

# GUIDELINES FOR ICNP<sup>®</sup> CATALOGUE DEVELOPMENT

ICNP<sup>®</sup>

## International Classification for Nursing Practice Programme



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### INTERNATIONAL COUNCIL OF NURSES

ADVANCING NURSING AND  
HEALTH WORLDWIDE

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## Guidelines for ICNP® Catalogue Development

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## BACKGROUND

During this first decade of the 21<sup>st</sup> century, global health developments are taking place in an environment of great political and economic turmoil. Trauma, disease and the far-reaching effects of poverty continue to threaten the health and well-being of large populations. Information technology is increasingly available to support practice, education, research and policy development. Nurse leaders have long recognised that clear articulation of nursing practice is essential for full recognition of the breadth and depth of the profession.

The International Council of Nurses (ICN) understands the need for nursing data. It is essential to have standards for representing nursing practice in health information systems and for developing a knowledge-based understanding of the work of nursing in the context of global health care.

### ICNP®

The International Classification for Nursing Practice (ICNP®), an ICN programme, is designed to be an integral part of the global information infrastructure, informing health care practice and policy to improve patient care worldwide. As such, it is a tool that facilitates nurses' communication with other nurses, health professionals and policy makers about their practice. ICNP® facilitates standardized patient care documentation by nurses. The resulting nursing data and information can be used for planning and managing nursing care, financial forecasting, analysis of patient outcomes, and policy development.

As an international standard, ICNP® facilitates collection and analysis of nursing data across populations, health care settings, languages and geographic regions. Data generated by using ICNP® can support decision-making, thus enhancing the safety and quality of care for patients and families.

ICNP® is a complex, comprehensive tool, including thousands of terms and definitions<sup>1</sup>. To facilitate ease of use, ICN is developing catalogues that are subsets of ICNP®; specifically nursing diagnosis, outcome and intervention statements for a selected client group and health priority.

## ICNP® CATALOGUES: MAKING ICNP® ACCESSIBLE AT THE POINT OF CARE

Catalogues allow nurses working in a specialty area (e.g. ambulatory cancer-care, end-of-life care) or a focus area of nursing (e.g. promoting adherence to treatment, pain management, urinary incontinence) to more readily integrate ICNP® into their practice.

Catalogues do not replace nursing judgement. A nurse's clinical judgement and decision-making will always be essential to providing individualised care to patients and their families and cannot be replaced by any tool. Rather, nurses can use one or more catalogues as tools in documenting their practice.

## BENEFITS OF ICNP® CATALOGUES TO GLOBAL HEALTH CARE

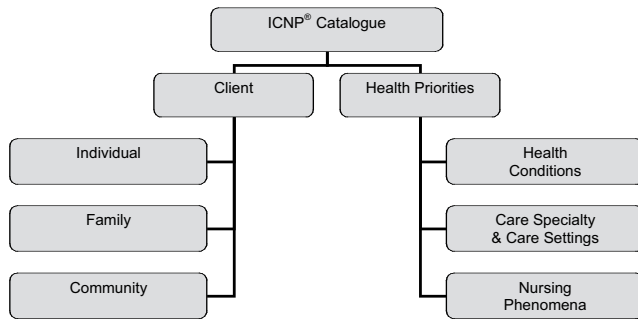
ICNP® catalogues fill a practical need in building health information systems by describing nursing diagnoses, outcomes and interventions appropriate for particular areas of care. The catalogues have all the benefits of being part of a unified nursing language, allowing for mapping to other nursing classification systems with the aim of developing consistent data that describes the work of nursing. ICNP® catalogues are a readily accessible reference for nurses in their particular care setting as they provide subsets of ICNP® to nurses working with clients for selected health priorities. The documentation of nursing care using ICNP® will enhance safety and quality of health care by providing systematic, retrievable data about health care worldwide.

<sup>1</sup> For more information about ICNP®, see Annex.

## ICNP® CATALOGUE FRAMEWORK

The ICNP® Catalogue Framework involves the clients and their health priorities (Figure 1). The client is defined as the subject to which a diagnosis refers and the recipient of an intervention (ICN 2005). Clients include individuals, families and communities that receive nursing care.

FIGURE 1. ICNP® Catalogue Framework



Health priorities for ICNP® catalogues fit in one of three areas: health conditions (e.g. diabetes, mental health), health care specialties or settings, and nursing phenomena (Figure 2).

FIGURE 2. Examples of Health Priorities for ICNP® Catalogues

Nursing Phenomena	Pain Fatigue Self-care Urinary incontinence Adherence to treatment
Care Specialty or Setting	Women’s Health Midwifery Nursing Parish Nursing Family Nursing Cancer Care End of Life (Palliative) Care
Health Conditions	HIV/AIDS Tuberculosis Heart Disease Diabetes Depression Influenza Mental Health

Using the framework, each catalogue has an identified client or clients and focuses on a clearly defined health priority.

## DEVELOPING CATALOGUES

ICN welcomes worldwide participation in ICNP® catalogue development and encourages nurses in clinical care areas or specialty organisations to work with ICN to develop and test catalogues for worldwide validation, and disseminate these catalogues for nurses globally. ICNP® is a dynamic terminology and therefore benefits from local, regional, national and international development and application to practice. To begin catalogue development, nurses knowledgeable about the health care needs of clients being served select a health priority for the catalogue. ICN can assist groups working in similar areas to collaborate and network.

There is not one specific theoretical or conceptual model for organising nursing diagnoses, outcomes and interventions in a catalogue. The presentation of the ICNP® statements (diagnoses, outcomes and interventions) may vary for different catalogues and is determined by nurse developers. For example, in the catalogue titled “Partnering with Clients and Families to Promote Adherence to Treatment”, the ICNP® diagnoses, outcomes and interventions are organised into four aspects of nursing care: (a) physical, (b) mental and behavioural, (c) socio-cultural and environmental, and (d) spiritual. Other conceptual models for the organisation of ICNP® catalogues will be determined by ICN with the collaboration of expert nurses within their specialties

COMPOSING DIAGNOSIS, OUTCOME AND INTERVENTION STATEMENTS

The ICNP® guidelines for developing nursing diagnosis, outcome and intervention statements are based on the International Organization of Standardisation (ISO) standard 18104:2003, Integration of a Reference Terminology Model for Nursing (Saba et al. 2003). This international standard is important for assuring the use and articulation of nursing terminology with other health professionals in the advancement of the electronic health record.

A diagram of the ISO reference terminology model for nursing diagnoses is displayed in Figure 3. To compose a nursing diagnosis using the ISO model, a focus and a judgement are mandatory and the remaining model elements are optional.

Figure 4 displays the ISO reference terminology model for nursing actions. The ISO model determines that both an action and a target are mandatory or required for composing a nursing intervention. The other model elements are optional.

Figure 3. ISO Reference Terminology Model for Nursing Diagnoses

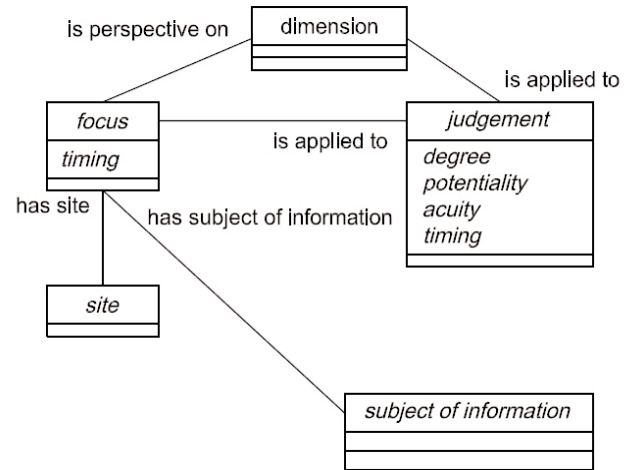
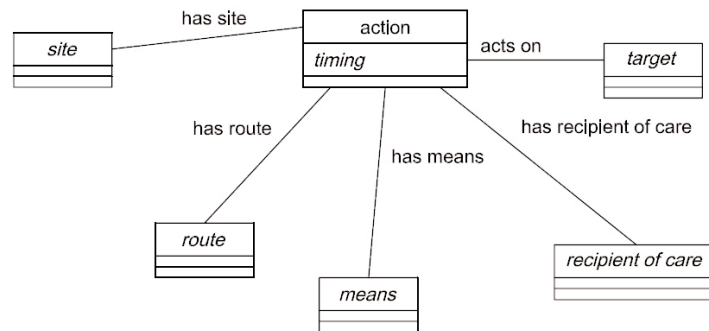


Figure 4. ISO Reference Terminology Model for Nursing Actions



The ISO 18104:2003 Health Informatics - Integration of a reference terminology model for nursing, Figures 3 and 4, are reproduced with permission of the International Organization for Standardization, ISO. This standard can be obtained from any ISO member and from the web site of ISO Central Secretariat at the following address: www.iso.org. Copyright remains with ISO.

## ICNP® NURSING DIAGNOSIS AND OUTCOME STATEMENTS

A nursing diagnosis, according to ICNP®, is a label given by a nurse who makes a decision about the patient or client following assessment. ICNP® nursing outcomes are defined as the measure or status of a nursing diagnosis at points of time after a nursing intervention (ICN 2001). ICNP® nursing outcomes are the assumed result of nursing interventions measured over time as changes effected in nursing diagnoses (ICN 2001). Using the ISO model and the ICNP® 7-Axis Model to create nursing diagnosis and nursing outcome statements, the following guidelines are recommended (ICN 2005).

A nursing diagnosis statement and a nursing outcome statement:

1. Must include a term from the **Focus Axis**.
2. Must include a term from the **Judgement Axis**.
3. May include additional terms as needed from **Focus, Judgement or other Axes**.

In some cases the judgement term for the diagnosis may be implied. For example, the nursing diagnosis of “anxiety” would be represented using the ISO model and the ICNP® guidelines as “actual anxiety”; “anxiety” is the focus and “actual” is the judgement.

## ICNP® NURSING INTERVENTION STATEMENTS

A nursing intervention is an action taken in response to a nursing diagnosis in order to produce a nursing outcome (ICN 2001). The ICNP® guidelines for composing a nursing intervention are based on the ISO standard for a terminology model for nursing actions. Using the ISO model and the ICNP® 7-Axis Model to create nursing intervention statements, the following guidelines are recommended (ICN 2005).

A nursing intervention statement:

1. Must include a term from the **Action Axis**.
2. Must include at least one **Target Term**. A target term can be a term from any axis except the Judgement Axis.
3. May include additional terms as needed from the **Action Axis** or any other axis.

Examples of composing nursing diagnoses, interventions and outcomes are displayed in Figure 5. The figure provides terms from various axes that could be combined across a row to construct a statement. For continuous quality improvement, ICN encourages further testing and validation of these guidelines for composing diagnosis, outcome and intervention statements.

**Figure 5. Examples of Composing Nursing Diagnosis, Interventions and Outcomes using the ICNP® 7-AXIS MODEL**

7Axes Nursing Process Elements	ACTION	CLIENT	FOCUS	JUDGEMENT	LOCATION	MEANS	TIME
Nursing Diagnosis			Medication Non-adherence	Risk			
Nursing Interventions	Explaining	Family				Treatment Regime	
	Teaching		Side Effect				
	Monitoring		Medication Adherence			Pill Box	
Nursing Outcomes			Medication Adherence	Actual			



## CATALOGUE DEVELOPMENT PROCESS

An ICNP® Use Agreement, completed with ICN prior to starting any work with ICNP®, allows ICNP® users to gain access to existing catalogues and statements, thus helping to coordinate efforts internationally.

Throughout the catalogue development process:

- new concepts are to be submitted to ICN for possible addition to ICNP®. Criteria for adding nursing diagnosis, outcome and intervention statements to ICNP® include the ability to define a case for when and why these data would be re-used for decision-support, reporting, analysis or management.
- nursing diagnosis, outcome and intervention statements will have one unique code assigned by ICN. Statements will be shared across catalogues as appropriate.
- existing concepts in ICNP® may also be forwarded to ICN with recommendations for modification or retirement.

Development of ICNP® catalogues requires coordination through ICN. Listed below are important steps in the catalogue development process.

1. Identify the client category and health priority for the catalogue. See Figure 2 for examples of health priorities.
2. Document the significance for nursing of the selected health priority and client group (maximum 500 words). This will help catalogue users from other cultures and countries to understand the approach to nursing care of the client for the particular condition, specialty, setting or nursing phenomena.

3. Contact ICN to determine if other groups are already working with this health priority in order to establish networking with others and direction for your work.
4. Use the ICNP® 7-Axis model browser and book, along with the guidelines for composing ICNP® statements (as noted on the previous pages) to develop diagnosis, outcome and intervention statements.
5. Identify evidence and literature that can help you find relevant nursing diagnosis, outcome and intervention statements.
6. Develop supportive applications or documentation tools for the catalogue's client population and health condition. This documentation could include case studies and assessment tools. Research-based practice standards and guidelines could also be used to clarify and communicate the context for the statements reflected in the catalogue.
7. Test or validate the ICNP® catalogue statements with the specified client population (paper or electronic system) and with nurse experts in the selected health priority.
8. Add, delete or revise the ICNP® catalogue statements as necessary.
9. Work with ICN to develop a final copy of the ICNP® catalogue after the draft catalogue has been submitted for evaluation and coding in ICNP®.
10. Assist ICN as appropriate in the dissemination of the ICNP® catalogue.

## DISSEMINATION AND RESEARCH

ICNP® catalogues should be widely disseminated to increase testing and validation across countries. Once a catalogue is approved by ICN, the catalogue development team is encouraged to disseminate their work by submitting abstracts for professional conference presentations and posters, and manuscripts for publication. The team can also propose and carry out research using client diagnosis, outcome and intervention data acquired through the use of the ICNP® catalogue in the care environment.

Catalogues can be adapted for use by users in their practice settings. Users may want to include some or all of the statements in their documentation and information systems, as appropriate to their individual needs.

## FEEDBACK ON GUIDELINES

We hope these guidelines will help you become interested in ICNP® catalogue development. If you have any feedback on the guidelines, such as whether the guidelines are helpful, or any recommendations you may have for improvement of the guidelines, please send your comments to the ICNP® Programme Director. Any feedback will be helpful in continuing the development of ICNP®.

Information on ICNP® is available from ICN at  
[www.icn.ch/icnp.htm](http://www.icn.ch/icnp.htm)

For permission to use ICNP® or to communicate interest in ICNP® catalogue review or development, please contact the ICNP® Programme.

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## ICNP® IN BRIEF

ICN's goal is for ICNP® to be an integral part of the global information infrastructure, informing health care practice and policy to improve patient care worldwide. The launch of ICNP® Version 1.0 in 2005 marked the culmination of 15 years of work by hundreds of nurses and other experts worldwide. The development and testing of three earlier versions, Alpha, Beta and Beta 2, were essential steps toward the development of ICNP® Version 1.0. Major structural changes were made with Version 1.0 with the aim of making it a unified nursing language that could (a) provide a standardized terminology for nursing, and (b) promote a shared meaning of concepts in nursing thus documenting comparable data for use in health information systems across populations, health care settings, languages and geographic regions (ICN 2005).

ICNP® Version 1.0 was developed using a description logic approach. ICN recognises that while such technological complexities are needed to develop and maintain ICNP® Version 1.0, they are not relevant to most people. Thus other representations of ICNP® are needed. A multi-axial representation, the ICNP® 7-Axis Model, was developed to provide user-friendly access to ICNP® concepts and definitions. The 7-Axis Model provides navigational hierarchies for easier use and can be used to create ICNP® catalogues. Relationships among the ICNP® Version 1.0, the ICNP® 7-Axis Model and the ICNP® Catalogues are found in Figure A-1.

**Figure A-1. ICNP® Version 1.0, 7-Axis Model and Catalogues**

