CAN NURSING ESCAPE THE MEDICAL MODEL?

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STTI: Grapevine, Texas
Evolution/Explanation of the Model

Pilot Studies

Student Application
EVOLUTION OF THE MODEL

- Teaching Nursing process: NANDA

- Student assignments based on Medical Assessments

- Framework needed to holistically identify Human Response in all specialty areas, in any agency and with prevention, acute care, chronic care and through a peaceful death
<table>
<thead>
<tr>
<th>Health Promotion</th>
<th>Role/Relationship</th>
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<tbody>
<tr>
<td>Nutrition</td>
<td>Sexuality</td>
</tr>
<tr>
<td>Elimination/Exchange</td>
<td>Life Principles</td>
</tr>
<tr>
<td>Activity/Exercise</td>
<td>Safety Protection</td>
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<tr>
<td>Perception/Cognition</td>
<td>Comfort</td>
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<tr>
<td>Self Perception</td>
<td>Growth/Development</td>
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<tr>
<td>Coping/Stress Tolerance</td>
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</tbody>
</table>
FUNCTIONAL HEALTH PATTERNS

- Not user friendly
- Not consistent
- Nursing Diagnoses listed alphabetically
<table>
<thead>
<tr>
<th>ESCAPE-C</th>
<th>GORDON</th>
<th>HENDERSON</th>
<th>OMAHA</th>
<th>National Council of State Board of Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E</strong> Environment</td>
<td>Environment</td>
<td>Avoid Danger in Environment</td>
<td>Environment</td>
<td>Safety and Infection Control</td>
</tr>
<tr>
<td>Safe</td>
<td>Safe</td>
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</tr>
<tr>
<td>Pleasant</td>
<td>Pleasant</td>
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<tr>
<td><strong>S</strong> Self</td>
<td>Self Perception/self concept</td>
<td>Work Communicate Play Worship</td>
<td>Psycho-Social</td>
<td>Management of Care Coping and Adaptation Psychosocial Adaptation Growth and Development/ Life Span</td>
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<tr>
<td>(Individual/Group)</td>
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<tr>
<td>Psycho</td>
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<td>Social</td>
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<td>Cultural</td>
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<td>Spiritual</td>
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</tr>
<tr>
<td><strong>C</strong> Comfort</td>
<td>Coping/Stress Tolerance</td>
<td></td>
<td></td>
<td>Basic Care and Comfort*</td>
</tr>
<tr>
<td>(Pain)</td>
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<tr>
<td>Acute/Chronic</td>
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<tr>
<td><strong>A</strong> Activities Daily Living</td>
<td>Elimination Activity/Exercise Sleep/Rest</td>
<td>Move/maintain position Eat/drink Eliminate body wastes Clothing/Hygiene Sleep/rest</td>
<td>Health Related*</td>
<td>Basic Care and Comfort*</td>
</tr>
<tr>
<td>Move Eat Eliminate Toilet Sleep</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>P</strong> Physical Assessment</td>
<td>Nutrition/Metabolic</td>
<td>Maintain Body Temp Breath Protect the skin</td>
<td>Physiologic*</td>
<td>Physiological Adaptation</td>
</tr>
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<tr>
<td><strong>E</strong> Educational Needs</td>
<td>Health Perception/ Management Cognitive/Perceptual</td>
<td>Learn and Discover</td>
<td>Health Related*</td>
<td>Prevention/Early Detection of Disease Reduction of Risk Potential</td>
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<tr>
<td><strong>C</strong> Collaboration</td>
<td>Initiated by others; Responsibility of Nurse</td>
<td></td>
<td></td>
<td>Medications Parenteral Therapies Lab/Diagnostic Procedures</td>
</tr>
</tbody>
</table>
“The most important practical lesson that can be given to nurses is to teach them what to observe”

**Nursing Diagnosis with the ESCAPE-C Model**

**Environment**
- Allergen
- Contamination
- Falls
- Home Maintenance
- Infection
- Latex Allergy
- Immunization
- Injury
- Poisoning
- Protection, ineffective

**Self**
- Psycho/Social/Cultural/Spiritual
  - Psychological
    - Activity planning
    - Anxiety
    - Anxiety, Death
    - Body Image
    - Coping
    - Communication
    - Conflict
    - Confusion
    - Denial
    - Development Delayed
    - Risk Prone Behavior
    - Dignity
    - Diversion Activity Deficit
    - Fear
    - Grieving
    - Hopelessness
    - Identity
    - Loneliness
    - Post Trauma Syndrome
    - Relocation Stress
    - Syndrome
    - Powerlessness
    - Rape Trauma
    - Syndrome
    - Resilience
    - Self Concept
    - Self Esteem
    - Self Mutilation
    - Sorrow
    - Suicide
    - Thought Process, impaired
    - Violence to Self

**Comfort**
- Psycho-Social
  - Health Maintenance
  - Noncompliance
  - Post Trauma Syndrome
  - Sedentary Lifestyle
  - Self Health
  - Sexual Dysfunction
  - Sexual Pattern
  - Disturbance
  - Stress
  - Violence, others

- Psycho-Social-Cultural
  - Breastfeeding
  - Childbearing Process
  - Maternal Child Dyad
  - Noncompliance
  - Powerlessness
  - Sudden Infant Death
  - Syndrome, risk

- Social
  - Social Interaction
  - Attachment
    - (Parent/Child)
  - Family Process
  - Dysfunctional
  - Role Performance
  - Alcoholism
  - Change
  - Role: Care Giver Strain
  - Partner Relationship
  - Parental Role Conflict
  - Social Interaction, impaired
  - Social Isolation
  - Family Process

**ADL**
- Move
  - Activity Intolerance
  - Energy Field
  - Fatigue
  - Mobility
  - Physical Neglect
  - Transfer Ability
- Eating
  - Dentition
  - Nausea
  - Oral Mu cosa
  - Membrane
  - Self-Care Deficit,
  - Feeding
  - Swallowing
- Eliminate
  - Bowel
  - Incontinence
  - Constipation
  - Diarrhea
  - Impaired Motility

**Physical Assessment**
- Neurological/Sensory
  - Perceptual
- Respiratory
  - Cardiovascular (C/V)
  - Intracranial Adaptive
  - Process
  - Decreased
  - Sensory Perception
  - Disturbance
  - (Visual/Auditory/Kinetic)
  - Wandering
- Cardiovascular
  - Cardiac Output
  - Decreased
  - (note effect on all organs)
  - Fluid Balance
  - Peripheral
  - Neurovascular
  - Dysfunction
  - Tissue Perfusion,
  - Integrity
  - Shock
- Respiratory
  - Airway Clearance
  - Ineffective
  - Aspiration
  - Breathing Pattern,
  - Ineffective
  - Gas Exchange,
  - Impaired
  - Ventilation, Impaired
  - Ventilator Weaning,
  - Impaired
- Gastrointestinal
  - Breastfeeding
  - Ineffective/
  - Interrupted

**Environmental**
- Musculoskeletal
  - Disuse Syndrome
  - Unilateral Neglect
- Integumentary
  - Skin Integrity, Impaired
  - Neonatal Jaundice
- Musculoskeletal
  - Integumentary
  - Urinary
- Reproductive
- Multi-System (General)
  - Surgical Recovery
  - Delay
  - Allergy
  - Bleeding
  - Blood Glucose,
  - Unstable
  - Electrolyte Imbalance
  - Failure to Thrive
  - Fluid Balance
  - Growth & Development,
  - Delayed
  - Infant Behavior,
  - Disorganized
  - Injury
  - Liver Function,
  - Impaired
  - Post Op Positioning
  - Thermoregulatio
  - (Hypo/ Hyperthermia)

**Education**
- Decision Making
  - Environmental
  - Interpretation,
  - Impairment
  - Health Management
  - Health Maintenance
  - Health-Seeking Behavior
  - Knowledge Deficit
  - Memory Impairment
  - Protection

**Collaboration**
- Assessments Requiring Consultation:
  - Md
  - Specialist Nutritionist
  - Occupational Therapist
  - Physical Therapist
  - Respiratory Therapist
  - Social Work
  - Etc...

- For example: Include medication,
  - diagnostics, monitoring
  - and/or interventions
  - ordered by others.
  - Correlate ‘why’ it is
  - ordered and include in
  - the ESCAPE category
  - of which the nurse might observe a
  - ‘response’.

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For the full diagram, see the provided image.
## Nursing Diagnosis with the ESCAPE-C Assessment Tool

<table>
<thead>
<tr>
<th>Environment</th>
<th>Self</th>
<th>Comfort</th>
<th>ADL</th>
<th>Physical Assessment</th>
<th>Education</th>
<th>Collaborative Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergen reaction, risk for Latex Allergy</td>
<td>Psycho/Social/Cultural/Spiritual</td>
<td>Acute Chronic</td>
<td>Move</td>
<td>Neurological/Sensory Cardiovascular (CIV) Respiratory Gastro-Intestinal (GI)</td>
<td>Genitourinary Integumentary Musculoskeletal (MIS) Multi-System (General)</td>
<td>Hospital Orders Medications Labs Intravenous Therapy Protocols for Dx or Procedures Treatments Respiratory DVT prevention Dressing changes Equipment Management EKG Hemodynamic Monitoring Pulse Ox, BP SCUID/EDS Diagnostic Procedures Consultations Other MDs Dietary Social Work Physical Therapy Occupational Therapy</td>
</tr>
<tr>
<td>Falls, risk for</td>
<td>Pain</td>
<td>Acute Chronic</td>
<td>Eating</td>
<td>Neurological Automonomic Dysreflexia Body Temperature, imbalance Intracranial Adaptive Process, decreased?</td>
<td>Multi-System (General)</td>
<td>Health-Seeking Behaviors Knowledge Deficient Environmental Interpretation Impairment</td>
</tr>
<tr>
<td>Home Maintenance, impaired</td>
<td>Anxiety</td>
<td>Powerlessness</td>
<td>Sleep (MEETS)</td>
<td>Physical</td>
<td></td>
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</tr>
<tr>
<td>Confusion Acute/Chronic</td>
<td>Social</td>
<td>Change</td>
<td></td>
<td>Sensory/Perceptual</td>
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</tr>
<tr>
<td>Coping: Ineffective</td>
<td>Attachment (Parent/Child)</td>
<td>Role: Caregiver Role Strain</td>
<td>Movement</td>
<td>Specify: Visual, Auditory, Kinesesthetic, Gustatory, Tactile, Olfactory</td>
<td></td>
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</tr>
<tr>
<td>Defensive/Enhanced/ Community/Family Coping</td>
<td>Communication, impaired</td>
<td>Role: Ineffective</td>
<td></td>
<td>Cardiovascular</td>
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<tr>
<td>Decisional Conflict</td>
<td>Family Process Dysfunctional Alcoholism</td>
<td>Role: Parental Conflict</td>
<td></td>
<td>Fluid Balance, altered</td>
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<tr>
<td>Denial</td>
<td>Social Interaction, impaired</td>
<td>Social isolation</td>
<td></td>
<td>Tissue Perfusion, impaired</td>
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<tr>
<td>Development Delayed</td>
<td>Therapeutic Family Regime Management</td>
<td>Therapeutic Family Regime Management</td>
<td></td>
<td>Cardiac Output, decreased</td>
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<tr>
<td>Division/Activity Deficit</td>
<td></td>
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<td>Respiratory</td>
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<tr>
<td>Fear</td>
<td>Cultural</td>
<td></td>
<td></td>
<td>Airways Clearance, ineffective</td>
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<tr>
<td>Hopelessness</td>
<td>Social-Cultural</td>
<td></td>
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<td>Aspiration</td>
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<tr>
<td>Loneliness</td>
<td>Parenting</td>
<td></td>
<td></td>
<td>Breathing Pattern, ineffective</td>
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<tr>
<td>Memory Impairment</td>
<td>Psycho-Social-Cultural</td>
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<td>Gas Exchange, impaired</td>
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<tr>
<td>Personal Identity Disturbance</td>
<td>Noncompliance</td>
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<td>Ventilation, impaired spontaneous</td>
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<tr>
<td>Rape Trauma Syndrome</td>
<td>Powerlessness</td>
<td></td>
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<td>Ventilatory Weaning, impaired</td>
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<tr>
<td>Self: Self Concept/Self Esteem/ Self Mutilation</td>
<td>Social</td>
<td></td>
<td></td>
<td>Gastrointestinal</td>
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<tr>
<td>Sensory Perception Disturbance</td>
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<td>Nutrition</td>
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<tr>
<td>Soror</td>
<td>Energy Field Disturbance</td>
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<td>Oral Mucous Membrane, impaired</td>
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<tr>
<td>Suicide, risk for</td>
<td>Spiritual Distress</td>
<td></td>
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<td>Skin Integrity, impaired</td>
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<tr>
<td>Thought Process, impaired</td>
<td>Spiritual Well-being</td>
<td></td>
<td></td>
<td>Musculoskeletal</td>
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<tr>
<td>Violence to Self</td>
<td></td>
<td></td>
<td></td>
<td>Joint</td>
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<tr>
<td>Psycho-Social</td>
<td>Parenting</td>
<td></td>
<td></td>
<td>Elbow</td>
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<tr>
<td>Health Maintenance, ineffective</td>
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<td></td>
<td>Knee</td>
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<tr>
<td>Grieving</td>
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<td>Shoulder</td>
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<tr>
<td>Post-Trauma Syndrome</td>
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<td>Wrist</td>
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<tr>
<td>Relocation Stress Syndrome</td>
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<tr>
<td>Sexual Dysfunction</td>
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<tr>
<td>Sexual Pattern Disturbance</td>
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<tr>
<td>Violence: Other-Directed</td>
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</tbody>
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**Notes:**
- **E** indicates environmental factors.
- **S** indicates self-related factors.
- **C** indicates comfort factors.
- **A** indicates activities of daily living (ADL).
- **P** indicates physical assessment.
- **E** indicates educational aspects.
- **Collaborative Care** indicates medical orders and interdisciplinary responsibilities.
BENEFITS OF ESCAPE-C

- Begin with the patient, ESCAPE-C can be used in any order
- It is simple yet prevents omission of data
- Treat the person and human response - not just the Medical diagnosis
- Used with patient/groups in any specialty area and not dependent on ‘Western Medicine’
- Collaboration is critical
- Assessment is NOT checking boxes, but integrating, evaluating, and acting on the data obtained ....THINKING
Comparison of Nursing Diagnoses with using ESCAPE-C Tool
N=34 Assignments [17 for each group]

OB Group of Students

1= ESCAPE-C
2= Without ESCAPE-C

Total Number Diagnoses
Variety of Diagnoses
SECOND STUDY
Comparison of Nursing Diagnoses with using ESCAPE-C Tool
N=34 Assignments [17 for each group]
“Using ESCAPE-C allowed me to see the bigger picture and not just focus on tasks”
“I think I was more efficient because I paid more attention... unearthed more information... and was better able to prioritize”

“...a more holistic way to give care.... not just do the task... but really CARE for the patient and personalize the care”
APPLICATION OF ESCAPE-C

- Defines expectation of professional nursing care
- Curriculum
- Debriefing of simulation
- Quality control
- Patient/client satisfaction
Psych Faculty reorganized their assignment using ESCAPE-C Model

Re-organization of med/surg Case Studies into ESCAPE-C Model

Some OB faculty used ESCAPE-C Model instead of Concept Mapping

History and Physical Assignment reorganized using ESCAPE-C Model
ESCAPE-C is an acronym for an original and innovative start for the first step of the Nursing Process. This Assessment Model is simple and provides a systematic, cohesive, and holistic framework for efficiently assessing the client and identifying problems and the need for nursing care. It allows for a logical and smooth transition to nursing diagnosis. ESCAPE-C has a nursing focus that can be independent of medical practice yet also includes Nursing’s collaborative role with other members of the health care team. This model may help define and measure Nursing’s unique and independent contribution in health care.