



NANDA INTERNATIONAL



NURSING DIAGNOSES

Definitions and Classification

2018–2020

Eleventh Edition



MediaCenter.thieme.com
plus e-content online



Thieme

The foci of the nursing diagnoses in NANDA-I Taxonomy II, and their associated diagnoses, start on the following pages:

- Activity planning 322–323
- Activity tolerance 228–229
- Acute substance withdrawal syndrome 351–352
- Adaptive capacity 357
- Adverse reaction to iodinated contrast media 429
- Airway clearance 384
- Allergy reaction 430
- Anxiety 324
- Aspiration 385
- Attachment 289
- Autonomic dysreflexia 353, 355
- Balanced energy field 225
- Balanced fluid volume 183
- Balanced nutrition 157
- Bathing self-care 243
- Bleeding 386
- Blood glucose level 177
- Body image 276
- Breast milk production 159
- Breastfeeding 160–162
- Breathing pattern 230
- Cardiac output 231, 233
- Childbearing process 307, 309–310
- Chronic pain syndrome 448
- Comfort 442–443, 450–453
- Communication 262
- Confusion 254–256
- Constipation 197, 199–200
- Contamination 424, 426
- Coping 326–331, 333–334
- Death anxiety 335
- Decision-making 366
- Decisional conflict 367
- Denial 336
- Dentition 387
- Development 459
- Diarrhea 204
- Disuse syndrome 217
- Diversional activity engagement 142
- Dressing self-care 244
- Dry eye 388
- Dry mouth 389
- Eating dynamics 163–164
- Electrolyte balance 182
- Elimination 189
- Emancipated decision-making 368–370
- Emotional control 257
- Falls 390
- Family processes 290, 293–294
- Fatigue 226
- Fear 337
- Feeding dynamics 166
- Feeding pattern 168
- Feeding self-care 245
- Female genital mutilation 415
- Fluid volume 184–186
- Frail elderly syndrome 145, 147
- Functional constipation 201, 203
- Gas exchange 209
- Gastrointestinal motility 205–206
- Grieving 339–341
- Health 148
- Health behavior 149
- Health literacy 143
- Health maintenance 150
- Health management 151–153
- Home maintenance 242
- Hope 266–267
- Human dignity 268
- Hyperbilirubinemia 178
- Hyperthermia 434
- Hypothermia 435, 437
- Immigration transition 315
- Impulse control 258
- Incontinence 190–195, 207
- Infection 382
- Injury 392–394
- Insomnia 213
- Knowledge 259–260
- Labor pain 449
- Latex allergy reaction 431, 433
- Lifestyle 144
- Liver function 180
- Loneliness 454
- Maternal-fetal dyad 311
- Memory 261
- Metabolic imbalance syndrome 181
- Mobility 218–220
- Mood regulation 342
- Moral distress 371
- Mucous membrane integrity 397, 399
- Nausea 444
- Neonatal abstinence syndrome 358
- Neurovascular function 400
- Nutrition 158
- Obesity 169
- Occupational injury 427
- Organized behavior 359, 361–362
- Other-directed violence 416
- Overweight 170, 172
- Pain 445–446
- Parenting 283, 286, 288
- Perioperative hypothermia 438
- Perioperative positioning injury 395
- Personal identity 269–270
- Physical trauma 401
- Poisoning 428
- Post-trauma syndrome 316, 318
- Power 343–345
- Pressure ulcer 404
- Protection 154
- Rape-trauma syndrome 319
- Relationship 295–297
- Religiosity 372–374
- Relocation stress syndrome 320–321
- Resilience 346–348
- Retention 196
- Role conflict 298
- Role performance 299
- Role strain 278, 281
- Self-care 247
- Self-concept 271
- Self-directed violence 417
- Self-esteem 272–275
- Self-mutilation 418, 420
- Self-neglect 248
- Sexual function 305
- Sexuality pattern 306
- Shock 405
- Sitting 221
- Skin integrity 406–407
- Sleep 214–215
- Sleep pattern 216
- Social interaction 301
- Social isolation 455
- Sorrow 349
- Spiritual distress 375, 377
- Spiritual well-being 365
- Spontaneous ventilation 234
- stable blood pressure 235
- standing 222
- stress 350
- sudden death 408
- suffocation 409
- suicide 422
- surgical recovery 410–411
- surgical site infection 383
- swallowing 173
- Thermal injury 396
- thermoregulation 439–440
- tissue integrity 412–413
- tissue perfusion 236–239
- toileting self-care 246
- transfer ability 223
- trauma 403
- unilateral neglect 251
- venous thromboembolism 414
- ventilatory weaning response 240
- verbal communication 263
- walking 224
- wandering 227

NANDA International, Inc.

Nursing Diagnoses

Definitions and Classification

2018–2020

Eleventh Edition

Edited by

T. Heather Herdman, PhD, RN, FNI

and

Shigemi Kamitsuru, PhD, RN, FNI

Thieme

New York • Stuttgart • Delhi • Rio de Janeiro

International Rights Manager: Heike Schwabenthan
Editorial Services Manager: Mary Jo Casey
Editorial Director: Sue Hodgson
Managing Editor: Kenneth Schubach
Production Editor: Sean Woznicki
Editorial Assistant: Mary Wilson
Director, Clinical Solutions: Michael Wachinger
Book Production Manager, Stuttgart: Sophia Hengst
International Production Editor: Andreas Schabert
International Marketing Director: Fiona Henderson
Director of Sales, North America: Mike Roseman
International Sales Director: Louisa Turrell
Senior Vice President and Chief Operating Officer: Sarah Vanderbilt
President: Brian D. Scanlan

Library of Congress Cataloging-in-Publication Data

Copyright information for this volume has been filed with the Library of Congress and is available by request from the publisher.

For information on licensing the NANDA International (NANDA-I) nursing diagnostic system or permission to use it in other works, please e-mail: nanda-i@thieme.com; additional product information can be found by visiting: www.thieme.com/nanda-i.

Copyright © 2018 NANDA International

Thieme Publishers New York
333 Seventh Avenue, New York, NY 10001 USA
+1 800 782 3488, customerservice@thieme.com

Thieme Publishers Stuttgart
Rüdigerstrasse 14, 70469 Stuttgart, Germany
+49 [0]711 8931 421, customerservice@thieme.de

Thieme Publishers Delhi
A-12, Second Floor, Sector-2, NOIDA-201301
Uttar Pradesh, India
+91 120 45 566 00, customerservice@thieme.in

Thieme Publishers Rio de Janeiro
Thieme Revinter Publicações Ltda.
Rua do Matoso 170,
Rio de Janeiro, CEP 20270-135 RJ, Brazil,
+55 21 2563 9700, cliente@thieme.com

Printed in Canada by Marquis

ISBN 978-1-62623-929-6
ISSN 1943-0728

Also available as an e-book:
eISBN 978-1-62623-930-2

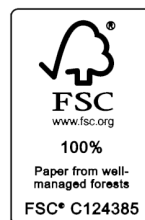
Cover image: Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2016-17 Edition*, Physicians and Surgeons, on the Internet at <https://www.bls.gov/ooh/healthcare/physicians-and-surgeons.htm> (visited May 17, 2017)

Important note: Medicine is an ever-changing science undergoing continual development. Research and clinical experience are continually expanding our knowledge, in particular our knowledge of proper treatment and drug therapy. Insofar as this book mentions any dosage or application, readers may rest assured that the authors, editors, and publishers have made every effort to ensure that such references are in accordance with the state of knowledge at the time of production of the book.

Nevertheless, this does not involve, imply, or express any guarantee or responsibility on the part of the publishers in respect to any dosage instructions and forms of applications stated in the book. Every user is requested to examine carefully the manufacturers' leaflets accompanying each drug and to check, if necessary in consultation with a physician or specialist, whether the dosage schedules mentioned therein or the contraindications stated by the manufacturers differ from the statements made in the present book. Such examination is particularly important with drugs that are either rarely used or have been newly released on the market. Every dosage schedule or every form of application used is entirely at the user's own risk and responsibility. The authors and publishers request every user to report to the publishers any discrepancies or inaccuracies noticed. If errors in this work are found after publication, errata will be posted at www.thieme.com on the product description page.

Some of the product names, patents, and registered designs referred to in this book are in fact registered trademarks or proprietary names even though specific reference to this fact is not always made in the text. Therefore, the appearance of a name without designation as proprietary is not to be construed as a representation by the publisher that it is in the public domain.

This book, including all parts thereof, is legally protected by copyright. Any use, exploitation, or commercialization outside the narrow limits set by copyright legislation without the publisher's consent is illegal and liable to prosecution. This applies in particular to photostat reproduction, copying, mimeographing or duplication of any kind, translating, preparation of microfilms, and electronic data processing and storage.



*The editors of this edition would like to
dedicate this book to the memory of our founder,*

Dr. Marjory Gordon

Contents

Part 1 The NANDA International Terminology – Organization and General Information

1	Introduction	2
2	What's New in the 2018–2020 Edition of <i>Diagnoses and Classification</i>	3
3	Changes and Revisions	4
3.1	Processes and Procedures for Diagnosis Submission and Review .	4
3.2	Changes to Definitions of Health Promotion Diagnoses	6
3.3	New Nursing Diagnoses	7
3.4	Revised Nursing Diagnoses	7
3.5	Retired Nursing Diagnosis	7
3.6	Revisions to Nursing Diagnosis Labels	9
3.7	Standardization of Diagnostic Indicator Terms	21
3.8	Introduction of At-Risk Populations and Associated Conditions ..	23
4	Governance and Organization	25
4.1	International Considerations on the Use of the <i>NANDA-I Nursing Diagnoses</i>	25
4.2	NANDA International Position Statements	27
4.3	An Invitation to Join NANDA International	28

Part 2 The Theory Behind NANDA International Nursing Diagnoses

5	Nursing Diagnosis Basics	34
5.1	Introduction	34
5.2	How Does a Nurse (or Nursing Student) Diagnose?	36
5.3	Understanding Nursing Concepts	37
5.4	Assessment	37
5.5	Nursing Diagnosis	38
5.6	Planning/Intervention	41
5.7	Evaluation	42
5.8	Use of Nursing Diagnosis	43
5.9	Brief Chapter Summary	44
5.10	References	44

6	Clinical Reasoning: From Assessment to Diagnosis	45
6.1	Introduction	45
6.2	The Nursing Process	48
6.3	Data Analysis	55
6.4	Identifying Potential Nursing Diagnoses (Diagnostic Hypotheses).	60
6.5	In-Depth Assessment	62
6.6	Summary	72
6.7	References.	72
7	Introduction to the NANDA International Taxonomy of Nursing Diagnoses	74
7.1	Introduction	74
7.2	Classification in Nursing.	79
7.3	Using the NANDA-I Taxonomy	82
7.4	Structuring Nursing Curricula	82
7.5	Identifying a Nursing Diagnosis Outside Your Area of Expertise	83
7.6	The NANDA-I Nursing Diagnosis Taxonomy: A Short History	86
7.7	References.	97
8	Specifications and Definitions Within the NANDA International Taxonomy of Nursing Diagnoses	98
8.1	Structure of Taxonomy II	98
8.2	A Multiaxial System for Constructing Diagnostic Concepts	99
8.3	Definitions of the Axes	100
8.4	Developing and Submitting a Nursing Diagnosis.	106
8.5	Further Development	107
8.6	Recommended Reading.	108
8.7	References.	108
9	Frequently Asked Questions	109
9.1	Introduction	109
9.2	When Do We Need Nursing Diagnoses?	109
9.3	Basic Questions about Standardized Nursing Languages.	110
9.4	Basic Questions about NANDA-I.	111
9.5	Basic Questions about Nursing Diagnoses.	115
9.6	Questions about Defining Characteristics	121
9.7	Questions about Related Factors	122
9.8	Questions about Risk Factors	122
9.9	Differentiating between Similar Nursing Diagnoses	123
9.10	Questions Regarding the Development of a Treatment Plan.	125
9.11	Questions about Teaching/Learning Nursing Diagnoses	127
9.12	Questions about Using NANDA-I in Electronic Health Records	129
9.13	Questions about Diagnosis Development and Review	130

9.14	Questions about the NANDA-I Definitions and Classification Text.	130
9.15	References	132
10	Glossary of Terms	133
10.1	Nursing Diagnosis	133
10.2	Diagnostic Axes	134
10.3	Components of a Nursing Diagnosis	136
10.4	Definitions for Classification of Nursing Diagnoses	137
10.5	References	138

Part 3 The NANDA International Nursing Diagnoses

Domain 1. Health promotion 141

Class 1. Health awareness		
Decreased diversional activity engagement	142	
Readiness for enhanced health literacy	143	
Sedentary lifestyle	144	
Class 2. Health management		
Frail elderly syndrome	145	
Risk for frail elderly syndrome	147	
Deficient community health	148	
Risk-prone health behavior	149	
Ineffective health maintenance	150	
Ineffective health management	151	
Readiness for enhanced health management	152	
Ineffective family health management	153	
Ineffective protection	154	

Domain 2. Nutrition 155

Class 1. Ingestion		
Imbalanced nutrition: less than body requirements	157	
Readiness for enhanced nutrition	158	
Insufficient breast milk production	159	
Ineffective breastfeeding	160	
Interrupted breastfeeding	161	
Readiness for enhanced breastfeeding	162	
Ineffective adolescent eating dynamics	163	
Ineffective child eating dynamics	164	
Ineffective infant feeding dynamics	166	
Ineffective infant feeding pattern	168	
Obesity	169	
Overweight	170	

Risk for overweight	172
Impaired swallowing	173
Class 2. Digestion	
This class does not currently contain any diagnoses.	175
Class 3. Absorption	
This class does not currently contain any diagnoses.	176
Class 4. Metabolism	
Risk for unstable blood glucose level	177
Neonatal hyperbilirubinemia	178
Risk for neonatal hyperbilirubinemia	179
Risk for impaired liver function	180
Risk for metabolic imbalance syndrome	181
Class 5. Hydration	
Risk for electrolyte imbalance	182
Risk for imbalanced fluid volume	183
Deficient fluid volume	184
Risk for deficient fluid volume	185
Excess fluid volume	186
Domain 3. Elimination and exchange	187
Class 1. Urinary function	
Impaired urinary elimination	189
Functional urinary incontinence	190
Overflow urinary incontinence	191
Reflex urinary incontinence	192
Stress urinary incontinence	193
Urge urinary incontinence	194
Risk for urge urinary incontinence	195
Urinary retention	196
Class 2. Gastrointestinal function	
Constipation	197
Risk for constipation	199
Perceived constipation	200
Chronic functional constipation	201
Risk for chronic functional constipation	203
Diarrhea	204
Dysfunctional gastrointestinal motility	205
Risk for dysfunctional gastrointestinal motility	206
Bowel incontinence	207

Class 3. Integumentary function	
This class does not currently contain any diagnoses..	208
Class 4. Respiratory function	
Impaired gas exchange	209
Domain 4. Activity/rest.	211
Class 1. Sleep/rest	
Insomnia.	213
Sleep deprivation.	214
Readiness for enhanced sleep	215
Disturbed sleep pattern.	216
Class 2. Activity/exercise	
Risk for disuse syndrome.	217
Impaired bed mobility	218
Impaired physical mobility.	219
Impaired wheelchair mobility	220
Impaired sitting	221
Impaired standing	222
Impaired transfer ability	223
Impaired walking	224
Class 3. Energy balance	
Imbalanced energy field	225
Fatigue	226
Wandering	227
Class 4. Cardiovascular/pulmonary responses	
Activity intolerance	228
Risk for activity intolerance	229
Ineffective breathing pattern	230
Decreased cardiac output	231
Risk for decreased cardiac output	233
Impaired spontaneous ventilation	234
Risk for unstable blood pressure.	235
Risk for decreased cardiac tissue perfusion.	236
Risk for ineffective cerebral tissue perfusion.	237
Ineffective peripheral tissue perfusion	238
Risk for ineffective peripheral tissue perfusion	239
Dysfunctional ventilatory weaning response	240
Class 5. Self-care	
Impaired home maintenance	242
Bathing self-care deficit.	243
Dressing self-care deficit.	244

Feeding self-care deficit	245
Toileting self-care deficit	246
Readiness for enhanced self-care	247
Self-neglect	248
Domain 5. Perception/cognition	249
Class 1. Attention	
Unilateral neglect	251
Class 2. Orientation	
This class does not currently contain any diagnoses.	252
Class 3. Sensation/perception	
This class does not currently contain any diagnoses.	253
Class 4. Cognition	
Acute confusion	254
Risk for acute confusion	255
Chronic confusion	256
Labile emotional control	257
Ineffective impulse control	258
Deficient knowledge	259
Readiness for enhanced knowledge	260
Impaired memory	261
Class 5. Communication	
Readiness for enhanced communication	262
Impaired verbal communication	263
Domain 6. Self-perception	265
Class 1. Self-concept	
Hopelessness	266
Readiness for enhanced hope	267
Risk for compromised human dignity	268
Disturbed personal identity	269
Risk for disturbed personal identity	270
Readiness for enhanced self-concept	271
Class 2. Self-esteem	
Chronic low self-esteem	272
Risk for chronic low self-esteem	273
Situational low self-esteem	274
Risk for situational low self-esteem	275
Class 3. Body image	
Disturbed body image	276

Domain 7. Role relationship	277
Class 1. Caregiving roles	
Caregiver role strain	278
Risk for caregiver role strain	281
Impaired parenting	283
Risk for impaired parenting	286
Readiness for enhanced parenting	288
Class 2. Family relationships	
Risk for impaired attachment	289
Dysfunctional family processes	290
Interrupted family processes	293
Readiness for enhanced family processes	294
Class 3. Role performance	
Ineffective relationship	295
Risk for ineffective relationship	296
Readiness for enhanced relationship	297
Parental role conflict	298
Ineffective role performance	299
Impaired social interaction	301
Domain 8. Sexuality	303
Class 1. Sexual identity	
This class does not currently contain any diagnoses	304
Class 2. Sexual function	
Sexual dysfunction	305
Ineffective sexuality pattern	306
Class 3. Reproduction	
Ineffective childbearing process	307
Risk for ineffective childbearing process	309
Readiness for enhanced childbearing process	310
Risk for disturbed maternal-fetal dyad	311
Domain 9. Coping/stress tolerance	313
Class 1. Post-trauma responses	
Risk for complicated immigration transition	315
Post-trauma syndrome	316
Risk for post-trauma syndrome	318
Rape-trauma syndrome	319
Relocation stress syndrome	320
Risk for relocation stress syndrome	321

Class 2. Coping responses	
Ineffective activity planning	322
Risk for ineffective activity planning	323
Anxiety	324
Defensive coping	326
Ineffective coping	327
Readiness for enhanced coping	328
Ineffective community coping	329
Readiness for enhanced community coping	330
Compromised family coping	331
Disabled family coping	333
Readiness for enhanced family coping	334
Death anxiety	335
Ineffective denial	336
Fear	337
Grieving	339
Complicated grieving	340
Risk for complicated grieving	341
Impaired mood regulation	342
Powerlessness	343
Risk for powerlessness	344
Readiness for enhanced power	345
Impaired resilience	346
Risk for impaired resilience	347
Readiness for enhanced resilience	348
Chronic sorrow	349
Stress overload	350
Class 3. Neurobehavioral stress	
Acute substance withdrawal syndrome	351
Risk for acute substance withdrawal syndrome	352
Autonomic dysreflexia	353
Risk for autonomic dysreflexia	355
Decreased intracranial adaptive capacity	357
Neonatal abstinence syndrome	358
Disorganized infant behavior	359
Risk for disorganized infant behavior	361
Readiness for enhanced organized infant behavior	362
Domain 10. Life principles	363
Class 1. Values	
This class does not currently contain any diagnoses.	364
Class 2. Beliefs	
Readiness for enhanced spiritual well-being	365
Class 3. Value/belief/action congruence	
Readiness for enhanced decision-making	366

Decisional conflict	367
Impaired emancipated decision-making	368
Risk for impaired emancipated decision-making	369
Readiness for enhanced emancipated decision-making	370
Moral distress	371
Impaired religiosity	372
Risk for impaired religiosity	373
Readiness for enhanced religiosity	374
Spiritual distress	375
Risk for spiritual distress	377
Domain 11. Safety/protection	379
Class 1. Infection	
Risk for infection	382
Risk for surgical site infection	383
Class 2. Physical injury	
Ineffective airway clearance	384
Risk for aspiration	385
Risk for bleeding	386
Impaired dentition	387
Risk for dry eye	388
Risk for dry mouth	389
Risk for falls	390
Risk for corneal injury	392
Risk for injury	393
Risk for urinary tract injury	394
Risk for perioperative positioning injury	395
Risk for thermal injury	396
Impaired oral mucous membrane integrity	397
Risk for impaired oral mucous membrane integrity	399
Risk for peripheral neurovascular dysfunction	400
Risk for physical trauma	401
Risk for vascular trauma	403
Risk for pressure ulcer	404
Risk for shock	405
Impaired skin integrity	406
Risk for impaired skin integrity	407
Risk for sudden infant death	408
Risk for suffocation	409
Delayed surgical recovery	410
Risk for delayed surgical recovery	411
Impaired tissue integrity	412
Risk for impaired tissue integrity	413
Risk for venous thromboembolism	414

Class 3. Violence	
Risk for female genital mutilation	415
Risk for other-directed violence	416
Risk for self-directed violence	417
Self-mutilation	418
Risk for self-mutilation	420
Risk for suicide	422
Class 4. Environmental hazards	
Contamination	424
Risk for contamination	426
Risk for occupational injury	427
Risk for poisoning	428
Class 5. Defensive processes	
Risk for adverse reaction to iodinated contrast media	429
Risk for allergy reaction	430
Latex allergy reaction	431
Risk for latex allergy reaction	433
Class 6. Thermoregulation	
Hyperthermia	434
Hypothermia	435
Risk for hypothermia	437
Risk for perioperative hypothermia	438
Ineffective thermoregulation	439
Risk for ineffective thermoregulation	440
Domain 12. Comfort	441
Class 1. Physical comfort	
Impaired comfort	442
Readiness for enhanced comfort	443
Nausea	444
Acute pain	445
Chronic pain	446
Chronic pain syndrome	448
Labor pain	449
Class 2. Environmental comfort	
Impaired comfort	450
Readiness for enhanced comfort	451
Class 3. Social comfort	
Impaired comfort	452
Readiness for enhanced comfort	453
Risk for loneliness	454
Social isolation	455

Domain 13. Growth/development 457

Class 1. Growth

 This class does not currently contain any diagnoses.. 458

Class 2. Development

 Risk for delayed **development**. 459

Index 460

Concepts 471

Preface

In the early 1970s, nurses and educators in the United States uncovered the fact that nurses independently diagnosed and treated “something” related to patients and their families, which was different from medical diagnoses. Their great insight opened the new door to the taxonomy of nursing diagnoses, and the establishment of the professional organization that is now known as NANDA International (NANDA-I). As is usual with medical diagnoses for physicians, nurses should have “something” to document a holistic scope of practice to help students acquire our unique body of knowledge, and to enable nurses to collect and analyze data to advance the discipline of nursing. More than 40 years have passed, and the idea of “nursing diagnosis” has inspired and encouraged nurses around the world who seek independent practice based upon professional knowledge.

Initially, nurses living outside North America may have been simply the end users of the NANDA-I taxonomy. Today, development and refinement of the taxonomy is heavily based on a global effort. In fact, we received more submissions of new diagnoses and proposals for revisions from countries outside North America than within it during this publication cycle. Moreover, the organization has become truly international; members from the Americas, Europe, and Asia are actively participating on committees, leading committees as chairs, and managing the organization as directors of the Board. Who could have imagined that a non-native English speaker from a small Asian country would become the president of NANDA-I in 2016?

In this 2018–2020 version, the Eleventh Edition, the taxonomy provides 244 diagnoses, with the addition of 17 new diagnoses. Each nursing diagnosis has been the product of one or more of our many NANDA-I volunteers, and most have a defined evidence base. Each new diagnosis has been debated and refined by our Diagnosis Development Committee (DDC) members, before finally being submitted to NANDA-I members for a vote of approval. Membership approval does not mean the diagnosis is “completed” or “ready to be used” across all countries or practice areas. We all know that practice and regulation of nursing varies from country to country. It is our hope that publication of these new diagnoses will facilitate further validation studies in different parts of the world, to achieve a higher level of evidence.

We always welcome submissions for new nursing diagnoses. At the same time, we have a serious need for revision of existing diagnoses to reflect the most recent evidence. While preparing for this edition, we took a bold step

highlighting the underlying problems with many of the current diagnoses. Please note that more than 70 diagnoses have no level of evidence (LOE); that means there has been no major update on these diagnoses since at least 2002, when the LOE criteria were introduced. In addition, to treat the problems described in each nursing diagnosis effectively, related or risk factors are required. However, after sorting some of these factors into “At-Risk Populations” and “Associated Conditions” (things that are not independently treatable by nurses), there are several diagnoses that now have no related or risk factors.

NANDA-I is translated into nearly 20 distinct languages. Translating abstract English terms into other languages can often be frustrating. When I faced difficulties translating from English to Japanese, I remembered the story from the eighteenth-century about scholars who translated a Dutch anatomy textbook into Japanese without any dictionary. They say the scholars sometimes spent one month to translate just one page! Today, we have dictionaries and even automatic translation systems, but translation of diagnostic labels, definitions, and diagnostic indicators is still not an easy task. Conceptual translation, rather than word-for-word translation, requires that the translators clearly understand the intent of the concept. When the terms in English are abstract or very loosely defined, this increases the difficulty in assuring a correct translation of the concepts. Over the years, I have learned that sometimes a very minor modification of the original English term can alleviate a burden on translators. Your comments and feedback will help make our terminology, not only more translatable, but it will also increase the clarity of English expressions.

Beginning with this edition, we have three primary publishing partners. We have directly partnered with GrupoA for our Portuguese translation, and Igaku-Shoin for much of our Asian market. The remainder of the world, including the original English version, will be spearheaded by a team from Thieme Medical Publishers, Inc. We are very excited about these partnerships and the possibilities that these fine organizations bring to our association and the availability of our terminology around the globe.

I want to commend the work of all NANDA-I volunteers, committee members, chairpersons, and members of the Board of Directors for their time, commitment, devotion, and ongoing support. I want to thank our staff, led by our Chief Executive, Dr. T. Heather Herdman, for its efforts and support.

My special thanks to the members of the DDC for their outstanding and timely efforts to review and edit the terminology represented within this book, and especially for the leadership of the DDC Chair, Professor Dickon Weir-

Hughes, since 2014. This remarkable committee, with representation from North and South America and Europe, is the true “powerhouse” of the NANDA-I knowledge content. I am deeply impressed and pleased by the astonishing, comprehensive work of these volunteers over the years

Shigemi Kamitsuru, PhD, RN, FNI
President, NANDA International, Inc.

Acknowledgments

It goes without saying that the dedication of several individuals to the work of NANDA International, Inc. (NANDA-I) is evident in their donation of time and work to the improvement of the NANDA-I terminology and taxonomy. Without question, this terminology reflects the dedication of individuals who research and develop or refine diagnoses, and the volunteers that make up the Diagnosis Development Committee, as well as its Chair, Prof. Dickon Weir-Hughes. This text represents the culmination of tireless volunteer work by a very dedicated, extremely talented group of individuals who have developed, revised, and studied nursing diagnoses for more than 40 years.

We would like to offer a particularly significant note of appreciation to Dr. Camila Takao Lopes of the College of Nursing of the Universidade Federal de São Paulo in Brazil, who worked to organize, update, and maintain the NANDA-I terminology database, and supported the work on standardization of the terminology.

Additionally, we would like to take the opportunity to acknowledge and personally thank Susan Gallagher-Lepak, PhD, RN, Dean of the College of Health, Education & Social Welfare, at the University of Wisconsin–Green Bay, for her contribution to this particular edition of the NANDA-I text, as the author of the revised Nursing Diagnosis Basics chapter.

Please contact us at execdir@nanda.org if you have questions on any of the content, or if you find errors, so that these may be corrected for future publication and translation.

T. Heather Herdman, PhD, RN, FNI
Shigemi Kamitsuru, PhD, RN, FNI
NANDA International, Inc.