



## LETTER TO THE EDITOR

### Respons to “Nurse methodology applied to clinical practice: Reality or fiction?”<sup>☆</sup>



### Respuesta a «La metodología enfermera aplicada a la práctica clínica: ¿realidad o ficción?»

Dear Editor,

We would like to respond to the issues presented in the Letter to the Editor on the Clinical Case of “Botulism in the ICU: nursing care plan.”<sup>1</sup>

Firstly we wish to clarify that a care plan is individualized, not standardized. We agree that the beneficiary is both the patient and the family and that although the patient’s evolution for the first 24 h was poor, and their vital needs were prioritized, the nursing assessment, as may be observed in the care plan, took the family into consideration. Furthermore, consideration was given to prognostic uncertainty due to the low incidence of this disease in Spain. The visiting hour regime was also made more flexible to encourage accompaniment of the patient (since the patient was admitted to the reference hospital of the province, the family had to travel over an hour by public transport and the patient had been isolated). We would also like to point out that given the norms of journal publication, which limits the number of words in this type of article, we had to forego some of the details regarding the justification of nursing diagnostics (ND) which were inclusive of the family.

Secondly, with reference to the ND we wish to stress the sudden clinical and analytical impairment in the patient’s condition during the first 24 h. The potential complications which could have presented in the following hours and days we considered as ND. As a result, the nurse did not only manage the symptoms that presented, but anticipated those which could have presented. Her actions reaffirm, as we argued in our article,<sup>2</sup> the autonomy of

nurses and the importance of a comprehensive and holistic care for the patient by a multidisciplinary team. Carpenito defines the ND as “clinical judgements on the reactions of the person, family member or community in the face of real or possible health problems/life processes”.<sup>3–6</sup> For Carpenito, problems of collaboration are “certain physiological complications which the nurse controls to detect the appearance or changes in health status”.<sup>3–5</sup> The care plan we devise does not precisely match the paradigm defined by Carpenito because for us the dividing line between her definition and the NANDA taxonomy used is blurred: the health problem presented by the patient could not have been resolved merely with real diagnoses, it required risk diagnoses.

Finally we would like to express our gratitude for the interest shown in our study and trust that its contributions may enrich future publications.

### Acknowledgements

We would like to thank all those professionals who at any time documented, provided or collaborated in data collection.

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DOI of original article: <https://doi.org/10.1016/j.enfi.2018.11.003>

<sup>☆</sup> Please cite this article as: Zariquiey-Esteva G, Galeote-Cózar D, Santa-Candela P, Castanera-Duro A. Respuesta a «La metodología enfermera aplicada a la práctica clínica: ¿realidad o ficción?». *Enferm Intensiva*. 2020;31:99–100.

enfermería. 7.<sup>a</sup> edición Madrid: McGraw-Hill Interamericana; 2006. p. 6–12.

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