ABSTRACT

The purpose of the study was to identify NANDA-I, NOC, and NIC linkages based on a clinical reasoning model to capture accurate nursing care plans for patients with Congestive Heart Failure. A retrospective descriptive design was used to address the research questions. Data were obtained from the records of patients discharged for one year with the medical diagnoses of CHF (DRG 127) from an Iowa community hospital. A total of 272 inpatient records were analyzed to describe the frequency and percentage of NANDA-I diagnosis, NIC interventions, and NOC outcomes for patients with CHF. The top ten NANDA-I diagnoses associated with NOC outcomes and NIC interventions were identified. The results were compared with published NNN linkages. Knowledge Deficit (NANDA-I) - Knowledge: Treatment Regimen (NOC) - Teaching Procedure/Treatment (NIC) (N=94) and Cardiac Output Alteration (NANDA-I) – Cardiac Pump Effectiveness (NOC) - Cardiac Care (NIC) (N=83) were the top two NNN linkages for CHF. In addition, using means, SD, and t-tests, the effectiveness of NIC interventions was examined by comparing admission and discharge NOC scores. The top ten NOC outcomes scores showed significant differences between mean score on admission and discharge (p value < .0001). All of top ten NOC-NIC linkages showed significant results in terms of effectiveness (p value <.05). In conclusion, further research related to SNLs using large clinical databases from health information systems is needed to evaluate the effectiveness of nursing care.