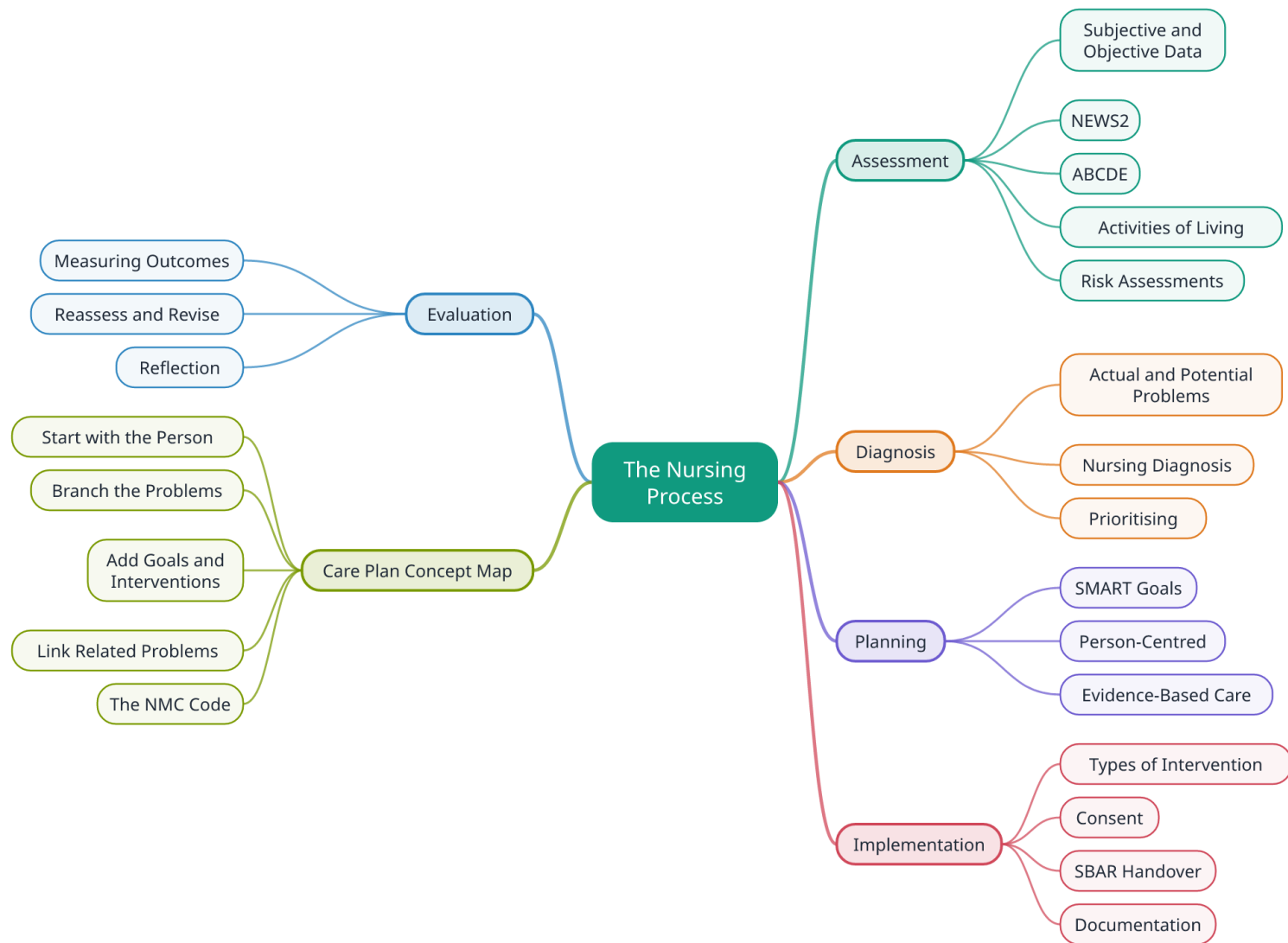


# The Nursing Process and Care Plans Mind Map

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# The Nursing Process and Care Plans mind map explained

## Assessment

Collecting information about the person to understand their needs. It is holistic: physical, psychological, social and spiritual.

### Subjective and Objective Data

Subjective data is what the person tells you, such as pain or worries. Objective data is what you observe and measure, such as vital signs.

### NEWS2

The National Early Warning Score 2 scores respiration rate, oxygen saturation, systolic blood pressure, pulse, level of consciousness (ACVPU) and temperature, plus whether the person needs oxygen. A rising score triggers escalation.

### ABCDE

A structured assessment of the deteriorating patient: Airway, Breathing, Circulation, Disability, Exposure.

### Activities of Living

Roper, Logan and Tierney's model assesses twelve activities of living, such as breathing, eating and drinking, mobilising and sleeping.

### Risk Assessments

Standard tools such as Waterlow (pressure ulcer risk), MUST (malnutrition risk) and falls risk assessments.

## Diagnosis

Turning the assessment into a clear list of the person's problems or needs.

### Actual and Potential Problems

Actual problems are present now, such as pain. Potential problems are risks, such as a risk of pressure ulcers.

### Nursing Diagnosis

A statement of the person's response to a health problem, which nurses can act on. Some countries use the NANDA-I list; many UK courses call this step identifying needs.

### Prioritising

Deal with life-threatening problems first, using ABCDE, then other needs. Maslow's hierarchy of needs is often used to rank them.

## Planning

Agreeing goals with the person and choosing the care to reach them.

### SMART Goals

Specific, Measurable, Achievable, Realistic and Time-bound. For example, the person will walk to the bathroom with one person assisting within three days.

### Person-Centred

The person, and their family where appropriate, are involved in setting goals and making decisions.

### Evidence-Based Care

Interventions should be based on the best evidence, such as NICE guidance and local policies, with a rationale for each.

## Implementation

Carrying out the plan safely and recording it.

### Types of Intervention

Independent (nurse-led, such as repositioning), interdependent (with other professionals, such as physiotherapy)

and dependent (on a prescriber's order, such as giving medication).

### **Consent**

Valid consent must be informed and voluntary, from a person who has capacity to give it.

### **SBAR Handover**

Situation, Background, Assessment, Recommendation: a structure for clear communication and escalation.

### **Documentation**

Records should be accurate, clear and made as soon as possible: if it was not written down, it was not done.

## **Evaluation**

Checking whether the goals were met, and changing the plan if not. The process is a cycle.

### **Measuring Outcomes**

Compare the person's progress with each SMART goal: met, partly met or not met.

### **Reassess and Revise**

If a goal is not met, reassess to find out why, then change the goal or the interventions.

### **Reflection**

Reflective models such as Gibbs' reflective cycle help you learn from practice: description, feelings, evaluation, analysis, conclusion and action plan.

## **Care Plan Concept Map**

How to turn the nursing process into a concept map for a placement or assignment.

### **Start with the Person**

Put the person, with their main diagnosis and background, in the centre.

### **Branch the Problems**

Give each nursing problem its own branch, with the assessment data that supports it.

### **Add Goals and Interventions**

Under each problem, add its SMART goal, the interventions and the rationale for each.

### **Link Related Problems**

Draw connections between problems that affect each other, such as pain reducing mobility, which raises the risk of pressure ulcers.

### **The NMC Code**

Keep the four themes in mind: prioritise people, practise effectively, preserve safety, and promote professionalism and trust.

## **How to revise with this mind map**

1. Learn the stages in order, and what happens at each: assessment, diagnosis (or identifying needs), planning, implementation and evaluation. Check whether your course uses ADPIE or APIE.
2. Practise writing SMART goals for real problems you have seen on placement, and check each one against all five letters.
3. Know the assessment tools your trust uses, especially NEWS2 and ABCDE, and what each score or finding should trigger.
4. Build care plans as concept maps. Linking related problems shows the critical thinking that markers and practice supervisors look for.
5. Make it yours. Build your own care plan maps in Mindmapi from your notes, and ask the AI about any branch you are unsure of. The answer is saved into that branch's notes for next time.