

The teaching and decision making that is used when caring for the acutely ill adult patient differ with each and every patient. This is individualized care. A theory that is uniform and does not change with every patient is ADPIE. This acronym, (one of the many acronyms used in nursing), stands for **A**ssessment, **D**iagnoses, **P**lan/Identify, **I**mplement and **E**valuate. This standardized nursing process is the backbone of the critical thinking theories of nurses. The nursing process provides a way to organize and present nursing knowledge as well as being an essential component of providing quality patient care. 5

ASSESSMENT/data collection	Observe, interview, examine. Include objective as well as subjective info, organize, verify.
NURSING DIAGNOSES North American Nursing Diagnosis Association <a href="http://www.nanda.org">www.nanda.org</a>	Provide the basis for selection of nursing interventions to achieve outcomes for which the RN is accountable.
PLAN/IDENTIFY	Anticipate needs with contingencies, coordinate care with team, prioritize, set up short and long term goals.
IMPLEMENT	The action of the nursing process-initiate individualized nursing actions, promote safety, self-motivation and teach.
EVALUATE	Determine interventions for effectiveness and compliance. Modify. Evaluate alternative plans.

The definition of critical thinking by Scriven and Paul (1996) for the National Council for the Excellence in Critical Thinking Instruction is “ Critical thinking is an intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by observation, experience, reflection, reasoning, or communication, as a guide to belief and action. “

When using the theories behind the Nursing Process a nurse creates an individualized Plan of Care for each patient. This Care Plan is fluid and ever-changing. There are numerous variables that can alter your plan of care. Is your patient alert and oriented, is this condition new to them or something chronic, how compliant have they been, what is their level of comprehension in regards to your teaching, what kind of support system do they have-(if any?), are there language barriers, what is the status on their access to meds or access to follow up care? Sepsis in an acute disease process-teaching would be more involved with comorbidities and infection prevention.

*Example with hypothetical patient as follows:* 72 year old man-Full Code-admitted with Dx of Septic Shock. History of CAD, HTN, IDDM and newly diagnosed Lung CA with metastasis to the liver. Patient is receiving chemotherapy treatments. Recently widowed (wife died from CA), lives with adult children who are caregivers, highly involved in his care. Teaching should involve frequent communication with patient and family during the acute treatments of Sepsis. Until education level and/or understanding can be assessed-brief, basic explanations on testing, IV fluid replacement, antibiotics and cardiac monitoring should be provided. Providing basic information on plan of care can alleviate stress and anxiety for patient and family. When the acute treatment for Sepsis are complete and pt is stabilized, teaching and care become more focused on follow-up care of comorbidities and discharge planning. Assessing who makes the health care decisions, the patient, one of the children, a group effort or is there disarray within the family? Consulting a MSW (medical social worker) to assist is appropriate, particularly with an end-stage disease process on a patient with no advanced health care directive. Teach signs and

symptoms to be aware of. Teach how to monitor for these symptoms on this fragile patient and when and where to seek help.

This is done to prevent a progression from SIRS to Septic Shock in the future. This is especially important to this patient undergoing chemotherapy with increased risks for infection. Assess need for dietary teaching with history of IDDM, especially with liver CA as this too can require specific dietary restrictions. Tighter controlled blood sugars decrease the risks of infections. Assessing pain control issues and what meds have been used, how well they work, what changes need to be made for pain control at home. Pain can increase heart rate and blood pressure and impede the immune system. Provide community support services available to the family as caregivers. Caring for the caregivers is another mode of supporting the patient.

I personally am a big proponent of palliative and hospice care plans. Assessment of the patient and families goals/wishes should be priority- while opening up lines on communication on this sensitive topic. Quantity of life vs. Quality of life is too often not addressed by the MD. It is here that the RN can advocate for the patient on making changes in the patient's overall plan of care. Assessing for this patient's possible interest in this life change takes a lot more than critical thinking. It takes knowledge, courage and whole-hearted compassion.