



EXEMPTION REVIEW
 NORTH DAKOTA BOARD OF NURSING
 SFN 53576 (06-22)

NURSES PERFORMING NURSING INTERVENTIONS FOR A FAMILY MEMBER

LICENSED NURSE INFORMATION

Name (Last, First, Middle)			Maiden Name
Address	City	State	ZIP Code
*Social Security Number	Date of Birth	RN/LPN License Number	

CLIENT INFORMATION

Licensed Nurse Relationship to Client		Client's Initials
Client's Age	Client's Date of Birth	Client's Sex
Client's Medical Diagnosis		

NURSING CARE INFORMATION

Estimated Total Number of Hours Providing Nursing Care (From attached Nursing Care Form)	
Estimated Number of Hours per Day Providing Nursing Care (If more than one nursing diagnosis, estimated total number of hours providing nursing care per diagnosis)	
DIAGNOSIS	HOURS/DAY
Diagnosis #1	
Diagnosis #2	
Diagnosis #3	
Diagnosis #4	
Diagnosis #5	
Diagnosis #6	
Diagnosis #7	

VERIFICATION - I certify the information provided is true, correct, and complete

Signature of Licensed Nurse	Date
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*In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes.

Please return completed form to address below unless instructed otherwise.

North Dakota Board of Nursing
 919 S 7th St., Suite 504
 Bismarck, ND 58504-5881

Fax: (701) 751-2221
 Website: www.ndbon.org

**PHOTOCOPY AS
NEEDED**

NURSING PLAN OF CARE FORM

ASSESSMENT/NURSING DIAGNOSIS

PLANNING

INTERVENTIONS

EVALUATION

<p>Subjective Data Objective Data Analysis (NANDA Nsg Dx) (Actual or At Risk Health Problems)</p>	<p>Client - Centered Behavioral Outcome</p>	<p>What cares (including teaching and discharge planning needs) will the nurse complete?</p>	<p>Subjective Data Objective Data Analysis Plan</p>
<p>Nursing Diagnosis:</p>			

A SAMPLE OF ONE NURSING DIAGNOSIS IN A NURSING PLAN OF CARE FORM

ASSESSMENT/NURSING DIAGNOSIS	PLANNING	INTERVENTIONS	EVALUATION
<p>Subjective Data Objective Data Analysis (NANDA Nsg Dx) (Actual or At Risk Health Problems)</p>	<p>Client - Centered Behavioral Outcome</p>	<p>What cares (including teaching and discharge planning needs) will the nurse complete?</p>	<p>Subjective Data Objective Data Analysis Plan</p>
<p>S – “I have some tenderness on the incision.”</p> <p>O – Inspection of incision, no redness, swelling, slight edema of area around incision, small amount serious drainage.</p> <p><u>Palpitation</u> – tender on lateral edge of incision.</p> <p><u>Auscultation</u> – N/A</p> <p><u>Percussion</u> – N/A</p> <p>Nursing Diagnosis:</p> <p>A – Impaired skin integrity secondary to surgical incision</p>	<p>The client’s incision will show no redness, swelling or drainage the second day after surgery.</p> <p>The client will show no signs or symptoms of infection throughout hospitalization.</p>	<ol style="list-style-type: none"> 1. Daily aseptic dressing changes. 2. Keep incision area clean. 3. Monitor vital signs. 4. Check incision for redness, swelling, drainage. 5. Increase fluids, proteins and vitamins in diet. 6. Implement teaching and discharge planning interventions to include: <ol style="list-style-type: none"> a. Incisional care b. Monitoring temperature and pulse. c. Checking the incision site. d. Dietary considerations. 	<p>S – “I will keep my incision clean.” “I will drink more fluids.”</p> <p>O – Incisional area free of edema, redness, drainage. Vital signs within normal limits. Is taking 60% of diet, verbalizes 80% of teaching and discharge planning interventions.</p> <p>A – Analysis goals met.</p> <p>P – continue plan throughout hospitalization. -work on discharge planning.</p>