Nurses Association
OF NEW BRUNSWICK

PRACTICE GUIDELINE

The Nursing Care Plan

Mandate

Regulation for safe, competent, and ethical nursing care.

Under the *Nurses Act*, The Nurses Association of New-Brunswick (NANB) is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick. Regulation makes the profession, and nurses as individuals, accountable to the public for the delivery of safe, competent, and ethical nursing care.

Guidelines support best practice in nursing. They identify principles, give instructions, information, or direction, clarify roles and responsibilities, and/or provide a framework for decision making.

Acknowledgements

Elements of this document have been adapted with permission from the Nova Scotia College of Nursing: *Nursing Care Plan – Guidelines for Nurses (2019)*.

For the purpose of this document, the terms "registered nurse" and "RN" also refer to the graduate nurse (GN).

Words in bold print are found in the glossary. They are shown in bold on first appearance.

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Introduction

The Nursing Care Plan (NCP) is an individualized and comprehensive plan, guiding nursing care to achieve **client centered health outcomes**. It includes priority problems (nursing diagnoses[1]), **client** goals, interventions required to meet the identified goals and, evaluation of the client's response to the interventions. The NCP contributes to quality and consistency in patient care (Vera, 2020).

This document provides direction and outlines the roles and responsibilities of nurses[2] in the application of the NCP. [3]

The Purpose of the Nursing Care Plan

Overall, the NCP promotes **evidence-based nursing care** and supports **client-centered** and **holistic care** (Vera, 2020). Table 1 identifies the various purposes of the NCP.

Table 1: The Purpose of the NCP*	
Purpose	How
Defines the nurse's role	By identifying the unique role of nurses in attending the overall health and well-being of clients.
Promotes individualized care	By allowing the nurse to think critically about each client and develop a plan tailored to the individual's needs.
Supports consistency & continuity of care	By supporting consistency throughout the episodes of care (from nurse to nurse, from one shift to the next, and from one care setting to the other).
Guides **assignment of care**	By identifying the client's care needs for assignment to the most appropriate care provider.
Defines client goals	By involving the client in their own treatment and care.
Documents the nursing process	By outlining assessments to be made, problems to be addressed, nursing actions to carry out, and outcomes to evaluate.
Promotes communication amongst the healthcare team	By defining health goals and providing the plan to achieve those goals.

*Adapted from: Vera, M. (2020). *Learn How to Write an Excellent Nursing Care Plan*.

[1] Actual or potential health problems that can be prevented or resolved by independent nursing interventions are termed nursing diagnoses (Vera, 2020).

[2] Including the Registered Nurse (RN) and the Licensed Practical Nurse (LPN).

[3] The scope of practice of the nurse practitioner (NP) includes diagnosis and prescribing, and although the steps for developing a care plan are essentially the same, the care plan itself differs from the traditional nursing care plan. For more information on the role and responsibilities of the NP in care planning, refer to *the* *Standards for the Practice of Primary Health Care Nurse Practitioners.*

The NCP may be a discipline-specific document, or a component of an **interdisciplinary** plan of care. It may take on a variety of formats, such as a handwritten or electronic plan of care, pre-printed **pathways, caremaps, standardized** or individualized **care plans**. While standardized care plans ensure consistency in care for specific conditions, it is important to allow for customized care to be included in the plan to meet individualized client care needs (Vera, 2020).

The employer is accountable for determining the best format for the context of practice, and for implementing policies and processes to support the integration of care plans in practice, whether it is nursing specific or interprofessional.

Collaboration in Nursing Care Planning

Collaboration between nursing professionals is a key requirement for providing optimal patient centered care (NANB, 2020).[4] All nursing professionals are **autonomous practitioners** authorized to make independent care decisions in respect to their **scope of practice** and are accountable for their practice.

The *Standards of Practice for Registered Nurses* define the RN's responsibilities in care planning as follows:

- Uses critical inquiry to assess, plan, intervene, and evaluate client care and related services.
- Establishes the initial nursing plan of care based on a comprehensive assessment.
- Monitors the effectiveness of the plan of care and revises the plan as needed in collaboration with the client and the health care team.

Where the RN is autonomous in all practice contexts, the LPN's level of autonomous practice varies in relation to the needs of the client, supports in the practice environment and their professional authority.[5] As the client's needs become more complex or supports in the practice environment diminish, the LPN's professional obligation to collaborate with the RN increases (ANBLPN & NANB, 2020).

[4] Nursing care in New Brunswick is provided by two groups of regulated nursing care providers: Licensed Practical Nurses (LPN) and Registered Nurses (RN), referred to as nursing professionals.

[5] Professional authority is defined by the legislated scope of practice. *The Licensed Practical Nurses Act* (2014) defines the scope of practice of the LPN as: "… undertakes the care of patients under the direction and in collaboration with a RN, ... for custodial, convalescent, sub-acutely ill and chronically ill patients, and... assists registered nurses in the care of acutely ill patients, rendering the services for which he or she has been trained" (ANBLPN, 2014).

The *Standards of Practice for LPNs in Canada* define the LPNs responsibilities in care planning as follows:

- Collaborates in the development, review, and revision of the plan of care to address client needs and preferences and to establish client centered goals.
- Develops and/or modifies the plan of care based on the concepts of individual LPN **competence**, environmental supports, and client needs.

The client's **level of complexity** and **predictability** is established in the NCP and must be considered when assigning care to the most appropriate nursing professional, and for determining their contribution to the NCP. While the RN is accountable to determine the initial level of predictability or complexity, all nursing professionals have a role in evaluating the client's ongoing needs and collaborating in nursing care planning.

While nursing care planning is done in collaboration between nursing professionals, the RN remains responsible for the following practices:[6]

- Developing the initial NCP.
- Developing additional plans to address unexpected, new, or worsened problems.
- Identifying and coordinating the initial care resources, referrals, or care to support the client to achieve their care goals.
- Customizing nursing interventions to manage complex or high-risk problems.
- Evaluating the overall effectiveness of the NCP.

The RN provides **clinical guidance** or direction and collaborates with the LPN involved in these practices.

LPNs contribute to the care planning process through collaboration, by assessing client's needs, implementing client specific interventions, evaluating client's response, identifying/recognizing changes in patient status, reviewing the plan as appropriate, and consulting with the RN when evaluations are not as anticipated or outcomes are not achieved (ANBLPN & NANB, 2020).

For more information on the variations of practice of the LPN and RN in the application of the nursing process and care planning, please refer to Appendix II of the *Nursing Intraprofessional Collaboration Guidelines. LPNs and RNs Working Together.*

[6] Differences in the RN and LPN practice result from the differences in the knowledge bases and professional scopes of practice (ANBLPN and NANB, 2020).

The Key Steps of the Nursing Care Plan

The nursing process serves as a systemic guide to nursing care through five sequential steps: 1) assessment, 2) nursing diagnosis, 3) planning, 4) implementation and 5) evaluation. The application of this process is documented in the NCP.

Assessment

The assessment includes both the **systematic collection** and analysis of client data. This initial step is critical, as it serves as the foundation for the development of the NCP and as the benchmark to measure the plan's effectiveness.

Data collection is achieved through various methods (such as physical assessment, health history, interview, medical records review, diagnostic studies, etc.). Using a framework structures the data for ease in identifying the applicable nursing diagnosis label (Doenges, 2013).[7] The collection of client data is completed through a **collaborative process** between nursing and other healthcare professionals. The RN is responsible to ensure the collected data is valid, relevant, and consistent with the client's overall presentation. If the data is questionable, the RN should validate or ensure the data is recollected as required.

The client data is analyzed to identify responses to potential or actual health problems. The RNs broader scope of practice enables them to comprehensively analyze, interpret and independently act on the findings of the assessment. The LPNs professional capacity to analyze, interpret and independently act on the findings is limited to circumstances where there is already an established NCP in place as a benchmark and a guide for their analysis. When assessment findings are complex, unexpected, variable or rapidly changing, the LPN's professional obligation to consult with the RN increases (ANBLPN & NANB, 2020).

Development

The development of the NCP includes identifying and prioritizing needs (nursing diagnosis), identifying goals, and choosing nursing interventions to meet the identified goals (planning).

RNs are authorized to independently develop initial NCPs in all contexts. LPNs may develop an initial NCP in collaboration with the RN, or they may develop a draft NCP which gets validated by

[7] Various classification nomenclatures for nursing diagnoses are available; refer to employer policy for guidance on which one to use in your care setting.

the RN (ANBLPN, 2021).[8] The RN is responsible to review the plan, ask questions and/or suggest alternative assessments, interventions, or outcomes.

The NCP is developed in collaboration with the client. Client involvement can help identify and define realistic and achievable goals for the client (Neeley,2019). Any changes to the plan should be discussed with the client in a **timely** manner (NANB, 2020).

Implementation

Before the plan of care is implemented, it should be reviewed to ensure that:

- It is based on evidence-based nursing practice, reflecting knowledge of scientific principles, **nursing standards of care** and agency policies.
- It supports safe practice and **client safety**.
- The client diagnostic statements are supported by client data.
- The goals and outcomes are measurable/observable and achievable.
- The interventions can benefit the client in a predictable way, in achieving the identified outcomes and are arranged in a logical sequence.
- It demonstrates individualized client care and reflects the wishes / concerns of the client as well as their physical, psychosocial, and cultural needs and capabilities (Doenges, 2013).

In the implementation phase, the NCP is put into action according to identified priorities. The RN collaborates and provides guidance to the nursing care team in the implementation of a newly developed or changed NCP. The LPN may autonomously implement an ongoing NCP as long as the client is meeting their established outcomes (ANBLPN, 2021).

Throughout the implementation of the NCP, the client's response to the care provided is monitored and documented. The client should also be monitored for additional data to be used in decision making regarding the need for new goals or interventions and in reprioritizing the plan of care (Doenges, 2013).

Evaluation

The evaluation is an ongoing process and is necessary for determining if the client is meeting their established goals, the effectiveness of the plan of care and changing the plan as indicated by current needs (Doenges, 2013). It is vital to positive patient outcomes (Toney-Butler & Thayer, 2020).

As previously indicated, the RN is accountable to evaluate the overall effectiveness of the NCP. The LPN can evaluate the client's response to interventions of the NCP. LPNs may autonomously revise the NCP; all revisions must reflect the client's progress in achieving their intended health

[8] In respect to the LPN's legislated scope of practice, the draft care plan can be developed for custodial, convalescent, sub-acutely ill and chronically ill patients.

outcomes (for example, a reduction in the frequency of an assessment parameter such as vital signs because it is no longer warranted) (ANBLPN, 2021). Any changes to the NCP should be communicated to the RN in a reasonable and timely manner.

Changing client's needs, unexpected responses to interventions, or failing to meet goals require an analysis of the situation by / or in collaboration with the RN, to determine if changes to the NCP are required. Once client needs are understood, the NCP is revised as required; this revision can be done in collaboration with the LPN (ANBLPN, 2021).

Conclusion

The NCP is core to nursing practice and contributes to safe, competent, ethical, and compassionate care. It is essential all nurses understand the important role that they have regarding the NCP, as it enhances communication and collaboration between care providers so customized care is provided consistently, and client goals are achieved.

Nursing care is considered a key factor in achieving positive outcomes and enhancing client satisfaction. As nursing professionals work collaboratively with other health professionals to provide care, nurses must continue to identify and document the nursing care needs through the use of the nursing process and the nursing care plan (Doenges, 2006).

For additional information on the Nursing Care Plan, refer to the *FAQ: Nursing Care Planning*. For further guidance, please contact NANB by e-mail at practiceconsultation@nanb.nb.ca.

Glossary

Assignment of care: Allocation of duties (e.g., responsibility for client care, interventions, or specific tasks as part of client care) to individuals whose scope of practice or scope of employment authorizes the performance of these duties (NSCN, 2019).

Autonomous practitioners: Having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base (ANBLPN and CCPNR, 2019).

Client: Individuals, families, groups, populations, or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant (NANB, 2018).

Client centered (health outcomes/ goals / practice): An approach in which clients are viewed as whole persons. It is not merely about delivering services where client is located. Their care involves advocacy, empowerment, and respecting the clients' autonomy, voice, self-determination and participation in decision-making (RNAO, 2010).

Client safety: The reduction and mitigation of unsafe acts within the health care system, as well as through the use of best practices shown to lead to optimal client outcomes. It is meant to be inclusive of psychosocial, physical, cultural and spiritual wellbeing (CRNNS, 2017).

Clinical Guidance: Includes the provision of consultation and support (ANBLPN and NANB, 2020).

Collaboration/ Collaborative process: Working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process. Nurses collaborate with clients, other nurses, and other members of the health care team in the interest of client care (RNAO, 2016).

Competence: The ability of a registered nurse to integrate and apply the knowledge, skills, judgments, and personal attributes to practice safely and ethically in a designated role and setting. Personal attributes include, but are not limited to, attitudes, values, and beliefs (CNA, 2015).

Evidence-based nursing care: Nursing care that incorporates evidence from research findings, clinical expertise, client preferences, and other available resources to inform decisions that nurses make about clients (CNA, 2018).

Holistic care: A system of comprehensive or total patient care that considers the physical, emotional, social, economic, and spiritual needs of the person; his or her response to illness; and the effect of the illness on the ability to meet self-care needs. Holistic nursing is the modern nursing practice that expresses this philosophy of care (Jasemi et al., 2017).

Interdisciplinary (interprofessional)**:** Involving a variety of health care professionals working together to deliver quality care within and across settings (CNO, 2018).

Level of complexity: The degree to which a client's condition and care needs can be easily identified and the variability of their care requirements (ANBLPN and NANB,2020).

Nursing Standards of Care: Outline the baseline and expectations for quality care and best practices and establish measures to evaluate the care provided (HG.org, n.d.).

Pathways, caremaps, standardized/care plans: Tools that utilize evidence-based practice and apply it to structure care tracts to provide guidelines for best practice (Lockart, 2015).

Predictability: The extent that a client's outcome and future care needs can be anticipated (ANBLPN and NANB, 2020).

Scope of practice: The activities that registered nurses are educated and authorized to perform, as set out in legislation, and complemented by practice standards, limits, and conditions set by regulators (BCCNM, 2021).

Systematic Collection (of data): A methodological process used to collect data (Myriam-Webster, Retrieved June 2021).

Timely: Coming early or at the right time (Myriam-Webster, Retrieved September 2021).

References

Association of New Brunswick Licensed Practical Nurses. (2014). *Licensed Practical Nurses Act*. Statutes of New Brunswick. Fredericton, NB: Government of New Brunswick. https://www.anblpn.ca/wp-content/uploads/2021/04/LPN_Act-2014.pdf

Association of New Brunswick Licensed Practical Nurses. (2020). *The Standards of Practice for Licensed Practical Nurses in Canada*. https://www.anblpn.ca/wp-content/uploads/2021/04/CCPNR-2020-Standard_ENG.pdf

Association of New Brunswick Licensed Practical Nurses. (2021). *The Nursing Care Plan*. https://www.anblpn.ca/wp-content/uploads/2021/04/The-Nursing-Care-Plan_2021.pdf

Association of New Brunswick Licensed Practical Nurses and Canadian Council for Practical Nurse Regulators. (2019). *Entry-Level Competencies for Licensed Practical Nurses*. https://www.anblpn.ca/wp-content/uploads/2021/05/Entry-Level-Competencies-2019.pdf

Association of New Brunswick Licensed Practical Nurses and Nurses Association of New Brunswick. (2020). *Nursing Intraprofessional Collaboration Guidelines. LPNs and RNs Working Together*. https://www.nanb.nb.ca/resource-library/?_rl_search=Nursing%20Intraprofessional%20Collaboration%20Guidelines&_rl_cat_dropdown=nursing-practice

British Columbia College of Nurses & Midwives. (2021). *Scope of Practice. Standards, Limits, Conditions.* https://www.bccnm.ca/Documents/standards_practice/rn/RN_ScopeofPractice.pdf

Canadian Nurses Association. (2015). *Framework for the Practice of Registered Nurses in Canada.* https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/Framework_for_the_Pracice_of_Registered_Nurses_in_Canada__1_.pdf

Canadian Nurses Association. (2018). *Position Statement. Evidence-Informed Decision-Making and Nursing Practice*. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Evidence_informed_Decision_making_and_Nursing_Practice_position_statement_Dec_2018.pdf

College of Nurses of Ontario. (2018). *Practice guideline: RN and RPN Practice: The Client, the Nurse and the Environment*. https://www.cno.org/globalassets/docs/prac/41062.pdf

College of Registered Nurses of Nova Scotia. (2017). Standards of Practice for Registered Nurses. https://cdn1.nscn.ca/sites/default/files/documents/resources/RN%20Standards%20of%20Practice.pdf

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2006). *Nursing care plans: Guidelines for individualizing client care across the life span*. Philadelphia: F.A. Davis Co

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2013). *Nurse's pocket guide: Diagnoses, prioritized interventions and rationales*. Philadelphia: F.A. Davis Co

HG.org Legal Resources. (n.d.). *Standards of Care in Nursing.* https://www.hg.org/legal-articles/standards-of-care-in-nursing-6237

Jasemi, M., Valizadeh, L., Zamanzadeh, V. & Keogh, B. (2017) A concept analysis of holistic care by hybrid model. *Indian Journal of Palliative Care, 23*(1), 71-80.

Lockhart, L. (2015). *The pathway to best practice*. *Nursing Made Incredibly Easy! 13*(6),55. https://journals.lww.com/nursingmadeincrediblyeasy/fulltext/2015/11000/the_pathway_to_best_practice.13.aspx

Merriam-Webster. (n.d.). Systematic. https://www.merriam-webster.com/dictionary/systematic

Merriam-Webster. (n.d.). Timely. https://www.merriam-webster.com/dictionary/timely

Neeley, C. K. (2019). *Purpose of Nursing Care Plans*. https://careertrend.com/about-5510672-purpose-nursing-care-plans.html

Nova Scotia College of Nurses. (2019). *Assignment and Delegation Guidelines for Nurses*. https://cdn1.nscn.ca/sites/default/files/documents/resources/Assignment_Delegation.pdf

Nurses Association of New Brunswick. (2018). *Standards for the Practice of Primary Health Care Nurse Practitioners.* https://www.nanb.nb.ca/resource-library/?_rl_search=Standards%20for%20the%20Practice%20of%20Primary%20Health%20Care%20Nurse%20Practitioners&_rl_cat_dropdown=nursing-practice

Nurses Association of New Brunswick. (2020). *Care Planning: An Essential Element of RN* Practice. https://www.nanb.nb.ca/wp-content/uploads/2022/10/NANB-Article-CarePlanningEssentialElement-Jan20-E.pdf

Registered Nurses' Association of Ontario. (2010). *Position Statement: Strengthening Client Centered Care in Hospitals*. https://rnao.ca/policy/position-statements/strengthening-client-centered-care-hospitals

Registered Nurses' Association of Ontario. (2016). *Best Practice Guidelines. Intra-professional Collaborative Practice among Nurses*. (2nd ed.). https://rnao.ca/bpg/guidelines/intra-professional-collaborative-practice-amongnurses

Toney-Butler, T.J., & Thayer, J.M. (2020). *Nursing Process*. https://www.ncbi.nlm.nih.gov/books/NBK499937/

Vera, M. (2020). *Nursing Care Plans (NCP): Ultimate Guide and Database*. https://nurseslabs.com/nursing-care-plans/

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