

Nursing Process (ADPIE)

Cheat Sheet

Can I ask you something?

Are you comfortable with your critical thinking skills?

Or writing care plans?

Personally, I didn't have a clue about either of these when I started nursing school.

I thought nurses just gave meds and started IVs.

Boy, was I wrong.

Nursing school was an epic awakening for me when I realized it was so much more. (and sooooo much harder) than I ever imagined.

I went home with a massive headache in those early days because I just didn't get it. And I always felt 3 steps behind everyone else.

Nursing school is exhausting.

So if you're already feeling burned out and behind, don't worry, you're not alone. We will absolutely get through this together!

In this cheat sheet, I'm walking you through the nursing process so you can become a critical thinking rock star!

And remember, you have more strength in you than you ever thought possible. Don't give up on yourself, you've got this!!

Thanks for being here, friend! And thanks for allowing me to help you along your nursing school journey.

All my best,
Christina

p.s. [If you want more help with the nursing process, be sure to check these videos out on YouTube!](#)

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ASSESSMENT:

Data Collection

This includes things like taking vital signs, completing the nursing head to toe assessment, getting the patient's history, and gathering any other type of objective or subjective data.

Types of Data

- Objective Data: things that you CAN see (such as blood pressure, bruises, cardiac rhythms, tremors, etc.)
- Subjective Data: things that you CAN'T see (such as pain, emotions, itching, etc.)

Critical Thinking

You should always be thinking about what could possibly be going on with the patient.

Ask yourself a few questions to help guide your critical thinking process:

1. Do these signs and symptoms seem to be pointing toward one cause? Or multiple causes?
2. If that one cause (or multiple causes) were the case, what do I need to assess for further to get more information?
3. Did the patient say anything, or do I see anything, that may require follow up questions or further assessment?
4. What am I missing or forgetting to ask or do?

[Check out these videos to learn how to critically think!](#)

DIAGNOSIS:

The nursing diagnosis is the patient's response to what is happening.

Nursing diagnoses are standardized by NANDA-International®, and you can find the entire list of nursing diagnoses in your school textbooks.

Always choose appropriate nursing diagnoses for your specific patient. This means that the nursing diagnoses you pick should always match your patient.

[Check out these videos to learn how to write a PERFECT nursing diagnosis!](#)

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OUTCOME IDENTIFICATION:

Some nursing programs have "Outcome Identification" as part of the nursing process that you'll learn.

Outcome identification simply means that you are identifying goals for your patient.

All patient goals should follow the "SMART" framework. This means that each goal you select should be...

S – SPECIFIC

M – MEASURABLE

A – ACHIEVABLE

R – RELEVANT

T – TIME BOUND

PLANNING:

The planning step of the nursing process is where you decide how you will help the patient reach their goals from the previous step.

Ask yourself a few questions to help guide you:

1. What is your game plan to help the patient achieve those goals??
2. What interventions will you do to help them reach those goals?
3. What other people from the patient's medical team need to be involved?
4. What resources do I need?
5. What do I need a doctor's order (or other order) to do?

KEY POINT: This planning step is all about what **YOU** will do as the nursing student or nurse. Whereas, the outcome identification step is all about what goals the **PATIENT** has.

IMPLEMENTATION:

The implementation step is all about taking action!

You'll follow through with what you had planned out in the previous step.

This could be doing things like an intervention, educating the patient, completing a skill, or reassessing.

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EVALUATION:

Evaluate whether or not the patient met their goals, and what needs to be changed for the future. This is basically a reassessment of your patient and their plan of care.

Ask yourself a few questions to help guide you:

1. How has the patient progressed?
2. Did they meet their goal?
3. If they met their goal, what should their new goal be?
4. If they didn't meet their goal, what should be changed to help them get there?

FINAL THOUGHTS...

You are going to be a rock star at the nursing process, my friend!

And don't worry, all of these steps will seem overwhelming at first, but the more practice you get, the better you will become. And before you know it, you'll be doing it in your sleep and rocking it at clinical!

So make sure that you take every opportunity you get to practice. Don't pass up the chance to assess a patient because you are scared or shy.

Believe in yourself. You know more than you think you do.

And even though nursing school is tough, remember, YOU are tougher!

You've got this!!

Now, go become the nurse that God created only YOU to be.

All my best,
Christina