5	NA
130118	Cooperates with procedures	1	2	3	4	5	NA
130109	Responds to comfort measures	1	2	3	4	5	NA
130110	Responds to diversional therapy	1	2	3	4	5	NA
130111	Participates in social interaction	1	2	3	4	5	NA
130119	Interacts with peers	1	2	3	4	5	NA
130117	Maintains pre-admission self-care behaviors	1	2	3	4	5	NA
		Consistently demonstrated	Often demonstrated	Sometimes demonstrated	Rarely demonstrated	Never demonstrated	
130101	Agitation	1	2	3	4	5	NA
130102	Separation anxiety	1	2	3	4	5	NA
130103	Regressive behaviors	1	2	3	4	5	NA
130104	Anxiety	1	2	3	4	5	NA
130105	Fear	1	2	3	4	5	NA
130106	Anger	1	2	3	4	5	NA
130128	Withdrawal	1	2	3	4	5	NA
130129	Aggressive behaviors	1	2	3	4	5	NA

**Domain-**Psychosocial Health (III) **Class-**Psychosocial Adaptation (N) 1st edition 1997; revised 2004, 2008

### OUTCOME CONTENT REFERENCES:

- Coucovanis, J. A. (1990). Behavior management. In M. Craft & J. A. Denchy (Eds.), *Nursing interventions for infants and children* (pp. 151-165). Philadelphia: W. B. Saunders.
- Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's nursing care of infants and children* (7th ed.). St. Louis: Mosby.
- Manion, J. (1990). Preparing children for hospitalization, procedures, or surgery. In M. Craft & J. A. Denchy (Eds.), *Nursing interventions for infants and children* (pp. 74-90). Philadelphia: W. B. Saunders.
- Olson, R. K., Heater, B. S., & Becker, A. M. (1990). A meta-analysis of the effects of nursing interventions on children and parents. *Maternal-Child Nursing, 15*(2), 104-108.
- Shields, L. (2001). A review of the literature from developed and developing countries relating to the effects of hospitalization on children and parents. *International Nursing Review, 48*(1), 29-37.
- Wolfer, J. A., & Visintainer, M. A. (1975). Pediatric surgical patients' and parents' stress responses and adjustment as a function of psychologic preparation and stress-point nursing care. *Nursing Research, 24*(4), 244-255.
- Ziegler, D. B., & Prior, M. M. (1994). Preparation for surgery and adjustment to hospitalization. *Nursing Clinics of North America, 29*(4), 655-669.

## Child Development: 1 Month

0120

**Definition:** Milestones of physical, cognitive, and psychosocial progression by 1 month of age

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

OUTCOME OVERALL RATING		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
		1	2	3	4	5	
Indicators:							
012001	Signals hunger	1	2	3	4	5	NA
012002	Signals discomfort	1	2	3	4	5	NA
012003	Responds to sounds	1	2	3	4	5	NA
012004	Responds to voice	1	2	3	4	5	NA
012005	Responds to face	1	2	3	4	5	NA
012006	Coos	1	2	3	4	5	NA
012007	Smiles spontaneously	1	2	3	4	5	NA
012008	Eyes follow to mid-line	1	2	3	4	5	NA
012009	Signals overstimulation	1	2	3	4	5	NA
012010	Exhibits five sleep and alert states	1	2	3	4	5	NA
012011	Flexes extremity	1	2	3	4	5	NA
012012	Holds head erect momentarily	1	2	3	4	5	NA
012013	Turns head side to side when prone	1	2	3	4	5	NA
012014	Holds head in horizontal line with back when prone	1	2	3	4	5	NA
012015	Moro reflex	1	2	3	4	5	NA
012016	Tonic neck reflex	1	2	3	4	5	NA
012017	Dance reflex	1	2	3	4	5	NA
012018	Crawl reflex	1	2	3	4	5	NA
012019	Babinski reflex	1	2	3	4	5	NA
012020	Suck reflex	1	2	3	4	5	NA
012021	Palmer reflex	1	2	3	4	5	NA
012022	Plantar reflex	1	2	3	4	5	NA
012023	Rooting reflex	1	2	3	4	5	NA

*Domain-Functional Health (I) Class-Growth & Development (B) 3rd edition 2004*

### OUTCOME CONTENT REFERENCES:

- Berger, K. S. (2001). *The developing person through the life span* (5th ed.). New York: Worth.
- Broome, M. E., & Rollins, J. A. (Eds.). (1999). *Core curriculum for the nursing care of children and their families*. Pitman, NJ: Anthony J. Jannetti.
- Darrach, J., Redfern, L., Maguire, T. O., Beaulne, A. P., & Watt, J. (1998). Intra-individual stability of rate of gross motor development in full-term infants. *Early Human Development*, 52(2), 169-179.
- Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's nursing care of infants and children* (7th ed.). St. Louis: Mosby.
- Kimmel, S. R., Quinn, E. A., & Phelps, K. A. (1994). Assessing child development. *Primary Care*, 21(4), 673-692.
- Piper, M. C., Pinnell, L. E., Darrach, J., Maguire, T., & Byrne, P. J. (1992). Construction and validation of the Alberta Infant Motor Scale (AIMS). *Canadian Journal of Public Health*, 83(Suppl. 2), S46-S50.
- Trachtenberg, D. E., & Golemon, T. B. (1998). Care of the premature infant, part 1: Monitoring growth and development. *American Family Physician*, 57(9), 2123-2131.

## Child Development: 2 Months

0100

**Definition:** Milestones of physical, cognitive, and psychosocial progression by 2 months of age

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
OUTCOME OVERALL RATING		1	2	3	4	5	
<b>Indicators:</b>							
010002	Crawl reflex disappearance	1	2	3	4	5	NA
010003	Lifts head, neck, and upper chest with support of forearms while in prone position	1	2	3	4	5	NA
010004	Shows some head control in upright position	1	2	3	4	5	NA
010005	Hands frequently open	1	2	3	4	5	NA
010006	Grasp reflex fading	1	2	3	4	5	NA
010007	Coos and vocalizes	1	2	3	4	5	NA
010008	Shows interest in auditory stimuli	1	2	3	4	5	NA
010009	Shows interest in visual stimuli	1	2	3	4	5	NA
010010	Smiles	1	2	3	4	5	NA
010011	Shows pleasure in interactions, especially with primary caregivers	1	2	3	4	5	NA

*Domain-Functional Health (I) Class-Growth & Development (B) 1st edition 1997; revised 2004*

**OUTCOME CONTENT REFERENCES:**

- Berger, K. S. (2001). *The developing person through the life span* (5th ed.). New York: Worth.
- Bricker, D. (Ed.). (2002). *Assessment, evaluation, and programming system for infants and children* (2nd ed.). Baltimore: Paul H. Brookes.
- Darrah, J., Redfern, L., Maguire, T. O., Beaulne, A. P., & Watt, J. (1998). Intra-individual stability of rate of gross motor development in full-term infants. *Early Human Development*, 52(2), 169-179.
- Green, M., & Palfrey, J. S. (Eds.). (2002). *Bright futures: Guidelines for health supervision of infants, children and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.
- Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's nursing care of infants and children* (7th ed.). St. Louis: Mosby.

## Child Development: 4 Months

0101

**Definition:** Milestones of physical, cognitive, and psychosocial progression by 4 months of age

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
OUTCOME OVERALL RATING		1	2	3	4	5	
<b>Indicators:</b>							
010101	Holds head erect and raises body on hands while in prone position	1	2	3	4	5	NA
010102	Controls head well	1	2	3	4	5	NA
010103	Rolls over from prone to supine	1	2	3	4	5	NA
010104	Holds own hands	1	2	3	4	5	NA
010105	Grasps rattle	1	2	3	4	5	NA
010106	Reaches for objects	1	2	3	4	5	NA
010107	Bats at objects	1	2	3	4	5	NA
010108	Babbles and coos	1	2	3	4	5	NA
010109	Recognizes parents' voices	1	2	3	4	5	NA

### Child Development: 4 Months—cont'd

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
010110	Recognizes parents' touch	1	2	3	4	5	NA
010111	Looks at and becomes excited by mobile	1	2	3	4	5	NA
010112	Smiles, laughs, and squeals	1	2	3	4	5	NA
010116	Exhibits a nocturnal sleep pattern	1	2	3	4	5	NA
010114	Comforts self	1	2	3	4	5	NA

*Domain-Functional Health (I) Class-Growth & Development (B) 1st edition 1997; revised 2004, 2008*

#### OUTCOME CONTENT REFERENCES:

Berger, K. S. (2001). *The developing person through the life span* (5th ed.). New York: Worth.

Green, M., & Palfrey, J. S. (Eds.). (2002). *Bright futures: Guidelines for health supervision of infants, children and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.

Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's nursing care of infants and children* (7th ed.). St. Louis: Mosby.

### Child Development: 6 Months

0102

**Definition:** Milestones of physical, cognitive, and psychosocial progression by 6 months of age

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
010201	Supports head when pulled to sit	1	2	3	4	5	NA
010202	Rolls over	1	2	3	4	5	NA
010203	Sits with support	1	2	3	4	5	NA
010204	Stands when placed and bears weight	1	2	3	4	5	NA
010205	Grasps and mouths objects	1	2	3	4	5	NA
010206	Gestures (e.g., points, shakes head)	1	2	3	4	5	NA
010207	Starts to self-feed	1	2	3	4	5	NA
010208	Shows interest in toys	1	2	3	4	5	NA
010209	Transfers small objects from hand to hand	1	2	3	4	5	NA
010210	Vocalizes/sings syllables (dada, baba)	1	2	3	4	5	NA
010211	Babbles reciprocally	1	2	3	4	5	NA
010212	Smiles, laughs, squeals, imitates noise	1	2	3	4	5	NA
010213	Turns to sounds	1	2	3	4	5	NA
010214	Shows beginning signs of stranger anxiety	1	2	3	4	5	NA
010215	Comforts self	1	2	3	4	5	NA

*Domain-Functional Health (I) Class-Growth & Development (B) 1st edition 1997; revised 2004*



## OUTCOME CONTENT REFERENCES:

- Berger, K. S. (2001). *The developing person through the life span* (5th ed.). New York: Worth.
- Bricker, D. (Ed.). (2002). *Assessment, evaluation, and programming system for infants and children* (2nd ed.). Baltimore: Paul H. Brookes.
- Green, M., & Palfrey, J. S. (Eds.). (2002). *Bright futures: Guidelines for health supervision of infants, children and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.
- Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's nursing care of infants and children* (7th ed.). St. Louis: Mosby.
- Rossetti, L. M. (1990). *Infant-toddler assessment: An interdisciplinary approach*. Boston: Little, Brown & Company.

**Child Development: 12 Months**

0103

**Definition:** Milestones of physical, cognitive, and psychosocial progression by 12 months of age

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
010301	Pulls to stand	1	2	3	4	5	NA
010302	Cruises around furniture	1	2	3	4	5	NA
010303	Attempts to take steps alone	1	2	3	4	5	NA
010304	Precise pincer grasp	1	2	3	4	5	NA
010305	Points with index fingers	1	2	3	4	5	NA
010306	Bangs blocks together	1	2	3	4	5	NA
010307	Drinks from cup	1	2	3	4	5	NA
010308	Feeds self finger foods	1	2	3	4	5	NA
010309	Feeds self with spoon	1	2	3	4	5	NA
010310	Uses vocabulary of one to three words in addition to mama, dada	1	2	3	4	5	NA
010311	Imitates vocalizations	1	2	3	4	5	NA
010312	Looks for dropped or hidden object	1	2	3	4	5	NA
010313	Plays social games	1	2	3	4	5	NA
010314	Waves bye-bye	1	2	3	4	5	NA

**Domain-Functional Health (I) Class-Growth & Development (B) 1st edition 1997; revised 2004**

## OUTCOME CONTENT REFERENCES:

- Berger, K. S. (2001). *The developing person through the life span* (5th ed.). New York: Worth.
- Bricker, D. (Ed.). (2002). *Assessment, evaluation, and programming system for infants and children* (2nd ed.). Baltimore: Paul H. Brookes.
- Green, M., & Palfrey, J. S. (Eds.). (2002). *Bright futures: Guidelines for health supervision of infants, children and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.
- Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's nursing care of infants and children* (7th ed.). St. Louis: Mosby.
- Rossetti, L. M. (1990). *Infant-toddler assessment: An interdisciplinary approach*. Boston: Little, Brown & Company.
- Santos, D. C., Gabbard, C., & Goncalves, V. M. (2001). Motor development during the first year: A comparative study. *Journal of Genetic Psychology, 162*(2), 143-153.
- Vaivre-Douret, L., & Burnod, Y. (2001). Development of a global motor rating scale for young children (0-4 years) including eye-hand grip coordination. *Child Care Health & Development, 27*(6), 515-534.

**Child Development: 2 Years**

0104

**Definition:** Milestones of physical, cognitive, and psychosocial progression by 2 years of age

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
010401	Walks quickly	1	2	3	4	5	NA
010402	Stoops well	1	2	3	4	5	NA
010403	Walks up and down stairs one step at a time	1	2	3	4	5	NA
010404	Walks backwards	1	2	3	4	5	NA
010405	Kicks a ball	1	2	3	4	5	NA
010406	Throws a ball	1	2	3	4	5	NA
010407	Makes circular and horizontal strokes with crayon	1	2	3	4	5	NA
010408	Stacks five to six blocks	1	2	3	4	5	NA
010409	Feeds self with spoon and fork	1	2	3	4	5	NA
010410	Follows two-step commands	1	2	3	4	5	NA
010411	Indicates wants verbally	1	2	3	4	5	NA
010412	Uses phrases of two to three words	1	2	3	4	5	NA
010413	Listens to story looking at pictures	1	2	3	4	5	NA
010414	Points to some body parts	1	2	3	4	5	NA
010415	Begins parallel play	1	2	3	4	5	NA
010416	Imitates adults	1	2	3	4	5	NA
010417	Interacts with adults in simple games	1	2	3	4	5	NA

**Domain-Functional Health (I) Class-Growth & Development (B) 1st edition 1997; revised 2004**

## OUTCOME CONTENT REFERENCES:

- Berger, K. S. (2001). *The developing person through the life span* (5th ed.). New York: Worth.
- Bricker, D. (Ed.). (2002). *Assessment, evaluation, and programming system for infants and children* (2nd ed.). Baltimore: Paul H. Brookes.
- Green, M., & Palfrey, J. S. (Eds.). (2002). *Bright futures: Guidelines for health supervision of infants, children and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.
- Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's nursing care of infants and children* (7th ed.). St. Louis: Mosby.
- Provost, B., Crowe, T. K., & McClain, C. (2000). Concurrent validity of the Bayley Scales of Infant Development II Motor Scale and the Peabody Developmental Motor Scales in two-year-old children. *Physical & Occupational Therapy in Pediatrics*, 20(1), 5-18.
- Rossetti, L. M. (1990). *Infant-toddler assessment: An interdisciplinary approach*. Boston: Little, Brown & Company.
- Vaivre-Douret, L., & Burnod, Y. (2001). Development of a global motor rating scale for young children (0-4 years) including eye-hand grip coordination. *Child Care Health & Development*, 27(6), 515-534.

## Child Development: 3 Years

0105

**Definition:** Milestones of physical, cognitive, and psychosocial progression by 3 years of age

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
OUTCOME OVERALL RATING		1	2	3	4	5	
<b>Indicators:</b>							
010501	Balances on one foot	1	2	3	4	5	NA
010502	Pedals a riding toy	1	2	3	4	5	NA
010503	Dresses self	1	2	3	4	5	NA
010504	Manipulates writing/coloring instruments	1	2	3	4	5	NA
010505	Copies a circle	1	2	3	4	5	NA
010506	Copies a cross	1	2	3	4	5	NA
010507	Controls bowel in daytime	1	2	3	4	5	NA
010508	Controls bladder in daytime	1	2	3	4	5	NA
010509	Distinguishes gender differences	1	2	3	4	5	NA
010510	Gives own first name	1	2	3	4	5	NA
010511	Gives own age	1	2	3	4	5	NA
010512	Engages in magical thinking/fantasy	1	2	3	4	5	NA
010513	Plays interactive games with peers	1	2	3	4	5	NA
010514	Begins cooperative group play	1	2	3	4	5	NA
010515	Uses sentences of three or four words	1	2	3	4	5	NA
010516	Speech understood by strangers	1	2	3	4	5	NA

*Domain-Functional Health (I) Class-Growth & Development (B) 1st edition 1997; revised 2004*

### OUTCOME CONTENT REFERENCES:

- Berger, K. S. (2001). *The developing person through the life span* (5th ed.). New York: Worth.
- Bricker, D. (Ed.). (2002). *Assessment, evaluation, and programming system for infants and children* (2nd ed.). Baltimore: Paul H. Brookes.
- Green, M., & Palfrey, J. S. (Eds.). (2002). *Bright futures: Guidelines for health supervision of infants, children and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.
- Hemgren, E., & Persson, K. (1999). A model for combined assessment of motor performance and behaviour in 3-year-old children. *Upsala Journal of Medical Sciences*, 104(1), 49-85.
- Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's nursing care of infants and children* (7th ed.). St. Louis: Mosby.
- Vaivre-Douret, L., & Burnod, Y. (2001). Development of a global motor rating scale for young children (0-4 years) including eye-hand grip coordination. *Child Care Health & Development*, 27(6), 515-534.

## Child Development: 4 Years

0106

**Definition:** Milestones of physical, cognitive, and psychosocial progression by 4 years of age

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
OUTCOME OVERALL RATING		1	2	3	4	5	
<b>Indicators:</b>							
010601	Walks, climbs, runs	1	2	3	4	5	NA
010602	Walks up and down stairs	1	2	3	4	5	NA
010603	Hops and jumps on one foot	1	2	3	4	5	NA
010604	Rides tricycle or bicycle with training wheels	1	2	3	4	5	NA

### Child Development: 4 Years—cont'd

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
010605	Throws overhand ball	1	2	3	4	5	NA
010606	Builds tower of 10 blocks	1	2	3	4	5	NA
010607	Draws person with three parts	1	2	3	4	5	NA
010608	Gives first and last name	1	2	3	4	5	NA
010609	Uses sentences of four to five words, short paragraphs	1	2	3	4	5	NA
010610	Uses past tense in vocabulary	1	2	3	4	5	NA
010611	Describes a recent experience	1	2	3	4	5	NA
010612	Sings a song	1	2	3	4	5	NA
010613	Distinguishes fantasy from reality	1	2	3	4	5	NA
010614	Describes use of common items in home	1	2	3	4	5	NA
010616	Engages in creative play	1	2	3	4	5	NA

Domain-Functional Health (I) Class-Growth & Development (B) 1st edition 1997; revised 2004

#### OUTCOME CONTENT REFERENCES:

Berger, K. S. (2001). *The developing person through the life span* (5th ed.). New York: Worth.

Green, M., & Palfrey, J. S. (Eds.). (2002). *Bright futures: Guidelines for health supervision of infants, children and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.

Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's nursing care of infants and children* (7th ed.). St. Louis: Mosby.

Vaivre-Douret, L., & Burnod, Y. (2001). Development of a global motor rating scale for young children (0-4 years) including eye-hand grip coordination. *Child Care Health & Development*, 27(6), 515-534.

### Child Development: 5 Years

0107

**Definition:** Milestones of physical, cognitive, and psychosocial progression by 5 years of age

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
010717	Walks	1	2	3	4	5	NA
010718	Climbs	1	2	3	4	5	NA
010719	Runs	1	2	3	4	5	NA
010702	Skips	1	2	3	4	5	NA
010703	Dresses self without assistance	1	2	3	4	5	NA
010704	Draws a person with head, body, arms, and legs	1	2	3	4	5	NA
010705	Copies a triangle or square	1	2	3	4	5	NA
010706	Counts using fingers	1	2	3	4	5	NA
010707	Recognizes most letters of alphabet	1	2	3	4	5	NA
010708	Prints some letters	1	2	3	4	5	NA
010709	Uses complete sentence of five words	1	2	3	4	5	NA
010710	Uses future tense in vocabulary	1	2	3	4	5	NA
010711	Speaks short paragraphs	1	2	3	4	5	NA
010712	Gives own address	1	2	3	4	5	NA
010713	Gives own phone number	1	2	3	4	5	NA

Continued

**Child Development: 5 Years—cont'd**

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
010714	Follows simple rules of interactive games with peers	1	2	3	4	5	NA
010716	Engages in creative play	1	2	3	4	5	NA

*Domain-Functional Health (I) Class-Growth & Development (B) 1st edition 1997; revised 2004, 2008*

## OUTCOME CONTENT REFERENCES:

Berger, K. S. (2001). *The developing person through the life span* (5th ed.). New York: Worth.

Boucher, B. H., Doescher, S. M., & Sugawara, A. I. (1993). Preschool children's motor development and self-concept. *Perceptual & Motor Skills*, 76(1), 11-17.

Green, M., & Palfrey, J. S. (Eds.). (2002). *Bright futures: Guidelines for health supervision of infants, children and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.

Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's nursing care of infants and children* (7th ed.). St. Louis: Mosby.

**Child Development: Middle Childhood**

0108

*Definition:* Milestones of physical, cognitive, and psychosocial progression from 6 years through 11 years of age

OUTCOME TARGET RATING: Maintain at \_\_\_\_\_ Increase to \_\_\_\_\_

		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	
OUTCOME OVERALL RATING		1	2	3	4	5	
Indicators:							
010801	Practices good health habits	1	2	3	4	5	NA
010802	Plays in groups	1	2	3	4	5	NA
010803	Develops close friendships	1	2	3	4	5	NA
010804	Identifies with same-sex peer group	1	2	3	4	5	NA
010805	Assumes responsibility for selected household tasks	1	2	3	4	5	NA
010806	Follows through with commitments to extracurricular activities	1	2	3	4	5	NA
010807	Expresses feelings constructively	1	2	3	4	5	NA
010808	Displays self-confidence	1	2	3	4	5	NA
010817	Exhibits self-esteem	1	2	3	4	5	NA
010809	Understands right and wrong	1	2	3	4	5	NA
010810	Follows safety rules	1	2	3	4	5	NA
010811	Expresses increasingly complex thoughts	1	2	3	4	5	NA
010812	Shows creativity	1	2	3	4	5	NA
010813	Comprehends increasingly complex ideas	1	2	3	4	5	NA
010814	Assumes responsibility for homework	1	2	3	4	5	NA
010815	Performs in school to level of ability	1	2	3	4	5	NA

*Domain-Functional Health (I) Class-Growth & Development (B) 1st edition 1997; revised 2004, 2013*

## OUTCOME CONTENT REFERENCES:

Berger, K. S. (2001). *The developing person through the life span* (5th ed.). New York: Worth.

Green, M., & Palfrey, J. S. (Eds.). (2002). *Bright futures: Guidelines for health supervision of infants, children and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.

Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's nursing care of infants and children* (7th ed.). St. Louis: Mosby.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.





You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.