

# Nursing Concepts & Principles

## 1.1 Nursing Theory

Nursing theories provide the foundation for nursing practice, helping to define what nursing is, what nurses do, and why they do it.

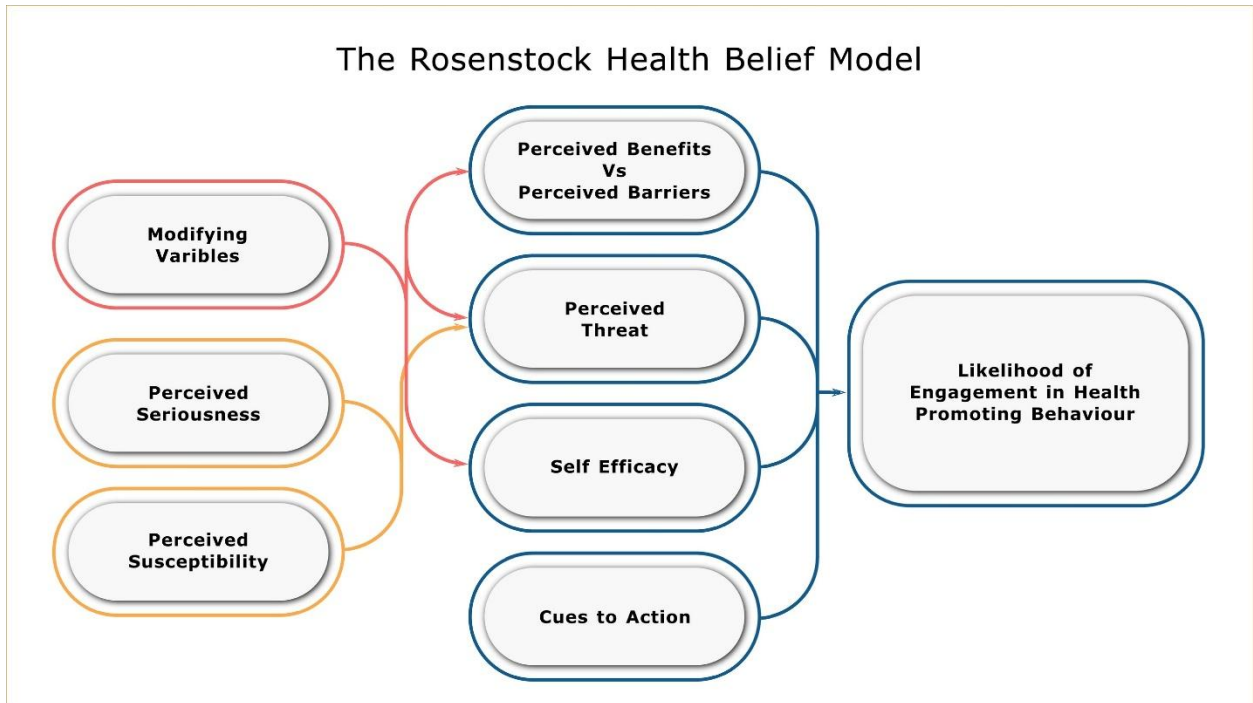
### 1.1.1 Virginia Henderson (Need Theory)

- **Core Concept:** Defined nursing as "assisting the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge."
- **The 14 Basic Needs:**
  1. Breath normally.
  2. Eat and drink adequately.
  3. Eliminate body wastes.
  4. Move and maintain desirable postures.
  5. Sleep and rest.
  6. Select suitable clothes (dress/undress).
  7. Maintain body temperature.
  8. Keep the body clean and well-groomed.
  9. Avoid dangers in the environment.
  10. Communicate with others.
  11. Worship according to one's faith.
  12. Work in such a way that there is a sense of accomplishment.
  13. Play or participate in various forms of recreation.
  14. Learn, discover, or satisfy the curiosity that leads to normal development.

### 1.1.2 Dorothea Orem (Self-Care Deficit Theory)

- **Core Concept:** People should be self-reliant and responsible for their own care and the care of family members. Nursing is required when a person cannot maintain the amount and quality of self-care necessary to sustain life and health.
- **Three Related Parts:**
  1. **Theory of Self-Care:** Describes why and how people care for themselves.
  2. **Theory of Self-Care Deficit:** Describes when nursing is needed (when demand exceeds ability).
  3. **Theory of Nursing Systems:** Describes how the nurse meets the self-care needs (Wholly compensatory, Partly compensatory, or Supportive-educative).

### 1.1.3 Sister Callista Roy (Adaptation Model)



- **Core Concept:** The person is a bio-psycho-social being in constant interaction with a changing environment. The goal of nursing is to promote adaptation in four modes:
  1. **Physiological-Physical:** Basic life processes (oxygen, nutrition).
  2. **Self-Concept-Group Identity:** Psychological and spiritual integrity.
  3. **Role Function:** Roles the person occupies in society.
  4. **Interdependence:** Relationships with others.
- **Goal:** To help the patient adapt to changes in physiological needs, self-concept, role function, and interdependence.

### 1.1.4 Florence Nightingale (Environmental Theory)

- **Core Concept:** Known as the "Lady with the Lamp," she emphasized the manipulation of the physical environment to facilitate the body's reparative processes.
- **Key Environmental Factors:**
  - Pure fresh air (Ventilation).
  - Pure water.
  - Efficient drainage.
  - Cleanliness.
  - Light (Direct sunlight).
- **Focus:** Hygiene and sanitary conditions are critical to patient health.

## 1.2 Nursing Process

The nursing process is a systematic, rational method of planning and providing individualized nursing care.

### 1.2.1 Steps of Nursing Process (ADPIE)

1. **Assessment:**
  - ❖ Collection, validation, and organization of data.
  - ❖ **Subjective Data:** What the patient says (symptoms).
  - ❖ **Objective Data:** What the nurse observes/measures (signs, labs).
2. **Diagnosis:**
  - ❖ Analyzing data to identify health problems or risks.
  - ❖ Uses NANDA-I format (Problem + Etiology + Signs/Symptoms).
3. **Planning:**
  - ❖ Setting priorities and goals (outcomes) that are SMART (Specific, Measurable, Achievable, Relevant, Time-bound).
  - ❖ Selecting nursing interventions.
4. **Implementation:**
  - ❖ Putting the plan into action.
  - ❖ Performing nursing interventions, documenting care, and delegating if appropriate.
5. **Evaluation:**
  - ❖ Determining if goals were met.
  - ❖ Terminating, continuing, or modifying the plan based on the patient's response.

## 1.3 Pain and Stress Management

### 1.3.1 Nursing Management (Non-Pharmacological)

- **Assessment:** Use pain scales (0-10, Wong-Baker faces) and assess PQRST (Provocation, Quality, Region, Severity, Time).
- **Physical Interventions:**
  - ❖ Positioning for comfort.
  - ❖ Massage and therapeutic touch.
  - ❖ Heat or cold application.
  - ❖ TENS (Transcutaneous Electrical Nerve Stimulation).
- **Cognitive-Behavioral Strategies:**
  - ❖ **Distraction:** Music, conversation, TV.
  - ❖ **Relaxation Techniques:** Deep breathing, guided imagery, meditation.
  - ❖ **Education:** Reducing anxiety by explaining procedures.
- **Environment:** Reducing noise, dimming lights, grouping care activities to allow rest.

### 1.3.2 Medical Management (Pharmacological)

- **Non-Opioids:** NSAIDs (Ibuprofen, Aspirin), Acetaminophen (Paracetamol) for mild to moderate pain.
- **Opioids:** Morphine, Fentanyl, Codeine for moderate to severe pain.
- **Adjuvants:** Antidepressants, anticonvulsants (for neuropathic pain), and corticosteroids.
- **Procedures:** Nerve blocks, epidural analgesia.

## 1.4 Holistic Health Care

Holistic care views the individual as a whole being rather than just a set of symptoms.

### 1.4.1 Components of Holistic Health Care

1. **Biological (Physical):** Genetic makeup, physical health, nutrition.
2. **Psychological (Mind):** Emotional state, attitudes, self-concept.
3. **Sociological:** Relationships, family dynamics, cultural background.
4. **Spiritual:** Values, beliefs, meaning of life, religious practices.



### 1.4.2 Methods of Holistic Care

- **Therapeutic Communication:** Active listening to understand the patient's full story.
- **Cultural Competence:** Respecting and integrating patient's cultural beliefs into care.
- **Patient Education:** Empowering patients to take charge of their health.
- **Family-Centered Care:** Involving the support system in the healing process.

### 1.4.3 Alternative Medicines (CAM - Complementary and Alternative Medicine)

- **Ayurveda:** Traditional Indian system using diet, herbs, and yoga.
- **Acupuncture:** Traditional Chinese Medicine involving needle insertion to balance energy (Qi).
- **Homeopathy:** "Like cures like" concept using minute doses of substances.
- **Naturopathy:** Focuses on natural healing powers (diet, exercise, fresh air).
- **Herbal Medicine:** Use of plant-based remedies.
- **Yoga and Meditation:** For mind-body balance.

## 1.5 Creativity in Nursing

Creativity involves generating new ideas or approaches to solve problems and improve patient care.

### 1.5.1 Methods of Creativity

- **Brainstorming:** Generating a large number of ideas without immediate judgment.
- **Lateral Thinking:** Approaching problems from indirect and creative angles.

- **Improvisation:** Adapting to limited resources (e.g., creating a splint from available materials in a remote setting).
- **Evidence-Based Practice (EBP):** Creatively applying research findings to specific patient situations.
- **Mind Mapping:** Visually organizing information to see connections.

### 1.5.2 Barriers of Creativity

- **Rigid Protocols:** "We've always done it this way" mentality.
- **Fear of Failure:** Fear of making a mistake or being criticized.
- **Lack of Time/Resources:** High workload preventing time for innovation.
- **Hierarchical Structure:** Strict authority preventing junior nurses from suggesting ideas.
- **Lack of Autonomy:** Inability to make independent decisions.

## 1.6 Professional Development

### 1.6.1 Nursing Ethics

Principles that govern conduct:

- **Autonomy:** Respecting patient's right to choose.
- **Beneficence:** Doing good.
- **Non-maleficence:** Doing no harm.
- **Justice:** Fairness in care delivery.
- **Veracity:** Telling the truth.
- **Confidentiality:** Protecting privacy.

### 1.6.2 Trends in Nursing

- **Telehealth/Telemedicine:** Remote care delivery.
- **Evidence-Based Practice:** Moving away from tradition-based care.
- **Specialization:** Growth in Nurse Practitioners and Clinical Specialists.
- **Geriatric Nursing:** Focus on aging populations.
- **Technology Integration:** Electronic Health Records (EHR), AI in diagnostics.

### 1.6.3 Professional and Client Rights

- **Client Rights:** Right to information, informed consent, privacy, refuse treatment, and respectful care.
- **Professional Rights:** Right to a safe work environment, right to practice within scope, right to fair compensation, right to advocate for patients.

### 1.6.4 Legal Rights

Legal protections ensuring nurses can practice without fear if they follow standards, and patients are protected from negligence. Includes laws against assault, battery, and negligence.

### 1.6.5 ICN Code of Nursing (International Council of Nurses)

Four fundamental responsibilities:

1. To promote health.
  2. To prevent illness.
  3. To restore health.
  4. To alleviate suffering.
- **Elements:** Nurses and people, Nurses and practice, Nurses and the profession, Nurses and co-workers.

### 1.6.6 ICM Code of Nursing (International Confederation of Midwives)

Focuses on midwifery ethics, emphasizing rights of women, respect for human dignity, and justice.

### 1.6.7 (N.A.N.) Nursing Association of Nepal

- **Nature:** Professional, non-governmental, non-political organization.
- **Establishment:** 2018 BS (1962 AD).
- **Objectives:**
  - To protect and promote the professional rights and interests of nurses.
  - To improve the quality of nursing education and services in Nepal.
  - To foster unity and cooperation among nurses.
  - To advocate for health policies benefiting the public.

### 1.6.8 (N.N.C.) Nepal Nursing Council

- **Nature:** Statutory/Regulatory body established by the Nepal Nursing Council Act, 2053 (1996).
- **Functions:**
  - **Registration:** Registers qualified nurses and midwives; issues licenses to practice.
  - **Accreditation:** Inspects and approves nursing colleges/schools.
  - **Standardization:** Sets the curriculum and code of ethics for nursing in Nepal.
  - **Disciplinary Action:** Can revoke licenses for malpractice or unethical behavior.
  - **Licensure Examination:** Conducts the National Licensure Examination for Nurses (NLEN).

### 1.6.9 Laws Related to Health and Nursing in Nepal

#### 1.6.9.1 Medico-Legal Case (MLC)

- **Definition:** An injury or ailment where investigations by law-enforcing agencies are essential to fix responsibility (e.g., accidents, assault, poisoning, burns).
- **Nursing Role:**
  - ✓ Prioritize saving life over legal formalities initially.
  - ✓ Inform the doctor/police immediately.
  - ✓ **Documentation:** Accurate, objective recording of wounds/injuries (size, shape, color) is critical.
  - ✓ **Evidence Preservation:** Save clothes, gastric lavage samples, bullets, etc., and hand them over to police with a proper receipt.

#### 1.6.9.2 Disposal of Dead Body

- **Standard Death:** Hand over to relatives after verifying identity and completing documentation (Death Certificate).
- **MLC Death: Do NOT** hand over to relatives directly. The body must be handed over to the police for post-mortem/autopsy.
- **Infection Control:** Use standard precautions. For infectious diseases (e.g., HIV, COVID-19), use body bags and label clearly (e.g., "Danger of Infection").
- **Unclaimed Bodies:** Handled according to hospital policy and local municipality regulations (often used for anatomy dissection or municipal cremation).

#### 1.6.9.3 Organ Transplantation

- **Law:** *Human Body Organ Transplantation (Regulation and Prohibition) Act, 2055 (1998)* and subsequent amendments.
- **Key Provisions:**
  - Buying and selling organs is **strictly prohibited** and is a criminal offense.
  - Donors must be close relatives (defined by law) or brain-dead donors (with prior consent).
  - Hospitals must be specifically licensed to perform transplants.
  - **Brain Death:** A medical board must certify brain death before organ harvesting.

#### 1.6.9.4 Narcotic Drugs

- **Law:** *Narcotic Drugs (Control) Act, 2033 (1976)*.
- **Nursing Responsibility:**
  - **Storage:** Narcotics (Double lock and key) must be kept secure.
  - **Documentation:** Every ampoule used must be recorded in a specific register with patient name, dose, date, time, and doctor's prescription.
  - **Disposal:** Broken ampoules must be witnessed and documented. Empty ampoules are often required to be returned to the pharmacy for replacement.
  - **Misuse:** Unauthorized possession or administration is a serious criminal offense.

#### 1.6.9.5 Abortion

- **Law:** *The Right to Safe Motherhood and Reproductive Health Act, 2075 (2018)*.

- **Legal Conditions for Abortion in Nepal:**
  - ❖ **Up to 12 weeks:** On request of the pregnant woman (voluntary).
  - ❖ **Up to 28 weeks:** If the pregnancy results from rape or incest, or if the mother's life/health is at risk, or if the fetus has severe defects (requires medical certification).
  - ❖ **Sex-Selective Abortion:** Strictly **illegal** and punishable by law.
  - ❖ **Provider:** Must be performed by a listed/trained health professional at a listed facility.