prepared to complete a physical assessment. Details of physical assessment are not included in this text because those skills are learned in other courses in the curriculum.

**Standard II: Diagnosis**

Analysis of the significance of the assessment data results in formulation of nursing diagnoses.

**Psychiatric Nursing Diagnosis** Standardized labels are applied to client problems and responses to mental disorders. These standardized labels come from the list of approved nursing diagnoses accepted by the North American Nursing Diagnosis Association (NANDA). When we use standardized language to document the diagnoses of our clients, we can begin to build large databases that will expand nursing knowledge. Such data can also be viewed on the NANDA Web site.

In developing the nursing diagnoses further, it is necessary to describe the related or contributing factors. These include behavioral symptoms, affective changes, and disrupted cognitive patterns that accompany the mental disorders. Spiritually, people with mental illness often have difficulty with interpersonal relationships and may feel a lack of connectedness with others. Some people suffer from a lack of meaning in life, whereas others attempt to find meaning in their response to their mental disorder. Cultural pressures and expectations may be contributing factors to the development and prognosis of mental disorders. Signs and symptoms, referred to as *defining characteristics*, are subjective (symptoms) and objective (objective) data that support the nursing diagnosis. Defining characteristics are identified during the assessment process but are not usually written as part of the diagnostic statement. The following are examples of nursing diagnoses that might be used during the clinical experience:

- **Hopelessness** related to long-term effects of poverty and racism; dire expectations of the future
- **Self-Care Deficit: Bathing/Hygiene** related to low energy and decreased desire to care for self; distractibility in completing activities of daily living
- **Impaired Verbal Communication** related to retardation in flow of thought; flight of ideas; altered thought processes; obsessive thoughts; panic level of anxiety
- **Altered Family Processes** related to rigidity in functions and roles; enmeshed family system; demands of caring for a family member with dementia; use of violence to maintain family relationships

**Nursing Diagnoses Versus DSM-IV-TR Diagnoses** Mental disorders are classified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV-TR), published by the American Psychiatric Association. All members of the health care team use the DSM-IV-TR, which groups client information into five categories, called axes. (See Box 1.7 for a listing of the axes.) Axis I includes the majority of the mental disorders. Axis II lists long-lasting problems, including personality disorders and developmental disorders. Axis I and Axis II both describe the intrapersonal area of functioning. Axis III describes the physical problems of disorders that must be considered when planning the client’s treatment program. If there are no physical problems, the diagnosis on Axis III will be stated as “none.” Axis IV describes the psychosocial stressors (acute and long-lasting) occurring in the past year that contributed to the current mental disorder. Nurses should be aware of how many stressors have occurred and how much change each stressor caused in the life of the client. Axis V rates the highest level of psychological, social, and occupational functioning the client has achieved in the past year, as well as the current level of functioning. It is especially important to be sensitive to cultural differences and expectations when rating clients on Axis V. Appendix A lists and describes the diagnostic categories of the DSM-IV-TR. Such data can also be viewed on the American Psychiatric Association Web site.

The bases of nursing diagnoses and DSM-IV-TR diagnoses evolve from problem solving, which begins with data collection. Data collection includes reviewing signs and symptoms exhibited by clients. With nursing diagnoses, those signs and symptoms are translated into related and contributing factors. With the DSM-IV-TR, the signs and symptoms are translated into diagnostic criteria, including the essential and associated features of specific mental disorders, and a differential diagnosis results.

There are some similarities between psychiatric nursing diagnoses and the DSM-IV-TR diagnoses. They both serve to guide practice by synthesizing data, leading to appropriate interventions. They are both communication tools basic to client care and research activities, and they are both international in scope. There are also significant differences between the two. DSM-IV-TR diagnoses are applicable only to individu-