Disorder Algorithm
Please review definition and pathophysiology when using the algorithm

Assess for the presence of risk factors, both major and minor or contributing

Risk factors for disorders can lead to the development of the disorder and are identified by the nurse to determine the next best action.

If risk factors are present, the nurse assesses for the presence of the disorder by performing focused history taking and physical exam.

If risk factors are not present, the nurse initiates health education using the diagnosis, Health Seeking Behaviors. In Health Seeking Behaviors, the nurse emphasizes lifestyle modifications to prevent the disease or disorder, emphasizes early identification of risk factors to report as well as screening protocols if indicated.

YES

Are Risk Factors Present?

NO

Initiate client education for Health Seeking Behaviors to identify:
If the client is not at risk, the nurse collaborative with the client to develop a plan to avoid developing risk factors and ultimately, the disorder.
- Lifestyle modifications
- Teach s/s of known risk factors to report
- Screening protocols
- Signs and symptoms for early detection of disease

Screening/ Diagnostic Workup For Disorder if indicated

Monitor for presence of signs/ symptoms:
Focused assessment the indicates the client is currently experiencing the disorder or stressor
Symptom Box

Are positive findings present?

Stable?

Potentially unstable?

Follow collaborative plan of care for the exacerbation of the disorder

Analyze diagnostic cluster or standard of care for the current stressor

Initiate the plan of care for a Risk for Ineffective Self Health management:
If the client is not acutely ill, the nurse collaborative with the client to integrate the therapeutic regimen that is prescribed.

Health teaching focuses on instruction in:
- Disease process
- Lifestyle modifications
- Medication therapy
- Procedures, surgical interventions that may be required
- Signs and symptoms to report to their doctor that indicates that they are experiencing a complication
- Periodic follow-up

Susan McCabe revised 12/1/10
Collaborative Problem Template

**DO**
Perform nursing actions that correct the disorder

The nurse administers medications, assists in procedures and initiates lifestyle modifications that are used in the management of the disorder and instructs the client in the rationale.

Performs nursing actions to control contributing factors

The nurse administers medications, assists in procedures and initiates lifestyle modifications that are used to control contributing factors and instructs the client in the rationale

Performs nursing actions to minimize complications of an exacerbation of the disorder

The nurse administers medications, assists in procedures and initiates lifestyle modifications that are used to minimize complications of the disorder and instructs the client in the rationale.

**CALL**

The nurse compares the client’s response to the outcomes and benchmarks (evaluation) and determines a course of action for the following:

- Exacerbation of complications
- Worsening disease (refractory disease)
- Client instability
- Deviations from outcomes

**Prepare**

- Initiate intensive assessment and monitoring
- Perform emergency management
- Consults and collaborates with members of the Health care team that can best help manage the client’s concern.
- Calls Rapid response Team if clinical instability factors are present.

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**Potential Complication: Acute exacerbation of disorder**

Review Outcomes/benchmarks for an exacerbation of the disorder

<table>
<thead>
<tr>
<th>ASSESS s/s of the acute complication</th>
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**OUTCOMES/BENCHMARKS:**

**Potential Complication: Acute exacerbation of disorder**

Review Outcomes/benchmarks for an exacerbation of the disorder.

ASSESS symptoms (s/s) of the acute complication:

- Focused assessment that is derived from the yellow symptom box
- Assess for contributing factors:
  - Analysis of contributing risk from the risk factor box

Monitor for presence of the disorder:

- The nurse checks Vital signs, labs and diagnostic tests that confirm the presence of a disorder.

Monitor for presence of contributing factors:

- The nurse checks labs and diagnostic tests that confirm the presence of contributing factors.

Additional assessment includes monitoring from presence of complications of an exacerbation of the disorder:

- The nurse checks Vital signs, labs and diagnostic tests that confirm the presence of a complication of the disorder.

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Clinical Decision Support Tool
Is your client’s response to their stressor unexpected or outside of the norm?

Yes

Are Clinical Instability factors present?
- Impaired airway
- 8<RR>28
- 60<HR>100
- SBP<90
- PO<90% despite O2 titration
- Chest pain
- Altered mental status/ focal neurological deficit
- Very high or low body temperature
- Persisting low urinary output
- Pain unresponsive to therapy

Yes

Call Rapid Response team
Initiate supportive care; ABC’s

No

Unsure

Review best evidence:
EBP resource, standardized diagnostic cluster, clinical pathway, care map to determine expected response in clients

Within normal limits

Yes

Cluster data and analyze according to differential diagnosis list

No

Unable to determine

Seek consultation with an experienced RN

Are learning needs present? Does the client express a willingness to learn?

Yes

Data cluster supports diagnosis?

Yes

Unable to determine

Formulate statement. Research best outcomes/action

No

Barriers present?

Yes

Initiate health teaching

No

Unable to determine

Susan McCabe revised 12/1/10