

Reflections on designing and implementing a nursing care plan

Abstract

This article reflects on the author's own experiences of creating and implementing a nursing care plan in practice. The concept of nursing theory, the nursing process and nursing models are looked at and the importance of these concepts to the development of veterinary nursing as a profession is examined. Care plans have the potential to improve the care provided to patients by encouraging veterinary nurses to look at the patient as a whole and therefore move away from the medical model. To improve the chances of successful implementation, team involvement and thorough training is strongly recommended.

Key words: nursing care plans, Registered Veterinary Nurse, veterinary nursing as a profession, activities of Living, Ability Model, nursing process, models of nursing, holistic care

— the theories, the beliefs and values, the concepts and the processes (Pearson et al, 2004). A model describes the details that the nursing process lacks, that is: what to look for when assessing, what form the care should take when in the planning stage, what particular interventions may be appropriate, and what to base the evaluation on (Aggleton and Chalmers, 2000). There are many different frameworks which

The author believes

Models of nursing were introduced into the field of human nursing in the 1970s and have since become a constant source of discussion. Evidence of continual exploration into the concept of models and their significance is vast and demonstrates the varying degrees of criticism and praise that has been generated by their existence.

This article will briefly look into the concept of nursing theory, the nursing process and nursing models, and how important these concepts are to the development of veterinary nursing as a profession. The article will be a critical discussion of the author's experience of designing and implementing a care plan in practice. Published literature will be examined in an attempt to support or further explain the findings, and the broader implications of these findings for veterinary nursing will be considered.

Veterinary nursing as a profession

Veterinary nursing has come a long way since its beginning in the mid 20th cen-

tury, from unqualified veterinary assistants to fully accountable registered veterinary nurses (RVNs). It is still, however, not clear whether RVNs are truly professional in their own right or whether the public will forever view them as the veterinarian's assistant. One way veterinary nursing can enhance its professional status is by being able to pick up on any misunderstandings or worries that the owner has about the unique skill set that sets it apart from veterinary medicine and where nursing theory, the nursing process and nursing models become relevant. The terms that have originated in human nursing but are easily transferred to the veterinary nursing vocation.

Historical accounts of the development of human nursing indicate that it followed a very similar pathway to that of registered nurses (RNs) (Keddy et al, 1986) although it is thought that the advancements and trends in veterinary medicine in general are some years behind human medicine (Hancock and Schubert, 2007). When introducing ideas that will help to shape veterinary nursing practice it is, therefore, sensible to look at the opinions and conclusions that have been drawn from human medicine development.

Nursing models

A nursing model consists of the components or ideas that help make up what nursing is

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Figure 1 — Patient assessment form and care plan

Nursing assessment

Date: 6/10/10

Client name: *****

Animal name: Bessie

Usually called (nickname): N/A

Age: 7 ½

Breed: Pomeranian

Owners understanding of problem: Not eaten since Sunday. Had V+ but has stopped now. Had D+ since Sunday. Not anymore but nothing left to have

1) Eating and drinking

What does your pet eat normally? (type/ amount) Handful of Chappie biscuits + fresh chicken breast

What is his/her usual feeding pattern (times of meals/ left down all day?) Evening 6pm and adlib extras

Is there anything that your pet really likes/ dislikes? Likes whatever owner eating! Likes tuna/ chicken. Loves pink wafer bi

plans is the time taken to complete them (Mason, 1999; Gerrish et al, 2007). With this in mind the author's care plan was adjusted in several ways. The 'short-term goal' section was removed as even though the goal is an

essential part of the nursing process, documenting it seemed to produce repetition as the goal is generally to prevent or alleviate the potential or actual problems, which are documented in the care plan. The 'nurs-

ing actions' section is important as it allows the nurse to enter the way they will prevent problems arising in other words, achieve the goal. For example, a potential problem of a dog with diarrhoea would be dehydration

Figure 2. Nursing care plan				Patient: Bessie		
Date	Activity of living	Actual problem	Potential problem	Nursing action	To be reviewed	Outcome
6/10	Eating	Not Eating 3d	Dehydration	IVFT Check hydration levels	VS to check 5pm	Bessie to stay o/n to continue IVFT. Reassess Thurs am
6/10	Eating	Fussy eater	Already not eating and v. nervous may not be able to eat anything to encourage to eat	Offer dry Get chicken/ tuna if not eating dry	6pm	Not eating dry Try chicken
6/10	Eating	Doesn't like to eat in front of people	Not eating while hospitalized	Cover ½ kennel for privacy Ensure has food o/n when on own	Thurs am	Ate a few biscuits o/n off blanket. Nothing from bowls/ plate
6/10	Eating	Only eats from at plate	Not eating while hospitalized	Use plate from kitchen	Ongoing	
6/10	Drinking	Drinks from fountain at home	Dehydration due to not drinking from bowl	Measure fluid intake if come off IVFT	When off IVFT	Stayed on IVFT until discharge
6/10	Sleeping	Sleeps on bed at home	Not resting while hospitalized	Lots of comfy blankets Ask o to bring bedding from home if becomes long-term stay	Thurs am	Mostly sits by kennel door while people here, going home thurs pm so N/A
6/10	Body temp	Used to v. warm house	Unable to settle due to temp	Monitor room temp Extra heat source if nec Monitor body temp	Ongoing 6pm Thurs am then review plan	38.2°C 38.2°C Going home today
6/10	Eliminating	Used to free access to garden	Soiling in kennel	Take outside every hour	Every hour — see hosp sheet	Wet kennel o/n
6/10	Eliminating	Not used to lead	Won't eliminate in garden as on lead	Ideally long exi-lead — we don't have so review on d2	Thursday am	Nothing passed on Wed Wet kennel o/n Passing u+ in garden Thurs
6/10	Eliminating	D+	Soiling in kennel Electrolyte imbalance/ dehydration	As above IVFT	As above VS to assess Wed pm	No more D+ Hydration better – continue o/n
6/10	Behaviour	Doesn't like head being touched	Bessie becoming upset due to being touched on head	Make sure everyone aware- write on hosp sheet	Ongoing	
6/10	Behaviour	Doesn't like being groomed	May become mucky after D+	Take outside hourly to prevent accidental D+ V. gentle approach if becomes necessary	After each motion passed 5.50pm Wednesday	No need to clean- hasn't passed anything Reassess tomorrow

common among veterinary surgeons. At a time when nearly half of RVNs planning to leave the profession give as the main reason