ENP-Praxisleitlinien

Pflegediagnosen, Pflegeziele und Pflegemaßnahmen

Herausgegeben von
Pia Wieteck

Thieme

RECOM

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Körperpflege / Kleiden

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Der/die Pflegeempfänger(in) kann sich aufgrund einer Hemiplegie/-parese nicht selbstständig waschen

LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) darf sich bei der Körperwaschung aufgrund einer verminderten Herzleistung nicht anstrengen, es besteht ein Selbstfürsorgedefizit bei der Körperwaschung

LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.1 a); LOE PL: 3.1 a)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) ist aufgrund einer Hemiplegie beim An-/Auskleiden beeinträchtigt

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) zeigt kein Interesse an sauberer/ordentlicher Kleidung, es besteht das Risiko der Selbstvernachlässigung (Self-Neglect) im Bereich Kleidung/äußere Erscheinung

LOE PD: 2.1 a); LOE PL: 2.1 b)

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2

Atmung

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» Insuffiziente Atmung 34
» Risiko der respiratorischen Insuffizienz 38
» Risiko der Aspiration 39
» Risiko der Erstickung 39
» Risiko der Atelektasenbildung / Pneumonie 44
» Risiko der beeinträchtigten Atmung postoperativ 50

Der/die Pflegeempfänger(in) ist beim Abhusten von Bronchialsekret beeinträchtigt, es besteht eine beeinträchtigte Atemwegsclearance

LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund eines Lungenödems einen insuffizienten Gasaustausch

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat das Risiko der Erstickung

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat das Risiko einer Aspiration

LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund von festsitzendem Bronchialsekret das Risiko einer Atelektase/Pneumonie

LOE PD: 3.1 b); LOE PL: 3.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund einer liegenden Trachealkanüle/ eines Tubus das Risiko der Pneumonie

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund einer Immunabwehrschwäche das Risiko einer Pneumonie

LOE PD: 2.1 a); LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat das Risiko einer Atelektase/Pneumonie

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund eines chirurgischen Eingriffes das Risiko respiratorischer Komplikationen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.1 b); LOE PL: 3.1 b)

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Der/die Pflegeempfänger(in) aspiriert häufig bei der Nahrungsaufnahme, das Schlucken ist in der oralen Transport-/ pharyngealen Phase beeinträchtigt

LOE PD: 3.1 b); LOE PL: 3.1 b)

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Der/die Pflegeempfänger(in) aspiriert ausschließlich Flüssigkeiten, das Schlucken ist in der oralen Transport-/ pharyngealen Phase beeinträchtigt

LOE PD: 3.1 b); LOE PL: 3.1 b)

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Der/die Pflegeempfänger(in) ist aufgrund der reduzierten/veränderten Peristaltik beim Schlucken in der pharyngealen/ösophagealen Phase beeinträchtigt

LOE PD: 3.1 b); LOE PL: 3.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund von Odynophagie (Schmerzen beim Schlucken) ein beeinträchtigtes Schlucken

LOE PD: 3.1 b); LOE PL: 3.1 b)

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Der/die Pflegeempfänger(in) zeigt eine Vernachlässigung der Nahrungszufuhr (Self-Neglect), es besteht das Risiko einer Mangelernährung

LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.1 b); LOE PL: 2.1 b)

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Die Pflegeempfängerin hat eine Hypogalaktie, es besteht das Risiko einer Mangelernährung des Säuglings

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat eine Dehydratation/Exsikkose

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat ein stoffwechselbedingtes Flüssigkeitsdefizit, es besteht das Risiko von dehydratationsbedingten Komplikationen

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund des Verlusts von Körperflüssigkeit/der mangelnden Substitution von Flüssigkeit das Risiko von dehydratationsbedingten Komplikationen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund eines reduzierten Durstgefühls das Risiko einer Dehydratation

LOE PD: 3.2; LOE PL: 3.2

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elderly: A review focused on economic burden. Journal of Nutrition, Health; Aging, 19 (6), pp. 619-627. doi: 10.1007/s12603-015-0491-2

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Der/die Pflegeempfänger(in) hat aufgrund von medizinisch indizierten Drainagesystemen das Risiko einer Dehydratation/ eines Elektrolytdefizits

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) schwitzt stark, es besteht das Risiko einer Dehydratation/ eines Elektrolytdefizits

LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat eine erhöhte Defäkationsfrequenz/Diarrhö, es besteht das Risiko einer Dehydratation/eines Elektrolytdefizites

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund einer Hyperhydration (Überschuss an Körperflüssigkeit) ein Risiko von Komplikationen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat das Risiko einer Dehydratation /eines Elektrolytdefizits

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der Säugling kann/darf nicht gestillt werden, eine Unterbrechung/Nichtaufnahme des Stillens ist erforderlich

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Die Pflegeempfängerin ist beim Stillen beeinträchtigt

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) wird parenteral ernährt, es besteht das Risiko von ernährungsbedingten Komplikationen

LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund einer Urikopathie (Gicht) das Risiko von ernährungsbedingten Komplikationen

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat eine Hyperlipoproteinämie, es besteht das Risiko von ernährungsbedingten Komplikationen

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat das Risiko von ernährungsbedingten Komplikationen

LOE PD: 1.4; LOE PL: 1.4

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4

Ausscheidung

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Der/die Pflegeempfänger(in) kann aufgrund einer Mobilitätseinschränkung die Toilette nicht rechtzeitig/selbstständig erreichen, es besteht das Risiko des ungewollten Urin-/Stuhlabgangs

LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) kann entwicklungsbedingt die Selbstpflege im Bereich der Ausscheidung nicht selbstständig erfüllen

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) ist in der Selbstständigkeit bei der Urin-/Stuhlausscheidung beeinträchtigt

LOE PD: 3.2; LOE PL: 3.2

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund einer akuten Infektion der unteren Harnwege eine beeinträchtigte Urinausscheidung

LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund einer chronischen Zystitis (Blasenentzündung) eine erhöhte Ausscheidungsfrequenz

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) kann die Harnblase nicht vollständig entleeren, die Urinausscheidung ist beeinträchtigt

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) ist in der Urinausscheidung beeinträchtigt

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund einer Überlaufinkontinenz ein Selbstversorgungsdefizit

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund einer (nicht-organischen) funktionellen Harninkontinenz ein Selbstversorgungsdefizit

LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Das Kind hat eine Enkopresis

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat eine Stomaretraktion, es besteht eine beeinträchtigte Versorgung des Stomas

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat postoperativ das Risiko des Nierenversagens

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat ein Risiko des Nierenversagens

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat ein Risiko für die Entstehung einer Harninkontinenz

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund eines transurethralen Blasenverweilkatheters das Risiko einer aufsteigenden Infektion des Harnsystems

LOE PD: 3.2; LOE PL: 3.2

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5

Kreislauf

» Beeinträchtigte Herz- / Kreislauffunktion 144
» Risiko des beeinträchtigten Herz- / Kreislaufs 146
» Risko der Thrombose 152
» Risiko der Lungenembolie 154
» Risiko der Blutung 155
» Risiko der allergischen Reaktion / eines anapyhlaktischen Schocks 158

Der/die Pflegeempfänger(in) hat aufgrund einer Herzinsuffizienz eine instabile Herz-/Kreislauf-Situation

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund einer arteriellen Durchblutungsstörung im Bein eine Ischämie

LOE PD: 2.1 a); LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund hypertoner Kreislaufveränderungen das Risiko von Herz-/Kreislauf-Komplikationen

LOE PD: 3.2; LOE PL: 3.2

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund hypotoner Kreislaufveränderungen das Risiko von Herz-/Kreislauf-Komplikationen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund einer Herzinsuffizienz das Risiko eines Herz-Kreislauf-Versagens

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund einer tiefen Venenthrombose das Risiko einer Lungenembolie

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat das Risiko eines hämorrhagischen Schocks (lebensbedrohlichen Blutverlusts)

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund eines chirurgischen/invasiven Eingriffes ein Risiko der Nachblutung

LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund einer Erosion/Verletzung/OP der Arteria carotis das Risiko einer Blutung

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Bewegung / Mobilität

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Der/die Pflegeempfänger(in) ist aufgrund einer Kontraktur in der Beweglichkeit beeinträchtigt

LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.1 a); LOE PL: 3.1 a)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) ist aufgrund der unsicheren/ungeübten Anwendung von Gehhilfen beim Gehen beeinträchtigt

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) darf das betroffene Bein nicht belasten, es besteht das Risiko von Komplikationen

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) darf das betroffene Bein nur teilbelasten, es besteht das Risiko von Komplikationen

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) ist in der Gehfähigkeit beeinträchtigt

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund einer Bewegungsblockade und/oder Starthemmung (Freezing) einen beeinträchtigten Bewegungsablauf

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) ist aufgrund eines erhöhten Muskeltonus in der Beweglichkeit eingeschränkt

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) ist aufgrund einer Bewegungsstörung im Bewegungsablauf beeinträchtigt

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund eines Morbus-Parkinson-Syndroms ein Sturzrisiko

LOE PD: 3.1 a); LOE PL: 3.1 a)

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Der/die Pflegeempfänger(in) hat ein Sturzrisiko

LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund einer eingeschränkten Bewegungsfähigkeit das Risiko einer Kontraktur

LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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7

Entspannen / Schlafen / Ruhen

» Risiko des Schlafdefizits 192
» Beeinträchtigter Schlaf 195
» Beeinträchtigte Entspannung 196

Der/die Pflegeempfänger(in) ist beim Einschlafen beeinträchtigt, es besteht das Risiko des Schlafdefizits

LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat eine chronische Schlaflosigkeit, es besteht ein Schlafdefizit

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund gestörter Erholungsphasen eine beeinträchtigte Entspannung

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) kann sich nicht entspannen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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8

Gewebeintegrität

» Risiko von Druckstellen 200
» Risiko der Hautschädigung 202
» Risiko der Schleimhaut- / Hautschädigung 211
» Veränderte Mundschleimhaut 214
» Risiko der Hornhautschädigung 218
» Risiko der beeinträchtigten Wundheilung 218
» Beeinträchtigte Wundheilung 222
» Risiko der Dislokation / Luxation 229
» Risiko einer Verletzung 230
» Risiko des Anschwellens / der Ödembildung 232
» Risiko der Gewebeschädigung 233
» Risiko einer Infektion / Keimverschleppung 235
» Inflammation / Infektion 241

Der/die Pflegeempfänger(in) hat aufgrund des Tragens einer Prothese nach einer Amputation das Risiko von Druckstellen

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat einen Dekubitus der Kategorie I, es besteht das Risiko der Hautschädigung der Epidermis

LOE PD: 3.1 a); LOE PL: 3.1 a)

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LOE PD: 3.1 a); LOE PL: 3.1 a)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund einer(s) reduzierten/fehlenden Kautätigkeit/Speichelflusses das Risiko von Soor und/oder Parotitis

LOE PD: 3.2; LOE PL: 3.2

Literatur

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund eines Herpes labialis eine veränderte Mundschleimhaut

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat eine veränderte Mundschleimhaut

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat eine primär heilende Wunde, es besteht das Risiko der beeinträchtigten Wundheilung

LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund von Intertrigo eine beeinträchtigte Hautintegrität

LOE PD: 1.4; LOE PL: 1.4

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Die Pflegeempfängerin hat aufgrund einer vaginalen Entbindung eine Wunde, es besteht das Risiko von Dehiszenz und/oder Infektion

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat postoperativ das Risiko der Wunddehiszenz

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund einer Drahtein-/Austrittsstelle im Rahmen einer Frakturbehandlung das Risiko einer Infektion

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat ein Ulcus cruris mixtum/nicht kategorisierten Ulcus cruris, es besteht eine beeinträchtigte Wundheilung

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Franzone, A. et al. (2012). The role of atherectomy in the treatment of lower extremity peripheral artery disease. BMC Surgery, 12 (Suppl 1). Retrieved from http://www.biomedcentral.com/1471-2482/12/S1/S13 (Accessed: 04.09.2013).

Doerler, M., Altmeyer, P.,; Stücker, M. (2013). Venous leg ulcer caused by obesity-associated dependency syndrome. Phlebologie, 42 (4), pp. 205-208. doi: 10.12687/phleb2150-4-2013

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Der/die Pflegeempfänger(in) hat eine ausscheidungs-/inkontinenzassoziierte Dermatitis (IAD), es besteht eine beeinträchtigte Wundheilung

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat das Risiko des Anschwellens im Bereich/einer Extremität

LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund einer Amputation ein Risiko der Ödembildung/ Verformung im Stumpfbereich

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund von Diabetes das Risiko zur Entwicklung eines diabetischen Fußsyndroms (DFS)

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund eines invasiven Eingriffes an einer Extremität das Risiko einer Nervenläsion/Durchblutungsstörung

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund einer intravenösen/subcutanen Medikamentengabe das Risiko einer lokalen Gewebeschädigung

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat ein Risiko der Entwicklung eines Schulter-Hand-Syndroms

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund häufig verschmutzter Hände ein Risiko der Infektion

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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Allegranzi, B.; Pittet, D. (2009). Role of hand hygiene in healthcare-associated infection prevention. Journal of Hospital Infection, 73, pp. 305-315.

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Die Pflegeempfängerin hat das Risiko einer aufsteigenden Infektion durch die Vagina

LOE PD: 1.4; LOE PL: 1.4

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Die Pflegeempfängerin hat aufgrund einer Entbindung das Risiko des Lochialstaus

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat bei der Körperpflege das Risiko der Keimverschleppung

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund einer belegten Zunge das Risiko der Keimverschleppung

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund einer Mykose das Risiko der Keimverschleppung

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund einer infektiösen Dermatose das Risiko der Keimverschleppung

LOE PD: 1.4; LOE PL: 1.4

Literatur

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund eines infektiösen Zeckenstiches das Risiko von Komplikationen

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund einer reduzierten Immunabwehr das Risiko einer Infektion durch exogene/endogene Keime

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Die Pflegeempfängerin hat einen Lochialstau, es besteht das Risiko einer Infektion

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Die Pflegeempfängerin hat eine Mastitis non-puerperalis, es besteht das Risiko von Komplikationen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Die Pflegeempfängerin hat eine Mastitis puerperalis, es besteht das Risiko von Komplikationen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

Literatur

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LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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Stoffwechsel

» Risiko der Hypo- / Hyperglykämie 244
» Risiko der Stoffwechselentgleisung 246
» Stoffwechselentgleisung 248

Der/die Pflegeempfänger(in) hat aufgrund eines Spät-Dumping-Syndroms das Risiko einer Hypoglykämie

LOE PD: 1.4; LOE PL: 1.4

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Holtmeier, H.-J. (2002). Ernährung und Diät Biochemie, Physiologie, Pathophysiologie, Ernährungstherapie in Klinik und Praxis. Landsberg: Ecomed.

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Der/die Pflegeempfänger(in) hat das Risiko einer Hyper-/Hypoglykämie

LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund einer Nierenfunktionsstörung das Risiko einer Stoffwechselentgleisung

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund einer akuten Hyperthyreose das Risiko einer thyreotoxischen Krise

LOE PD: 2.1 a); LOE PL: 1.4

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Das Neugeborene hat das Risiko eines neonatalen Ikterus

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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10

Fortpflanzung

» Risiko der Komplikationen für Mutter und / oder ungeborenes Kind 254
» Risiko der ungewollten Konzeption 255
» Beeinträchtigtes Sexualleben 256

Die Pflegeempfängerin hat vaginale Blutungen während der Gravidität, es besteht ein Risiko von Komplikationen für Mutter und/oder ungeborenes Kind

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Carpenito, L. J. (2013). Nursing Diagnosis Application To Clinical Practice (14 ed.). Philadelphia: Wolters Kluwer/Lippincott Williams; Wilkins.

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Die Pflegeempfängerin entbindet, es besteht das Risiko von Komplikationen für Mutter und/oder das ungeborene Kind

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Die Pflegeempfängerin hat aufgrund einer Zervixverkürzung/-insuffizienz das Risiko einer Frühgeburt

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Romero, R. et al. (2018). Vaginal progesterone for preventing preterm birth and adverse perinatal outcomes in singleton gestations with a short cervix: a meta-analysis of individual patient data. Am J Obstet Gynecol, 218 (2), pp. 161-180. doi: 10.1016/j.ajog.2017.11.576

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Die Pflegeempfängerin hat aufgrund der unregelmäßigen Einnahme von oralen Kontrazeptiva das Risiko einer ungewollten Konzeption

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Die Pflegeempfängerin hat aufgrund der Unkenntnis über die Basaltemperaturmethode das Risiko einer ungewollten Konzeption (Empfängnis)

LOE PD: 1.4; LOE PL: 1.4

Literatur

International Council of Nurses. (2013). Risk for Complication with Contraception Use [10023202]. Retrieved from http://icnp.stemos.com/index.php/en/2013/viewer/show/uid/10023202 (Accessed: 20.06.2014).

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LOE PD: 1.4; LOE PL: 1.4

Literatur

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Ratner, E. S. et al. (2011). Sexual satisfaction in the elderly female population: A special focus on women with gynecologic pathology. Maturitas, 70 (3), pp. 210-215. doi: 10.1016/j.maturitas.2011.07.015

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Der/die Pflegeempfänger(in) hat aufgrund einer Orgasmusstörung ein unbefriedigendes Sexualleben

LOE PD: 1.4; LOE PL: 1.4

Literatur

NANDA International. (2013). Sexuelle Funktionsstörung (00059) - Sexual dysfunction Pflegediagnosen: Definitionen und Klassifikationen 2012-2014. Kassel: Recom, pp. 341.

International Council of Nurses. (2013). Sexual Process [10017977]. Retrieved from http://icnp.stemos.com/index.php/en/2013/viewer/show/uid/10017977 (Accessed: 20.06.2014).

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Graziottin, A.; Althof, S. (2011). What does premature ejaculation mean to the man, the woman, and the couple? Journal of Sexual Medicine, 8 (Suppl 4), pp. 304-309. doi: 10.1111/j.1743-6109.2011.02426.x

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Zollman, G., Rellini, A.,; Desrocher, D. (2013). The mediating effect of daily stress on the sexual arousal function of women with a history of childhood sexual abuse. Journal of Sex; Marital Therapy, 39 (2), pp. 176-192. doi: 10.1080/0092623X.2012.691950

Pschyrembel, W. (Ed.). (2017). Pschyrembel Klinisches Wörterbuch 2017 (267 ed.). Berlin: De Gruyter.

Der/die Pflegeempfänger(in) ist mit seinem Sexualleben unzufrieden

LOE PD: 1.4; LOE PL: 1.4

Literatur

NANDA International. (2013). Sexuelle Funktionsstörung (00059) - Sexual dysfunction Pflegediagnosen: Definitionen und Klassifikationen 2012-2014. Kassel: Recom, pp. 341.

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Chen, C. H. et al. (2013). Female sexual dysfunction: definition, classification, and debates. Taiwanese Journal of Obstetrics; Gynecology, 52 (1), pp. 3-7. doi: 10.1016/j.tjog.2013.01.002

Alberti, L. et al. (2013). Erectile dysfunction in heart failure patients: a critical reappraisal. Andrology, 1 (2), pp. 177-191. doi: 10.1111/j.2047-2927.2012.00048.x

Zollman, G., Rellini, A.,; Desrocher, D. (2013). The mediating effect of daily stress on the sexual arousal function of women with a history of childhood sexual abuse. Journal of Sex; Marital Therapy, 39 (2), pp. 176-192. doi: 10.1080/0092623X.2012.691950

Loewit, K. (2013). Sexualität und Alter. Der Gynäkologe, 46 (3), pp. 199-206. doi: 10.1007/s00129-013-3139-5

Wylie, K. R., Wood, A.,; McManus, R. (2013). Sexuality and old age. Bundesgesundheitsblatt: Gesundheitsforschung, Gesundheitsschutz, 56 (2), pp. 223-230. doi: 10.1007/s00103-012-1602-4

Ermertcan, A. T.; Temeltas, G. (2010). Dermatologic diseases and their effects on male sexual functions. Journal der Deutschen Dermatologischen Gesellschaft, 8 (8), pp. 592-597. doi: 10.1111/j.1610-0387.2010.07436.x

Pujols, Y., Seal, B. N.,; Meston, C. M. (2010). The association between sexual satisfaction and body image in women. Journal of Sexual Medicine, 7, pp. 905-916. doi: 10.1111/j.1743-6109.2009.01604.x

Pschyrembel, W. (Ed.). (2017). Pschyrembel Klinisches Wörterbuch 2017 (267 ed.). Berlin: De Gruyter.

11

Körpertemperatur

» Risiko von wärmeregulationsbedingten Komplikationen 260
» Risiko der Hyper- / Hypothermie 260

Der/die Pflegeempfänger(in) hat eine Hypothermie, es besteht das Risiko von Komplikationen

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

Doenges, M. E., Moorhouse, M. F.,; Geissler-Murr, A. C. (2002). Pflegediagnosen und Maßnahmen (3 ed.). Bern: Huber.

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Johnson, S. (1989). Alteration in Temperature Regulation, Hypothermia. In R. M. Carroll-Johnson; North American Nursing Diagnosis Association (Eds.), Classification of Nursing Diagnoses. Proceedings of the Eighth Conference. Philadelphia: Lippincott Williams and Wilkins, pp. 378-380.

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund einer beeinträchtigten Thermoregulation mit einhergehender Hyper- und/oder Hypothermie das Risiko von Komplikationen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Empfindung / Emotionen

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Der/die Pflegeempfänger(in) hat Schmerzen des Bewegungsapparates

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat Gelenkschmerzen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund von Meteorismus/Flatulenz (Blähbeschwerden) Bauchschmerzen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Die Pflegeempfängerin hat aufgrund einer beginnenden Laktation eine initiale schmerzhafte Brustdrüsenschwellung

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat Angst vor einem Sturz

LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat Angst, aus dem Bett zu fallen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) empfindet aufgrund einer realen/fiktiven Bedrohung Angst

LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund einer Überempfindlichkeit gegenüber äußeren Reizen das Risiko von unerwünschten/unangenehmen Empfindungen/Reaktionen

LOE PD: 2.1 a); LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund von Gefühllosigkeit/-armut eine Beeinträchtigung des emotionalen Empfindens

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund von Pruritus (Juckreiz) ein beeinträchtigtes Wohlbefinden

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund von Muskelverspannungen ein beeinträchtigtes Wohlbefinden

LOE PD: 2.1 a); LOE PL: 1.4

Literatur

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Die Pflegeempfängerin hat aufgrund der Menstruation ein beeinträchtigtes Wohlbefinden

LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund fettiger Problemhaut ein beeinträchtigtes Wohlbefinden

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund einer chronischen Wunde ein beeinträchtigtes Wohlbefinden

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat Haarausfall und leidet darunter

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) leidet unter Fatigue (Erschöpfung/Müdigkeit)

LOE PD: 3.1 a); LOE PL: 3.1 a)

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Der/die Pflegeempfänger(in) ist antriebsgesteigert, es besteht das Risiko der körperlichen Erschöpfung

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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Wahrnehmung

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Der/die Pflegeempfänger(in) ist aufgrund von Gleichgewichtsstörungen in der räumlichen Orientierung beeinträchtigt

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.2; LOE PL: 2.2

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LOE PD: 2.2; LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Die Pflegeempfängerin fühlt sich nicht mehr als vollwertige Frau, es besteht ein beeinträchtigtes Selbstkonzept-/bild

LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.1 a); LOE PL: 3.1 a)

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LOE PD: 3.1 a); LOE PL: 3.1 a)

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Der/die Pflegeempfänger(in) hat aufgrund eines Deliriums ein beeinträchtigtes Bewusstsein

LOE PD: 3.1 a); LOE PL: 3.1 a)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) zeigt auffälliges Verhalten bei Anpassungsreaktionen auf die Umwelt, die sensorische Integration ist beeinträchtigt

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.1 a); LOE PL: 3.1 a)

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Soziale Interaktion

» Risiko der ineffektiven / inadäquaten Kommunikation 330
» Beeinträchtigte Kommunikation 330
» Risiko der beeinträchtigten Interaktion 342
» Beeinträchtigte Interaktion 343
» Beeinträchtigte Beziehung 348
» Risiko unerfüllter Bedürfnisse 350

Der/die Pflegeempfänger(in) zeigt einen inkongruenten Kommunikationsstil, es besteht das Risiko der ineffektiven Kommunikation

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) neigt dazu, Gesprächspartner zu manipulieren, es besteht das Risiko einer inadäquaten Kommunikation

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) ist aufgrund von Schwerhörigkeit in der Kommunikation beeinträchtigt

LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund von Rigor/Akinese eine Dysarthrie, es besteht eine beeinträchtigte Kommunikation

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) ist aufgrund einer Wernicke-Aphasie (sensorische Aphasie) in der verbalen Kommunikation beeinträchtigt

LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) ist aufgrund einer amnestischen Aphasie in der verbalen Kommunikation beeinträchtigt

LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) zeigt negativistische Verhaltensmuster, es besteht eine beeinträchtigte Interaktion

LOE PD: 1.4; LOE PL: 1.4

Literatur

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) zeigt sonstige inadäquate emotionale/affektive Verhaltensmuster, es besteht eine beeinträchtigte Interaktion

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat eine beeinträchtigte Beziehungs-/Bindungsfähigkeit zu den Eltern/Erziehungsberechtigten

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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Overbeek, M. M. et al. (2015). The effectiveness of VIPP-V parenting training for parents of young children with a visual or visual-and-intellectual disability: study protocol of a multicenter randomized controlled trial. Trials, 16, pp. 401. doi: 10.1186/s13063-015-0916-6

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Der/die Pflegeempfänger(in) hat eine beeinträchtigte Beziehung zu Angehörigen /nahestehenden Personen

LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) kann Bedürfnisse nur über Weinen/Schreien/Lautsequenzen äußern, es besteht das Risiko unerfüllter Bedürfnisse

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 1.4; LOE PL: 1.4

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» Auffälliges Verhalten 356
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Der/die Pflegeempfänger(in) ist in der Fähigkeit beeinträchtigt, sich an den veränderten Gesundheitszustand anzupassen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) ist in der Fähigkeit beeinträchtigt, sich veränderten Lebensumständen anzupassen

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) ist in der Fähigkeit beeinträchtigt, eigenes Verhalten innerhalb sozial definierter Regeln angemessen einzuhalten und sich zu kontrollieren

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat eine Blasenentleerungsstörung/Harninkontinenz, es besteht ein beeinträchtigtes Hilfesuchverhalten

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat unrealistisch hohe Zielvorstellungen und Ansprüche an sich selbst, es besteht das Risiko der kontinuierlichen Misserfolgserlebnisse

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) zeigt abnorme Verhaltensweisen im Umgang mit Exkrementen

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) zeigt aufgrund mangelnden Zutrauens in die eigene Körperkraft ein Vermeidungsverhalten

LOE PD: 1.4; LOE PL: 1.4

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Doenges, M. E., Moorhouse, M. F.,; Geissler-Murr, A. C. (2002). Pflegediagnosen und Maßnahmen (3 ed.). Bern: Huber.

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Der/die Pflegeempfänger(in) neigt dazu, sich von eigenen Problemen abzulenken, es besteht ein beeinträchtigtes Coping

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) kann Emotionen wie Wut/Ärger/Aggression nicht adäquat äußern, es besteht ein beeinträchtigtes Coping

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) neigt dazu, unangenehme Themen herunterzuspielen oder ins Lächerliche zu ziehen, es besteht ein inadäquates Coping

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) ist aufgrund von Hoffnungslosigkeit im Coping beeinträchtigt

LOE PD: 3.2; LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat wiederholt mit Suizid gedroht, es besteht eine beeinträchtigte Copingstrategie

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) vermeidet angstbesetzte Alltagssituationen, es besteht eine beeinträchtigte Copingstrategie

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) ist aufgrund eines übersteigerten Harmoniebedürfnisses im Konflikt-/Entscheidungsverhalten beeinträchtigt

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) verwendet ohne medizinische Indikation Laxanzien, es besteht das Risiko der Gesundheitsschädigung

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund des Verlangens, Substanzen mit Abhängigkeitspotentia l zu konsumieren, das Risiko eines Rückfalls

LOE PD: 3.1 a); LOE PL: 3.1 a)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund einer gestörten Impulskontrolle das Risiko der Selbst-/Fremdgefährdung

LOE PD: 1.4; LOE PL: 1.4

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Hicks, G.; Miller, R. R. (2010). Physiological Resilience. In B. Resnick, L. P. Gwyther; K. A. Roberto (Eds.), Resilience in Aging. New York: Springer, pp. 89-103.

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Der/die Pflegeempfänger(in) richtet Aggressionen und/oder Wut gegen andere Personen, es besteht Fremdgefährdung

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) zeigt akutes selbst-/fremdgefährdendes Verhalten

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) zeigt aufgrund beeinträchtigter Coping-Strategien wiederholt selbstverletzendes Verhalten

LOE PD: 1.4; LOE PL: 1.4

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Dahmer, H.; Dahmer, J. (1989). Gesprächsführung. Eine praktische Anleitung. Stuttgart: Thieme.

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Der/die Pflegeempfänger(in) hat aufgrund einer Nichteinhaltung vereinbarter Therapieabsprachen das Risiko der unwirksamen Therapie

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) ist in der Anwendung von Inhalaten beeinträchtigt, es besteht das Risiko der unwirksamen Therapie

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund fehlender Informationen über die korrekte Einnahme von Medikamenten das Risiko der unwirksamen Therapie

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund fehlender Informationen über den Behandlungsverlauf das Risiko der unwirksamen Therapie

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) nimmt unregelmäßig an den Therapieangeboten teil, es besteht das Risiko der unwirksamen Therapie

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) zeigt eine beeinträchtigte Krankheitseinsicht, es besteht das Risiko der unwirksamen Therapie

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) ist in der Fähigkeit beeinträchtigt, Kompetenzen im Rahmen der Selbstpflege zu erwerben, es besteht das Risiko der unwirksamen Therapie

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund fehlender Informationen/Fertigkeiten im Umgang mit Diabetes mellitus/Hypo-/Hyperglykämie das Risiko der unwirksamen Therapie

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) unterstützt die vereinbarten Ziele des Pflege-/Behandlungsprozesses nicht, es besteht das Risiko der Nichterreichung gesundheitsbezogener Ziele

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

Literatur

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) ist suizidgefährdet

LOE PD: 3.2; LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) akzeptiert den Freiheitsentzug bei vorliegendem Unterbringungsbeschluss nicht, es besteht das Risiko der Flucht

LOE PD: 2.1 a); LOE PL: 2.1 b)

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16

Aktivität / Alltagsgestaltung

» Risiko des Selbstfürsorgedefizits 378
» Beeinträchtigte Selbstfürsorge 382
» Beeinträchtigte Tages- / Lebensgestaltung 384
» Beeinträchtigte Durchführung von Aktivitäten 404
» Beeinträchtigte Freizeitgestaltung 406
» Selbstversorgungsdefizit Haushaltsführung 409
» Dependenzpflegedefizit 411
» Risiko des Dependenzpflegedefizits 412

Der/die Pflegeempfänger(in) ist antriebsgemindert, es besteht das Risiko eines Selbstfürsorgedefizits

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund von psychotischem Erleben einen beeinträchtigten Realitätsbezug, es besteht das Risiko des Selbstfürsorgedefizits

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund eines gesteigerten Schlafbedürfnisses das Risiko eines Selbstfürsorgedefizits

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.3; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.1 b); LOE PL: 3.1 a)

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Der/die Pflegeempfänger(in) ist aufgrund einer Denkstörung in der selbstständigen Tages-/Lebensgestaltung beeinträchtigt

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.1 a); LOE PL: 3.1 a)

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Der/die Pflegeempfänger(in) ist aufgrund von Dyspnoe (Atemnot) in der Durchführung von Aktivitäten des täglichen Lebens beeinträchtigt

LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) ist aufgrund eingeschränkter Aufmerksamkeit und Konzentration in der Durchführung von Aktivitäten des täglichen Lebens beeinträchtigt

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) ist in der Durchführung von Aktivitäten des täglichen Lebens beeinträchtigt

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) empfindet die eigene Freizeitgestaltung als unbefriedigend

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund eines passiven Freizeitverhaltens/einer passiven Konsumhaltung das Risiko einer unbefriedigenden Freizeitgestaltung

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) zeigt Verhaltensweisen, die die Durchführung von Freizeitaktivitäten erschweren, es besteht das Risiko einer unbefriedigten Freizeitgestaltung

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) kann Einkäufe/Erledigungen nicht selbstständig durchführen, es besteht ein Selbstversorgungsdefizit in der Haushaltsführung

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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Der/die Pflegeempfänger(in) kann den häuslichen Bereich nicht selbstständig sauber halten/beheizen, es besteht ein Selbstversorgungsdefizit in der Haushaltsführung

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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Der/die Pflegeempfänger(in) kann erforderliche hauswirtschaftliche Tätigkeiten nicht erledigen, es besteht ein Selbstversorgungsdefizit in der Haushaltsführung

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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Der/die Pflegeempfänger(in) kann nicht selbstständig für saubere Wäsche sorgen, es besteht ein Selbstversorgungsdefizit in der Haushaltsführung

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

Kellnhauser, E. et al. (2004). Thiemes Pflege (10 ed.). Stuttgart: Thieme.

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Der/die Pflegeempfänger(in) kann die Nahrung im häuslichen Bereich nicht selbstständig zubereiten, es besteht ein Selbstversorgungsdefizit in der Haushaltsführung

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Doenges, M. E., Moorhouse, M. F.,; Geissler-Murr, A. C. (2002). Pflegediagnosen und Maßnahmen (3 ed.). Bern: Huber.

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Der Angehörige/die Bezugsperson kann die Dependenzpflege nicht selbstständig durchführen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der Angehörige/die Bezugsperson kann aufgrund fehlender Informationen/Fertigkeiten die Dependenzpflege nicht selbstständig durchführen

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Persönliche Entwicklung

» Beeinträchtigte kognitive Leistungsfähigkeit 414
» Beeinträchtigte Entscheidungsfähigkeit 414
» Beeinträchtigte Entwicklung 415
» Risiko der beeinträchtigten Entwicklung 417
» Beeinträchtigte Zukunftsperspektive 425
» Beeinträchtigte Gewohnheiten 425
» Beeinträchtigte Lebensqualität 425
» Beeinträchtigte Sterbephase 427
» Beeinträchtigte Selbstachtung 427

Der/die Pflegeempfänger(in) ist aufgrund von Konzentrationsschwierigkeiten in der kognitiven Leistungsfähigkeit beeinträchtigt

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) ist in der Entscheidungsfähigkeit beeinträchtigt

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) ist aufgrund einer sehr engen Bindung zu Angehörigen/Bezugspersonen in der eigenen Entscheidungsfähigkeit eingeschränkt

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund einer beeinträchtigten Entwicklung der Wahrnehmungssysteme eine nicht altersentsprechende Entwicklung von Fähigkeiten/Fertigkeiten

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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Die Pflegeempfängerin ist aufgrund klimakterischer Symptome in der Lebensqualität beeinträchtigt

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

Literatur

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Wissen / Information

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Der/die Pflegeempfänger(in) hat ein Informationsdefizit/fehlende Fähigkeiten im Umgang mit der Inkontinenz

LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat ein Informationsdefizit/fehlende Fähigkeiten zur selbstständigen Irrigation des Kolostomas

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) kennt die Wirkungsweise und Gefahren von Diuretika nicht, es besteht ein Informationsdefizit

LOE PD: 2.1 a); LOE PL: 1.4

Literatur

Wieteck, P.; Valleur, H. J. (1996). Handbuch zur Pflegeplanung: Ein Praxishandbuch zur Erstellung von Pflegeplänen mit einem breiten Spektrum an Pflegemassnahmen (2 ed.). Baunatal: RECOM.

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Der/die Pflegeempfänger(in) kennt spezielle postoperative Bewegungsmuster nicht, es fehlen Informationen und Fertigkeiten

LOE PD: 2.1 a); LOE PL: 1.4

Literatur

Doenges, M. E., Moorhouse, M. F.,; Geissler-Murr, A. C. (2002). Pflegediagnosen und Maßnahmen (3 ed.). Bern: Huber.

Paetz, B.; Hoffart, H.-E. (2009). Chirurgie für Pflegeberufe (21 ed.). Stuttgart: Thieme.

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Der/die Pflegeempfänger(in) hat ein Informationsdefizit hinsichtlich der prä-/postoperativen Phase eines chirurgischen Eingriffs

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat ein Informationsdefizit hinsichtlich unterstützender Versorgungsmöglichkeiten

LOE PD: 2.1 a); LOE PL: 1.4

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Der/die Pflegeempfänger(in) ist in der Selbstpflegefähigkeit beeinträchtigt, es besteht ein Informationsdefizit/fehlende Fähigkeiten

LOE PD: 2.1 a); LOE PL: 1.4

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Der/die Pflegeempfänger(in) ist in der Fähigkeit, Umgebungsreize wahrzunehmen und adäquat zu verarbeiten beeinträchtigt, es besteht das Risiko von Fehlinterpretationen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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Die Pflegeempfängerin hat einen Wissensbedarf über gesundheitsförderliches Verhalten in der Säuglingspflege

LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat einen Wissensbedarf über gesundheitsförderliches Verhalten

LOE PD: 1.4; LOE PL: 1.4

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Gesellschaft

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» Risiko der sozialen Isolation 441
» Risiko des finanziellen / sozialen Ruins 443
» Risiko der beruflichen Ausgliederung 443
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» Beeinträchtigte Religions- / Glaubensausübung 444
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Der/die Pflegeempfänger(in) hat ein übersteigertes Selbstwertgefühl/-vertrauen, es besteht das Risiko der sozialen Ausgrenzung

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) zeigt sexuell distanzloses und enthemmtes Verhalten, es besteht das Risiko der sozialen Ausgrenzung

LOE PD: 1.4; LOE PL: 1.4

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Morgan, C. et al. (2007). Social exclusion and mental health: conceptual and methodological review. British Journal of Psychiatry, 191, pp. 477-483. doi: 10.1192/bjp.bp.106.034942

Der/die Pflegeempfänger(in) hat aufgrund fehlender Tischmanieren das Risiko der sozialen Ausgrenzung

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund devianten Verhaltens das Risiko der sozialen Ausgrenzung

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Gold, K.; Gühne, M. (Eds.). (2008). Einzel- und Gruppenaktivitäten in der psychiatrischen Pflege planen - gestalten - durchführen (Vol. 1. Auflage). München Jena: Urban; Fischer.

Der/die Pflegeempfänger(in) hat aufgrund einer beeinträchtigten Eltern-Kind-Beziehung ein verändertes Sozialverhalten, das gegen die Prinzipien der Norm verstößt, es besteht ein Risiko der sozialen Ausgrenzung

LOE PD: 1.4; LOE PL: 1.4

Literatur

Herpert-Dahlmann, B. (2000). Störungen des Sozialverhaltens, Dissozialität und Deliquenz. In H. Remschmidt (Ed.), Kinder- und Jugendpsychiatrie eine praktische Einführung (3 ed.). Stuttgart: Thieme, pp. 307-314.

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Sauter, D. et al. (2004). Lehrbuch psychiatrische Pflege. Bern: Huber.

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Dirscherl, T. et al. (2007). Triple P – ein Public Health Ansatz zur Förderung der seelischen Gesundheit von Kindern und Jugendlichen durch Stärkung der elterlichen Erziehungskompetenz Retrieved from http://www.steppingstones-triplep.de/files/uebertriplep/literatur/uebersichtsartikel_v4.0.pdf (Accessed: 31.10.2014).

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National Institute for Health and Clinical Excellence. (2006). Parent-training/education programmes in the management of children with conduct disorders (TA 102).

Hampel, O. A. et al. (2010). Effekte des Stepping Stones Elterngruppentrainings für Familien mit behinderten Kindern. Kindheit und Entwicklung, 19 (1), pp. 36-46. doi: 10.1026/0942-5403/a000007

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Der/die Pflegeempfänger(in) zeigt deviantes Verhalten, um Aufmerksamkeit und Anerkennung zu erhalten, es besteht das Risiko der sozialen Ausgrenzung

LOE PD: 1.4; LOE PL: 1.4

Literatur

Kellnhauser, E. et al. (2004). Thiemes Pflege (10 ed.). Stuttgart: Thieme.

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Silver, H. (2007). The process of social exclusion: the dynamics of an evolving concept. Manchester: Chronic Poverty Research Centre.

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Morgan, C. et al. (2007). Social exclusion and mental health: conceptual and methodological review. British Journal of Psychiatry, 191, pp. 477-483. doi: 10.1192/bjp.bp.106.034942

Der/die Pflegeempfänger(in) zeigt deviantes Verhalten, um eigene Interessen durchzusetzen, es besteht das Risiko der sozialen Ausgrenzung

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat einen erniedrigenden/entwertenden Kommunikationsstil, es besteht das Risiko der sozialen Ausgrenzung

LOE PD: 1.4; LOE PL: 1.4

Literatur

Dahmer, H.; Dahmer, J. (1989). Gesprächsführung. Eine praktische Anleitung. Stuttgart: Thieme.

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Morgan, C. et al. (2007). Social exclusion and mental health: conceptual and methodological review. British Journal of Psychiatry, 191, pp. 477-483. doi: 10.1192/bjp.bp.106.034942

Der/die Pflegeempfänger(in) zieht sich vom sozialen Geschehen zurück, es besteht das Risiko der sozialen Isolation

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

Dahmer, H.; Dahmer, J. (1989). Gesprächsführung. Eine praktische Anleitung. Stuttgart: Thieme.

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Der/die Pflegeempfänger(in) hat aufgrund eines veränderten Schlaf-Wach-Zyklus das Risiko der sozialen Isolation

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) kann Geld nicht einteilen, es besteht das Risiko des finanziellen/sozialen Ruins

LOE PD: 2.1 a); LOE PL: 1.4

Literatur

Holnburger, M. (1999). Pflegestandards in der Psychiatrie (2 ed.). München: Urban; Fischer.

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Joireman, J., Kees, J.,; Sprott, D. (2010). Concern with immediate consequences magnifies the impact of compulsive buying tendencies on college students' credit card debt. The Journal of Consumer Affairs, 44 (1), pp. 155-178.

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LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) kann den erlernten/praktizierten Beruf nicht mehr ausüben, es besteht das Risiko der beruflichen Ausgrenzung

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) kann sich nicht mit seiner/ihrer gesellschaftlich definierten Rolle identifizieren, es besteht ein Rollenkonflikt

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 1.4; LOE PL: 1.4

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» Risiko von Komplikationen: Behandlung / Therapie 448

» Risiko von Komplikationen: Grunderkrankung / Verletzung 456

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Der/die Pflegeempfänger(in) hat das Risiko eines plötzlichen Kindstods

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund einer perkutanen Nephrostomie (Nierenbeckenkatheter) das Risiko von Komplikationen

LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

Literatur

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LOE PD: 2.1 a); LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund einer Lumbalpunktion das Risiko von Komplikationen

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund einer Arteriografie das Risiko von Komplikationen

LOE PD: 2.1 a); LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund einer Ösophagusvarizenblutung bei durchgeführter Kompressionstherapie das Risiko von Komplikationen

LOE PD: 2.1 a); LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund einer Entlastungssonde das Risiko von Komplikationen

LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) muss alkoholische Speisen und Getränke strikt vermeiden, es besteht das Risiko von Komplikationen

LOE PD: 2.1 a); LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund einer konservativen Frakturbehandlung das Risiko von Komplikationen

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 3.1 a); LOE PL: 3.1 a)

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Der/die Pflegeempfänger(in) hat aufgrund eines Entzugs von Substanzen mit Abhängigkeitspotenzia l das Risiko eines Entzugssyndroms

LOE PD: 3.1 a); LOE PL: 3.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund einer stumpfen Verletzung an den Extremitäten das Risiko von Komplikationen

LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund eines Hyperthermiesyndroms (Hitzschlag) das Risiko von Komplikationen

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund von Durchblutungsstörungen einer/mehrerer Extremität(en) das Risiko von Komplikationen

LOE PD: 1.4; LOE PL: 1.4

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Die Pflegeempfängerin hat aufgrund einer Schwangerschaftsgestose das Risiko von Komplikationen

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund einer Beckenfraktur das Risiko von Komplikationen bei Bewegung

LOE PD: 1.4; LOE PL: 1.4

Literatur

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 3.2; LOE PL: 3.2

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Der/die Pflegeempfänger(in) hat aufgrund einer Tonsillektomie das Risiko von Komplikationen

LOE PD: 2.1 a); LOE PL: 1.4

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Mitchell, R. B. et al. (2019). Clinical Practice Guideline: Tonsillectomy in Children (Update). Otolaryngology - Head and Neck Surgery, 160 (1_suppl), pp. S1-S42. doi: 10.1177/0194599818801757

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Der/die Pflegeempfänger(in) hat aufgrund der Prämedikation das Risiko von Komplikationen

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund einer Wunddrainage das Risiko von Komplikationen

LOE PD: 3.2; LOE PL: 3.2

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat aufgrund von Aszites das Risiko von Komplikationen

LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund von Epistaxis (Nasenbluten) das Risiko von Komplikationen

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund einer allergisch bedingten Hautveränderung das Risiko von Komplikationen

LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat aufgrund einer Instabilität des Bewegungsapparats das Risiko von Komplikationen bei Bewegungen

LOE PD: 1.4; LOE PL: 1.4

Literatur

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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LOE PD: 1.4; LOE PL: 1.4

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Der/die Pflegeempfänger(in) hat ein niedriges physisches Aktivitätsniveau, es besteht das Risiko von Gesundheitsschäden

LOE PD: 1.4; LOE PL: 1.4

Literatur

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Der/die Pflegeempfänger(in) hat das Risiko, im Alter ein Frailty-Syndrom zu entwickeln

LOE PD: 2.1 a); LOE PL: 2.1 b)

Literatur

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Der/die Pflegeempfänger(in) hat aufgrund von selbstvernachlässigendem Verhalten (Self-Neglect) ein Risiko für die Entstehung von Gesundheitsschäden

LOE PD: 1.4; LOE PL: 1.4

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Gesundheitsrisiken für das Umfeld

» Risiko der Ansteckung 476

Der/die Pflegeempfänger(in) hat eine sexuell übertragbare Krankheit, es besteht das Risiko der Ansteckung für den Sexualpartner

LOE PD: 2.1 a); LOE PL: 2.1 b)

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LOE PD: 2.1 a); LOE PL: 2.1 b)

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Der/die Pflegeempfänger(in) hat eine Kolonisation/Infektion mit multiresistenten Erregern, es besteht das Risiko der Ansteckung

LOE PD: 2.1 a); LOE PL: 2.1 b)

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