



NANDA Diagnosis Submission: PRELIMINARY STEPS

Here are the initial steps to take in submitting a diagnosis for consideration:

1. Obtain the most recent edition of ***NANDA Nursing Diagnoses: Definitions and Classification 2001-2002*** and review ***NANDA Guidelines for Nursing Diagnosis Submission***. (Refer to the Table of Contents.)
2. Contact Heather Herdman (e-mail address: heather_herdman@hotmail.com) for more specific instructions, guidelines regarding format, criteria for staging and protocol for submission.
3. Review **Glossary of Terms** in the same edition of ***Nursing Diagnoses***.
4. Decide whether your diagnosis is an actual diagnosis, a risk diagnosis, or a wellness diagnosis.
5. Provide a label for the diagnosis.
6. Provide a definition for the diagnosis.
7. Identify the defining characteristics. It is best to have references (articles, not books) to back up each of your defining characteristics. Of the references, it is best to have research-based references, if possible.
8. Identify related-factors. Again, reference each, if possible.
9. Identify risk-factors. Again, reference each, if possible.
10. Develop a bibliography, including all of the articles you referenced.
11. Send a complete draft of the above to the Diagnosis Review Committee Chair, Heather Herdman, for her advice and recommendations. Upon receipt, she will let you know she has received it and give you an idea about how long it will take before you can receive a response. Most diagnoses need to be reworked. So, don't feel discouraged if you are asked to do more work or to refine your work in some manner. Also, know that you will receive a mentor from the Diagnosis Review Committee to work with you in refining the diagnosis.



NANDA Diagnosis Submission: STAGING CRITERIA

1.0 Received for Development (Consultation from DRC)

1.1 Label Only

This stage is primarily intended for submission by organized groups rather than individuals. The DRC will consult with and educate potential developers through distribution of printed guidelines for diagnostic development experts. At this stage the label would be categorized as received for development.

1.2 Label and Definition

The label is clear and stated at a basic level. The definition is consistent with the label. The label and definition should be distinct and contrast from other diagnoses. The definition differs from the defining characteristics and label, and these components should not be included in the definition. At this stage, the diagnosis must be consistent with the current NANDA definition of nursing diagnosis and is screened for meeting this criteria.

1.3 Label, Definition, and Defining Characteristics or Risk Factors

The defining characteristics or risk factors (for risk diagnoses) should be consistent with the label. The defining characteristics should be distinct, observable and measurable. The list of defining characteristics may include both major and minor characteristics. The number of major characteristics should be limited to 5-7.

1.4 Label, Definition, Defining Characteristics or Risk Factors, References

The label, definition and defining characteristics are consistent. References are included. Criteria 1.2 and 1.3 must be met. At stages 1.2, 1.3 and 1.4, the content will be examined for consistency with the current nursing knowledge base. The content should be consistent with all NANDA definitions and qualifiers. Collaboration with experts may be utilized. Consultation with DRC is encouraged.

2.0 Accepted for Clinical Development (Authentication/Substantiation)

2.1 Label, Definition, Defining Characteristics or Risk Factors, References, and Literature Review

At this stage the label will be forwarded to the Taxonomy Committee for classification. A narrative review of relevant literature is required to demonstrate the existence of a substantive body of knowledge underlying the diagnosis. The literature review is consistent with the label and definition. Literature should include discussion and support of the defining characteristics or risk factors (for risk diagnoses) and related factors (for actual diagnoses).

2.2 Case Study

The criteria in 2.1 are met. The narrative includes description of an actual case that exhibits the nursing diagnosis and includes defining characteristics or risk factors. Related factors, interventions and outcomes are optional.



2.3 Clinical Case Studies

The criteria in 2.1 and 2.2 are met. The narrative includes the description of a series of at least 10 cases that exhibit the diagnosis and include defining characteristics or risk factors, related factors, interventions and outcomes.

2.4 Consensus studies related to diagnosis using nurse experts

The above criteria are met. Studies include opinionnaire, Delphi and similar studies of diagnostic components (e.g., diagnostic content validity) in which nurses are the subjects.

3.0 Clinically Supported (Validation and Testing)

3.1 Clinical studies related to diagnosis, but not generalizeable to overall population

The criteria in 2.3 are met. The narrative includes a description of studies related to the diagnosis, that include defining characteristics or risk factors, and related factors. Studies may be qualitative in nature, or quantitative studies utilizing non-random samples in which patients are the subjects.

3.2 Well designed clinical studies with small sample sizes

The criteria in 2.3 are met. The narrative includes a description of studies related to the diagnosis, that include defining characteristics or risk factors, and related factors. Random sampling is utilized in these studies, but sample size is limited.

3.3 Well designed clinical studies with random sample of sufficient size to allow for generalizeability to the overall population

The criteria in 2.3 are met. The narrative includes a description of studies related to the diagnosis, that include defining characteristics or risk factors, and related factors. Random sampling is utilized in these studies, and sample size is sufficient to allow for generalizeability of results to the overall population.



NANDA Diagnosis Submission: PROTOCOL FOR SUBMISSION OR REVISIONS OF DIAGNOSES TO NANDA

Proposed diagnoses or revisions of diagnoses undergo a systematic review to determine of consistency with the established criteria for a nursing diagnosis. All submissions are subsequently staged according to evidence supporting either the level of development or validation.

Diagnoses may be submitted at various levels of development, (e.g., label and definition, label, definition and defining characteristics, or all of the above with clinical research). Any submission beyond that of label and definition must include an integrative review of the literature (see attached example); other research from related disciplines is also appropriate. If no nursing literature is available, please indicate this in the literature review. Articles used for the integrative review of the literature should be current research articles, meta-analyses and/or concept analyses. Any references that are older than five years should be used only if they are considered “sentinel” articles. References are to be listed in correct APA format. A copy of all articles utilized for concept analyses, definition, and/or defining characteristics is to be included with the submission. The articles used for the submission are to be catalogued on the LITERATURE REVIEW form.

A 3.5 inch disk and a printed copy of all diagnoses are to be submitted in the format provided on the DIAGNOSIS SUBMISSION FORMAT (see attached). The submitter is asked to compare his/her submission with all current related NANDA diagnoses. All related diagnoses should be included on the Diagnosis Submission Format table (see EATING RELUCTANCE example). If there is no related NANDA diagnosis, simply indicate this and leave this column blank (see WANDERING example).

Upon receipt, the diagnosis will be assigned a primary reviewer from the Diagnosis Review Committee (DRC). This individual will work with you as the DRC reviews your submission. Once the diagnosis is formally reviewed by DRC, it will be sent to nursing specialty group experts and the NANDA International Committee for review. Recommendations will be shared with you at that time.

Diagnoses are then discussed at the next NANDA biennial conference in order to invite extended member input. Recommendations from the forums are reviewed and diagnoses are forwarded to the NANDA Board of Directors. All diagnoses accepted for incorporation into the NANDA Diagnostic Taxonomy will appear in the *Nursing Diagnoses: Definitions & Classifications* book following that conference.



NANDA Diagnosis Submission: DIAGNOSIS SUBMISSION FORMAT

DIAGNOSIS LABEL: _____ **(RELATED NANDA:** _____ **)**

SUBMISSION IS INTENDED TO: *Replace* current NANDA label noted above Be used *in addition to* NANDA label noted above

NOTE: If more than one NANDA diagnosis is related, please include *all* of the diagnoses in the same table (i.e., add additional columns as necessary).

DEFINITION (New Submissions in **Bold** Type)

NEW / REVISED DIAGNOSIS	Current related NANDA Diagnosis

DEFINING CHARACTERISTICS (New Submissions in **Bold** Type)

NEW / REVISED DIAGNOSIS	Current related NANDA Diagnosis

RELATED FACTORS

NEW / REVISED DIAGNOSIS	Current related NANDA Diagnosis



RISK FACTORS

NEW / REVISED DIAGNOSIS	Current related NANDA Diagnosis

REFERENCE LIST (APA Format)