

IDENTIFICATION OF NEEDS P and A

What are needs?



People are complex and respond in different ways. There are multiple factors and influences that are not always easily identified that contribute to actual and potential human responses (needs) and vulnerability (risk) to health conditions and/or life processes.

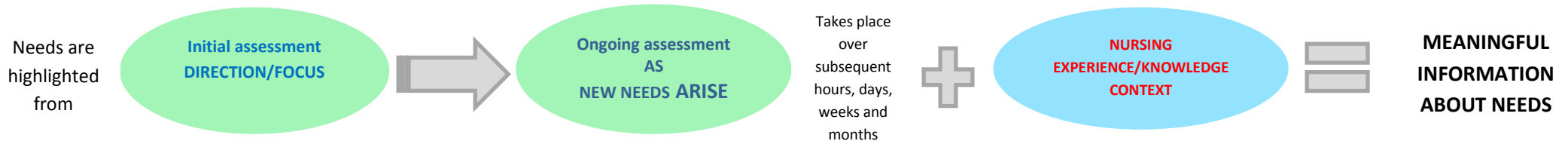
BUILDING THE PICTURE



Identifying needs is like building a picture, beginning when you first meet the person at the

- Initial assessment
 - Recording identifying acute & existing needs
 - Giving direction and focus to those needs that need further assessment
- Ongoing assessment
 - Record new needs/risks identified as condition changes/new events

Add your nursing experience/knowledge with context - meaningful information



TYPES OF INFORMATION

SUBJECTIVE DATA

This type of information is based on feelings and is collected through communicating with the person and their family/carer i.e. how the person feels, what matters to them. In order to effectively collect the information the nurse requires good interpersonal skills. It is especially important to have the ability to establish a good rapport and have good active listening skills.

OBJECTIVE DATA

This type of information is fact and quantifiable. There is a metric for measurement i.e. blood pressure, temperature, and pain score.

CATEGORIES OF NEEDS

Needs can be placed into 2 categories in order to aid understanding of the type of needs that the person may present with.

Precise identification of needs leads to an accurate plan of nursing care.

The table below further describes these categories:

- *Acute*
- *Existing/At Risk & Self-Managed*

| NEEDS |
|---|
| ACUTE Needs: <ul style="list-style-type: none">• directly relate to reason for entering the service• arising due to deviation from baseline, what would be 'normal' for the person A plan of nursing care should be recorded for every need |
| EXISTING NEEDS Needs: <ul style="list-style-type: none">• that are already present prior to accessing the service e.g. assistance required to attend to personal hygiene or mobilising• self-managed prior to entering the service e.g. managing a medical condition such as diabetes A maintenance/support plan should be recorded for every need |

EXAMPLE OF NEEDS acute & existing - REASONS

The following are examples of identified needs and the reason for these. It is important to consider the reason for the need as this will impacted significantly on the plan of care, treatment or support. For example if the identified need is that the person is confused, the plan will differ if it is due a head injury compared with a predisposing medical condition such as dementia.

| IDENTIFIED NEED | | REASON FOR NEED | | IDENTIFIED NEED | | REASON FOR NEED | |
|-----------------|--|--|-------------------------------|-------------------|---|---|--|
| MOBILITY | <i>Reduced mobility</i> | Surgery or chest infection normally mobilises independently | | EATING & DRINKING | <i>Dehydrated</i> | Post-surgery - vomiting | |
| | <i>Reduced function</i> | Frail elderly, requires a mobility aid | | | <i>Dehydrated</i> | Unable to manage at home , frail elderly | |
| | <i>Unable to mobilise</i> | Fractured neck of femur | | | <i>Malnourished</i> | Unable to manage at home , frail elderly | |
| | <i>Risk of Falls</i> | Fear of falling or history of frequent falls | | | <i>Assistance monitoring blood sugar</i> | Insulin dependent diabetic | |
| COMMUNICATION | <i>Confused</i> | Altered level of consciousness due to head injury or critically ill (hypovolemic shock , hypoxia) | | ELIMINATION | <i>Requires special diet</i> | medical condition i.e. coeliac | |
| | <i>Confused</i> | Reduced capacity -confirmed cognitive impairment i.e. dementia | | | <i>Assistance with toileting</i> | Reduced function/mobility as a result of chest infection | |
| | <i>Assistance with communication</i> | Stroke | | | <i>Assistance with toileting</i> | Frail elderly leading to reduced function/mobility | |
| | <i>Assistance with communication</i> | Long term medical condition i.e. MS , disability | | | <i>Assistance with catheter</i> | Urinary catheter insitu long term | |
| | <i>Impaired vision</i> | Registered blind change of environment impacts on need | | | <i>Manage pain</i> | Surgery, injury, fracture, inflammation, infection | |
| BREATHING | <i>Difficulty breathing</i> | Chest infection or exacerbation of COPD | | PAIN | <i>Manage pain</i> | Chronic pain | |
| | <i>Difficulty breathing</i> | History of chronic lung condition i.e. COPD (not exacerbation) | | | <i>Assistance with personal hygiene</i> | Reduced function/ability due to surgery , stroke, head injury, alcohol intake | |
| | <i>Difficulty breathing while lying flat</i> | History of chronic lung condition | | PERSONAL CARE | <i>Assistance with personal hygiene</i> | Reduced function/ability as. frail elderly | |
| <i>Anxious</i> | Planned surgery/investigations | | <i>Risk of pressure ulcer</i> | | At risk from developing a pressure ulcer due to reduced mobility post surgery | | |
| <i>Anxious</i> | Mental health issue | | | | | | |

LOOK at the reason for the need and consider if it is acute or existing before putting a plan in place