Problem Rating Scale for Outcomes

The Scale consists of three five-point, Likert-type scales for measuring the entire range of severity for the concepts of knowledge, behavior, and status. Each of the sub scales is a continuum providing an evaluation framework for examining problem-specific client ratings at regular or predictable times. Suggested times include admission, specific interim points, and discharge. The ratings are a guide for the practitioner as client care is planned and provided; the ratings offer a method to monitor client progress throughout the period of service. Using the Problem Rating Scale for Outcomes with the other two schemes of the Omaha System creates a comprehensive problem-solving model for practice, education, and research.

Concepts and Ratings of the Problem Rating Scale for Outcomes:

Concepts	1	2	3	4	5
Knowledge: Ability of the client to remember and interpret information	No knowledge	Minimal knowledge	Basic knowledge	Adequate knowledge	Superior knowledge
Behavior: *Observable responses, actions,* or activities of the client fitting the occasion or purpose	Not *appropriate* behavior	Rarely appropriate behavior	Inconsistently appropriate behavior	Usually appropriate behavior	Consistently appropriate behavior
Status: Condition of the client in relation to objective and subjective defining characteristics	Extreme signs/ symptoms	Severe signs/ symptoms	Moderate signs/ symptoms	Minimal signs/ symptoms	No signs/ symptoms

Problem Rating Scale for Outcome
(결과를 위한 문제측정 척도)

이 도구는 3개 개념 즉, 지식, 행위, 상태에 대해 중증도를 측정하기 위해 작성되었으며, 5점 Likert 척도로 구성되어 있다. 각 하부척도들은 정기적으로 또는 주기적으로 대상자의 구체적 간호문제에 대한 문제별 측정측도(problem-specific client ratings)를 조사하기 위한 평가도구이다. 입원 시, 입원기간 중, 퇴원 시 활용할 수 있도록 고안되었다. 측정은 실무자들이 대상자 간호를 계획하고 제공하도록 하는 지침이다; 측정은 서비스 기간을 통해 대상자의 진행과정을 모니터링하는 방법을 제공한다. 오마하 시스템의 문제분류체계 및 중재체계와 함께 결과를 위한 문제측정 척도(Problem Rating Scale for Outcome)의 사용은 실무, 교육과 연구를 위한 포괄적인 문제해결 모형을 새로이 만들어 낼 것이다.

결과를 위한 문제측정 척도의 개념들 및 측정 :

개념들	1	2	3	4	5
지식 : 대상자가 정보를 기억하고 해석할 수 있는 능력	지식이 없음	최소한의 지식	기본 지식	적절한 지식	월등한 지식
행위 : 상황 혹은 목적에 맞는 관찰 가능한 반응, 활동, 행동	항상 부적절함	대체로 부적절함	적절하나 일관성이 없음	대체로 적절함	항상 적절함
상태 : 객관적 그리고 주관적으로 정의하는 특성과 관련된 대상자의 상태	극히 심한 증상/징후	심한 증상/징후	중등도의 증상/징후	최소한의 증상/징후	증상/징후가 없음

The Omaha System: Use in Education and Research

Karen S. Martin, RN, MSN, FAAN
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Martin Associates
Omaha, Nebraska-USA
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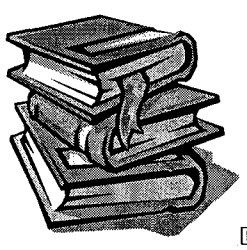
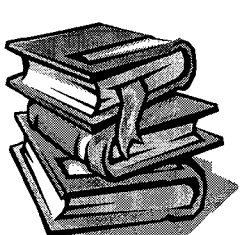


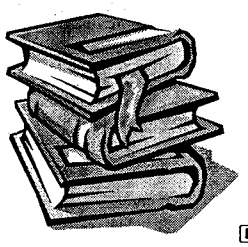
Book

- Ch 1: Past, Present, and Future
- Ch 2: How to Use
- Ch 3: Practice (Karen Monsen)
- Ch 4: Education (Vicky Elfrink)
- Ch 5: Research (Kathy Bowles)
- Ch 6: Information Technology
- Users' Guide



Book

- Appendix A: Omaha System
- Appendix B: Case Studies (18)
- Appendix C: Problems Associated with...
- Appendix D: Revision Process
- Appendix E: Omaha System Codes
- Appendix F: Survey
- Glossary



Principles of Teaching/Learning: Simplicity

- Tell me, and I'll forget; show me, and I'll remember; involve me, and I'll understand.

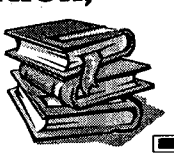
  Lao-Tse in 565 BC

- An average listener forgets 40% of information after one-half hour, 60% at the end of the day, and 90% by the end of the week.

  Hermann Ebbinghaus, 1885 (German psychologist)

Education & Clinical Information

- Initial: community health
- Current: associate degree, diploma, baccalaureate, higher degrees; nursing process, informatics, leadership, community assessment, clinical experiences
- +Forces: workforce, distance education, information technology/on-line



Education & Clinical Information

Examples:

-Taiwan: conferences, Huang & Du (PhDs)

-Japan: conferences, Bessho & colleagues (translation)

-Korea: conferences

-New Zealand: Wilson (KIWIN™)

-United Kingdom: conferences, Christensen (PhD)

-USA: curricula, U Colorado and U Wisconsin-Milwaukee (nurse managed centers), PhDs

Research & Clinical Information

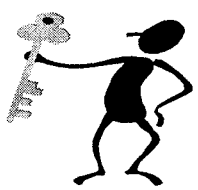
- **Initial:** 1975-1993 develop and refine
- **Current:** 40 published studies organized into 8 categories
- **+Forces:** value of research, evidence-based practice

Research & Clinical Information

- **Examples:**
  - -Japan: Bessho, Sakai
  - -Korea: Hyun & Park, Kim (proposed)
  - -Wales: U Swansea (Sure Start)
  - -USA: initial research, Kathy Bowles (about 40 studies-acute/transitional/home health/ public health/nurse managed center/clinic), U of Pennsylvania (grants)

2005 Omaha System User Survey:
169 organizations, 5608+ employees

- Home health
- Public health
- Home health/public health
- Residential long-term care
- Schools and universities
- Others



Omaha System Computerization

- Early 1990's: First commercially available software
- Mid 1990's: USA companies that now have the most customers
- 2005: United Kingdom company
- Minnesota: Highest number of automated users
- Comparison of 1992 and 2005 survey data: Most dramatic change is automation

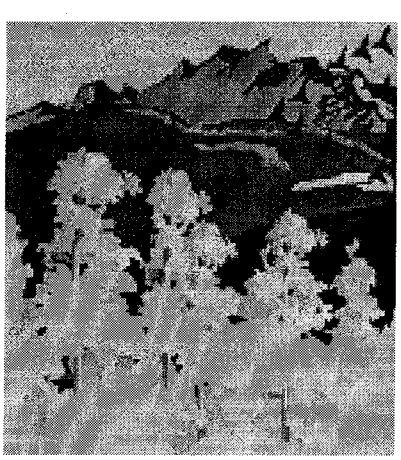
www.omahasystem.org

- Case Studies (8)
- References
- April 12-14, 2007 Omaha System International Conference in Minneapolis, Minnesota
- Listserv

Synergy

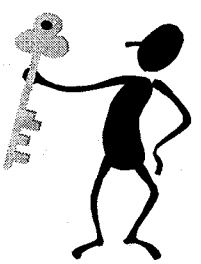
It is a fact that in the right formation, the lifting power of many wings can achieve twice the distance of any bird flying alone.

Source: LakeWood Nursing Service, Baudette, MN



Accuracy and Consistency (QI)

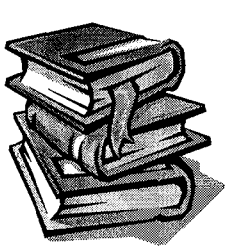
- Orientation for new staff (Ch 2, Basic W)
- Practice (Ap B)
- Review (Users' Guide, records)
- Clear expectations/feedback/super users
- Documentation guidelines/pathways
- Use data (Ch 3)
- Celebrate



The Omaha System:

A Key to Practice, Documentation, and Information Management

HELP others see the vision!



<부록 1>

Case Studies Introduction

Case studies are a valuable strategy to increase accurate and consistent use of the Omaha System. This Web site includes 8 case studies (stories and answers) developed by expert users representing practice, education, and research. The case studies present a rich and diverse set of realistic but fictitious clients (individuals, families, and communities) who received equally diverse services from multidisciplinary practitioners in various settings.

Additional case studies are available. The 2005 Omaha System book includes 18 case studies; it includes more details about how to use case studies than this Web site. Other publications listed on the References section include case studies. CHAMP Software, Inc. produced two videotapes that include two case studies. As you become more familiar with the Omaha System, you may want to develop new case studies that reflect your local clients and practice. Consider replicating characteristics of the case studies in this Web site including length, focus, and degree of difficulty.

Use the following guidelines:

1. After you have become familiar with the Omaha System, use a combination of lectures, discussion, workshops, role plays, videotapes, and publications to introduce it to practitioners, managers, educators, students, and others.
2. Use case studies as the next step in the introduction process. Recognize that PRACTICE and accurate feedback are the keys to successful Omaha System use.
3. Consider that the case study stories already occurred, and identify answers to reflect care that was actually provided rather than developing a care plan. The time required increases and agreement decreases dramatically if a story is used to develop a care plan.
4. Use case studies to check interrater reliability among practitioners, students, and others who previously learned to use the Omaha System. Positive feed back is essential for developing skills.
5. Use case studies to promote discussion about holistic practice; expectations about practitioners' and clients' responsibilities; ethical issues; similarities and differences between the Omaha System and other standardized vocabularies, and generation of data to enhance practice, documentation, and information management.
6. Use case studies with manual forms or automated versions of the Omaha System to understand how to complete the required information. Note: The format used in these case studies does not represent any manual form or software; the case studies are intended to be form neutral.

The case studies in this Web site have two sections:

a. INFORMATION OBTAINED DURING A VISIT/ENCOUNTER or PROJECT/INCIDENT: The stories include referral details, data that practitioners or students obtained during the time reflected in the case study, and clues for identification of Omaha System problems, interventions, and ratings. Use critical thinking skills to identify data that are pertinent in the

stories and then identify correct answers.

b. APPLICATION OF THE OMAHA SYSTEM: The "best answers" for the case studies include the Problem Classification Scheme (domains, problems, modifiers, signs/symptoms, risk factors, and details), Intervention Scheme (categories, targets, and client-specific information), and Problem Rating Scale for Outcomes (numeric ratings for Knowledge, Behavior, and Status). Brief comments, usually placed within parentheses, clarify selected answers, including ratings. Often these or similar brief comments are included in client records as free text or narrative generated by practitioners. The answers that are presented have been judged by experts to be accurate and pertinent, and should be considered the standard. However, answers are always viewed thorugh the lens of each unique practice setting, and are meant to be discussed, challenged, and changed if appropriate. Refer to stories for data to support and explain your choices, and make certain you have the opportunity to discuss your opinions.

When reading the answers, remember some basic assumptions. Because "more is not necessarily better", the goal is to list pertinent answers one time, and not duplicate answers unnecessarily. Although there should be a high level of agreement among those who complete case study exercises, it will not reach 100%. For example, it is more important to have agreement at the level of the problem than at the level of signs and symptoms. The answers are not intended to replicate the exact text practitioners or students would document following a visit or encounter.

You will need to do more preparation if your goal is to teach others about the Omaha System and your initial exposure is occurring as you read this Web site and the case studies. Read other Omaha System publications, view videotapes, practice making decisions with case studies, discuss your conclusions with colleagues, and attend workshops.

If you are interested in developing a case study for inclusion on the Web site, please contact Karen Martin.

Case Studies

The 8 case studies presented represent the following client scenarios:

- Case Study 1: Emma B.: Woman With Mental Illness
- Case Study 2: Janice A.: Young Mother and Son Temporarily Living in a Shelter
- Case Study 3: Influenza Outbreak: Reduce Disease Transmission in a Community
- Case Study 4: Francis R.: Older Woman With a Chronic Cardiac Condition
- Case Study 5: Bill T.: Man Recovering From Heart Surgery
- Case Study 6: John C.: Older Man With an Injury
- Case Study 7: Julie B.: Eighteen-Year-Old Pregnant Teen
- Case Study 8: Tamika J.: Nineteen-Year-Old Pregnant Teen

Emma B.: Woman With Mental Illness

Phyllis M. Connolly APRN, BC, CS, PhD
Professor, School of Nursing
San Jose State University
San Jose, California

Information Obtained during the First Visit/Encounter:

A psychiatric home care nurse visited Emma B., age 62, in the licensed board and care facility where she lived for the past two years. Her medical diagnosis was schizophrenia. She was facing a possible eviction because of personal hygiene problems. The administrator told the nurse that he was concerned about Emma's hygiene and questioned if her psychiatric medications were controlling her symptoms.

When the nurse stopped at Emma's room, she invited the nurse in to visit. Emma's clothes were wrinkled and soiled with food, her hair was matted, and her finger nails were long and dirty. Broken handbags were everywhere. Emma continued to look through her handbags as if she was searching for something. She moved about the room, picked things up, then looked distracted and moved to the next handbag. Emma frequently stopped and argued with herself. Her mood shifted rapidly during the visit. She asked the nurse, "Are you my new conservator? You look like one. They are all after my money, and try to keep me from my family. As soon as my boyfriend gets a new job, we will get out of this place. They want to throw me out anyway."

The nurse asked Emma if she knew the purpose of the visit. Emma suspected that other residents complained about her; she had not taken a shower because the bathroom was always occupied. "I know showering is one of the rules and they said they could even throw me out, but it's not my fault." The nurse confirmed that Emma's personal hygiene was a problem and offered to help. Emma said she tried to take a shower but had difficulty gathering her soap, towel, and clothes. Sometimes she had trouble concentrating because she "heard voices" while she was in the shower. "I'm not sure when I showered or changed clothes last." Emma also reported that a new resident banged on the bathroom door and demanded that she leave. The nurse asked if a mental health worker (paraprofessional) could help her assemble her supplies and prevent the other resident from disrupting her shower. She agreed to try.

The nurse asked to see Emma's medications. She identified them correctly, but said she forgot to take them sometimes. She was willing for the mental health worker to help her. She indicated that the doctor and nurse practitioner had changed her medications because they were not effective. "They keep telling me not to drink so much coffee and coke-something about the medications." The nurse briefly explained the effect of caffeine, and asked if she had tried decaffeinated drinks. Emma responded that she had not.

The nurse left Emma and talked to the administrator. They arranged assistance with medications, showering, changing clothes, and laundry, and scheduled an appointment to evaluate Emma and her medications. The administrator said that decaffeinated coffee and coke were available. When the nurse returned to Emma's room, she thanked the nurse for helping.

Application of the Omaha System:

Domain: Psychosocial

Problem: Mental health (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- loss of interest/involvement in activities/self-care
- narrowed to scattered attention/focus
- irritable/agitated/aggressive
- purposeless/compulsive activity
- difficulty managing stress
- delusions
- hallucinations/illusions
- mood swings

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- interaction (began to establish a therapeutic relationship)
- signs/symptoms-mental/emotional (reviewed symptoms)

Category: Case Management

Targets and Client-specific Information:

- medical/dental care (scheduled evaluation appointment)

Category: Surveillance

Targets and Client-specific Information:

- signs/symptoms-mental/emotional (activity, moods shifts, hallucinations, and client reports)

Problem Rating Scale for Outcomes

Knowledge: 2-minimal knowledge (persistent symptoms interfered with reality)

Behavior: 2-rarely appropriate (seldom stopped searching/pacing but was eating and sleeping)

Status: 2-severe signs and symptoms (pacing, described delusions and hallucinations)

Domain: Health-related Behaviors

Problem: Personal care (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- difficulty laundering clothing

- difficulty bathing
- foul body odor
- difficulty shampooing/combing hair
- difficulty bushing/flossing/mouth care
- unwilling/unable/forgets to complete personal care activities

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- personal hygiene (what she can and cannot do)

Category: Case Management

Targets and Client-specific Information:

- paraprofessional/aide care (arranged assistance with shower, changing clothes, and laundry)

Category: Surveillance

Targets and Client-specific Information:

- personal hygiene (cleanliness, adequacy of assistance)

Problem Rating Scale for Outcomes

Knowledge: 2-minimal knowledge (acknowledged need for personal hygiene)

Behavior: 1-not appropriate: (cannot start/complete personal hygiene)

Status: 1-extreme signs/symptoms: (body and clothing unclean)

Problem: Medication regimen (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- inadequate system for taking medication
- inadequate medication regimen

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- medication action/side effects (drink less caffeine because it decreases effectiveness of psychotropic medications)
- medication administration (needed to take all doses as scheduled)

Category: Case Management

Targets and Client-specific Information:

- medical/dental care (scheduled appointment to have medications evaluated)
- paraprofessional/aide care (mental health worker will help Emma)

Category: Surveillance

Targets and Client-specific Information:

- medication administration (reports from client, mental health worker, and administrator)

Problem Rating Scale for Outcomes

Knowledge: 3-basic knowledge (receptive; knew names of medications, need to take)

Behavior: 2-rarely appropriate: (missed some of medications; needs consistent administration)

Status: 2-severe signs/symptoms: (symptoms of mental illness evident)

Janice A.: Young Mother and Son Temporarily Living in a Shelter

Betty P. Dennis, RN, DrPH
Dean, Division of Nursing
Dillard University
New Orleans, Louisiana

Information Obtained during the First Visit/Encounter:

Janice A., age 26, and her 20-month-old son lived in the local shelter for homeless women and children for about three weeks. Janice was 30 weeks pregnant and single. She visited the health clinic located in the shelter. The clinic was operated by the local college of nursing and staffed by faculty, students, and community volunteers. Janice told the nurse that she had not scheduled any prenatal visits since she "felt all right".

During the examination, Janice's blood pressure was 148/96, proteinuria was +1 on dipstick, ankle edema was 1+, weight was 171 pounds, and height was 5'6". As she and the nurse talked about these data and her need for prenatal care, Janice said, "Before this pregnancy, I weighed about 145 pounds. I seem to have gained a lot more weight during the last few weeks. I remember that both my sisters had high blood pressure when they were pregnant."

Usually, Janice and her son ate breakfast at the shelter. They were required to leave the shelter by 7:30 AM and could not return until 5:30 PM. During their time on the street, they ate whatever they could find. "I am alone and can't do any better right now", said Janice, "but I want to find a home for me and my son. Thank goodness he is healthy. I need to talk to the social worker about an apartment." The nurse and Janice discussed ways to improve her situation and obtain housing. The nurse called the county health department obstetric clinic and social services and the community social service agency; the nurse sent the usual written referrals with Janice. The nurse gave Janice directions to the facilities and bus passes.

Application of the Omaha System:

Domain: Environmental

Problem: Income (high priority)

Problem Classification Scheme

Modifiers: Family and Actual

Signs/Symptoms of Actual:

- low/no income
- uninsured medical expenses
- difficulty buying necessities

Intervention Scheme

Category: Teaching, Guidance, and Counseling
Targets and Client-specific information:

- finances (needed source of funding for regular prenatal care)

Category: Case Management
Targets and Client-specific Information:

- continuity of care (called referral sites to describe homeless status and need for communication)
- medical/dental care (referred to obstetrics clinic for free services)
- social work/counseling care (referred to local social services for income assistance)

Category: Surveillance
Targets and Client-specific Information:

- finances (follow up for referrals)

Problem Rating Scale for Outcomes

Knowledge: 2-minimal knowledge (did not know about resources for food or transportation)
Behavior: 2-rarely appropriate behavior (did not use other available prenatal services but did come to shelter clinic)
Status: 2-severe signs/symptoms (in homeless shelter for three weeks and no plans to leave)

Problem: Residence (high priority)

Problem Classification Scheme

Modifiers: Family and Actual
Signs/Symptoms of Actual:

- homeless

Intervention Scheme

Category: Teaching, Guidance, and Counseling
Targets and Client-specific Information:

- home (steps to locate permanent and adequate housing for self and children)
- safety (traffic, weather, other people while on streets and in shelter)

Category: Case Management
Targets and Client-specific Information:

- social work/counseling care (referred to both county and community social services for income and housing assistance)

Category: Surveillance
Targets and Client-specific Information:

- home (status of referral/moving out of shelter)

Problem Rating Scale for Outcomes

Knowledge: 2-minimal knowledge (recognized that living in a shelter was not a permanent solution. " I want to find a home for me and my son.")

Behavior: 2-rarely appropriate behavior (identified social services as a resource, but did not initiate contact)

Status: 1-extreme signs/symptoms (in third trimester of pregnancy with no immediate prospects of permanent housing for self, son, and newborn)

Domain: Physiological

Problem: Pregnancy (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- difficulty with prenatal exercise/rest/diet behaviors
- prenatal complications/preterm labor
- inadequate social support

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- dietary management (food intake during day while on streets)
- rest/sleep (patterns during day while on streets and in shelter)

Category: Surveillance

Targets and Client-specific Information:

- signs/symptoms-physical (weight, blood pressure, protein in urine, diet, fetal health)

Problem Rating Scale for Outcomes

Knowledge: 2-minimal knowledge (did not recognize need to seek prenatal care; was "feeling all right" with this pregnancy)

Behavior: 2-rarely appropriate behavior (spent days on the street with 20 month old son)

Status: 2-severe signs/symptoms (family history of hypertension during pregnancy, proteinuria, probable rapid weight gain, and elevated blood pressure)

Influenza Outbreak: Reduce Disease Transmission in a Community

Linda Olson Keller, RN, CS, MS Minnesota Omaha System Users Group
Coordinator, Center for Public Health Nursing
Minnesota Department of Public Health
St. Paul, Minnesota

Information Obtained during a Project/Incident:

Bloom County, population 120,000, is a large metropolitan county in Minnesota. The residents became the client of this case study when they experienced the first confirmed influenza case during the winter holiday season. Unfortunately, the person was employed as a clerk at a store located in a large regional shopping mall, continued to work while feeling ill during the busy holiday season, and exposed many people. The clerk died five days after becoming ill.

Residents began to panic. Although the health department quickly exhausted their supply of vaccine, the U.S. Centers for Disease Control and Prevention sent enough doses for all county residents the following week. The Bloom County Health Department then offered 24-hour/day immunization clinics. Many of the clinics were inundated with worried residents and security became a concern. In addition, there were numerous people including friends, family members, and co-workers of confirmed cases who experienced mild symptoms of fever and cough. It was not possible to know if they were experiencing the early stages of influenza and needed to be quarantined to protect others, or a milder illness.

The health department's health educators, public health nurses, and other staff conducted an aggressive media campaign with the help of the state health department and local pharmacists, physicians, health care facilities, stores, churches, and other community groups. In addition to providing information about disease prevention and treatment and how to obtain vaccine, the campaign included warnings about the limitations of the vaccine and the need to reduce contact with others. Many residents were unwilling to follow a voluntary quarantine especially because it was the holiday season; few events were cancelled or postponed and event attendance decreased minimally. Despite a public plea to schedule appointments with health care providers for specific symptoms, many residents continued to visit local emergency departments.

Health department staff conducted contact investigations for documented influenza cases and attempted to quarantine exposed family members. Staff members worked with the state health department to disseminate accurate and timely public information and quell the rising panic of the public. By the time the influenza outbreak ended, the county experienced more than 200 cases and 31 deaths.

Application of the Omaha System:

(Answers reflect information at the beginning of the incident.)

Domain: Health-related Behaviors

Problem: Communicable/infectious condition (high priority)

Problem Classification Scheme

Modifiers: Community and Actual

Signs/Symptoms of Actual:

- infection
- fever
- positive screening/culture/laboratory results
- inadequate supplies/equipment/policies to prevent transmission
- does not follow infection control regimen
- inadequate immunity

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- communication (distributed information about the disease, how to obtain vaccine/its limitations; attempted to reduce public panic)
- infection precautions (effective preventive measures and actions including voluntary quarantine and visits to usual health care providers)

Category: Treatments and Procedures

Targets and Client-specific Information:

- medication administration (vaccinated residents who were not yet ill)

Category: Case Management

Targets and Client-specific Information:

- communication (health department organized media campaign supported by many individuals and groups)
- infection precautions (enforced quarantine for exposed residents)

Category: Surveillance

Targets and Client-specific Information:

- infection precautions (conducted contact investigation, monitored adherence, tracked reports of cases and deaths)

Problem Rating Scale for Outcomes

Knowledge: 3-basic knowledge (most residents were aware of outbreak and knew they needed to be vaccinated; some were overly concerned)

Behavior: 3-inconsistently appropriate behavior (most residents were vaccinated/sought vaccination; many would not restrict their activities/follow voluntary quarantine)

Status: 2-severe signs/symptoms (extensive influenza infection with many cases and deaths, monitored statistics)

Francis R.: Older Woman With a Chronic Cardiac Condition

Maxanna Lucas, RN, MS, MBA
Assistant Professor of Clinical Nursing, College of Nursing and Health
University of Cincinnati
Cincinnati, Ohio

Information Obtained during the First Visit/Encounter:

Francis R., a 79-year-old woman, was admitted to a home care agency because of congestive heart failure. She was hospitalized twice in the last six months for a toxic level of Lanoxin (digitalis) and an acute cardiac exacerbation; she is no longer on Lanoxin. Francis lived in her small two-story home for many years. She received social security payments and some retirement income. Her daughters lived far away, but called regularly. They arranged for someone to clean her home monthly. Although her former neighbors moved away, she talked to them often and they visited occasionally. She had a friend who drove her to appointments, purchased her medications, and took her to church. Francis told the nurse that while she misses her husband, she has adjusted since he died ten years ago and is content with her independence and lifestyle.

During the visit, Francis complained of significant fatigue. She said that because she tired so easily, she could not walk out on her patio. She had edema in her lower extremities, decreased appetite, and dyspnea when lying down and with exertion. Her heart rate was 92 and irregular at rest and her blood pressure was 104/74. She weighed 130 pounds and was 5'4". Francis said she lost ten pounds in the last four to five years. Laboratory data indicated mild anemia; her hemoglobin was 12.0 g/dL. Her last potassium level was 3.4 mEq/L.

The home care nurse and Francis discussed heart failure and how she could manage the symptoms more effectively. Francis was very receptive to weighing herself daily, keeping a symptom diary and calling her providers when appropriate, using energy conservation techniques, elevating her legs regularly, using an extra pillow for sleep, and scheduling her fluid intake. She was pleased that the nurse arranged for the delivery of mobile meals that were high in iron, and would receive those meals beginning the next day.

Francis and the nurse discussed her medications: metoprolol (Toprol XL) 50 mg twice a day, lisinopril (Zestril) 40 mg daily, furosemide (Lasix) 40 mg every other day, potassium 20 mg every other day, and ferrous sulfate 325 mg daily. Francis knew the names and schedule, but not the purpose or side effects. She said that she had no reminder system and occasionally forgot whether she had taken them. The home care nurse described the benefits of using a medication reminder/organizer system and was to bring a system that week.

Francis said that since she now understood how important it was to take her medications regularly and manage her symptoms, she would try harder. Francis and the nurse decided to discuss additional options such as a friendly caller if she still had trouble. She said her daughters would be pleased that she would receive mobile meals since they already told her to do so. Francis said that the nurse could call her daughters after the next visit if the nurse chose

to do so.

Application of the Omaha System:

Domain: Psychosocial

Problem: Social contact (low priority: provide interventions and rate if unable to take medications regularly and needs more assistance)

Problem Classification Scheme

Modifiers: Individual and Potential

Risk Factors:

- Francis lived alone and was elderly but indicated that her support system was adequate

Domain: Physiological

Problem: Cognition (low priority: provide interventions and rate if memory problems are significant during future visits)

Problem Classification Scheme

Modifiers: Individual and Potential

Risk Factors:

- Francis' judgment and memory seemed adequate except for some problems taking medications as scheduled
- Will follow up by contacting daughters if needed

Problem: Circulation (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs and Symptoms of Actual:

- edema
- abnormal blood pressure reading
- irregular heart rate
- excessively rapid heart rate
- abnormal cardiac laboratory results

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- cardiac care (relief of edema, elevate legs, energy conservation, improving sleep, schedule fluid intake)
- dietary management (eat some iron rich foods)
- signs/symptoms-physical (daily weight, symptom log, when to notify providers)

Category: Case Management

Targets and Client-specific Information:

- dietary management (arranged mobile meals)

Category: Surveillance

Targets and Client-specific Information:

- signs/symptoms-physical (vital signs, changes in severity/status)

Problem Rating Scale for Outcomes

Knowledge: 3-basic knowledge (did not recognize worsening condition)

Behavior: 3-inconsistently appropriate behavior (not taking daily weights, elevating legs, or reporting signs/symptoms)

Status: 2-severe signs/symptoms (significant fatigue, edema in lower extremities, increased heart rate, dyspnea)

Domain: Health-related Behaviors

Problem: Medication regimen (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- does not follow recommended dosage/schedule
- inadequate system for taking medication

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information

- medication action/side effects (purpose, what to expect/report)
- medication set-up (use/benefit/options for pill organizer)

Problem Rating Scale for Outcomes

Knowledge: 2-minimal knowledge (did not know purpose or side effects of medications)

Behavior: 3-inconsistently appropriate (agreed that she needed reminder system)

Status: 2-severe signs/symptoms (two recent hospitalizations)

Bill T.: Man Recovering From Heart Surgery

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Information Obtained during the First Visit/Encounter:

Bill T., a 69-year-old man, was referred to the local visiting nurse association following a four day hospitalization for an aortic valve replacement. He had a history of hypertension. Because Bill lived alone, he was discharged to his daughter's home until he became stronger and his sternal incision was stable. His discharge instructions included not to lift more than ten pounds, take his temperature daily, and call his physician if his temperature was higher than 100 F. His medications were enalapril (Vasotec) 20 mg daily, warfarin (Coumadin) 5 mg daily, docusate (Surfak) 240 mg daily, and tramadol hcl 37.5 mg/acetaminophen 325 mg (Ultracet) 1-2 tablets every 4-6 hours.

During the admission visit, Bill told the visiting nurse that he was used to living alone and being independent and active. He was concerned that he was a "burden" to his daughter and, according to his daughter, was "frustrated that he can't do much and wants this to be over". He asked several times about his expected recovery schedule. They discussed his feelings, the need for his daughter to provide care now, and activities and relaxation techniques he could use.

Bill and the nurse discussed his discharge instructions. His cardiac medications were not new; he said he was taking them correctly and seemed well informed. Bill indicated that he was eating and drinking well, was taking his stool softener because he did not want to be constipated, and did not smoke or use alcohol. His lung sounds were clear, but his recovery was complicated by continued hypertension with a blood pressure of 170/94 and a heart rate of 110. Bill knew how to take his temperature and record it, but needed guidance with his pulse. His incision was tender, but healing well. Bill said he awakened frequently from discomfort at night especially when he changed position, and napped in the afternoon. Although pain inhibited his movement and deep breathing, he took his pain medication "only at night". His pain rating was a 6 on a 0 to 10 pain scale with 10 being most severe. The nurse explained that Bill needed to increase his comfort level to become more active and heal, and to take his pain medication on a regular schedule. They discussed the benefits of taking sleeping pills for a few nights.

The visiting nurse called the nurse practitioner at Bill's surgeon's office to report his elevated blood pressure and pulse, level of pain, and previous pain management schedule. The nurse practitioner agreed with the new plan, asked the visiting nurse to monitor and report his blood pressure and pulse for several days, and ordered sleeping pills. Bill, his daughter, and the nurse discussed his medications, the plan, and their responsibilities.

Application of the Omaha System:

Domain: Psychosocial

Problem: Role change (high priority)

Problem Classification Scheme:

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- involuntary role reversal

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- anatomy/physiology (expected surgical recovery, needed help)
- stress management (active listening, alternative activities and relaxation techniques)

Problem Rating Scale for Outcomes

Knowledge: 2-minimal knowledge (limited awareness of post-surgery course)

Behavior: 2-rarely appropriate behavior (used few techniques to manage)

Status: 3-moderate signs/symptoms (frustrated about surgical recovery, shared feelings readily)

Domain: Physiological

Problem: Pain (low priority: provide interventions and rate if current needs are not resolved by changing Medication regimen interventions)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- expresses discomfort/pain
- elevated pulse/respirations/blood pressure

Problem: Circulation (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- abnormal blood pressure reading
- excessively rapid heart rate

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- cardiac care (incision, record pulse and temperature daily, when to call provider)
- signs/symptoms-physical (movement, vital signs, blood pressure, elimination patterns)

Category: Surveillance

Targets and Client-specific Information:

- signs/symptoms-physical (vital signs, blood pressure, lung sounds, elimination patterns)

Problem Rating Scale for Outcomes

Knowledge: 3-basic knowledge (well informed about prior condition, but not about post-surgery)

Behavior: 3-inconsistently appropriate behavior (followed prior cardiac guidelines; needed help with pulse)

Status: 2-severe signs/symptoms (high blood pressure and pulse; needed to improve pain control)

Domain: Health-related Behaviors

Problem: Sleep and rest patterns (low priority: provide interventions and rate if current needs are not resolved with Medication regimen interventions)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- frequently wakes during night
- insufficient sleep/rest for age/physical condition

Problem: Medication regimen (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- inadequate medication regimen

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- medication action/side effects (all medications, especially for pain and sleep)
- medication administration (new schedule for pain medication, sleeping pill)
- mobility/transfers (movement/activity, deep breathing)
- signs/symptoms-physical (pain, comfort, sleep, blood pressure, pulse

Category: Case Management

Targets and Client-specific Information:

- medical/den
- tal care (gave report and requested sleeping pill)

Category: Surveillance

Targets and Client-specific Information:

- mobility/transfers (movement/activity, deep breathing)

- signs/symptoms-physical (pain, comfort, sleep, blood pressure, pulse)

Problem Rating Scale for Outcomes

Knowledge: 2-minimal knowledge (knew details about cardiac medications, but not about pain control)

Behavior: 2-rarely appropriate behavior (took cardiac medications correctly, but not pain pills)

Status: 2-severe signs/symptoms (limited activity/mobility/sleep due to pain)

Adapted from Martin KS, Bowles KH. (2002). Use of the Omaha System. In IM Martinson, AG Widmer, CJ Portillo (Eds.), Home health care nursing (2nd ed.) (109-112). Philadelphia: Saunders.

John C.: Older Man With an Injury

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Information Obtained during the First Visit/Encounter:

John C., a 70-year-old man, lived alone in a low-income, one bedroom apartment for senior citizens that was on the city bus line. He had no family in the area. When he answered the door, he was hugging his right arm to his body and stated that he tripped over his cat and fell when going to the bathroom two nights ago.

John complained that the pain in his right arm had been constant for the last two days. His radial pulse was intact, and he was able to move all his fingers with adequate circulation to his hand. His forearm and elbow were bruised and swollen without disfigurement of the joint, and his skin was intact.

During the visit, John said that he was unable to use his right arm to complete personal care activities or to lift objects, and grimaced when he was asked to flex and extend his arm. He admitted that it was difficult to dress and cook for himself. He also said that the aspirin he took" really didn't do any good" and asked, "Why does it still hurt? Do you think I broke something?" The student nurse explained that swelling can stimulate pain and that x-rays were necessary to determine whether he had a broken bone. As they talked about tissue healing, the student nurse said that the swelling and bruising should decrease and that his range of motion should improve during the next few days, if he did not damage his bones, tendons or ligaments. John had not contacted his doctor, indicating that he did not want to bother anyone and did not have money to pay for care. The student nurse urged him to do so and explained that John's Medicare benefits should cover his charges.

The student nurse suggested additional ways to help decrease pain, such as alternating heat and cold packs, using a sling for immobilization, and using distraction and relaxation by listening to some favorite music and petting his cat, Buddy. The student made a sling, applied it, and explained the symptoms of impaired circulation that would need immediate reporting.

John shared that he was afraid the apartment manager will find out about his pet and evict him, indicating that Buddy is "the best friend I ever had and I won't get rid of him". The student asked John if he was lonely. He replied that he did not need more friends, and was "happier" than he used to be. They discussed ways to prevent similar accidents from happening. John said he could put the cat in a box at night; he did not want to leave a light on all night because it would increase his electric bill. They talked about pet carriers and nightlights. John said he could not afford a pet carrier, but would buy a nightlight next time he went to the store. The student nurse offered to find a pet carrier; John said he would use one at night if he had one. Before the student nurse left, John agreed to receive a follow-up telephone visit in two days.

Application of the Omaha System:

Domain: Environmental

Problem: Residence (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- unsafe storage of dangerous objects/substances
- inadequate safety devices

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- safety (low-wattage night light, pet carrier)

Category: Case Management

Targets and Client-specific Information:

- other community resource (needed a free pet carrier)

Problem Rating Scale for Outcomes

Knowledge: 3-basic knowledge (identified some hazards and ways to increase safety)

Behavior: 3-*inconsistently appropriate* behavior (no night light or pet carrier; agreed to use them)

Status: 3-moderate signs/symptoms (risk of injury, especially during night; pet on premises violates lease agreement)

Domain: Psychosocial

Problem: Social contact (low priority: provide interventions and rate if John decides that he is *interested in changing his lifestyle*)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- limited social contact
- minimal outside stimulation/leisure time activities

Domain: Physiological

Problem: Pain (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- expresses discomfort/pain
- compensated movement/guarding

- facial grimaces

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- anatomy/physiology (physiological basis of pain and factors that can increase amount of pain perceived)
- relaxation/breathing techniques (additional pain management techniques such as heat, cold, and distraction)

Category: Case Management

Targets and Client-specific Information:

- medical/dental care (urged to see provider)

Problem Rating Scale for Outcomes

Knowledge: 3-basic knowledge (limited knowledge about pain etiology)

Behavior: 3-inconsistently appropriate behavior (used aspirin and splinting during last 2 days)

Status: 3-moderate signs/symptoms (pain is unrelieved by aspirin and interferes with daily activities)

Domain: Physiological

Problem: Neuro-musculo-skeletal function (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- limited range of motion
- decreased muscle strength

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- medical/dental care (symptoms require care; benefits should cover expenses)
- signs/symptoms-physical (physiological reasons for swelling and bruising, expected pattern of symptom improvement)

Category: Treatments and Procedures

Targets and Client-specific Information:

- cast care (applied sling to help immobilize elbow joint)

Category: Case Management

Targets and Client-specific Information:

- medical/dental care (urged to see provider)

Category: Surveillance

Targets and Client-specific Information:

- medical/dental care (scheduled phone call to ask if John saw provider)

Problem Rating Scale for Outcomes

Knowledge: 3-basic knowledge (limited knowledge about injuries/treatment)

Behavior: 3-inconsistently appropriate behavior (did not see provider/still reluctant)

Status: 3-moderate signs/symptoms: (symptoms need attention/interfere with daily activities)

Julie B.: Eighteen-Year-Old Pregnant Teen

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Information Obtained During the First Visit/Encounter:

Julie B., 18 years old, was referred to the public health nursing clinic. She and her mother lived in a rural, rather remote area. Julie did not know about the eligibility criteria or application procedures for Native American tribal health services or other community programs.

Julie completed a pregnancy questionnaire and met with a public health nurse. She was five months pregnant, her blood pressure was 140/92, and her weight was 170 pounds. Her reported height was 5'4". She gained 30 pounds since becoming pregnant, had no visible edema, and had 1+ protein in her urine. She had seen a physician only once since her pregnancy was confirmed. The physician told her that she had nephrotic syndrome, but she did not know what that meant. The nurse described the syndrome, gave her information and materials, and explained the necessity of regular prenatal visits. The nurse arranged for transportation and an appointment at the tribal health clinic the next day where she would receive medical care and other services such as medications.

The nurse and Julie also talked about her prescribed low sodium, low cholesterol diet and the need to abstain from drinking alcohol. Although Julie drank "a little alcohol socially" previously, she had no alcohol since she knew she was pregnant. Julie reported that her mother rarely prepared balanced meals, and she often snacked on chips or ate dry cereal. The nurse referred Julie to the clinic's nutritionist for detailed instructions about her prescribed diet and to a local food pantry. Julie told the nurse that she wanted to eat what she should, have a healthy baby, and be a good mother, but admitted that she knew little about pregnancy and parenting. Julie asked the nurse to describe what she needed to know about newborn care and what supplies she needed. They talked briefly and the nurse gave her a booklet. Julie also asked the nurse to help her consider options for returning to school and completing her senior year because she wanted to graduate. The nurse offered to show Julie a videotape about newborns during the next visit. They agreed to discuss these topics, more resources, and sources of support during future meetings scheduled at the clinic and Julie's home.

Application of the Omaha System:

Domain: Psychosocial

Problem: Communication with community resources (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- unfamiliar with options/procedures for obtaining services
- difficulty understanding roles/regulations of service providers
- inadequate/unavailable resources
- educational barrier
- transportation barrier
- limited access to care/services/goods

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- continuity of care (many needs including pregnancy, nutrition, diagnoses, transportation, limited support)
- coping skills (needed information and encouragement to obtain services/deal with needs)
- medical/dental care (immediate need for pregnancy and diagnosis)

Category: Case Management

Targets and Client-specific Information:

- continuity of care (scheduled appointment the next day at tribal health services)
- transportation (arranged for transportation to tribal health services)

Category: Surveillance

Targets and Client-specific Information:

- continuity of care (adherence, status, adequacy)

Problem Rating Scale for Outcomes

Knowledge: 2-minimal knowledge (knew about clinic but not about other resources)

Behavior: 3-inconsistently appropriate behavior (used services some of the time)

Status: 2-severe signs/symptoms (needed more services, difficulty with transportation)

Problem: Caretaking/parenting (high priority)

Problem Classification Scheme

Modifiers: Individual and Health Promotion

Details:

- asked for information about newborn care and supplies
- change Health Promotion modifier after delivery as appropriate

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- caretaking/parenting skills (newborn care, gave booklet, interested in video)

Problem Rating Scale for Outcomes

Knowledge: 2-minimal knowledge (reported little information but seemed motivated)
Behavior: 4-usually appropriate behavior (requested information about newborn care and supplies)
Status: 5-no signs/symptoms (not due for 4 months)

Domain: Physiological

Problem: Urinary function (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- abnormal urinary laboratory results

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- anatomy/physiology (etiology, symptoms, complications of nephrotic syndrome)
- signs/symptoms-physical (what to notice/when to notify provider)

Category: Case Management

Targets and Client-specific Information:

- medical/dental care (referral for syndrome and pregnancy)

Category: Surveillance

Targets and Client-specific Information:

- laboratory findings (proteinuria)

Problem Rating Scale for Outcomes

Knowledge: 1-no knowledge (did not know about nephrotic syndrome/how to manage it)
Behavior: 2-rarely appropriate behavior (did not have follow up care or follow diet)
Status: 3-moderate signs and symptoms (1+ proteinuria but no edema; elevated blood pressure)

Problem: Pregnancy (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- difficulty with prenatal exercise/rest/diet/behaviors
- prenatal complications/preterm labor
- inadequate social support

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- anatomy/physiology (age/pregnancy changes)
- dietary management (low sodium/low cholesterol diet)
- signs/symptoms-physical (danger signs of pregnancy and when to notify provider)
- substance use cessation (alcohol)

Category: Case Management

Targets and Client-specific Information:

- medical/dental care (referred to tribal health services for medical care and medications)
- nutritionist care: (referred to clinic nutritionist and food pantry)

Category: Surveillance

Targets and Client-specific Information:

- medical/dental care (little support; adherence, status, and adequacy of care/resources)
- nutritionist care (little support; adherence, status, and adequacy of diet/resources/services)
- signs/symptoms-physical (weight gain, proteinuria, vital signs, danger signs)

Problem Rating Scale for Outcomes

Knowledge: 2-minimal knowledge (expressed interest in learning about pregnancy)

Behavior: 2-rarely appropriate behavior (had not followed through with care)

Status: 3-moderate signs and symptoms (1+ proteinuria but no edema, elevated blood pressure)

Domain: *Health-related Behaviors*

Problem: Substance use (low priority: provide interventions and rate if evidence of substance use)

Problem Classification Scheme

Modifiers: Individual and Potential

Risk Factors:

- Julie admitted to social drinking prior to pregnancy.

Adapted from Lowry LW, Martin KS. (2000). Organizing frameworks applied to community health nursing. In M Stanhope, J Lancaster (Eds.), *Community and public health nursing* (5th ed.) (202-225). St. Louis: Mosby.

Tamika J.: Nineteen-Year-Old Pregnant Teen

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Information Obtained during the First Visit/Encounter:

Tamika J., a 19-year-old single woman, came to the health department seeking food and assistance. She was living with a friend temporarily, but wanted to find her own apartment. She worked part time at a convenience store for minimum wage. Tamika was pregnant with her first baby and uncertain of her due date, but believed she was about seven months pregnant. She had not received medical care for her pregnancy because she had no medical insurance. Tamika did not know how to apply for medical/financial assistance, but had serious financial difficulties including "running low on food".

Tamika said she experienced nausea and vomiting for about five months, and lost weight during that time. Her current weight was ten pounds more than her reported per-pregnancy weight; her pre-pregnancy weight was appropriate for her height. Tamika said she smoked ½ pack of cigarettes per day, and was not concerned about the effects of smoking on the baby. Several of her friends smoked during their pregnancies and "their babies were fine".

The clinic nurse spent time with Tamika discussing her progress during pregnancy, fetal development, nutrition, and the importance of prenatal care. The nurse helped Tamika complete two referrals: health insurance/financial support and a free/low-cost community clinic where she could begin prenatal care regardless of her health insurance status. The nurse gave Tamika information about the negative effects of smoking on herself and her baby, recommended that she quit smoking, and suggested that she participate in stop smoking assistance/counseling. Tamika said she would think about it.

Application of the Omaha System:

Domain: Environmental

Problem: Income (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- low/no income
- uninsured medical expenses
- difficulty buying necessities

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and clients-specific information:

- finances (needed/wanted to use supportive community resources)

Category: Case Management

Targets and Client-specific Information:

- finances (referral to public financial and medical assistance programs)
- medical/dental care (referral to free/low cost clinic for prenatal care)

Problem Rating Scale for Outcomes

Knowledge: 2-minimal knowledge (knew about clinic program, but little about other community resources)

Behavior: 2-rarely appropriate behavior (worked part time; waited to apply for clinic and medical assistance until third trimester)

Status: 1-extreme signs/symptoms (homeless-temporarily staying with friends, no health insurance, not enough money for food)

Domain: Physiological

Problem: Pregnancy (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- difficulty with prenatal exercise/rest/diet/behaviors
- prenatal complications/preterm labor
- inadequate social support

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- anatomy/physiology (normal physical changes of pregnancy, common discomforts)
- dietary management (healthy weight gain, ways to improve intake, importance of nutrients for growing fetus)
- growth/development (fetal development)
- medical/dental care (need for prenatal care and monitoring for possible complications)

Category: Case Management

Targets and Client-specific Information:

- medical/dental care (referred to prenatal medical provider)

Category: Surveillance

Targets and Client-specific Information:

- medical/dental care (follow through regarding medical care)

Problem Rating Scale for Outcomes

Knowledge: 2-minimal knowledge (receptive to nurse's information at clinic, aware that diet has been inadequate due to not enough food, not aware of importance of prenatal care)

Behavior: 2-rarely appropriate behavior (visited clinic for nutrition, did not seek prenatal medical care)

Status: 2-severe signs/symptoms (nausea and vomiting first half of pregnancy; low weight gain)

Domain: Health-related Behaviors

Problem: Substance use (high priority)

Problem Classification Scheme

Modifiers: Individual and Actual

Signs/Symptoms of Actual:

- smokes/uses tobacco products

Intervention Scheme

Category: Teaching, Guidance, and Counseling

Targets and Client-specific Information:

- substance use cessation (harmful effects of smoking on Tamika and fetus, suggested stop smoking/counseling referral)

Category: Surveillance

Targets and Client-specific Information:

- substance use cessation (changes in use)

Problem Rating Scale for Outcomes

Knowledge: 1-no knowledge (not aware of effects of smoking on fetus)

Behavior: 2-rarely appropriate behavior (smoked ½ pack cigarettes/day)

Status: 2-severe signs/symptoms (serious danger to self and fetus)

Adapted from Lowry LW, Martin KS. (2004). Organizing frameworks applied to community-oriented nursing. In M Stanhope, J Lancaster (Eds.), *Community and public health nursing* (6th ed.) (194-219). St. Louis: Mosby.

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