Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

We’d appreciate feedback on your satisfaction with this literature search. Please visit http://www.hello.nhs.uk/literature_search_feedback.asp and complete the form.

Thank you

### Literature search results

<table>
<thead>
<tr>
<th>Search completed for:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Search required by:</td>
<td>31/07/2013</td>
</tr>
<tr>
<td>Search completed on:</td>
<td>01/08/2013</td>
</tr>
<tr>
<td>Search completed by:</td>
<td>Lesley Firth</td>
</tr>
</tbody>
</table>

### Search details
Systematic reviews or case studies of history taking and physical assessment undertaken by nurses.

### Resources searched
NHS Evidence; TRIP Database; Cochrane Library; CINAHL; MEDLINE

**Database search terms:** "physical* assess*", "physical* exam*", exp PHYSICAL EXAMINATION/, ("history taking" OR "patient* histor*" OR "medical histor*"), clerk*, nurs*

**Evidence search string(s):** nurs* ("history taking" OR "physical assessment" OR "physical examination")

### Summary
I’ve split the results into physical assessment and history taking although some do overlap. There isn’t a huge amount on either topic unfortunately and no official (general) guidelines from the RCN. The article “Physical assessment. Whose role is it anyway?” from the Nursing in Critical Care Journal, 2006 gives a nice overview of the changes to nursing roles in relation to physical assessment.

### Guidelines and Policy
**British Association for Sexual Health and HIV**
Guideline for consultations requiring sexual history taking 2013

**NHS Quality Improvement Scotland**
<table>
<thead>
<tr>
<th>Evidence-based reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>None found</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Published research – Databases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Assessment</strong></td>
</tr>
</tbody>
</table>
| **Title:** Nursing Assessment of Deep Vein Thrombosis.  
**Citation:** MEDSURG Nursing, 01 March 2013, vol./is. 22/2(95-123), 10920811  
**Language:** English  
**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in MEDSURG Nursing |
| **Title:** Investigating factors that have an impact on nurses' performance of patients' conscious level assessment: a systematic review.  
**Citation:** Journal of Nursing Management, 01 January 2013, vol./is. 21/1(31-46), 09660429  
**Author(s):** Chan, Moon Fai, Mattar, Ihsan, Taylor, Beverly Joan  
**Language:** English  
**Publication Type:** journal article  
**Source:** CINAHL |
| **Title:** Physical Assessment: A Continuing Need for Clarification.  
**Citation:** Nursing Forum, 01 January 2011, vol./is. 46/1(45-50), 00296473  
**Author(s):** Fennessey A, Wittmann-Price RA  
**Language:** English  
**Abstract:** Physical assessment skills are a mainstay of the nursing process and are taught to pre-licensure learners. Little research has been conducted on the skills that are actually used in practice compared to those that are taught in pre-licensure education. This article provides an integrated literature review regarding physical assessment skills and their practical application. Physical assessment skills are consistently referred to as part of the first step of the nursing process, but further clarification about which skills are included in the definition is needed. Further research is needed to clarify if what is taught is actually used and to what extent in clinical practice.  
**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in Nursing Forum |
| **Title:** The emergency nursing assessment process---a structured framework for a systematic approach.  
**Citation:** Australasian Emergency Nursing Journal, 01 December 2009, vol./is. 12/4(130-136), 15746267  
**Author(s):** Curtis K, Murphy M, Hoy S, Lewis MJ  
**Language:** English  
**Abstract:** This paper discusses the uniqueness of the emergency nursing process |
and practice environment from other nursing and caring situations. The complexity, uncertainty and sometimes urgency surrounding emergency nursing practice requires a structured approach based on initial assessment and decision-making. A five step emergency nursing assessment framework (ENAF) was developed primarily for use in educational contexts, for example, a Master of Emergency Nursing at The University of Sydney and practice contexts, for example, the emergency department in acute care hospitals.. The rationale behind the development of ENAF is presented in this paper with a diagrammatic representation and discussion of each of the five steps. The importance of reassessment of the patient alongside effective communication in clinical contexts is discussed in the context of the framework implementation.

**Publication Type:** journal article  
**Source:** CINAHL

**Title:** Advanced physical assessment: the role of the district nurse.  
**Citation:** Nursing Standard, 06 May 2009, vol./is. 23/35(41-46), 00296570  
**Author(s):** Baid H, Bartlett C, Gilhooly S, Illingworth A, Winder S  
**Language:** English  
**Abstract:** This article describes an initiative by an NHS trust to support its district nurses in developing an using physical examination skills as part of patient assessment. The article outlines the process and suggests that the initiative is important to help meet the needs of older patients with long-term conditions.

**Publication Type:** journal article  
**Source:** CINAHL

**Title:** Neurological assessment by nurses using the National Institutes of Health Stroke Scale: implementation of best practice guidelines.  
**Citation:** Canadian Journal of Neuroscience Nursing, 01 September 2008, vol./is. 30/3(31-42), 19137176  
**Author(s):** Gocan S, Fisher A  
**Language:** English  
**Abstract:** Assessment is an essential nursing skill that gathers clinical information to strengthen decisions about health interventions and priorities inpatient care delivery. Neurological assessment of the acute stroke survivor provides the cornerstone for early diagnosis, appropriate prognostic evaluation, and optimal management to obtain favourable patient outcomes. The nursing approach to neurological assessment has been enhanced in recent years through the development of new evidence-based assessment tools and the support of best practice guidelines., Based on gaps seen in clinical practice and current best practice guideline recommendations, neurological nurses from The Ottawa Hospital (TOH) identified the need to assess acute stroke survivors using a standardized neurological assessment tool. In 2004, a Registered Nurses of Ontario (RNAO) nursing advanced clinical practice fellowship provided the opportunity for the development of expertise in stroke assessment and establishment of recommendations for neurological nursing assessment at TOH. As a result, standards for nursing neurological assessment have been adopted at TOH using the National Institutes of Health Stroke Scale (NIHSS). This paper will review current evidence and best practice guidelines for neurological assessment. The significances of using the NIHSS for nurses in the context of the provision of acute stroke care will be presented. Knowledge transfer, application and evaluation of best practice guidelines (BPGs) in clinical nursing practice will also be discussed.
**Title:** Assessing unwell children: advice for nurses.

**Citation:** Nursing in Practice: The Journal for Today's Primary Care Nurse, 01 January 2008, vol./is. /40(30-32), 14739445

**Author(s):** Johnson W

**Language:** English

**Publication Type:** journal article

**Source:** CINAHL

---

**Title:** Physical assessment: implications for nurse educators and nursing practice.

**Citation:** International Nursing Review, 01 June 2007, vol./is. 54/2(166-172), 00208132

**Author(s):** Lesa R, Dixon A

**Language:** English

**Publication Type:** journal article

**Source:** CINAHL

---

**Title:** Full nursing assessment of patients at risk of diabetic foot ulcers.

**Citation:** British Journal of Nursing, 10 August 2006, vol./is. 15/15(0-), 09660461

**Author(s):** Fletcher J

**Language:** English

**Abstract:** A common complication of diabetes is the occurrence of foot ulcers. Good foot care can, in many instances, prevent ulcers or increase the potential to heal in those patients who do ulcerate. All healthcare professionals working with patients with diabetes should reinforce the importance of caring for the feet each time they see the patient. A focus on foot care reiterates to the patient the importance of self care and prevention of ulceration. Examination of the feet and timely referral to appropriate specialist teams are of particular importance.

**Publication Type:** journal article

**Source:** CINAHL

---

**Title:** Physical assessment: whose role is it anyway?

**Citation:** Nursing in Critical Care, 01 July 2006, vol./is. 11/4(161-167), 13621017

**Author(s):** West SL

**Language:** English

**Abstract:** The increasing acuteness of care and developing technologies present new opportunities and challenges for the nursing profession. The NHS Plan emphasizes the need for change to meet these demands, especially in the area of patient assessment. Nurses are extending their repertoire of skills to include those that were once the domain of junior doctors. These new skills tend to be used mostly by experienced nurses such as the specialist or advanced nurse practitioner. One such skill is physical assessment. Traditionally viewed as part of the doctor's role, physical assessment has not routinely been taught in nurse training. With the advancement of nursing roles, it has been argued that physical assessment has become a key nursing skill. This article discusses the use of physical assessment as part of the growing role of the nurse in critical care. Nurses
deliver holistic care, based on assessment. This assessment is incomplete, if a
detailed physical assessment is omitted and, as a consequence, care is delivered
in the absence of an appreciation of the impact of pathophysiological adaptations.
This article argues that the ability to physically assess the patient in a principled
and systematic fashion, in conjunction with routine health assessment, is a
necessary skill for the modern nursing professional working in critical care. It is
further argued that, within the current climate of advancing nursing practice, the
acquisition of this skill is important for all nurses, to improve patient care, not to
supplant the skills of the junior doctor.

Publication Type: journal article
Source: CINAHL

Full Text:
Available from EBSCOhost in Nursing in Critical Care
Available from Nursing in Critical Care in Lincoln County Hospital Professional
Library; Note: ; Notes: Use the link to request articles from the library. Complete
the appropriate online form and press 'Send'.

Title: Nurse-led paediatric pre operative assessment: an equivalence study.
Citation: Paediatric Nursing, 01 April 2006, vol./is. 18/3(23-29), 09629513
Author(s): Rushforth H, Burge D, Mullee M, Jones S, McDonald H, Glasper EA
Language: English
Abstract: Aim: to explore whether nurses can undertake the pre operative
assessment of children prior to day case surgery as safely as senior house
officers. Design: a randomised controlled trial involving 595 children, using an
equivalence methodology (a method which looks for similarity rather than a
significant difference). Pre-operative assessment prior to day case surgery was
randomised to either a nurse (experimental group) or a junior doctor (control
group). Blinded expert verification of nurse/junior doctor performance was
ascertained by an experienced anaesthetist (the 'gold standard'). Results: there
was equivalence between nurses and senior house officers in their ability to detect
clinically significant abnormalities within the sample population. Subgroup analysis
also demonstrated equivalence in respect of history taking abilities. The smaller
number of clinically significant physical findings within the sample meant that
equivalence in respect of physical examination remains uncertain. Although the
study was limited to a single setting, the results demonstrate nurses' equivalence
with junior doctors in a discrete paediatric context.

Publication Type: journal article
Source: CINAHL

Full Text:
Available from EBSCOhost in Paediatric Nursing
Available from Paediatric Nursing in Lincoln County Hospital Professional
Library; Note: ; Notes: Use the link to request articles from the library. Complete
the appropriate online form and press 'Send'.

Title: Can written nursing practice standards improve documentation of initial
assessment of ED patients?
Citation: Australasian Emergency Nursing Journal, 01 April 2006, vol./is. 9/1(11-
18), 15746267
Author(s): Considine J, Potter R, Jenkins J
Language: English
Abstract: Introduction. There is wide variation in emergency nursing practice in
terms of initial patient assessment and the interventions implemented in response
to these patient assessment findings. It is hypothesised that written ED nursing
practice standards will reduce variability in documentation standards related to
initial patient assessment. Aim, This study aimed to examine the effect of written
ED nursing practice standards augmented by an in-service education programme
on the documentation of the initial nursing assessment. Method, A pre-test/post-
test design was used. Initial patient assessment was assessed using the Emergency Department Observation Chart. All adult patients (>18 years) who presented with chest pain and who were triaged to the general adult cubicles were eligible for inclusion in the study. Random sampling was used to select the patients for the pre-test (n = 78) and post-test groups (n = 74). Results, There was significant improvement in documentation of all aspects of symptom assessment except quality and historical variables: pre-hospital care, cardiac risk factors, and past medical history. Improvements in documentation of elements of primary survey assessment were variable. There were significant increases in documentation of respiratory effort, chest auscultation findings, capillary refill and conscious state. There was a significant 18.3% decrease in the frequency of documentation of respiratory rate and no significant changes in documentation of oxygen saturation, heart rate or blood pressure. Conclusion, Written ED nursing practice standards were effective in improving the documentation of some elements of initial nursing assessment for patients with chest pain. Active implementation strategies are important to ensure effective uptake of written practice standards and the relationship between nursing documentation and actual clinical practice warrants further consideration using a naturalistic approach in real practice settings.

Publication Type: journal article
Source: CINAHL

Title: Respiratory assessment. Exploring nursing roles: using physical assessment in the respiratory unit.
Citation: British Journal of Nursing, 26 May 2005, vol./is. 14/10(571-574), 09660461
Author(s): Wheeldon A
Language: English
Abstract: The role of the nurse continues to change, with the point where nursing stops and medicine begins becoming increasingly blurred. Arguably, the main driver for this change could be the recent reduction in junior doctors' working hours. However, modern nursing is ripe for innovation and nurses are taking on more and more tasks and skills that were traditionally part of the doctor's remit. One example is physical assessment, which has very little evidence to support its use in any setting. Analysis of the utilization of physical assessment in the respiratory unit indicates that although it could facilitate earlier recognition of peri-arrest symptoms, its usage highlights training and legal issues. Furthermore, this article will explore whether the continual adoption of tasks, such as physical assessment, constitute mere role extension, with nurses becoming physicians' assistants rather than advanced autonomous practitioners.

Publication Type: journal article
Source: CINAHL

Full Text: Available from EBSCOhost in British Journal of Nursing
Available from British Journal of Nursing in Lincoln County Hospital Professional Library

Title: Nursing assessment. Examining adult male genitalia: providing a guide for the nurse.
Citation: British Journal of Nursing, 13 January 2005, vol./is. 14/1(36-40), 09660461
Author(s): Peate I
Language: English
Abstract: This article provides the nurse with an overview and guidance concerning examination of the adult male genitalia. Issues such as ensuring privacy, developing a relationship and explaining the procedure are discussed.
Advice is provided that will allow the nurse to perform the examination using sight, palpation and transillumination, activities that are central to the examination. An overview of the structure and function of male genitalia is provided. Examination of the male genitalia is an intimate activity and in this article emphasis is placed on the issues of informed consent and the importance of ensuring that each patient has a chaperone present during the examination. Detailed discussion is provided to enable the nurse to use a step-by-step approach to ensure a thorough and detailed examination is performed. A check list and review of the examination process is included.

**Publication Type:** journal article  
**Source:** CINAHL

**Title:** Nurses versus clinicians -- who's best at pre-operative assessment?  
**Citation:** Ambulatory Surgery, 01 December 2004, vol./is. 11/1-2(33-36), 09666532  
**Author(s):** Thomson PJ, Fletcher IR, Downey C  
**Language:** English  
**Abstract:** Abstract Previous studies have emphasised the lack of relevant medical history information available for patients attending for surgery. The records of 57, consecutive patients attending the nurse-led Pre-Admission Clinic (PAC) at the Oral Surgery Day Case Unit at Newcastle Dental Hospital were reviewed to determine whether nurses or clinicians were best at identifying potential medical problems. For 22 patients, nurse-led PAC interview revealed additional information not recorded by clinicians, most frequently cardiovascular disorders (9), arthritis (5) and drug allergies (2). Pancreatitis, epilepsy, recurrent epistaxis and a history of a fractured mandible were other conditions only identified following nurse consultation. Medical history taking by nurses at PAC thus provides an important screening function prior to successful ambulatory surgery.

**Publication Type:** journal article  
**Source:** CINAHL

**Title:** Criteria for urinary tract infection in the elderly: variables that challenge nursing assessment.  
**Citation:** Urologic Nursing, 01 June 2004, vol./is. 24/3(157-168), 1053816X  
**Author(s):** Midthun SJ  
**Language:** English  
**Abstract:** Urinary tract infections (UTIs) are common in the elderly, yet there is much disagreement in the literature regarding many aspects of this condition. To assist the nurse in developing optimum care strategies, UTI criteria in the elderly are discussed. Using the most recent knowledge to guide clinical assessment and intervention skills, the longterm care facility nurse and nurses who care for the elderly can influence positive outcomes in this challenging population.

**Publication Type:** journal article  
**Source:** CINAHL

**Title:** Neurologic assessment skills for the acute medical surgical nurse.
Abstract: Practical and efficient neurologic assessment skills are vital for acute care nurses. During an acute neurologic event, the nurse needs a focused assessment of the pertinent history and symptom analysis and an immediate head-to-toe survey, eliciting any abnormal signs to identify and correctly report the medical problem. When a patient requires routine monitoring of neurologic signs, the nurse's role includes a neurologic assessment, collecting and assimilating that data, interpreting the patient problem, notifying the physician when appropriate, and documenting that data. This article presents an overview of a staff nurse's neurologic assessment, explains common neurologic tests performed at the bedside, identifies an efficient way to perform the assessment, and indicates what to include and document when "neuro signs" are ordered.

Title: Preoperative assessments by trained nurses were equal in quality to assessments by preregistration house officers.

Citation: Evidence Based Nursing, 01 October 2003, vol./is. 6/4(122-122), 13676539
Author(s): Sherrard H
Language: English
Abstract: QUESTION: Are preoperative assessments by trained nurses equal in quality to those done by preregistration house officers?, Design, Randomised (allocation concealed), unblinded, controlled equivalence/non-inferiority trial., Setting, 4 hospital sites in 3 UK National Health Service Trusts., Patients, 1907 patients who required assessment before general anaesthesia for general, vascular, urological, or breast surgery. 1874 patients (98%) were included in the analysis (mean age 57 y; 49% women)., Intervention, 954 patients were allocated to preoperative assessment by a nurse who had completed master's level courses in advanced practice or equivalent. 953 patients were allocated to assessment by a preregistration house officer., Main outcome measures, 1 of 2 specialist registrars in anaesthesia examined each patient after the nurse or house officer and assessed their performance in each of history taking, physical examination, and test ordering as "correct," "overassessment," "underassessment not affecting perioperative management," and "underassessment possibly affecting perioperative management", Main results, In 259 patients, preoperative assessment was judged as "underassessment possibly affecting perioperative management": The number of such assessments did not differ for nurses and house officers (table). House officers ordered almost twice as many unnecessary tests as nurses (table). Nursing assessments were judged to be no worse overall than house officer assessments (test for non-inferiority: upper 95% CI of observed % difference [1.1%] was less than the defined clinically important difference of a 3.7% increase in underassessment) (table). A clinically important difference was defined as a 25% increase in the event rate for "underassessment possibly affecting perioperative management" in the nursing group compared with the house officer group., Conclusion, Preoperative assessments by trained nurses were equal in quality to assessments by preregistration house officers.
Title: Physical assessment skills: a developing dimension of clinical nursing practice.
Citation: Intensive & Critical Care Nursing, 01 August 2002, vol./is. 18/4(200-210), 09643397
Author(s): Coombs MA, Moorse SE
Language: English
Abstract: This paper proposes that the current use of physical assessment skills within critical care nursing practice is part of a on-going nursing role development process. A review of the critical care nursing role highlights how nurses in this setting have always been responsive to patient management needs. In exploring one recent nursing role development, the critical care outreach nurse, it is suggested that enhanced assessment skills enable these practitioners to safely and competently assess critically ill patients out of the intensive care environment. The use of patient case studies in this paper, demonstrate how the theory of a more intensive physical assessment knowledge base can be applied in the everyday practice of a critical care outreach nurse. Through such systematic patient review, patient management plans can be agreed and ward based practitioners can be supported in the on-going treatment of sick ward patients. The use of the cases presented also highlights the complexity of the outreach nurse's practice in addressing clinical management and team management issues.
Publication Type: journal article
Source: CINAHL
Full Text: Available from Intensive and Critical Care Nursing in Pilgrim Hospital Staff Library; Note: ; Notes: Use the link to request articles from the library. Complete the appropriate online form and press 'Send'.

History taking
Title: History taking... This practice profile is based on NS630 Fawcett T, Rhynas S (2012) Taking a patient history: the role of the nurse. Nursing Standard. 26, 24, 41-46.
Citation: Nursing Standard, 13 March 2013, vol./is. 27/28(51-51), 00296570
Author(s): Hardy, Joanne
Language: English
Abstract: A learning zone article helped Joanne Hardy evaluate her practice and refresh her knowledge of clinical guidelines.
Publication Type: journal article
Source: CINAHL
Full Text: Available from Nursing Standard in Pilgrim Hospital Staff Library; Note: ; Notes: Use the link to request articles from the library. Complete the appropriate online form and press 'Send'.
Available from EBSCOhost in Nursing Standard

Title: Taking a patient history: the role of the nurse.
Citation: Nursing Standard, 15 February 2012, vol./is. 26/24(41-46), 00296570
Author(s): Fawcett, Tonks, Rhynas, Sarah
Language: English
Abstract: History taking is a key component of patient assessment, enabling the delivery of high-quality care. Understanding the complexity and processes involved in history's taking allows nurses to gain a better understanding of patients' problems. Care priorities can be identified and the most appropriate interventions commenced to optimise patient outcomes.
Publication Type: journal article
Title: Nurse Practitioners' Sexual History-Taking Practices with Adults 50 and Older.
Citation: Journal for Nurse Practitioners, 01 March 2011, vol./is. 7/3(216-222), 15554155
Author(s): Maes, Cheryl A., Louis, Margaret
Language: English
Abstract: Abstract: Purpose: To identify the sexual history-taking practices of nurse practitioners (NPs) for patients 50 and older. Data Sources: The study involved a random sample of 500 American Academy of Nurse Practitioners (AANP) members. A mailed questionnaire was adapted from the Knowledge of HIV and HIV-Risk Screening tools and reflected the assumptions of Pender’s Health Belief Model. Conclusion: Only 2% of respondents indicated they always conduct a sexual history with their patients age 50 and older, while 23.4% never or seldom do such an assessment. The main barriers to taking sexual histories were identified as lack of time, interruptions, and limited communication skills. Implications for Practice: The findings support the need for NPs to be more conscientious about completing a sexual history with their older patients.
Publication Type: journal article
Source: CINAHL

Title: How to improve your sexual health history-taking skills.
Citation: Practice Nurse, 23 July 2010, vol./is. 40/2(27-30), 09536612
Author(s): French K
Language: English
Abstract: To improve sexual health among the population, nurses must gain the skills necessary to move beyond ‘pills and cervical screening tests’ and view sexual health as just another aspect of their patients’ health. Do not wait until someone else decides you need training.
Publication Type: journal article
Source: CINAHL

Citation: Nursing Standard, 08 July 2009, vol./is. 23/44(59-59), 00296570
Author(s): Slaughter H
Language: English
Abstract: After reading a learning zone article Helen Slaughter improved her ability to convey information effectively to patients.
Publication Type: journal article
Source: CINAHL

Full Text: Available from EBSCOhost in Practice Nurse
Available from EBSCOhost in Practice Nurse
Available from Nursing Standard in Lincoln County Hospital Professional Library; Note: ; Notes: Use the link to request articles from the library. Complete the appropriate online form and press 'Send'. Available from EBSCOhost in Nursing Standard
Title: Advanced nurse practitioners and sexual history taking practices among older adults.

Citation: Communicating Nursing Research, 01 March 2007, vol./is. 40/(464-464), 01601652

Author(s): Maes C, Louis M

Language: English

Publication Type: journal article

Source: CINAHL

---

Title: Adult/elderly care nursing. Physical examination and history-taking skills in a prostate clinic.

Citation: British Journal of Nursing, 13 February 2003, vol./is. 12/3(169-175), 09660461

Author(s): Wareing M

Language: English

Abstract: The proliferation of nurse-led initiatives arising from nurse specialist/practitioner posts in urology is reflected in areas such as the management of bladder cancer, erectile dysfunction, stoma care, and prostate disease. The establishment of the role of urology specialist nurse in one North Oxfordshire hospital led to the development of a nurse-led prostate assessment clinic for male patients with lower urinary tract symptoms arising from benign prostatic hyperplasia. A description of how training was conducted, and the subsequent reappraisal of competency, is given in relation to physical examination and history-taking skills necessary for the development of this initiative.

Publication Type: journal article

Source: CINAHL

Full Text: Available from EBSCOhost in British Journal of Nursing

Available from British Journal of Nursing in Lincoln County Hospital Professional Library; Notes: Use the link to request articles from the library. Complete the appropriate online form and press 'Send'.

---

Title: Nurses' decision-making in collecting information for the assessment of patients' nursing problems.

Citation: Journal of Clinical Nursing, 01 March 2002, vol./is. 11/2(186-196), 09621067

Author(s): Junnola T, Eriksson E, Salanterä S, Lauri S

Language: English

Abstract: 1. The paper addresses two questions: Firstly, what kind of information do nurses acquire from cancer patients for purposes of judging their patients' problems and preparing a care plan? Secondly, how systematically do nurses proceed in the decision-making process from the formulation of initial assumptions about the patient's situation to the final definition of problems? 2. The instrument used for data collection was a computer-simulated case description compiled by a team of four nursing researchers and one medical researcher. The case description was based on a real patient history. 3. The sample consisted of 107 Registered Nurses on four oncology, two internal medicine and five surgical wards of two central university hospitals in Finland. Data were collected in autumn 1998 and spring 1999 using a laptop computer and a tape recorder. 4. The four most important problems identified by nurses at baseline were pain (85%), pain medication (59%), family situation (66%) and spread of cancer (49%). Presented with a list of 23 options, they obtained additional information on average on 13 areas. Almost one-third collected information from 16 to 22 areas. On average nurses identified 12 of the 28 nursing problems specified. A statistically significant association was observed between information acquisition and problem definition in seven different variables. These had to do with pain, general condition and prognosis. 5. Nurses adequately prioritized their patients' problems and
systematically collected data on those problems. On the other hand they also identified a number of problems that were not relevant to the situation.

**Publication Type:** journal article

**Source:** CINAHL

**Full Text:**
Available from *EBSCOhost* in *Journal of Clinical Nursing*
Available from the *ULHT Library and Knowledge Services’ eJournal collection* in *Journal of Clinical Nursing*