

## DISASTER CONSIDERATIONS

Physical effects of a catastrophic event can vary depending on the type of disaster. For example, explosive devices, transportation accidents, hurricanes, or floods might result in burns and crush injuries, release of chemical agents, or use of biological weapons/reemerging infections (e.g., pandemic influenza) causing mass infections that may result in various physical problems depending on the agent involved.

Disaster events can exacerbate any chronic condition, such as heart or lung problems, and/or precipitate emergent conditions such as premature births, seizures, and psychiatric conditions, panic disorders, and suicidal thoughts.

Following any disaster, those involved, victims, rescuers, and the surrounding community, suffer from a variety of responses. The bigger the disaster/catastrophe, the greater the number of people involved and the wider the effect. With the playing and replaying of the events, the effects can be magnified and people far removed from the scene may also suffer.

### CARE SETTING

Wherever disaster occurs, to include triage areas, aid stations, hospital/emergency centers, shelters.

### RELATED CONCERNS

Burns: thermal/chemical/electrical  
Craniocerebral trauma  
Fractures  
Pneumonia, microbial  
Sepsis/septicemia  
Psychosocial aspects of care

## Patient Assessment Database

Data depend on specific injuries incurred/presence of chronic conditions (refer to specific plans of care for data reflecting burns, multiple trauma, cardiac and respiratory conditions, etc.)

### ACTIVITY/REST

**May report:** Sleep disturbances, recurrent intrusive dreams of the event, nightmares, difficulty in falling or staying asleep; hypersomnia (intrusive thoughts, flashbacks)  
Fatigue, listlessness

### CIRCULATION

**May report:** Palpitations or tachycardia  
Sweating, hot flashes, or chills  
**May exhibit:** Cold clammy hands  
Increased blood pressure (anxiety), decreased blood pressure (dehydration/hypovolemia)

### EGO INTEGRITY

**May report:** Excessive worry about events, avoidance of circumstances/locations associated with incident  
Sense of inner turmoil  
Dry mouth, upset stomach, lump in throat  
Threat to physical integrity or self-concept  
Questioning of God's purpose/abandonment  
**May exhibit:** Facial expression in keeping with level of anxiety (furrowed brow, strained face, eyelid twitch)

### ELIMINATION

**May report:** Frequent urination; diarrhea

### FOOD/FLUID

**May report:** Lack of interest in food; dysfunctional eating pattern  
Nausea, vomiting

#### NEUROSENSORY

**May report:** Anticipation of misfortune to self or others, feeling stuck  
Absence of other mental disorder

**May exhibit:** Motor tension; shakiness, jitteriness, trembling, easily startled  
Apprehensive expectation; rumination  
Excessive vigilance/hyperattentiveness; distractibility, difficulty concentrating, irritability,  
impatience, psychic numbing

#### PAIN/DISCOMFORT

**May report:** Muscle aches, headaches, chest pain (in addition to pain related to physical  
injuries/conditions)

#### RESPIRATORY

**May report:** Shortness of breath, smothering sensation

**May exhibit:** Increased respiratory rate

#### SEXUALITY

**May report:** Decreased libido

#### SOCIAL INTERACTIONS

**May report:** Concern for well-being of others  
Questioning own actions/survival  
Difficulty participating in social settings, reluctance to engage in usual activities/work

#### TEACHING/LEARNING

**Discharge Plan** Dependent on individual situation, level of support, and available resources  
**Considerations:**

#### DIAGNOSTIC STUDIES

Dependent on injuring agent/exposure and availability of resources for testing/procedures.

#### NURSING PRIORITIES

1. Prevent/treat life-threatening conditions.
2. Prevent further injury/spread of infection.
3. Support efforts to cope with situation.
4. Facilitate integration of event.
5. Assist community in preparing for future occurrences.

#### DISCHARGE GOALS

1. Free of preventable complications.
2. Anxiety/fear reduced to a manageable level.
3. Beginning to cope effectively with situation.
4. Plan in place to meet needs after discharge.
5. Community preparedness enhanced.

**NURSING DIAGNOSIS: Injury, risk for/actual (trauma, suffocation, poisoning)**

**Risk factors may include**

- Biological (immunization level of community, presence of microorganism)
- Contact with chemical pollutants, poisonous agents
- Exposure to open flame/flammable material
- Acceleration/deceleration forces
- Contamination of food or water

**Possibly evidenced by**

[Not applicable; presence of signs and symptoms establishes an *actual* diagnosis.]

**DESIRED OUTCOMES/EVALUATION CRITERIA—PATIENT/CAREGIVERS WILL:**

**Safety Status: Physical Injury (NOC)**

Minimize degree of/prevent further injury.

**Safety Behavior: Personal (NOC)**

- Verbalize understanding of condition/specific needs.
- Identify interventions appropriate to situation.
- Demonstrate behaviors necessary to protect self from further injury.
- Accept responsibility for own care and follow up as individually able.

ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Triage: Disaster (NIC)</b></p> <p><b>Independent</b></p> <p>Acquire information about nature of emergency, accident or disaster.</p> <p>Prepare area and equipment, check and restock supplies.</p> <p>Assist in prioritizing (triaging) patients for treatment. Monitor for/treat life-threatening injuries.</p> <p>Determine primary needs/specific complaints of patient. Check for medical alert tag.</p> <p>Obtain additional medical information including preexisting conditions, allergies, current medication. Perform more in-depth assessment as time allows/condition warrants.</p> <p>Determine patient's developmental level, decision-making ability, level of cognition, and competence.</p> <p>Evaluate individual's response to event, mood, coping abilities, personal vulnerability.</p>	<p>Identifies basic resource needs and helps to prepare staff for appropriate level of response based on customary injuries/healthcare needs usually associated with specific event.</p> <p>Assists in providing safe medical and nursing care in anticipation of emergency need.</p> <p>Promotes efficient care of those who can be medically treated, and maximizes use of resources.</p> <p>Information necessary for triaging to appropriate services.</p> <p>Provides for assessment and treatment of conditions that might not be evident initially.</p> <p>Affects treatment plan regarding issues of informed consent, self-care, patient teaching, and discharge.</p> <p>People react to traumatic situations in many ways and may exhibit a wide range of responses, from no visible response to wild emotions. This may result in carelessness/increased risk-taking without considerations of consequences, or inability to act on own behalf (including protecting self).</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Triage: Disaster (NIC)</b></p> <p><b>Independent</b></p> <p>Ascertain knowledge of needs/injury prevention and motivation to prevent further injury.</p> <p>Discuss importance of self-monitoring of conditions/emotions that can contribute to occurrence of injury (e.g., shock state, ignoring basic needs, fatigue, anger, irritability).</p> <p>Note socioeconomic status/availability and use of resources.</p> <p><b>Collaborative</b></p> <p>Work with other agencies (e.g., law enforcement, fire department, Red Cross, ambulance/EMT), as indicated. Follow prearranged roles when participating in a community disaster plan.</p> <p>Identify/manage life-threatening situations (e.g., airway problems, bleeding, diminished consciousness).</p> <p><b>Triage: Emergency Care (NIC)</b></p> <p>Obtain/assist with diagnostic studies as indicated.</p> <p>Provide therapeutic interventions as individually appropriate. (Refer to specific CPs; e.g., Burns, Fractures, Crainocerebral Trauma, Myocardial Infarction, COPD, Ventilatory Assistance [mechanical]).</p> <p>Provide written instructions/list of resources for later review.</p> <p>Identify community resources including shelter, neighbors/friends, and government agencies available for assistance.</p> <p>Refer to other resources as indicated (e.g., counseling/psychotherapy).</p>	<p>Indicator of need for information, assistance with making positive changes, promoting safety, and sense of security.</p> <p>Recognizing these factors and dealing with them appropriately (including seeking support/assistance) can reduce individual risks.</p> <p>May determine ability to access help for identified problems.</p> <p>During a disaster, many people are involved with care of victims. Most communities have disaster plans in which nurses will participate.</p> <p>Stabilization of medical condition necessary before proceeding with additional therapies.</p> <p>Choice of studies is dependent on individual situation and availability of resources.</p> <p>Specific needs of patient and the level of care available at a particular site determine response.</p> <p>Patient/SO(s) are generally not able to assimilate information at time of crisis, and may want/need reinforcement or additional information.</p> <p>May need assistance/ongoing monitoring postdischarge to deal with self-care needs as well as safe housing and other life requirements. <i>Note:</i> Release of patient without active support increases personal risk because of possibility of unrecognized or subacute injury/delayed psychological response.</p> <p>Immediate “debriefing”/counseling is beneficial for dealing with crisis to enhance ability to meet own needs.</p>

**NURSING DIAGNOSIS: Infection, risk for**

**Risk factors may include**

Environmental exposure; inadequate acquired immunity  
Trauma/tissue destruction, invasive procedures  
Chronic disease, malnutrition  
Insufficient knowledge to avoid exposure to pathogens

**Possibly evidenced by**

[Not applicable; presence of signs and symptoms establishes an *actual* diagnosis.]

**DESIRED OUTCOMES/EVALUATION CRITERIA—PATIENT WILL:**

**Risk Control (NOC)**

Verbalize understanding of individual exposure/risk factor(s).  
Identify interventions to prevent/reduce risk of infection.

**Infection Status (NOC)**

Be free of/demonstrate resolution of infection.

ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Infection Control (NIC)</b></p> <p><b>Independent</b></p> <p>Note risk factors for occurrence of infection (e.g., environmental exposure, compromised host, traumatic injury/loss of skin integrity). Determine proximity to incident. Be aware of incubation period for various diseases.</p> <p>Observe for signs and symptoms of infective agent and sepsis (systemic infection); fever, chills, diaphoresis, altered level of consciousness, positive blood cultures. Investigate presence of rash.</p> <p>Practice and demonstrate proper handwashing technique.</p> <p>Provide for infection precautions/isolation as indicated (e.g., standard precautions of gown/gloves/face shield or goggles; respiratory mask/filter; reverse or negative pressure room).</p> <p>Group/cohort individuals with same diagnosis/exposure as resources require.</p> <p>Monitor visitors/caregivers for infectious diseases.</p> <p>Review individual nutritional needs, appropriate exercise program, and need for rest.</p>	<p>Understanding nature/properties of infectious agents and individual's exposure determines choice of therapeutic intervention. <i>Note:</i> Those upwind of an aerosol release of a biological agent may have little or no exposure to the agent. (Refer to chart 15–1, at end of plan of care, for pertinent information.)</p> <p>Initial symptoms of some agents present with fever, fatigue, joint-aches, and headache similar to influenza and may be misdiagnosed as an influenza-like-infection (ILI) unless healthcare providers maintain an index of suspicion and obtain additional diagnostic studies.</p> <p>First-line defense to limit spread of infections.</p> <p>Reduces risk of cross-contamination to staff, visitors, and other patients.</p> <p>Limited resources may dictate open wardlike environment but need to control spread of infection still exists.</p> <p>Prevents exposure of patient to further infection and may reveal additional cases.</p> <p>Essential for well-being and recovery.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Infection Control (NIC)</b></p> <p><b>Independent</b></p> <p>Instruct patient/SO(s) in techniques to prevent spread of infection, protect the integrity of skin, and care for wounds/lesions.</p> <p>Emphasize necessity of taking antibiotics as directed (e.g., dosage and length of therapy).</p> <p>Involve community in education programs geared to increasing awareness of spread/prevention of communicable diseases.</p> <p><b>Collaborative</b></p> <p>Obtain appropriate specimens for observation and culture/sensitivities testing (e.g., nose/throat swabs, sputum, blood, urine, and feces).</p> <p>Assist with medical procedures (e.g., incision and drainage of abscess, bronchoscopy, wound care) as indicated.</p> <p>Administer/monitor medication regimen (e.g., antimicrobials, topical antibiotics) and note patient's response.</p> <p>Provide passive protection (e.g., immune globulin), active protection (e.g., vaccination), or chemoprophylaxis as appropriate.</p> <p>Alert proper authorities to presence of specific infectious agent and number of cases.</p>	<p>Self-care activities that may provide protection for patient/others.</p> <p>Premature discontinuation of treatment when patient begins to feel well may result in return of infection. On the other hand, unnecessary use of antibiotics may result in development of secondary infections or resistant organisms.</p> <p>Helps to reduce incidence of disease in the community, and manage the dissemination of information.</p> <p>Provides information to diagnose infection, determine appropriate therapeutic interventions.</p> <p>Helps determine causative factors for appropriate treatment and facilitates recovery.</p> <p>Determines effectiveness of therapy/presence of side effects.</p> <p>May prevent development of infection following exposure or reduce the likelihood of acquiring disease in the future. (Refer to chart 15–2 at end of plan of care.)</p> <p>Diseases that could be caused by biological releases or that spread rapidly through populations have reporting requirements to local, state and national agencies, such as the state health department or the Centers for Disease Control and Prevention (CDC). These agencies in turn have responsibilities for the public safety and welfare.</p>

**NURSING DIAGNOSIS: Anxiety (panic)/Fear**

**May be related to**

Situational crisis; exposure to toxins  
Real or perceived threat to physical well-being, threat of death  
Interpersonal transmission of concerns/fears  
Unconscious conflict about essential values (beliefs)  
Unmet needs

**Possibly evidenced by**

Persistent feelings of apprehension and uneasiness, sense of impending doom  
Scanning and vigilance; or lack of awareness of surroundings  
Sympathetic stimulation; extraneous movements (restlessness, foot shuffling, hand/arm fidgeting, rocking movements)  
Focus on self; overexcited  
Impaired functioning; verbal expressions of having no control or influence over situation, outcome, or self-care

**DESIRED OUTCOMES/EVALUATION CRITERIA—PATIENT WILL:**

**Anxiety/Fear Control (NOC)**

Acknowledge and discuss feelings.  
Verbalize accurate knowledge of current situation and potential outcomes.  
Identify healthy ways to successfully deal with stress.  
Report anxiety is reduced to a manageable level.  
Demonstrate problem-solving skills appropriate for individual situation.  
Use resources/support systems effectively.

ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Crisis Intervention (NIC)</b></p> <p><b>Independent</b></p> <p>Determine degree of anxiety/fear present, associated behaviors (e.g., laughter, crying, calm or agitation, excited/hysterical behavior, expressions of disbelief and/or self-blame), and reality of perceived threat.</p> <p>Note degree of disorganization.</p> <p>Maintain and respect patient's personal space boundaries (approximately 4-foot circle around patient).</p> <p>Create quiet area as able. Maintain a calm, confident manner. Speak in even tone using short simple sentences.</p> <p>Develop trusting relationship with patient.</p>	<p>Clearly understanding patient's perception is pivotal to providing appropriate assistance in overcoming the fear. Individual may be agitated or totally overwhelmed. Panic state increases risk for patient's own safety as well as the safety of others in the environment.</p> <p>Patient may be unable to handle ADLs or work requirements and need more intensive evaluation/intervention.</p> <p>Entering patient's personal space without permission/invitation could result in an overwhelming anxiety response, and possibly an overt act of violence.</p> <p>Decreases sense of confusion/overstimulation, enhances sense of safety. Helps patient focus on what is said and reduces transmission of anxiety.</p> <p>Trust is the basis of a therapeutic nurse/patient relationship and enables them to work together effectively.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Crisis Intervention (NIC)</b></p> <p><b>Independent</b></p> <p>Identify whether incident has reactivated preexisting or coexisting situations (physical/psychological).</p> <p>Determine presence of physical symptoms, (e.g., numbness, headache, tightness in chest, nausea, and pounding heart).</p> <p>Identify psychological responses (e.g., anger, shock, acute anxiety, panic, confusion, denial). Record emotional changes.</p> <p>Discuss with patient perception of what is causing anxiety/panic.</p> <p>Assist patient to correct any distortions being experienced. Share perceptions with patient.</p> <p>Explore with patient/SO the manner in which the patient has coped with anxiety-producing events before the trauma.</p> <p>Engage patient in learning new coping behaviors (e.g., progressive muscle relaxation, thought-stopping).</p> <p>Demonstrate/encourage use of techniques to reduce/manage stress and vent emotions such as anger, hostility.</p> <p>Give positive feedback when patient demonstrates better ways to manage anxiety and is able to calmly and/or realistically appraise own situation.</p>	<p>Concerns/psychological issues will be recycled every time trauma is re-experienced and affect how the patient views the current situation.</p> <p>Physical problems need to be differentiated from anxiety symptoms so that appropriate treatment can be given.</p> <p>Although these are normal responses at the time of the trauma, they will recycle again and again until they are dealt with adequately.</p> <p>Increases ability to connect symptoms to subjective feeling of anxiety, providing opportunity to gain insight/control and make desired changes.</p> <p>Perceptions based on reality will help to decrease fearfulness. How the nurse views the situation may help patient to see it differently.</p> <p>May help patient regain sense of control and recognize significance of trauma.</p> <p>Replacing maladaptive behaviors can enhance ability to manage and deal with stress. Interrupting obsessive thinking allows patient to use energy to address underlying anxiety, while continued rumination about the incident can actually retard recovery.</p> <p>Reduces likelihood of eruptions that can result in abusive behavior.</p> <p>Provides acknowledgement and reinforcement, encouraging use of new coping strategies. Enhances ability to deal with fearful feelings and gain control over situation, promoting future successes.</p>
<p><b>Collaborative</b></p> <p>Administer medications as indicated, e.g.,  Antianxiety: diazepam (Valium), buspirone (BuSpar), alprazolam (Xanax), oxazepam (Serax);</p> <p>Antidepressants: fluoxetine (Prozac), paroxetine (Paxil), buprepiion (Wellbutin);</p>	<p>Provides temporary relief of anxiety symptoms enhancing patient's ability to cope with situation. Also useful for alleviating feelings of panic, intrusive nightmares.</p> <p>Used to decrease anxiety, lift mood, aid in management of behavior, and ensure rest until patient regains control of own self. Helpful in suppressing intrusive thoughts and explosive anger.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Crisis Intervention (NIC)</b></p> <p><b>Collaborative</b></p> <p>Refer for additional therapies, e.g., hypnosis; Eye Movement Desensitization/Reprocessing (EMD/R) or Thought Reprocessing therapy as appropriate.</p> <p>Coordinate release/discharge to family, friend, or emergency services as indicated.</p> <p>Educate victims and public about risks and steps being taken to deal with problem. Include other members of healthcare teams, stressing risks to themselves. Refer to resources such as CDC, Web sites, etc.</p>	<p>When used by trained therapist, these short-term therapies are particularly effective with individuals who have been traumatized or who have problems with anxiety and depression. Systematic desensitization, reframing, and reinterpretation of memories may be achieved through hypnosis.</p> <p>Triaging and maximum use of resources may limit time allotted for care and patient may not be ready to meet own needs/assume full responsibility for self.</p> <p>Nurses have a role in community education because they are close to the individuals affected. Providing accurate information and credible resources helps limit level of concern and transmission of anxiety. Current, timely information regarding biological concerns and healthcare needs can be accessed through Web sites such as <a href="http://www.cdc.gov/">www.cdc.gov/</a>, <a href="http://www.hhs.gov/">www.hhs.gov/</a>, and <a href="http://www.fbi.gov/">www.fbi.gov/</a>.</p>

<p><b>NURSING DIAGNOSIS: Spiritual Distress</b></p> <p><b>May be related to</b></p> <p>Physical/psychological stress; energy-consuming anxiety            Situation, loss(es)/intense suffering            Separation from religious/cultural ties            Challenged belief and value system</p> <p><b>Possibly evidenced by</b></p> <p>Expressions of concern about disaster, the meaning of life/death and/or belief systems.            Inner conflict about current loss of normality and effects of the disaster; anger directed at deity, engaging in self-blame            Seeking spiritual assistance, or chooses not to participate            Reports of somatic symptoms</p> <p><b>DESIRED OUTCOMES/EVALUATION CRITERIA—PATIENT WILL:</b></p> <p><b>Spiritual Well-Being (NOC)</b></p> <p>Verbalize increased sense of self-concept and hope for future.            Discuss beliefs/values about spiritual issues.            Verbalize acceptance of self as being worthy.</p>
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ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Spiritual Support (NIC)</b></p> <p><b>Independent</b></p> <p>Determine patient's religious/spiritual orientation, current involvement, and presence of conflicts.</p> <p>Establish environment that promotes free expression of feelings and concerns. Provide calm, peaceful setting when possible.</p> <p>Listen to patient/SO's reports/expressions of anger, concern, alienation from God, belief that situation is a punishment for wrongdoing, and so forth.</p> <p>Note sense of futility, feelings of hopelessness and helplessness, lack of motivation to help self.</p> <p>Listen to expressions of inability to find meaning in life, reason for living. Evaluate for suicidal ideation.</p> <p>Determine support systems available to patient/SO(s).</p> <p>Ask how you can be most helpful. Convey acceptance of patient's spiritual beliefs/concerns.</p> <p>Make time for nonjudgmental discussion of philosophic issues/questions about spiritual impact of current events/situation.</p> <p>Discuss difference between grief and guilt and help patient to identify and deal with each, assuming responsibility for own actions, expressing awareness of the consequences of acting out of false guilt.</p> <p>Use therapeutic communication skills of reflection and Active-Listening.</p> <p>Discuss use of/provide opportunities for patient/SO to experience meditation, prayer and forgiveness. Provide information that anger with God is a normal part of the grieving process.</p> <p>Assist patient to develop goals for dealing with life situation.</p>	<p>Provides baseline for planning care and accessing appropriate resources.</p> <p>Promotes awareness and identification of feelings so they can be dealt with.</p> <p>Helpful to understand patient/SO's point of view and how they are questioning their faith in the face of tragedy.</p> <p>These thoughts and feelings can result in the patient feeling paralyzed and unable to move forward to resolve the situation.</p> <p>May indicate need for further intervention to prevent suicide attempt.</p> <p>Presence or lack of support systems can affect patient's recovery.</p> <p>Promotes trust and comfort, encouraging patient to be open about sensitive matters.</p> <p>Helps patient to begin to look at basis for spiritual confusion. <i>Note:</i> There is a potential for care provider's belief system to interfere with patient finding own way. Therefore it is most beneficial to remain neutral and not espouse own beliefs.</p> <p>Blaming self for what has happened impedes dealing with the grief process and needs to be discussed and dealt with.</p> <p>Helps patient find own solutions to concerns.</p> <p>Can help to heal past and present pain.</p> <p>Enhances commitment to goal, optimizing outcomes and promoting sense of hope.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Spiritual Support (NIC)</b></p> <p><b>Collaborative</b></p> <p>Identify and refer to resources that can be helpful (e.g., pastoral/parish nurse or religious counselor, crisis counselor, psychotherapy, Alcoholics/Narcotics Anonymous).</p> <p>Encourage participation in support groups.</p>	<p>Specific assistance may be helpful to recovery, (e.g., relationship problems, substance abuse, suicidal ideation).</p> <p>Discussing concerns and questions with others can help patient resolve feelings.</p>

<p><b>NURSING DIAGNOSIS: Post-Trauma Syndrome, risk for</b></p> <p><b>Risk factors may include</b></p> <p>Events outside the range of usual human experience          Serious threat or injury to self/loved ones; witnessing horrors/tragic events (e.g., police, fire, rescue, corrections, healthcare providers, and family members)          Exaggerated sense of responsibility/survivor's role in the event          Inadequate social support; nonsupportive environment; displacement from home</p> <p><b>Possibly evidenced by</b></p> <p>[Not applicable; presence of signs and symptoms establishes an <i>actual</i> diagnosis.]</p> <p><b>DESIRED OUTCOMES/EVALUATION CRITERIA—PATIENT/CAREGIVERS WILL:</b></p> <p><b>Anxiety/Fear Control (NOC)</b></p> <p>Express own feelings/reactions, avoiding projection.          Demonstrate ability to deal with emotional reactions in an individually appropriate manner.          Report absence of physical manifestations (e.g., pain, nightmares/flashbacks, fatigue) associated with the event.</p>
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ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Counseling (NIC)</b></p> <p><b>Independent</b></p> <p>Determine involvement in event (e.g., survivor, SO, rescue/aid worker, healthcare provider, family member.)</p> <p>Evaluate life factors/stressors currently or recently occurring, such as displacement from home due to catastrophic event (e.g., illness/injury, natural disaster, terrorist attack). Identify how patient's past experiences may affect current situation.</p>	<p>All those concerned with a traumatic event are at risk for emotional trauma and have needs related to their situation/involvement in the event. <i>Note:</i> Close involvement with victims affects individual responses and may prolong emotional suffering.</p> <p>Affects patient's reaction to current event and is basis for planning care and identifying appropriate supports/resources.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Counseling (NIC)</b></p> <p><b>Independent</b></p> <p>Listen for comments of taking on responsibility (e.g., “ I should have been more careful/gone back to get her”).</p> <p>Identify patient’s current coping mechanisms.</p> <p>Determine availability/usefulness of patient’s support systems, (e.g., family, social, community, and so forth).</p> <p>Provide information about signs/symptoms of posttrauma response, especially if individual is involved in a high-risk occupation.</p> <p>Identify and discuss patient’s strengths as well as vulnerabilities.</p> <p>Evaluate individual’s perceptions of events and personal significance (e.g., rescue worker trained to provide lifesaving assistance but recovering only dead bodies).</p> <p>Provide emotional and physical presence by sitting with patient/SO and offering solace.</p> <p>Encourage expression of feelings. Note whether feelings expressed appear congruent with events experienced.</p> <p>Note presence of nightmares, reliving the incident, loss of appetite, irritability, numbness and crying, family/relationship disruption.</p> <p>Provide a calm, safe environment.</p> <p>Encourage and assist patient in learning stress-management techniques.</p>	<p>Indicators of “survivor’s guilt” and blaming self for actions.</p> <p>Noting positive or negative coping skills provides direction for care.</p> <p>Family and others close to the patient may also be at risk and require assistance to cope with the trauma.</p> <p>Awareness of these factors helps individual identify need for assistance when they occur.</p> <p>Provides information to build on for coping with traumatic experience.</p> <p>Events that trigger feelings of despair and hopelessness may be more difficult to deal with, and require long-term interventions.</p> <p>Strengthens coping abilities.</p> <p>It is important to talk about the incident repeatedly. Incongruencies may indicate deeper conflict and can impede resolution.</p> <p>These responses are normal in the early post-incident time frame. If prolonged and persistent, they may indicate need for more intensive therapy.</p> <p>Helps patient deal with the disruption in their life.</p> <p>Promotes relaxation and helps individual exercise control over self and what has happened.</p>
<p><b>Collaborative</b></p> <p>Recommend participation in debriefing sessions that may be provided following major disaster events.</p> <p>Identify employment, community resource groups.</p> <p>Administer medications as indicated, e.g.,  Antipsychotics, e.g., phenothiazines, e.g., chlorpromazine (Thorazine); haloperidol (Haldol);    Carbamazepine (Tegretol).</p>	<p>Dealing with the stresses promptly may facilitate recovery from event/prevent exacerbation.</p> <p>Provides opportunity for ongoing support to deal with recurrent feelings related to the trauma.</p> <p>Low doses may be used for reduction of psychotic symptoms when loss of contact with reality occurs, usually for patient’s with especially disturbing flashbacks.</p> <p>Used to alleviate intrusive recollections/flashbacks, impulsivity, and violent behavior.</p>

**NURSING DIAGNOSIS: Community Coping, ineffective**

**May be related to**

Natural or man-made disasters (earthquakes, floods, reemerging infectious agents; terrorist activity)

Deficits in social support services and resources

Ineffective or nonexistent community systems (e.g., lack of/inadequate emergency medical system, transportation system, or disaster planning systems)

**Possibly evidenced by**

Deficits of community participation; community does not meet its own expectations

Expressed vulnerability; community powerlessness

Stressors perceived as excessive

Excessive community conflicts

High illness rates

**DESIRED OUTCOMES/EVALUATION CRITERIA—COMMUNITY WILL:**

**Community Competence (NOC)**

Recognize negative and positive factors affecting community's ability to meet its own demands or needs.

Identify alternatives to inappropriate activities for adaptation/problem solving.

Report a measurable increase in necessary/desired activities to improve community functioning.

ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Community Disaster Preparedness (NIC)</b></p> <p><b>Independent</b></p> <p>Evaluate community activities as related to meeting collective needs within the community itself and between the community and the larger society. Note immediate needs (e.g., healthcare, food, shelter, funds).</p> <p>Note community reports of functioning, including areas of weakness or conflict.</p> <p>Identify effects of related factors on community activities.</p> <p>Determine availability and use of resources. Identify unmet demands or needs of the community.</p> <p>Determine community strengths.</p> <p>Encourage community members/groups to engage in problem-solving activities.</p> <p>Develop a plan jointly with the members of the community to address immediate needs.</p> <p>Create plans managing interactions within the community itself and between the community and the larger society.</p>	<p>Provides a baseline to determine community needs in relation to current concerns/threats.</p> <p>Provides a view of how the community itself sees these areas.</p> <p>In the face of a current threat, local or national, community resources need to be evaluated, updated, and given priority to meet the identified need.</p> <p>Information necessary to identify what else is needed to meet the current situation.</p> <p>Promotes understanding of the ways in which the community is already meeting the identified needs.</p> <p>Promotes a sense of working together to meet the needs.</p> <p>Deals with deficits in support of identified goals.</p> <p>Meets collective needs when the concerns/ threats are shared beyond a local community.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Community Disaster Preparedness (NIC)</b></p> <p><b>Independent</b></p> <p>Make information accessible to the public. Provide channels for dissemination of information to the community as a whole, (e.g., print media, radio/television reports and community bulletin boards, Internet sites, speaker's bureau, reports to committees/councils/advisory boards).</p> <p>Make information available in different modalities and geared to differing educational levels/cultures of the community.</p> <p>Seek out and evaluate needs of underserved populations.</p>	<p>Readily available accurate information can help citizens deal with the situation.</p> <p>Using languages other than English and making written materials accessible to all members of the community will promote understanding.</p> <p>The homeless and those residing in lower income areas may have special needs that need to be addressed with additional resources.</p>

<p><b>NURSING DIAGNOSIS: Community Coping, potential for enhanced</b></p> <p><b>May be related to</b></p> <ul style="list-style-type: none"> <li>Social support available</li> <li>Resources available for problem solving</li> <li>Community has a sense of power to manage stressors</li> </ul> <p><b>Possibly evidenced by</b></p> <ul style="list-style-type: none"> <li>Agreement that community is responsible for stress management</li> <li>Active planning by community for predicted stressors</li> <li>Active problem solving by community when faced with issues</li> <li>Positive communication among community members and between community/aggregates and larger community</li> <li>Resources sufficient for managing stressors</li> </ul> <p><b>DESIRED OUTCOMES/EVALUATION CRITERIA—COMMUNITY WILL:</b></p> <p><b>Community Competence (NOC)</b></p> <ul style="list-style-type: none"> <li>Identify positive and negative factors affecting management of current and future problems/stressors.</li> <li>Have an established plan in place to deal with various contingencies.</li> <li>Report a measurable increase in ability to deal with potential events.</li> </ul>
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ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Program Development (NIC)</b></p> <p><b>Independent</b></p> <p>Review community plans to monitor for and deal with untoward events.</p> <p>Assess effects of related factors on management of problems/stressors.</p>	<p>Provides a baseline for comparison of preparedness with other communities and developing plan to address concerns.</p> <p>Identifies areas that need to be addressed to enhance community coping.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p><b>Program Development (NIC)</b></p>	
<p><b>Independent</b></p>	
<p>Determine community strengths and weaknesses. Identify limitations in current pattern of community activities that can be improved through adaptation and problem solving</p>	<p>Plan can build on strengths and areas of weakness can be addressed.</p>
<p>Evaluate community activities as related to management of problems/stressors within the community itself and between the community and the larger society.</p>	<p>Disasters occurring in the community or in the country affect the local community and need to be recognized and addressed.</p>
<p>Define and discuss current needs and anticipated or projected concerns.</p>	<p>Agreement on scope/parameters of needs is essential for effective planning.</p>
<p>Identify and prioritize community goals.</p>	<p>Helps to bring the community together to meet a common concern/threat. Helps maintain focus and facilitates accomplishment.</p>
<p>Promote community awareness about the problems of design of buildings, equipment, transportation systems, and workplace practices that may compound disaster/impact disaster response.</p>	<p>Provides opportunity for making changes that promote safety.</p>
<p>Identify available resources (e.g., persons, groups, financial, governmental, as well as other communities).</p>	<p>Important to work together to meet goals. Major catastrophes affect more than local community and communities need to work together to deal with and accomplish growth.</p>
<p>Seek out and involve underserved/at-risk groups within the community.</p>	<p>Supports communication and commitment of community as a whole.</p>
<p>Assist the community to form partnerships within the community and between the community and the larger society.</p>	<p>Promotes long-term developmental growth of the community.</p>
<p>Establish mechanism for self-monitoring of community needs and evaluation of efforts.</p>	<p>Facilitates proactive rather than reactive responses by the community.</p>
<p>Participate in exercises/activities to test preparedness.</p>	<p>Provides opportunities to verify appropriateness of plans and problem-solve deficiencies.</p>
<p>Use multiple formats, for example, TV, radio, print media, billboards, and computer bulletin boards, speaker's bureau, reports to community leaders/groups on file and accessible to the public.</p>	<p>Keeps the community informed and involved regarding plans, needs, outcomes of tests of the plans.</p>