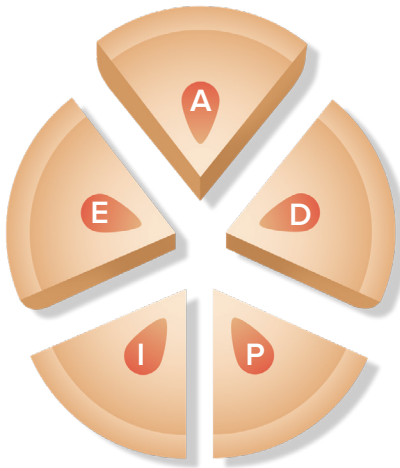


# HOW TO DIAGNOSE



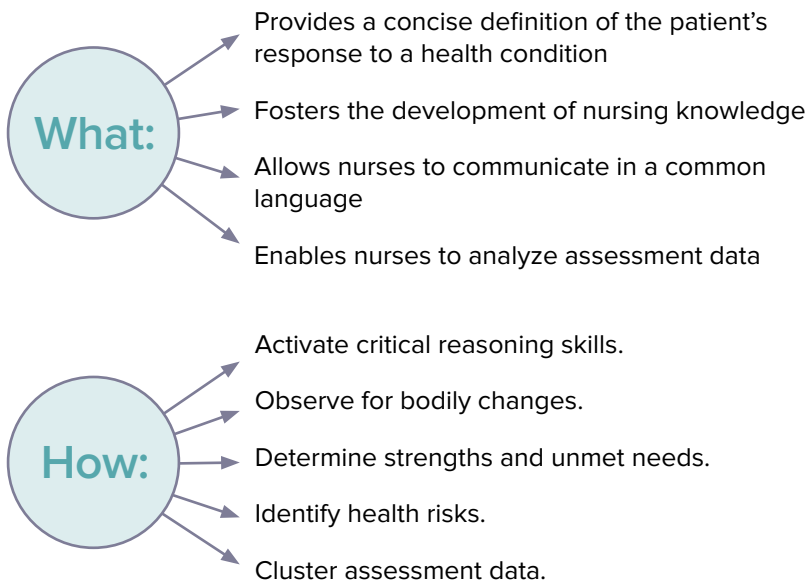
## Five-Step Nursing Process – ADPIE



- A Assess**  
Gather information about the client's condition.
- D Diagnose**  
**Identify the client's problems.**
- P Plan**  
Identify plan of care goals, interventions, and desired outcomes.
- I Implement**  
Perform the identified nursing interventions.
- E Evaluate**  
Determine if the goals and desired outcomes were met.

## The nursing diagnosis:

Second step of the 5-step nursing process. Statement of the client's potential healthcare problems or deficit obtained by nurse in order to form appropriate clinical decisions.



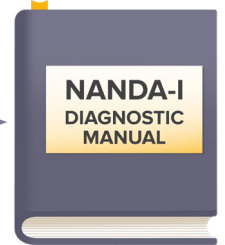
**NANDA-I  
DIAGNOSTIC  
MANUAL**

Compilation/list of nursing diagnoses recognized in 1973, with continued growth through nursing research.



## Assessment Data

Difficulty breathing when walking short distances and wringing hands during interaction.



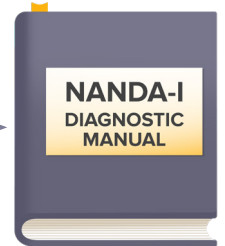
## Nursing Diagnoses

1. Activity intolerance
2. Anxiety



## Assessment Data

Alteration in fluid volume, anemia, neurological impairment, impaired memory related to dehydration.



## Nursing Diagnoses

1. Impaired memory

## NOTES

