Therapist

Opertionalize

WARNING!
This book contains provocative material
not for children or the sexually immature
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Symptom Operationalization (Repertory) For Homeopaths, Nurses, + Biofeedback Technicians

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Therapist Opertionalize Symptom Operationalization (Repertory) For Homeopaths, Nurses, + Biofeedback Technicians

by Dr. Professor Of Medicine William Nelson
aka Desire’ Dubounet

IMUNE PRESS 2001 reedited 2011

Introduction

We all see the world through the path of our senses. We cannot experience the world directly. The senses first experience this and then the brain processes the information. Thus conditions in the brain greatly affect the perception of the world. Motivation effects perception. Hormonal activity affects perception. The experience of the past effects perception. People will always defend their false beliefs aggressively. Perceptions and Actions are all forced thru the filter of self.

The verbal mind sees a traveling thru time of past to present and into the future. The nonverbal mind or body electric lives mostly exclusively in the NOW. The verbal mind has a past to cover up and a future to enhance, so the verbal mind can lie and twist perception thru motivations. Body language and the body electric are more stable. Deceit is a factor of the word area of the brain.

Most People are also not trained observers. Their perceptions are ever changing via a wide variety...
of moods. Thus it can be difficult to help people get better when they are often attached to feeling bad. Sometimes there are tremendous rewards for being sick and or feeling bad.

Most Nurses cannot diagnose people. No one should diagnose someone with a proper license to diagnose and or treat. But in order to help people nurses or BiofeedBack therapists must explore and interact with patients about their symptoms. We must help them start a journey of self discovery. This text is designed to learn and use the behavior medicine operationalization technique for patient records and case management. This means that the symptoms of the patient are explored and discussed to fully categorize them. This way we can be totally aware of any improvement or degrade of their health. This record creates awareness. Awareness creates Enthusiasm.

As we explore the symptoms we resist the urge to diagnose (if you are not licensed to do so). We use a more Hahnemanian technique of indirect questions not leading questions. Help them to uncover the problem do not spoon feed awareness.

The question “What is wrong with You” is leading. It implies that something is wrong. A more indirect question is “Tell me about your Life and Health”. Always use positive words and never use negative leads. This will help to set up a more positive interpretation for the patient. Positivity is better than negativity.

Operationalize means to outline the process in detail without judging. This awareness builds health on its own.

The question “Does that pain feel like a stab” is leading. It implies that something is wrong. A more indirect question is “Tell me about the sensations of comfort...
Therapist Operationalize or discomfort”. Or even better “Describe the feelings and sensation you have”

Try not to lead the description. Try not to form a diagnosis. Just help the patient to understand themselves better. When a patient understands himself better he can get better faster.

The bible says “Physician Heal Thyself”. To know yourself is the start to heal yourself.

The ultimate responsibility for our diseases lies with each of us and each of our patients. As therapist we can only provide small bits of help with self discovery and support. As the therapist learns more about themselves and how they can effect cure better, everything is improved.

**FLOW OF TREATMENT and CURE**

1. Reduce or Remove the Cause of Disease
   - Stress
   - Toxicity
   - Lack of Awareness
   - Trauma
   - Heredity
   - Pathogens
   - Mental Factors
   - Perverse Energy
   - Allergies
   - Def or Excess of Nut

2. Treat the Organs effected or diseased
3. UnBlock the Blockages To Flow of Life
4. Reduce Symptoms and all Suffering
5. Treat Constitutional and Metabolic
   - Tendencies to disease patterns or habits

The world is awakening to WELLNESS. This was not even a word until recently. Now it is a world wide movement, people want to become WELL. Desire has developed and credentialized a new Doctorate in Wellness to awaken people and teach the art of making themselves and others WELL. For more details go to the International University at www.imune.net
Matter is Energy, Our Bodies are made of Energy Fields That We can not Percieve. Some of these fields have a spiritual source that act upon a person’s Soul. This Soul is developed thru a Process of Guided Self Observations.

Desire', Delicious Dubounet

However the rarely Achieved Due to many unique abilities that be Distinct from Spirit and Spirit Matter.

Everyday Trivial Emotions Desires,

Greed, Arrogance, Delusion, Conformity, Distr act from Spirit and Spirit Development.

Intelligence depends on a life of self criticism. Discovery.

Patients will gradually learn what triggers their disease. They will start to see the pathway of disease. What are the causes of their diseases. Then they can learn networks for healing. People to talk to or get help from. Early wellness intervention is better than crisis intervention.

Patients will also soon learn that their emotions are a much bigger cause of their perceptions than they ever thought before. They will learn to control emotions, motivations and explore themselves deeper and deeper.

They will see bad behaviors sooner and learn to control them. They can learn how to seek out help with nutrition, supplements, stress reduction, exercise, etc. when you learn triggers and early interventions your life is better. Add to this the mood improvement and self discovery and you can see the dramatic effects.

Patients will get better from the SCIO. Our research shows this from our large 297,000 patient visit study. Almost everyone is better from the Xrroid Electro-Physiological-Feedback. But some patient are attached to feeling bad. This operationalization technique will help to stop that.

This non leading symptom inventory is the basis for homeopathy. Hahneman taught this procedure. He called it the symptom Repertory. From the repertory of symptoms he would look up which homeopathic remedies would be best and try to find the remedy that best fit the patient’s symptom repertory profile. As you learn this you are learning homeopathy.
What is OPERATIONALIZATION

OPERATIONALIZATION means we work with the patient to very clearly understand his total condition. This means not his disease but very clearly his condition. If we study the disease we can make inappropriate assumptions. Once a person has a disease he often starts to impose the disease conditions onto himself or a parent might do it to a child. They refer to the patient as Cancer, learning disabled, infectious, candida, Epstein Barr, Auto Immune, arthritis, etc. This labeling rivets the mind to the constrictions of the disease. They become fixated and resistant to cure.

The practice of medicine is diagnosing a disease and trying to treat the disease. If you are licensed to diagnose then use your training inside your scope of practice.

If you are not licensed to diagnose, then you can work with the patient to help him understand his condition. This is the only way to really see if there are any improvements from your recommendations or from the SCIO treatments. The book of Face and body diagnosis can help you. But stay away from words that are restrictive and diagnostic. In studying the condition you ask simple questions to very accurately assess the condition. Example it is not good to study the arthritis, but better to study the pain as the nature of the pain, the intensity, the frequency and the duration. As you study these you will make the patient aware of his body, aware of improvements,

Dr. Desi Says
If you are licensed to diagnose then you can use any tool or observation to make your diagnosis within your scope of practice. Please stay within your scope of practice.

Factors that influence the body voltage and membrane potential are fatty acids in the cell membrane, minerals, especially salts, hydration water, oxygenation, stress, toxins and life style.

The SCIO has been proven in tests to increase the electrical potential of the body. Increased cellular membrane potential makes osmosis increase, which increases detoxification, nutrient transfer and absorption, hydration, oxidation, and all cellular functions in general.

If you need more information on the SCIO and purchase details please get in touch with us
Maitreya Kft.
tel: +3613036043 | web: www.qxsubspace.com | e-mail: info@qxsubspace.com
and set the mind free to get better. Positive awareness of what makes you better and worse also allows for more healing. Awareness and enthusiasm are healing. Diagnosis is an archaic form of medicine and is done primarily to get insurance pay.

If you are a licensed Biofeedback Therapist then you can identify, detect, and recognize stress. You can help your patient deal with stress. The tools in this Book can help you see areas where stress has affected your patient. Be careful to not misrepresent...
Learn to use critical clear thinking skills to help you to help the patient to clearly see his condition. This will help you and the client fully see improvements and to expect improvements. If you want something different, You got to Change.

**IMPORTANT DETAILS OF OPERATIONALIZATION**

The most critical details of a symptom are Type, Intensity, Duration, Frequency, Triggers, Early interventions, Alterations in Symptom, more detailed support for crisis. The anagram for memory is:

- **TYPE**: What is the nature of the Symptom, itch, pain, emotion, etc.?
- **INTENSITY**: How intense is the symptom?
- **TRIGGERS**: What triggers the symptom? What makes it worse?
- **DURATION**: How long does it last?
- **ALTERATIONS, EVOLUTION**: How does the symptom change or progress?
- **FREQUENCY**: How often does the symptom come?
- **EARLY INTERVENTION, IMPROVEMENT**: What makes it better?
- **NETWORKS**: How to get early help and get out of the spiral downward.
- **DIFFERENT**: What do you want different?

If you want something different You will have to change. So T I T D A F E N D is the memory key.

If you use Evolution not Alter T I T D E F E N D

As you learn to use this in your interview you and your patient will learn to be better adept at helping to release the disease and return to the ease of life.
KEEP IN MIND THE PATHWAY OF DISEASE

When we operationalize we are attempting to help the patient and his family to totally understand the current health situation so that changes are better observed. This makes recordkeeping better and cooperation of family and patient easier. This also helps us to interact with the family doctor and assist him in case management. This book is filled with many ways to observe symptoms and categorize them for the records.

Recording symptoms is no diagnosing. Recording symptoms is helping the patient to understand themselves better. The doctor diagnosis is the art of putting symptoms together into a plan. The fact that there is swelling is a symptom. The doctor might say that the swelling is from allergy, toxicity, or cancer. That assumption is diagnosis. If we record a pain in the leg it is a symptom. The diagnostician doctor might be able to couple this with other symptoms and diagnose rickets. A headache is a symptom. A migraine is a diagnosis. Candida is a disease. Many people feel the need to categorize themselves with a disease. This makes true operationalizing of symptoms difficult. But stick with it you will gradually get the hang of it.

In 5th grade we were taught we are made up of atoms made of electrons and protons and neutrons. The electrons in the outer level are so charged they never touch. We are made of electrical fields.

The QQC is a very advanced patented trademarked technology with a CE mark. It measures in a very sophisticated process the Voltammetric electrical field of any item. If you look up voltammetry in Google you see thousands of references for a world recognized very scientific chemical process also referred to as Polography. You can see our patented process at http://www.voltametriaqqc.co/
When we assume the cause of a symptom it is most often wrong. Recording the symptom is not diagnosing, it is wise record keeping and helpful in operationalizing the disease for help in patient self discovery. This record in the hands of a diagnostician can be very helpful, but if you are not licensed to diagnose please resist the urge. Never use disease names to record a symptom. The medical doctors are often wrong when diagnosing. It is tricky and you must be very careful if you try to guess on the diagnosis.

Modern Medicine needs to diagnose before it can proceed. This is because it is the only way an insurance company can pay. If you look at the Nelson method it does not require a diagnosis. Learn to understand the symptoms not to diagnose disease. Help the patient to discover themselves. Categorizing and understanding the symptoms, the triggers, and the networks for helping, are key to helping patients to help themselves and assume more responsibility for their health. You will probably find that stress is more of a factor in disease than anybody lets on. But this is biofeedback. Using the homeopathic repertory combines the two arts.

As the patient starts to discover what makes them worse and what makes them better they can see improvements. They can discover triggers for symptoms and how to avoid them. They can discover networks for help when needed and they can find ways to manage and even cure their diseases. All with your help in step by step finding just what is their condition and helping them to make the changes they need to improve their health.

The SCIO device has in it a simplified Symptom Repertory on the Homeopathic Activation screen. Here a simple set of questions can bring you to a good understanding of the patient. These questions in the SCIO can be used to find a remedy and activate the remedy into the patient. The essence of good homeopathy according to Hahneman is clearly taking a non-leading, non-assumptive, non-speculative, no-pressure interview of symptoms.
Therapist Opertionalize

SCIO HOMEOPATHIC REPERTORY OF SYMPTOMS

Reductionism:

Two major problems with modern medicine are:

1. Reductionism. Taking a patient and reducing him to a disease diagnosis. This is the only way to get insurance companies to pay.

2. Excessive concentration on synthetic pharmaceuticals as the primary way to treat.

These two factors go hand in hand and together they rob the patient of proper health care. The patient has trillions of cells and trillions of stressors and over reductionism counters the individuality of the patient. The marketing of the synthetic pharmaceuticals starts in medical school. Here the funding of the Pharmaceutical Cartel is key. Thus almost all of the education revolves around quick fixes or better living thru SINthetic chemistry. The extreme pressure for reductionism with a SINthetic drug fills every medical doctors mind.

Our Society has learned to give up synthetic foods. Synthetic foods, make disease, taste bad, and are not compatible with health. The finest foods are the natural. Our society has seen this in the restaurant, the kitchen, the gourmet cook, and most everywhere. The next discovery is that the same applies to our medicines. Synthetic medicines should not be a primary tool in the medical practice but a secondary choice if more safe natural medicines do not work.

The reductionism of the Doctor to find a synthetic drug is extreme. He fears that he will lose his license if he does not prescribe at least one SINthetic pharmaceutical. The pressure to reduce the patient to a diagnosis is also extreme for it is the key to insurance billing. Thus the doctor often use two or three signs of a disease, usually less than 5 minutes, to categorize and diagnose the patient. A quick prescription and the patient is off.
The Allopath seeks to find a way to treat a symptom usually with a synthetic drug, he intrudes on the body to block, or hinder the natural process, he thinks the body is dumb and he seeks to then correct the stupid body. If the drugs fail he resorts to surgery. Most of the money is spent on diagnosis even though the usual diagnosis has a 33% chance of being correct. The allopathic education teaches an arrogance and pompous philosophy. They so treasure the small petty achievements they make, that they tend to lose sight of humility for the whole of the system. When confronted the doctors will tend to overreact against the confrontee, interaction will shift from logic to name calling, denial, twisting of words and finally they will run away. They try to tyrannise the minds of men and get angry if you resist the tyranny. Watch out if you do not accept their ideas.

The side effect of the prescription are forgotten as to the only goal is symptom management. Not all symptoms, we do not have time for that. Only the worst or at least the presenting symptom. Patient rarely present real insight in a short 5 minute symptom inventory. Many times they withhold information, get confused, don’t remember, are led by the doctors questions, are influenced by the new trendy disease, are hypnotically suggested by a TV show doctor, are mislead by family and friends, and sometimes just plain lie.

The estimates of the accuracy of diagnosis by the American Medical Associations are less then 33%. By their own data two of three patients are misdiagnosed. Then they are mistreated and
subjected to pharmaceutical side effects, and are left to their disease slowly progressing as symptoms change and the disease leads later to degeneration. Not health care, but disease care. This is the current system that makes large amounts of money for the SINthetic chemical Cartel.

Another problem with the reductionistic diagnosis, is that it most often presupposes the existence of only one disease. Every patient is likely to have multiple diseases. Almost every patient has some dental problem effecting their total health. Every patient has some mental aberration of some nature. Either as neurotic, psychosis, or just a mixture of unbalance defense mechanisms. There are many ways that multiple causes and multiple diseases exist in most all of our patients.

Modern medicine only looks for the extreme life threatening diseases. They ignore the subclinical. But it is the subclinical that added together can add up to a holistic disease picture. Our homeopathic symptom inventory or operalization allows us to help the patient in more holistic ways. We can use multiple safe natural remedies to help not harsh side effect ridden incompatible SINthetics.

As we learn to operationalize the total symptom picture. We see the perfect fit of homeopathy. Homeopathy is safe, effective and inexpensive. A new health care is born. A more rational medicine is presented. It starts with your symptom repertory.

On follow-up visits, also learn the power of positivity. Ask for any improvements in wellness. Do not just explore the negative. The practice of medicine is diagnosing a disease and treating it. But to explore the wellness and increase it is a more powerful way of helping people.

Always explore changes be careful to see the rule of detox. Detox happens above to below, inside to out, and often with a retracing of symptoms. Detox might give rise to more stool, wet stools, more urine often odorous, extra menses, excess sweat, skin rashes, mucous, nasal drip, cough, etc. Do not always see these as symptoms they might be detox.
As you start to see the many subclinical diseases the patients have you will be able to help more effectively. Patient will welcome the extra attention, but do not let them get addicted to the attention. Remember behaviors you reward you get more of. Many people are speculating that over 75% of the public is sub-healthy. Subclinical in disease. Sick waiting to get sicker. Allopathy, SINthetic pharmaceuticals, reductionistic medicine are not helping, in fact they are the problem. Natural medicine, wellness & stress counseling, bioresonance-biofeedback, nutrition, electro-acupuncture, homeopathy, naturopathy behavior medicine and more are the answer for health care.

In the medicine of Dr. Hans Selye the only diagnosis needed is stress. This is International Classification of Disease (ICD numbers) number 308 is for stress. This might be slightly an exaggeration but it rings true if you are a biofeedback therapist.

So be attentive, open minded, non-judgmental, positive, compassionate, enthused and aware. Be thorough. Be prepared. And respect the natural process.

SUPPRESSION AND OBSTRUCTION TO CURE: The SOC Index

The following pages of this book are devoted to providing examples of types of symptomatic behavioral observations that you might use to categorize a patient while you are operationalizing their symptoms. This is the manual for a more in-depth course from IMUNE. Please take the course and ask questions if you do not understand. As you try to help others understand themselves, it always helps for you the therapist to understand yourself as well.
The scores relate to the risk of Suppression and Obstruction to the natural Cure. The higher the scores the more the Suppression and Obstruction. The scores of 100 or lower are ideal. The SOC index questions are: mostly based on a (1-10) answer. Some answers can be more.

These questions include:

1. Number of organs removed:
2. Number of Synthetic drugs taken currently:
3. Number of cigarettes you smoke a day
4. Number of metal or amalgam fillings in the teeth during the last year:
5. Number of street drugs used per month:
6. Number of known allergies:
7. Number of unresolved mental factors:
8. Are you responsible for your body and the diseases you have:
9. Amount of fat in diet as a percent:
10. Number of sugar servings per day:
11. Number of exercise sessions 20 min or more per week:
12. Number of alcoholic drinks per day average:
13. Number of cups of coffee or any caffeine product:
14. Number of extreme toxic exposures last year:
15. Number of major injuries in past:
16. Number of major infections in past:
17. Number of glasses of water or natural fruit juice per day:
18. Number of pounds overweight:
19. Interpersonal stress 0-10 10 being max. numbers can be larger than 10.
20. Job-school stress 0-10 10 being max. numbers can be larger than 10.
21. Money stress 0-10 10 being max. numbers can be larger than 10.
22. Sickness stress 0-10 10 being max. numbers can be larger than 10.
23. Family stress 0-10 10 being max. numbers can be larger than 10.
24. Desire stress 0-10 10 being max. numbers can be larger than 10.
25. Bowel detox stress 0-10 10 being max. numbers can be larger than 10.
26. Sweat detox stress 0-10 10 being max. numbers can be larger than 10.
27. Urine detox stress 0-10 10 being max. numbers can be larger than 10.
28. Mucous detox stress 0-10 10 being max. numbers can be larger than 10.
29. Skin detox stress 0-10 10 being max. numbers can be larger than 10.
30. Sleep stress 0-10 10 being max. numbers can be larger than 10.
31. Number of Root canals:

Each of these questions relates a behavioral burden on the body that can create a suppression or obstruction to the curative process. Scores below 50 are very good and show little risk of suppression or obstruction. Scores above 50 and below 100 are good and show some chance of suppression or obstruction to cure. Numbers above 100 are of risk.
If your patient has extreme disabilities please fill out this form. Medical diagnosis is a difficult operation. Medical statistics show that the average medical diagnosis has less than a thirty per cent chance of being correct. For convenience sake the nursing diagnosis is always accurate since it is a measure of simple exacting observations. Use this text to assess a family member and bring the results to your doctor.

**ACTIVITY / REST**
- Activity intolerance
- Activity intolerance, potential
- Diversional activity, deficit
- Sleep pattern disturbance

**CIRCULATION**
- Cardiac output, alteration in: decreased
- Tissue perfusion, alteration in (specify)

**ELIMINATION**
- Bowel elimination, alteration in: constipation
- Bowel elimination, alteration in: diarrhea
- Bowel elimination, alteration in: incontinence
- Incontinence: functional
- Incontinence: reflex
- Incontinence: stress
- Incontinence: total
- Incontinence: urge
- Urinary elimination, alteration in patterns
- Urinary retention (acute / chronic)

**EMOTIONAL REACTIONS**
- Adjustment, impaired
- Anxiety (specify)
- Coping, ineffective individual
- Fear
- Grieving, anticipatory
- Grieving, dysfunctional
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Hopelessness
Post-trauma response
Powerlessness
Rape trauma syndrome
Self-concept, disturbance in: body image; self-esteem; personal identity
Spiritual distress (distress of the human spirit)

FOOD/FLUID
Fluid volume, alteration in: excess
Fluid volume deficit, actual 1 (regulatory failure)
Fluid volume deficit, actual 2 (active loss)
Fluid volume deficit, potential
Nutrition, alteration in: less than body requirements
Nutrition, alteration in: more than body requirements
Nutrition, alteration in: potential for more than body requirements
Oral mucous membranes, alteration in
Swallowing, impaired

HYGIENE
Self-care deficit (specify level: feeding, bathing/hygiene, dressing/grooming, and toileting)

NEUROLOGIC
Communication, impaired: verbal
Neglect, unilateral
Sensory-perceptual alteration
Thought processes, alteration in

PAIN
Comfort, alteration in: pain, acute
Comfort, alteration in: pain, chronic

RELATIONSHIP ALTERATIONS
Coping, family: potential for growth
Coping, ineffective family: compromised
Coping, ineffective family: disabling
Family process, alteration in
Parenting, alteration in: actual or potential

Self-concept, disturbance in: role performance
Social interaction, impaired
Social isolation

SAFETY
Body temperature, potential alteration in
Hyperthermia
Hypothermia
Infection, potential for
Injury, potential for: poisoning, suffocation, trauma
Mobility, impaired physical
Skin integrity, impairment of: actual
Skin integrity, impairment of: potential
Thermoregulation, ineffective
Tissue integrity, impaired
Violence, potential for

SEXUAL
Sexual dysfunction
Sexuality patterns, altered

TEACHING/LEARNING
Growth and development, alteration in
Health maintenance, alteration in
Home maintenance management, impaired
Knowledge deficit (specify) [learning need (specify)]
Noncompliance (specify) [compliance, alteration in (specify)]

VENTILATION
Airway clearance, ineffective
Breathing pattern, ineffective
Gas exchange, impaired
Symptomatic Categories - DIVISIONS

System Operationalization Categories are categorized for quick reference to assist the therapist in converting problem statements into Symptom management.

ACTIVITY / REST
- Activity intolerance
- Activity intolerance, potential
- Diversional activity, deficit
- Sleep pattern disturbance

The Evolution of Human Biodiversity

Spinal injury and pain

Using MTENS, and TVEP the SCIO can treat the spinal area for injury and pain.
Sending in an auto-focused sophisticated pulse different for each patient based on their personal electrical needs.

If you need more information on the SCIO and purchase details please get in touch with us
Maitrem Kft.
tel: +3613036043 | web: www.qsubspace.com | e-mail: info@qsubspace.com
CIRCULATION
Cardiac output, alteration in: decreased
Tissue perfusion, alteration in (specify)

ELIMINATION
Bowel elimination, alteration in: constipation
Bowel elimination, alteration in: diarrhea
Bowel elimination, alteration in: incontinence
Incontinence: functional
Incontinence: reflex
Incontinence: stress
Incontinence: total
Incontinence: urge
Urinary elimination, alteration in patterns
Urinary retention (acute / chronic)

EMOTIONAL REACTIONS
Adjustment, impaired
Anxiety (specify)
Coping, ineffective individual
Fear
Grieving, anticipatory

Naturopaths will try to deal with the disease from natural methods. If you have constipation he might use a laxative for the symptom but he will use a natural laxative. Many dimwitted Naturopaths are talked into using synthetic vitamins, but they should not. The naturopath can use homeopathy, biofeedback, massage, colonic irrigation, and a host of natural drugless techniques. Symptoms are not the enemy but signs of deeper disease. The emphasis is not on diagnosis but on stimulating homeostasis and balance while reducing symptoms. Naturopaths tend to be open minded people who welcome new ideas. Confrontation of their ideas are to be taken gracefully.
Grieving, dysfunctional
Hopelessness
Post-trauma response
Powerlessness
Rape trauma syndrome
Self-concept, disturbance in: body image; self-esteem; personal identity
Spiritual distress (distress of the human spirit)

FOOD/FLUID
Fluid volume, alteration in: excess
Fluid volume deficit, actual 1 (regulatory failure)
Fluid volume deficit, actual 2 (active loss)
Fluid volume deficit, potential
Nutrition, alteration in: less than body requirements
Nutrition, alteration in: more than body requirements
Nutrition, alteration in: potential for more than body requirements
Oral mucous membranes, alteration in
Swallowing, impaired

HYGIENE
Self-care deficit (specify level: feeding, bathing/hygiene, dressing/grooming, and toileting)

NEUROLOGIC
Communication, impaired: verbal
Neglect, unilateral
Sensory-perceptual alteration
Thought processes, alteration in

PAIN
Comfort, alteration in: pain, acute
Comfort, alteration in: pain, chronic

RELATIONSHIP ALTERATIONS
Coping, family: potential for growth
Coping, ineffective family: compromised
Coping, ineffective family: disabling
Family process, alteration in
Parenting, alteration in: actual or potential
Self-concept, disturbance in: role performance
Social interaction, impaired
Social isolation
Our social IQ is most important in the bond with our mate or meaningful other. Listening to each other's needs and trusting even when you don't want to builds the connection. If your own mood is more important than your relationship your valued relationship will not succeed. Only when your relationship is more important than your mood state can you succeed in your relationship.

SAFETY

Body temperature, potential alteration in
Hyperthermia
Hypothermia
Infection, potential for
Injury, potential for: poisoning, suffocation, trauma
Mobility, impaired physical
Skin integrity, impairment of: actual
Skin integrity, impairment of: potential
Thermoregulation, ineffective
Tissue integrity, impaired
Violence, potential for

SEXUAL

SAFETY

Body temperature, potential alteration in
Hyperthermia
Hypothermia
Infection, potential for
Injury, potential for: poisoning, suffocation, trauma
Mobility, impaired physical
Skin integrity, impairment of: actual
Skin integrity, impairment of: potential
Thermoregulation, ineffective
Tissue integrity, impaired
Violence, potential for

SEXUAL

There is published research on these therapies
The new world of energetic medicine can help you
Symptoms Division: Activity/Rest

**Definition:** [The presence of physical/psychological blocks to participation in singular or group activity within an expected desired level.]

**Supporting Data**

**Etiology**

- Generalized weakness
- Sedentary life-style
  
  [Secondary to underlying disease process/depression]
- Imbalance between oxygen supply and demand
- Bed rest or immobility

**Defining Characteristics**

- Subjective
  - States has not participated in activity previously
  - Statements of concern about ability to perform expected activity
- Objective
  - History of previous intolerance
  - Presence of circulatory/respiratory problems
  - Deconditioned status
  - Inexperience with the activity

**Airway Clearance, Ineffective**

Symptomatic Division: Ventilation

**Definition:** [Inability to maintain patency/integrity of airway/s.]

**Supporting Data**

**Etiology**

- Tracheobronchial: infection, obstruction, secretion

- Early recognition of the possibility of progressive disease state, such as cancer, multiple sclerosis, COPD, extensive surgical procedures, please share with medical personal such as the Family Medical doctor

- Risk factors as listed in ND, Activity Intolerance
Decreased energy and fatigue
Perceptual/cognitive impairment
Trauma
[Other conditions, e.g., pulmonary edema, anemia, etc.]

DEFINING CHARACTERISTICS
Subjective
[Patient statement of difficult breathing]
Objective
Abnormal breath sounds: rales (crackles), rhonchi (wheezes)
Changes in rate or depth of respiration
Fever
Dyspnea
[Cough, effective or ineffective, with or without sputum
Cyanosis
Dyspnea
[Apnea]
[Fear, anxiety]

ANXIETY
Symptomatic Division: Emotional Reactions
Definition: A vague uneasy feeling, the source of which is often nonspecific or unknown to the individual.

SUPPORTING DATA

ETIOLOGY
Unconscious conflict about essential values and goals of life
Situational and maturational crises
Interpersonal transmission and contagion
Threat to self-concept
Threat of death
Threat to or change in health status, socioeconomic status, role functioning, environment, interaction patterns
Unmet needs
[Physiological factors, such as hyperthyroidism, pheochromocytoma, use of steroids, etc.]

DEFINING CHARACTERISTICS
Subjective
Increased tension
Increased helplessness [hopelessness]
Scared
Shakiness
Regretful
Overexcited
Rattled
Distress
Apprehension
Uncertainty
Fearful
Feelings of inadequacy
Fear of unspecific consequences
Expressed concern regarding changes in life events
Worried
Jittery

Fever can be by the body trying to defeat infection, fungus development is halted, wbc development is increased, virus are destroyed in higher temperature. for temperatures up to 103° F use homeopathy, hot baths, lemon or vinegar scrub, avoid animal protein, vitamin C (1000mg per hour), leaf of warm water or weak herbal tea, and deep muscle relaxation are indicated. if the temperature exceeds 103° F, then the regulatory part is defective and we must resort to Allopathy at 104° and use cold water baths or alcohol scrubs.
Objective

Sympathetic stimulation: cardiovascular excitation, superficial vasoconstriction, pupil dilation

Extraneous movements: foot shuffling; hand, arm movements

Increased wariness

Restlessness

Insomnia

Glancing about

Poor eye contact

Trembling; hand tremors

Facial tension

Voice quivering

Focus on self

Increased perspiration

[Urinary frequency]

BOWELEMINATION, ALTERATION IN: CONSPIRATION

Symptomatic Division: Elimination

Definition: [change is an individual's bowel movements characterized by a decrease in frequency and passage of hard/dry feces.]

SUPPORTING DATA

ETIOLOGY

Less than adequate intake, dietary intake and bulk, physical activity or immobility

Chronic use of medication and enemas

Neuromuscular/musculoskeletal impairment

Lack of privacy

Personal habits

Medications

Gastrointestinal obstructive lesions

Pain on defecation

Symptomatic procedures

Weak abdominal musculature

Emotional status

Pregnancy

Vols and Oscillations (EMG, EEG)

Amps and Oscillations (ECG)

Resistance (GSR)

Hydration

Oxidation (Redox potential)

Ph acid vs alkalinity

Reactivity evoked potential to voltammetric fields of substances (TVEP) over 228,000 measures a second of these energetic factors

Brain wave and emotions with (MCES)

Pain with (MENS) (TENS)

Trauma or wounds (EWH)

Electro Weakness Ph, Redox disorder (VARHOPE Correction)

Trickling charge the body electric

All designed to detect + reduce Electro-stress and Balance the Body Electric Automatically
DEFINING CHARACTERISTICS
Subjective
Frequency less than usual pattern
Less than usual amount of stool
Reported feeling of abdominal or rectal fullness or pressure
Nausea
Objective
Hard-formed stool
Straining at stool
Palpable mass
Decreased bowel sound
[Abdominal distention]
Other possible defining characteristics [under consideration by NANDA]:
Abdominal pain
Headache
Decreased appetite
Use of laxatives
Back pain
Interference with daily living
Appetite impairment

BOWEL ELIMINATION, ALTERATION IN: DIARRHEA
Symptomatic Division: Elimination
Definition: [A change in bowel movements characterized by frequent passage of watery stool.]
SUPPORTING DATA
ETIOLOGY
Stress and anxiety
Medications
Toxins
Contaminants
Dietary intake
Inflammation, irritation, or malabsorption of bowel

BOWEL ELIMINATION, ALTERATION IN: INCONTINENCE
Symptomatic Division: Elimination
Definition: [Inability to retain feces, through loss of sphincter control due to interference with nerve enervation and/or lack of awareness of/ inability to meet body needs.]

The Body IQ is the elegant connection between the mind and body, there is the innate intelligence of the body that strives for health. When our Body IQ is small then we do not listen to the signals from our body, this lack of body awareness can be a major cause of disease. Build the Body IQ by exercising the body mind connection.
The Body IQ is the elegant connection between the mind and body, there is the innate intelligence of the body that strives for health. When our Body IQ is small then we do not listen to the signals from our body, this lack of body awareness can be a major cause of disease. Build the Body IQ by exercising the body mind connection.

SUPPORTING DATA
ETIOLOGY
Neuromuscular/musculokeletal involvement
Perception or cognitive impairment
Depression
Severe anxiety
DEFINING CHARACTERISTICS
Involuntary passage of stool

BREATHING PATTERN, INEFFECTIVE
Symptomatic Division: Ventilation
Definition: [ A change in breathing patterns which does not provide adequate ventilation to meet individual needs.]
SUPPORTING DATA
ETIOLOGY
Neuromuscular/musculokeletal impairment
Anxiety
Inflammatory process
Pain
Perception or cognitive impairment
Decreased energy and fatigue
Decreased lung expansion
Tracheobronchial obstruction
[Alteration of patient’s normal O2/CO2 ratio, e.g., O2 therapy in COPD]
DEFINING CHARACTERISTICS
Subjective
Shortness of breath
Objective
Dyspnea
Fremitus
Cyanosis
Nasal flaring
Assumption of 3-point position
Increased anetoposterior diameter
Tachypnea
Abnormal arterial blood gas
Cough
Respiratory depth changes
Pursed-lip breathing and prolonged expiratory phase
Use of accessory muscles
Altered chest excursion

CARDIAC OUTPUT, ALTERATION IN: DECREASED
Symptomatic Division: Circulation
Definition: [ Failure of the heart to pump an adequate supply blood to meet the needs of the body. Cardiac output and tissue perfusion may be interrelated although there are differences. When cardiac output is decreased, tissue perfusion problems will develop, however tissue perfusion problems can exist without decreased cardiac output.]

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SUPPORTING DATA

ETIOLOGY
Mechanical: alteration in preload; after load; inotropic changes in heart.
Electrical: alterations in rate; rhythm; conduction.
Structural, [e.g. ventricular-septal rupture, ventricular aneurysm, papillary muscle rupture, valvular disease.]

DEFINING CHARACTERISTICS

Subjective
Fatigue
Dyspnea
Objective
Variations in hemodynamic reading
Cyanosis; pallor of skin and mucous membranes
Cold, clammy skin
Orthopnea
Arrhythmias; ECG changes
Jugular vein distension
Oliguria; anuria
Decreased peripheral pulses
Rales
Restlessness
Other possible defining characteristics [under consideration by NANDA]:

Subjective
Syncope
Vertigo
Weakness
Objective
Edema
Change in mental status
Shortness of breath
Frothy sputum
Gallop rhythm; abnormal heart sounds
Cuough
COMFORT, ALTERATION IN: PAIN [ACUTE/CHRONIC]

Symptomatic Division: Pain
Definition: [A sensation of discomfort, distress, or suffering that is experienced due to disturbance of the sensory nerves. It may vary in intensity from mild to intolerable agony.]

SUPPORTING DATA
ETIOLOGY
Injuring agents: Biologic, Chemical, Physical, Psychologic

DEFINING CHARACTERISTICS

Subjective
Communication (verbal or coded) of pain descriptors [expect less from under 40, males, some minority groups]

Objective
Self-focusing
Narrowed focus (altered time perception, withdrawal from social contact, impaired thought process)
Alteration in muscle tone (may span from listless to rigid)
Facial mask of pain (eyes lack luster, “beaten look,” fixed or scattered movement, grimace)
Distraction behavior (moaning, crying, pacing, seeking other people and/or activities, restlessness)
Autonomic responses not seen chronic, stable pain (diaphoresis, blood pressure and pulse rate change, pupillary dilation, increased or decreased respiratory rate)
Guarding behavior: protective
[Fear/panic, pain unrelieved and/or increased beyond tolerance]

COMMUNICATION, IMPAIRED VERBAL

Symptomatic Division: Neurologic
Definition: [Situation exists in which ability to express self verbally is interfered with for physical, psychologic, and/or cultural reasons.]

SUPPORTING DATA
ETIOLOGY
Decrease in circulation to brain
Anatomic deficit, cleft palate
Developmental or age-related
Physical barrier, brain tumor, tracheosomy, intubation

Psychologic barriers, psychosis, lack of stimuli
Cultural difference
[Drug intake, chemical imbalance]
DEFINING CHARACTERISTICS
Subjective
Reports difficulty expressing self
Objectie
Unable to speak dominant language
Impaired articulation
Disorientation
Loose association of ideas
Flight of ideas
Incessant verbalization
Inability to speak in sentences
Does not or cannot speak
Stuttering; slurring
Dyspnea
Inability to modulate speech; find words; name words identify objects
Difficulty with phonation
[Frustration, Anger, Hostility]
[Non-verbal cues]
[Facial expression]
[ Gestures]
[Pleading eyes, turning away]

COPING, FAMILY: POTENTIAL FOR GROWTH

Symptomatic Division: Family Pattern Alterations
Definition: The family member has effectively managed adaptive tasks involved with the client’s health challenge and is exhibiting desire and readiness for enhanced health and growth in regard to self and in relation to the client.

SUPPORTING DATA
ETIOLOGY
The person’s basic needs are sufficiently gratified and adaptive tasks effectively addressed to
enable goals of self-actualization to surface

DEFINING CHARACTERISTICS

Subjective
Family members attempt to describe growth impact of crisis on their own values, priorities, goals, or relationships
Individual expresses interest in making contact on a one-to-one basis or on a mutual-aid group basis with another person who has experienced a similar situation

Objective
Family member is moving in direction of health-promoting and enriching life-style that supports and monitors maturational processes, audits and negotiates treatment programs, and generally chooses experiences that optimize wellness

COPING, INEFFECTIVE FAMILY: COMPROMISED

Symptomatic Division: Family Pattern Alterations
Definition: A usually supportive primary person (family member or close friend [significant other]) is providing insufficient, ineffective, or compromised support, comfort, assistance or encouragement that may be needed by the client [patient] to manage or master adaptive tasks related to the client’s health challenge.

SUPPORTING DATA

ETIOLOGY
Inadequate or incorrect information or understanding by a primary person
Temporary preoccupation by a significant person who is trying to manage emotional conflicts and personal suffering and is unable to perceive or act effectively in regard to client’s needs
Temporary family disorganization and role changes
Other situational or developmental crises or situations the significant person may be facing
Client providing little support in turn for the primary person
Prolonged disease or disability progression that exhausts the supportive capacity of significant people

DEFINING CHARACTERISTICS

Subjective
Client expresses or confirms a concern or complaint about significant other’s response to client’s health problem
Significant person describes preoccupation with personal reactions, e.g., fear, anticipatory grief, guilt, anxiety regarding client’s illness or disability, or to other situational or developmental crises
Significant person describes or confirms an inadequate understanding or knowledge base that interferes with effective assistive or supportive behaviors

Objective
Significant person attempts assistive or supportive behaviors with less than satisfactory results
Significant person withdraws or enters into limited or temporary personal communication with client at time of need
Significant person displays protective behavior disproportionate (too little or too much) to client’s abilities or need for autonomy

COPING, INEFFECTIVE FAMILY: DISABLING

Symptomatic Division: Family Pattern Alterations
Definition: The behavior of a significant person (family member or other primary person) disables his or her own capacities and the client’s capacities to effectively address tasks essential to either person’s adaptation to the health challenge.

SUPPORTING DATA

ETIOLOGY
Significant person with chronically unexpressed feelings of guilt, anxiety, hostility, despair, etc.
Dissonant discrepancy of coping styles being used to deal with the adaptive tasks by the significant person and client among significant people
Highly ambivalent family relationships
Arbitrary handling of a family’s resistance to treatment which tends to solidify defensiveness as it fails to deal adequately with underlying anxiety

DEFINING CHARACTERISTICS

Subjective
[Expresses despair re family reactions/lack of involvement]

Objective
Intolerance
Abandonment
Psychosomatic tendency
Agitation, depression, aggression, hostility
Rejection
Desertion
Taking on illness signs of client
Neglectful relationships with other family members
Carrying on usual routines disregarding clients’ needs
Neglectful care of the client in regard to basic human needs and/or illness treatment
Distortion of reality regarding the client’s health problem, including extreme denial about its existence or severity
Decision and actions by family which are detrimental to economic or social well-being
Impaired restructuring of a meaningful life for self; impaired individualization; prolonged over-concern for client
Client’s development of helpless, inactive dependence

COPING, INEFFECTIVE INDIVIDUAL
Symptomatic Division: Emotional Reactions
Definition: Ineffective coping is the impairment of adaptive behaviors and problem-solving abilities of a person in meeting life’s demands and roles.

SUPPORTING DATA
ETIOLOGY
Situation crises
Personal vulnerability
No vacations
Inadequate support systems
Poor nutrition
Work overload
Unrealistic perceptions
Maturational crises
Multiple life changes
Inadequate relaxation
Little or no exercise
Unmet expectations
Too many deadlines
Inadequate coping method
DEFINING CHARACTERISTICS
Subjective
Verbalization of inability to cope or inability to ask for help
Muscular tension
Frequent headaches/neck aches s#
Chronic worry
Poor self-esteem
Emotional tension
Lack of appetite
Chronic fatigue
Insomnia
Ulcers
Irritable bowel
General irritability
Chronic anxiety
Chronic depression
Objective
Inability to meet role expectations
Alteration in societal participation
Inability to meet basic needs
Inability to problem-solve
Inappropriate use of defense mechanisms
Change in usual communication patterns
High rate of accidents
Excessive smoking/drinking
Alcohol proneness
High blood pressure
Verbal manipulation
High illness rate
Overeating
Overuse of prescribed tranquilizers
Destructive behavior toward self or others

DIVERSIONAL ACTIVITY, DEFICIT

Symptomatic Division: Activity/Rest
Definition: [An inability to occupy oneself in activities that pass time, entertain, distract, or gratify, because of internal/external factors which may or may not be beyond the individual’s control.]

SUPPORTING DATA

ETIOLOGY
Environmental lack of diversional activity
Long-term hospitalization
Frequent, lengthy treatments
[B]edridden
[S]ituational, developmental
[P]hysical limitations
DEFINING CHARACTERISTICS
Subjective
Patient’s statement regarding the following
Boredom
Wish there were something to do, to read, etc.
Usual hobbies cannot be undertaken in hospital [or are restricted by physical limitations]
Objective
[Flat affect]
[Disinterested]
[Restless]
[Crying]
[Lethargy]
[Withdrawn]
[Hostile]

FAMILY PROCESS, ALTERATION IN

Symptomatic Division: Family Pattern Alterations
Definition: [Dysfunction during a crisis, in a family that normally functions effectively.]

SUPPORTING DATA

ETIOLOGY
Situational transition and/or crises
Development transition and/or crises
DEFINING CHARACTERISTICS
Subjective
[Family expresses confusion about what to do and say they are having difficulty coping with situation]
Objective
Family system unable to meet physical/emotional/spiritual needs of its members
Family unable to meet security needs of its members
Family uninvolved in community activities
Inability to accept or receive help appropriately
Family inability to adapt to change or to deal with traumatic experience constructively
Parents do not demonstrate respect for each other’s views on child-rearing practices
Inability to express or accept wide range of feelings/feelings of members
Inability of family members to relate to each other for mutual growth and maturation
Rigidity in function and roles
Family does not demonstrate respect for individuality and autonomy of its members
Family fails to accomplish current or past developmental task
Ineffective family decision-making process
Failure to send and receive clear messages
Inappropriate level and direction of energy
Inappropriate boundary maintenance
Inappropriate or poorly communicated family rules, rituals, symbols
Unexamined family myths

FEAR
Symptomatic Division: Emotional Reactions
Definition: Fear is a feeling of dread related to an identifiable source which the individual validates.
SUPPORTING DATA
ETIOLOGY
Natural or innate origins: sudden noise, loss of physical support, heights, pain
Learned response: conditioning, modeling from or identification with others
Separation from support system in a potentially threatening situation (hospitalization, treatments, etc.)
Knowledge deficit or unfamiliarity
Phobic stimulus or phobia
Language barrier [Inability to communicate]
Sensory impairment
Environmental stimuli

[Threat of death, perceived or actual]
DEFINING CHARACTERISTICS
Subjective
Increased tension
Impulsiveness
Afraid
Terrified
Frightened
Apprehension
Decreased self-assurance
Scared
Panic
Jittery
[Associated physical symptoms: nausea, etc.]
Objective
Attack behavior
Flight behavior-withdrawal
Flight behavior-aggressive
Concentration on source
Wide eyed
Increased alertness
Focus on “it, out there”
Sympathetic stimulation: cardiovascular excitation, superficial vasoconstriction, pupil dilation,
[vomiting, diarrhea, etc.]

FLUID VOLUME DEFICIT, ACTUAL (1)
Symptomatic Division: Food/fluid
Definition: [Loss of fluid from the vascular compartment (out of body or 3rd spacing) in excess of needs
or replacement capabilities, as noted in etiology.]
SUPPORTING DATA
ETIOLOGY
Failure of regulator mechanisms [e.g., adrenal disease, recovery phase of acute renal failure,
uncontrolled diabetes mellitus/insipidus]

DEFINING CHARACTERISTICS

Subjective
[Complaints of fatigue, nervousness]

Objective
Dilute urine
Sudden weight loss
Increased urine output
[Altered serum sodium]

Other possible defining characteristics under consideration by NANDA:

Weakness
Thirst
Decreased venous filling
Decreased skin turgor
Increased body temperature
Dry mucous membranes
Edema
Possible weight gain
Hypotension [postural]
Increased pulse rate
Decreased pulse volume and pressure
Dry skin
Hemoconcentration

FLUID VOLUME DEFICIT, ACTUAL (2)

Symptomatic Division: Food/fluid

Definition: [Loss of fluid from the vascular compartment (out of body or 3rd spacing) in excess of needs or replacement capabilities, as noted in etiology.]

SUPPORTING DATA

ETIOLOGY
Active loss [e.g., burns, abdominal cancer, hemorrhage, diarrhea, cirrhosis of liver. Use of hyperosmotic radiopaque contrast agents]
DEFINING CHARACTERISTICS
Objective
Decreased urine output
Output greater than intake
Decreased venous filling
Increased serum sodium
Concentrated urine
Sudden weight loss
Hemoconcentration
Other possible defining characteristics under consideration by NANDA:
Thirst
Hypotension [postural]
Decreased skin turgor
Increased pulse rate
Dry skin
Increased body temperature
Weakness
Decreased pulse volume and pressure
Change in mental state
Dry mucous membranes

DEFINING CHARACTERISTICS
Subjective
Increased fluid output
Altered intake
Urinary frequency

FLUID VOLUME DEFICIT, POTENTIAL
Symptomatic Division: Food/fluid
Definition: [Condition exists in which the patient is at risk for active or regulatory losses of body water in excess of needs or replacement capability.]
SUPPORTING DATA
ETIOLOGY
Extremes of age and weight
Loss of fluid through abnormal routes, e.g., indwelling tubes
Factors influencing fluid needs, e.g., hypermetabolic states
Medications, e.g., diuretics
Excessive losses through normal routes, e.g., diarrhea
Knowledge deficiency related to fluid volume

DEFINING CHARACTERISTICS
Subjective
Thirst
Hypotension [postural]
Decreased skin turgor
Increased pulse rate
Dry skin
Increased body temperature
Weakness
Decreased pulse volume and pressure
Change in mental state
Dry mucous membranes

DEFINING CHARACTERISTICS
Subjective
Increased fluid output
Altered intake
Urinary frequency

FLUID VOLUME, ALTERATION IN: EXCESS
Symptomatic Division: Food/fluid
Definition: [Condition marked by an increase in sodium levels and excess of fluid, or fluid retention resulting in movement from the intra- to extracellular compartment.]
SUPPORTING DATA
ETIOLOGY
Compromised regulatory mechanism [e.g., SIADH]
Excess fluid intake
[Drug therapies: e.g., Chlorpropamide, tolbutamine, vincristine, triptyline, carbamazepine]
DEFINING CHARACTERISTICS
Subjective
Shortness of breath, orthopnea
Anxiety
Objective
Edema
Anasarca
Intake greater than output
Pulmonary congestion on x-ray film
Change in respiratory pattern
Blood pressure changes
Oliguria
Azoturia
Restlessness
Effusion
Weight gain
Third heart sound
Abnormal breath sounds: crackles (rales)
Change in mental status
Decreased hemoglobin, hematocrit
Central venous pressure changes
Jugular venous distention
Positive hepatojugular reflex
Specific gravity changes
Altered electrolytes

GAS EXCHANGE, IMPAIRED

Symptomatic Division: Ventilation
Definition: [An environmental and/or physiologic inability to provide adequate oxygen for the
tissues. This may be an entity of its own, but may also be an end result of other pathology with an
interrelatedness between airway clearance and/or breathing pattern problems.]

SUPPORTING DATA

ETIOLOGY

Altered oxygen supply [e.g., altitude sickness]
Altered blood flow [e.g., pulmonary embolus]
Altered oxygen-carrying capacity of blood [e.g., sickle cell/other anemia]
Alveolar-capillary membrane [e.g., adult respiratory distress syndrome: chronic condition, such as
pneumoconiosis (asbestosis/scilicosis)]

DEFINING CHARACTERISTICS

Subjective
[Dyspnea]
[Sense of impeding doom]

Objective
Confusion
Restlessness
Inability to move secretions
Somnolence
Irritability

Hypercapnea
Hypoxia
[Cyanosis]

GRIEVING, ANTICIPATORY

Symptomatic Division: Emotional Reactions
Definition: [Response to loss before it actually occurs.]

SUPPORTING DATA

ETIOLOGY

Perceived potential loss of: significant other; physio-psycho-social well-being; personal possessions

DEFINING CHARACTERISTICS

Subjective
Expression of distress at potential loss [anger]
Sorrow
Denial of potential loss
Guilt
Choked feelings

Objective
Potential loss of significant object
Alterations in activity level
Changes in eating habits
Alterations in sleep patterns
Altered libido
Altered communication patterns
[Altered affect]

GRIEVING, DYSFUNCTIONAL

Symptomatic Division: Emotional Reactions
Definition: [Delayed or exaggerated response to a perceived, actual or potential loss,]

SUPPORTING DATA

ETIOLOGY

Actual or perceived object loss (object loss in used in the broadest sense). Objects include people,
possessions, a job, status, home, ideals, parts and processed of the body, etc.
Thwarted grieving response to a loss
Lack of resolution of previous grieving response
Absence of anticipatory grieving
Chronic fatal illness
Loss of significant others, physio-psycho-social well-being; personal possessions

DEFINING CHARACTERISTICS

Subjective
Verbal expression of distress at loss
Expression of unresolved issues
Idealization of lost object
Denial of loss
Anger
Alterations in: eating habits, sleep and dream patterns, activity levels, libido
Reliving of past experiences
Expression of guilt
Sadness

Objective
Crying
Developmental regression
Alterations in concentration and/or pursuits of tasks
Difficulty in expressing loss
Labile affect

HEALTH MAINTENANCE, ALTERATION IN

Symptomatic Division: Teaching/Learning
Definition: Inability to identify, manage, and/or seek out help to maintain health. [Health Maintenance is a grouping of nursing symptom Operationalization. If only one of the problems exist, use an individual symptom record, e.g., Knowledge Deficit; Communication, impaired: Verbal; Thought Processes, Alteration in; Coping, Individual/Family; and others as etiology suggests.]

SUPPORTING DATA

ETIOLOGY
Lack of or significant alteration in communication skills (written, and/or gestural)
Complete of partial lack of gross and/or fine motor skills
Unachieved developmental tasks
Lack of ability to make deliberate and thoughtful judgments
Perceptual or cognitive impairment
Ineffective individual coping: dysfunctional grieving
Lack of material resource
Ineffective family coping: disabling spiritual distress
DEFINING CHARACTERISTICS
Subjective
Expressed interest in improving health behaviors
Objective
Demonstrated lack of knowledge regarding basic health practices
Reported or observed inability to take the responsibility for meeting basic health practices in any or all functional pattern areas
Demonstrated lack of adaptive behaviors to internal or external environmental changes
History of lack of health-seeking behavior
Reported or observed lack of equipment, financial, and/or other resources financial, and/or other resources
Reported or observed impairment of personal support system

HOME MAINTENANCE MANAGEMENT, IMPAIRED
Symptomatic Division: Teaching/learning
Definition: The client is unable to independently maintain a safe, growth-promoting immediate environment.

SUPPORTING DATA
ETIOLOGY
Disease or injury of individual of family member
Insufficient finances
Impaired cognitive or emotional functioning
Lack of role modeling
Insufficient family organization or planning
Unfamiliarity with neighborhood resources
Lack of knowledge
Inadequate support systems
DEFINING CHARACTERISTICS
Subjective
Household members express difficulty maintaining home in a comfortable fashion
Household requests assistance with home maintenance
Household members describe outstanding debts or financial crises
Objective
Disorderly surroundings
Accumulation of dirt, food or hygienic wastes
Inappropriate household temperature
Lack of necessary equipment or aids
Presence of vermin or rodents
Unwashed or unavailable cooking equipment, clothes, or linen
Offensive odors
Overtaxed family members, e.g., exhausted, anxious family members
Repeated hygienic disorders, infestations, or infections

INJURY, POTENTIAL FOR
Symptomatic Division: Safety
Definition: [Situation exists may develop which could result in harm/injury.]
[Authors’ Note: The potential for injury differs from individual to individual and from situation to situation. It is our belief that the environment is not safe and there is no way to list everything that might present a danger to someone. Rather, we believe nurses should educate people throughout their life cycles to live safely in their environment.]

SUPPORTING DATA
ETIOLOGY
Interactive conditions between individual and environment which impose a risk to the defensive and adaptive resources of the individual
Internal factors, host: biologic; physiologic; developmental; chemical; psychologic perception
External environment: biologic; psychologic; chemical; people-provider
DEFINING CHARACTERISTICS
Internal
Biochemical: regulatory function (sensory, integrative, effector dysfunction); tissue hypoxia; immune-autoimmune; malnutrition
Abnormal blood profile: altered clotting factors; thalassemia; sickle cell; leukocytosis or leukopenia; thrombocytopenia; decreased hemoglobin
Physical: broken skin; altered mobility
Developmental: age (physiologic, psycho social)
Psychologic: affective; orientation
External
Biologic: immunization level of community; microorganism
Chemical: pollutants; poisons; drugs (pharmaceutical agents, alcohol, caffeine, nicotine); preservatives; cosmetics and dyes; nutrients (vitamins, food types)
Physical: design, structure, and arrangement of community, building, and/or equipment; mode of transport/transportation; nosocomial agents
People-provider: nosocomial agent; staffing patterns; cognitive, affective, and psychomotor factors

INJURY, POTENTIAL FOR: A. POISONING

Symptomatic Division: Safety
Definition: The client has accentuated risk of accidental exposure to or ingestion of drugs or dangerous products in doses sufficient to cause poisoning.
SUPPORTING DATA
DEFINING CHARACTERISTICS
Internal (individual) factors
Reduced vision
Lack of safety or drug education
Lack of proper precaution
Insufficient finances
Verbalization of occupational setting without adequate safeguards
Cognitive or emotional difficulties
External (environmental) factors
Large supplies of drugs in house
Dangerous products placed or stored within the reach of children or confused persons
Flaking, peeling paint or plaster in presence of young children
Paint, lacquer, etc., in poorly ventilated areas or without effective protection
Medicines stored in unlocked cabinets accessible to children or confused persons
Availability of illicit drugs potentially contaminated by poisonous additives
Chemical contamination of food and water
Unprotected contact with heavy metals or chemicals
Presence of poisonous vegetation
Presence of atmospheric pollutants

INJURY, POTENTIAL FOR: B. SUDDOCATION

Symptomatic Division: Safety
Definition: The client has accentuated risk of accidental suffocation (inadequate air available for inhalation).
SUPPORTING DATA
DEFINING CHARACTERISTICS
Internal (individual)
Reduced olfactory sensation, motor abilities
Lack of safety education, precautions
Cognitive or emotional difficulties
Disease or injury process
External (environmental)
Pillow placed in infant’s crib
Vehicle warming in closed garage
Children playing with plastic bags or inserting small objects into mouths or noses
Discarded or unused refrigerators or freezers without removed doors
Children left unattended in bathtubs or pools
Household gas leaks
Smoking in bed
Use of fuel-burning heaters not vented to outside
Low-strung clothesline
Pacifier hung around infant’s head
Eating large mouthfuls of food
Propped bottle placed in infant’s crib
INJURY, POTENTIAL FOR: C. TRAUMA, POTENTIAL FOR

Symptomatic Division: Safety
Definition: The client has accentuated risk of accidental tissue injury, e.g., wound, burn, fracture.

SUPPORTING DATA
DEFINING CHARACTERISTICS
Internal (individual) factors
Weakness
Balancing difficulties
Reduced large, or small, muscle coordination
Lack of safety education/precautions
Cognitive or emotional difficulties
Poor vision
Reduced temperature and/or tactile sensation
Reduced hand/eye coordination
Insufficient finances to purchase safety equipment or effect repairs
History of previous trauma
External (environmental) factors
Slippery floors, e.g., wet or highly waxed
Bathtub without hand grip or antislip equipment
Unsturdy or absent stair rails
High beds
Children playing without gates at to of stairs
Inappropriate call-for-aid mechanisms for bed-resting client
Snow or ice on stairs, walkways
Unanchored rugs
Use of unsteady ladder or chairs
Entering unlighted rooms
Unanchored electric wires
Litter or liquid spills on floors or stairways
Obstructed passageways
Unsafe window protection in homes with young children
Pot handles facing toward front of stove
Potential igniting of gas leaks
Bathing in very hot water, e.g., unsupervised bathing of young children
Experimenting with chemicals or gasoline
Children playing with matches, candles, cigarettes
Highly flammable children’s toys or clothing
Overloaded fuse boxes
Sliding on coarse bed linen or struggling within bed restraints
Contact with acids or alkalis
Contact with intense cold
Overexposure to sun, sun lamps, radiotherapy
Guns or ammunition stored unlocked
Children playing with sharp-edged toys
Driving mechanically unsafe vehicle
Driving at excessive speeds
Children riding in the front seat of car
Delayed lighting of gas burner or oven
Unscreened fires or heaters
Wearing of plastic aprons or flowing clothing around open flame
Inadequately stored combustibles or corrosives, e.g., matches, oily rags, lye
Contact with rapidly moving machinery, industrial belts, or pulleys
Faulty electrical plugs, frayed wires, or defective appliances
Playing with fireworks or gunpowder
Use of cracked dishware or glasses
Knives stored uncovered
Large icicles hanging from roof
Exposure to dangerous machinery
High-crime neighborhood and vulnerable client
Driving after partaking of alcoholic beverages or drugs
Driving without necessary visual aids
Smoking in bed or near oxygen
Grease waste collected on stoves
Unrestrained babies riding in car
Unsafe road or road-crossing conditions
Play or work near vehicle pathways, e.g., driveways, lanes, railroad tracks
Overloaded electrical outlets
Use of thin or worn pot holders or mitts
Nonuse or misuse of seat restraints
Nonuse or misuse of necessary headgear for motorized cyclists or young children carried on adult bicycles

KNOWLEDGE DEFICIT (SPECIFY) [LEARNING NEED (SPECIFY)]

Symptomatic Division: Teaching/Learning
Definition: Lack of specific information [necessary for patient to make informed choices regarding condition/therapies/treatment plan.]

SUPPORTING DATA

ETIOLOGY
Lack of exposure
Information misinterpretation [/inaccurate]
Unfamiliarity with information resources
Lack of recall
Cognitive limitation
Lack of interest in learning
Patient’s request for no information

DEFINING CHARACTERISTICS
Subjective
Statement of misconception
Verbalization of the problem

Objective
Inaccurate follow-through of instruction
Inadequate performance of test
Inappropriate or exaggerated behaviors, e.g., hysterical, hostile, agitated, apathetic
MOBILITY, IMPAIRED PHYSICAL
Symptomatic Division: Safety
Definition: [Condition exists in which the patient is unable/reluctant to move about in an adequate fashion because of disuse, inactivity, paralysis, etc.] paralysis, etc.]

SUPPORTING DATA
ETIOLOGY
Intolerance to activity; decreased strength and endurance
Pain and discomfort
Perceptual or cognitive impairment
Neuromuscular impairment
DEFINING CHARACTERISTICS
Subjective
Reluctance to attempt movement
[C/o pain/discomfort on movement]
Objective
Inability to purposefully move within the physical environment, including bed mobility, transfer, and ambulation
Impaired coordination
Limited range of motion
Decreased muscle strength, control, and/or mass
Imposed restrictions of movement, including mechanical; medical protocol

NONCOMPLIANCE [COMPLIANCE, ALTERATION IN],
SPECIFY
Symptomatic Division: Teaching/Learning
Definition: Noncompliance is a person’s informed decision not adhere to a therapeutic recommendation. [Authors’ statement: Noncompliance is a term that creates a negative situation for patient and care giver that may foster difficulties in resolving the causative factors. Since patients have a right to refuse therapy, we see this as a situation in which the professional need is to accept the client’s point of view/behavior/choice(s) and work together to find alternate means to meet original and/or revised goals. The actions/decisions belong to the patient and are not necessarily directed against the care giver(s).]

SUPPORTING DATA
ETIOLOGY
Patient value system: health beliefs, spiritual values, cultural influences
Client and provider relationships
DEFINING CHARACTERISTICS
Subjective
[Patient states unwillingness to follow treatment regimen.]
Objective
Behavior indicative of failure to adhere by direct observation or statements by patient or significant others
Objective tests (physiologic measures, detection of markers)
Evidence of development of complications
Failure to keep appointments
Inability to set or attain mutual goals
Evidence of exacerbation of symptoms
Failure to progress

NUTRITION, ALTERATION IN: LESS THAN BODY REQUIREMENTS
Symptomatic Division: Food/Fluid
Definition: [Condition in which energy (calorie) intake does not fully meet energy requirements. Body weight is 10-20% less than ideal body weight and/or % of body fat is below standard.]

SUPPORTING DATA
ETIOLOGY
Inability to ingest or digest food or biologic, psychologic, or economic factors
DEFINING CHARACTERISTICS
Subjective
Reported inadequate food intake less than RDA
Reported or evidence of lack of food
Aversion to eating
Reported altered taste sensation
Abdominal pain with or without pathologic conditions
Misconceptions
Body weight 20% or more under ideal for height and frame
Lack of interest in food
Perceived inability to ingest food
Satiety immediately after ingesting food
Abdominal cramping
Lack of information; misinformation
Objective
Loss of weight with adequate food intake
Weakness of muscles required for swallowing or mastication
Hyperactive bowel sounds
Sore, inflamed buccal cavity
Capillary fragility
Diarrhea and/or steatorrhea
Pale conjunctiva and mucous membranes
Poor muscle tone
Excessive loss of hair [or increased growth of hair on body (lanugo)]
[Cessation of menses]

NUTRITION, ALTERATION IN: MORE THAN BODY REQUIREMENTS

Symptomatic Division: Food/Fluid
Definition: [Condition in which body weight is greater than 10% over average weight for age, sex, and height, and/or percent of body fat greater than 26% for women, 19% for men. This may be the result of an imbalance between calorie intake and energy expenditure but the underlying cause is often complex and may be difficult to manage]

SUPPORTING DATA
ETIOLOGY
Excessive intake in relationship to metabolic need
DEFINING CHARACTERISTICS
Subjective
Reported or observed dysfunctional eating patterns:
Pairing food with other activities
Eating in response to external cues such as time of day, social situation
Concentrating food intake at end of day
Eating in response to internal cues other than hunger, e.g., anxiety
Sedentary activity level
Objective
Weight 10%-20% over ideal for height and frame
Triceps skinfold greater than 15 mm in men and 25 mm in women
[Percentage of body fat greater than 18-20% for trim women, 10-12% for trim men]

NUTRITION, ALTERATION IN: POTENTIAL FOR MORE THAN BODY REQUIREMENTS
Symptomatic Division: Food/Fluid
Definition: [Situation in which risk factors exist that may predispose the individual to obesity.]
SUPPORTING DATA
ETIOLOGY
Hereditary predisposition
Frequent, closely spaced pregnancies
Dysfunctional psychologic conditioning in relationship to food
Excessive energy [(calorie)] intake during late gestational life, early infancy, and adolescence
Membership in lower socioeconomic group
[Sedentary lifestyle]
[Socially/culturally isolated; lacking other outlets]
DEFINING CHARACTERISTICS
Subjective
Reported obesity in one or both parents [spouse]
Reported use of solid food as major food source before 5 months of age
Reported higher baseline weight at beginning of each pregnancy
[Alteration in usual activity patterns]
[Alteration in usual coping patterns]
[Report majority of foods consumed are concentrated, high calorie sources]
Dysfunctional eating patterns
Pairing food with other activities
Eating in response to external cues such as time of day or social situation
Concentrating food intake at end of day
Eating in response to internal cues other than hunger, e.g., anxiety

Objective
Rapid transition across growth percentiles in infants or children
Observed higher baseline weight at beginning of each pregnancy
Observed obesity in one or both parents [spouse]
Observed use of food as reward or comfort measure

ORAL MUCOUS MEMBRANE, ALTERATION IN
Symptomatic Division: Food/Fluid
Definition: [Actual/Potential interruption in the integrity of the layers and/or protective properties of the oral mucosa.]
SUPPORTING DATA
ETIOLOGY
Pathologic conditions: oral cavity (radiation to head and/or neck)
Trauma: Chemical, e.g., acidic foods, drugs, noxious agents, alcohol; Mechanical, e.g., ill-fitting dentures, braces, tubes (endotracheal, nasogastric), surgery in oral cavity
Dehydration
NPO instructions for more than 24 hours
Malnutrition
Lack of or decreased salivation
Ineffective oral hygiene
Mouth breathing
Infection
Medication
DEFINING CHARACTERISTICS
Subjective
Xerostomia (dry mouth)
Oral pain or discomfort
Objective
Coated tongue
Stomatitis
Leukoplakia
Hyperemia
Desquamation
PARENTING, ALTERATION IN: ACTUAL OR POTENTIAL

Symptomatic Division: Family Pattern Alterations

Definition: Parenting is the ability of a nurturing figure(s) to create an environment that promotes the optimum growth and development of another human being. It is important to state as a preface to this symptom record that adjustment to parenting in general is a normal maturational process that elicits nursing behaviors of prevention problems and health promotion.

SUPPORTING DATA

ETIOLOGY

Lack of available role model
Lack of support between or from significant other(s)
Interruption in bonding process, i.e., maternal, paternal, other
Mental and/or physical illness

Lack of knowledge
Limited cognitive functioning
Multiple pregnancies
Unrealistic expectation for self, infant, partner
Ineffective role model
Physical and psycho social abuse of nurturing figure
Unmet social and emotional maturational needs of parenting figures
Perceived threat to own survival: physical and/or emotional
Presence of stress: financial or legal problems, recent crisis, cultural move
Lack of role identity
Lack of appropriate response of child to relationship

DEFINING CHARACTERISTICS: ACTUAL AND POTENTIAL

Subjective
Constant verbalization of disappointment in gender or physical characteristics of infant/child
Verbalization of resentment toward infant/child
Verbalization of role inadequacy [inability to care for/discipline child]
Verbal disgust at body functions of infant/child
Verbalization of desire to have child call parent by first name despite traditional cultural tendencies

Objective
Lack of parental attachment behaviors
Inappropriate visual, tactile, auditory stimulation
Negative identification of characteristics of infant/child
Inattention to infant/child needs
Noncompliance with health appointments for self and/or infant/child
Inappropriate care taking behaviors (toilet training, sleep and rest, feeding)
Inappropriate or inconsistent discipline practices
Frequent accidents/illness
Growth and development lag in child
History of child abuse or abandonment by primary caretaker
Child receives care from multiple caretakers without consideration for needs of child
Compulsive seeking of role approval from others

Actual (critical factors): abandonment, runaway, verbalization cannot control child, evidence of physical and/or psychologic trauma
POWERLESSNESS

Symptomatic Division: Emotional Reactions

Definition: The perception of the individual that one's own action will not significantly affect an outcome. Powerlessness is the perceived lack of control over a current situation or immediate happening.

SUPPORTING DATA

ETIOLOGY

Health care environment
Illness-related regimen
Interpersonal interaction
Life-style of helplessness

DEFINING CHARACTERISTICS

Subjective

Severe:
Verbal expressions of having no control or influence over situation, outcome, or self-care
Depression over physical deterioration that occurs despite patient compliance with regimens

Moderate:
Non-participation in care or decision making when opportunities are provided
Expressions of dissatisfaction and frustration over inability to perform previous tasks and/or activities
Expression of doubt regarding role performance
Reluctance to express true feelings, fearing alienation from care-givers

Low:
Expressions of uncertainty about fluctuating energy levels

Objective

Severe:
Apathy [Anger]

Moderate:
Does not monitor progress
Dependence on others that may result in irritability, resentment, anger, and guilt
Inability to seek information regarding care
Does not defend self-care practices when challenged
Passivity - Low -Passivity
RAPE TRAUMA SYNDROME
Symptomatic Division: Emotional Reactions
Definition: Rape is forced and violent sexual penetration against the victim’s will and without the victim’s consent. The trauma syndrome that develops from an attack or attempted attack includes an acute phase of disorganization of the victim’s life-style and a long-term process of reorganization of life-style. This syndrome includes the following three subcomponents: A, B, and C. [While attacks are most often directed toward women, men also may be victims.]

SUPPORTING DATA
DEFINING CHARACTERISTICS
A. Rape Trauma
Acute Phase:
Emotional reactions: anger, fear of physical violence and death, self-blame, embarrassment, humiliation, revenge
Multiple physical symptoms: muscle tension, sleep pattern disturbance, gastrointestinal irritability, genitourinary discomfort
Long-Term Phase:
Changes in life-style (changes in residence; dealing with repetitive nightmares and phobias; seeking family support; seeking social network support)

B. Compound Reaction
All defining characteristics listed under rape trauma
Reactivated symptoms of such previous conditions, e.g., physical illness, psychiatric illness
Reliance on alcohol and/or drugs

C. Silent Reaction
Abrupt changes in relationship with men
Increase in nightmares
Increasing anxiety during interview, e.g., blocking of associations, long periods of silence, minor stuttering, physical distress
Marked changes in sexual behavior
No verbalization of the occurrence of rape
Sudden onset of phobic reactions

SELF-CARE DEFICIT: FEEDING, BATHING/HYGIENE, DRESSING/GROOMING, TOILETING
Symptomatic Division: Hygiene
Definition: [Situation exists in which the patient is unable to care for own needs on a temporary, permanent or progressing basis because of a physical/emotional reason. Self Care may also be expanded to include the practices used by the client to promote health, the individual responsibility for self, a way of thinking. Refer to Home Maintenance Management, Impaired; Health Maintenance, Alteration in; Noncompliance.]

SUPPORTING DATA
ETIOLOGY
Intolerance to activity; decreased strength and endurance
Neuromuscular impairment
Depression; severe anxiety
Pain, discomfort
Perceptual or cognitive impairment
Musculoskeletal impairment

A. SELF-FEEDING DEFICIT
DEFINING CHARACTERISTICS
Inability to bring food from a receptacle to the mouth

B. SELF-BATHING/HYGIENE DEFICIT
DEFINING CHARACTERISTICS
Inability to wash body or body parts; obtain or get to water sources; regulate temperature or flow

C. SELF-DRESSING/GROOMING DEFICIT
DEFINING CHARACTERISTICS
Impaired ability to put on or take off necessary items of clothing; obtain or replace articles of clothing; fasten clothing; maintain appearance at a satisfactory level

D. SELF-TOILETING DEFICIT
ETIOLOGY (BROAD CATEGORIES)
Impaired transfer ability
Intolerance to activity; decreased strength and endurance
Neuromuscular, musculoskeletal impairment
Impairment mobility status
Pain, discomfort
Perceptual or cognitive impairment
Depression, severe anxiety
DEFINING CHARACTERISTICS
Objective
Unable to get to toilet or commode
Unable to manipulate clothing for toileting
Unable to flush toilet or empty commode
Unable to sit on or rise from toilet or commode
Unable to carry out proper toilet hygiene

SELF-CONCEPT, DISTURBANCE IN: BODY IMAGE, SELF-ESTEEM, ROLE PERFORMANCE, PERSONAL IDENTITY

Symptomatic Division: Emotional Reactions
Definition: A disturbance in self-concept is a disruption in the way one perceives one's body image, self-esteem, role performance, and/or personal identity.
Each of these four subcomponents, in turn, has its own etiology and defining characteristics.

A. BODY IMAGE, DISTURBANCE IN

ETIOLOGY
Biophysical
Psycho social
Cognitive perceptual
Cultural or spiritual

DEFINING CHARACTERISTICS
Either the following A or B must be present to justify the record of Body Image, Alteration in:
A. Verbal response to actual or perceived change in structure and function
B. Nonverbal response to actual or perceived change in structure and/or function
The following clinical manifestations may be used to validate the presence of A or B:

Subjective
Verbalization of:
Change in lifestyle
Fear or rejection or of reaction by others
Focus on past strength, function, or appearance
Negative feelings about body
Feelings of helplessness, hopelessness, or powerlessness

Objective
Refusal to verify actual change
Preoccupation with change or loss
Emphasis on remaining strengths heightened achievement
Depersonalization of part or loss by impersonal pronouns
Extension of body boundary to incorporate environment objects
Personalization of part or loss by name

Not looking at body part
Trauma to nonfunctioning part
Change in ability to estimate spatial relationship of body to environment
Actual change in structure and/or function
Not touching body part
Hiding or overexposing body part (intentional or unintentional)
Change in social involvement

Degree of independent nursing therapy (this may be related to etiology):
Biophysical: low degree of nursing independence
Psycho social: medium to high degree of nursing independence
Cognitive perceptual: high degree of nursing independence
Cultural spiritual: medium to high degree of nursing independence

It may be possible to identify high-risk populations, such as those with following conditions:
Missing parts
Dependence on machine
Significance of body part or functioning with regard to age, sex, developmental level, or basic human needs
Physical change caused by biochemical agents (drugs)
Physical trauma or mutilation
Pregnancy and/or maturational changes

B. SELF-ESTEEM, DISTURBANCE IN

ETIOLOGY
Therapist Operationalize

Being developed by NANDA [A threat to the human need for survival.]

DEFINING CHARACTERISTICS
Inability to accept positive reinforcement
Not taking responsibility for self-care (self-neglect)
Lack of follow-through
Nonparticipation in therapy
Self-destructive behavior
Lack of eye contact

[Defining Characteristics: Inability to accept positive reinforcement; Not taking responsibility for self-care (self-neglect); Lack of follow-through; Nonparticipation in therapy; Self-destructive behavior; Lack of eye contact]

______________________________________________________________________________

C. ROLE PERFORMANCE, DISTURBANCE IN

__ ETIOLOGY

Being developed by NANDA [A change in the person’s life has occurred in which the expected role activities are no longer able to be undertaken. e.g., male head of the household is in a passive, dependent patient role. These changes are perceived as unacceptable by the individual.]

DEFINING CHARACTERISTICS
Subjective
Change in self-perception of role
Denial of role
Lack of knowledge of role
Objective
Change in others’ perception of role
Change in usual patterns or responsibility
Conflict in roles
Change in physical capacity to resume role

______________________________________________________________________________

D. PERSONAL IDENTITY, DISTURBANCE IN

__Definition: inability to distinguish between self and non-self.

ETIOLOGY

Being developed by NANDA.

[Sensory-perceptual alteration: visual, auditory, kinesthetic, gustatory, tactile, olfactory]

Symptomatic Division: Neurologic
Definition: [Condition exists in which the usual and accustomed sensory stimuli are not experienced or recognized/interpreted accurately.]

SUPPORTING DATA

ETIOLOGY

Environmental Factors:
Therapeutically restricted environments (isolation, intensive care, bedrest, traction, confining illnesses, incubator)
Socially restricted environment (institutionalization, homebound, aging, chronic illness, dying, infant deprivation); stigmatized (mentally ill/retarded/handicapped); bereaved
Altered Sensory Reception, Transmission, and/or Integration:
Neurologic disease, trauma, or deficit
Altered status of sense organs
Inability to communicate, understand, speak, or respond
Sleep deprivation
Pain
Chemical Alteration:
Endogenous (electrolyte imbalance, elevated BUN, elevated ammonia, hypoxia)
Exogenous (central nervous system stimulants or depressants, mind-altering drugs)
Psychologic stress (narrowed perceptual fields caused by anxiety)

DEFINING CHARACTERISTICS
Subjective
Reported or measured change in sensory acuity
Anxiety

Objective
Disoriented in time, in place, or with persons
Change in problem-solving abilities
Change in usual response to stimuli
Altered communication patterns
Daydreaming
Noncompliance
Depression
Anger
Poor concentration
Bizarre thinking
Motor in coordination
Altered abstraction
Altered conceptualization
Change in behavior pattern
Apathy
Restlessness
Irritability
Disorientation
Lack of concentration
Hallucinations
Fear
Rapid mood swings
Exaggerated emotional responses
Disordered thought sequencing
Visual and auditory distortions
Other Possible Defining Characteristics [under consideration by NANDA]:
Complaints of fatigue
Change in muscular tension
Hallucinations

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Big Tobacco, Big Sugar, Big Pharma, Big Oil, and Big War Industry are exempt from lay and they kill and injure, maim and cripple in the name of profit. They seek to control and dominate medicine to further build their profits.

Their money controls governments, regulators, and the small minded media. The Ultra Rich Master Echelon Computer now sees and hears all the things we say, write, and do. Rights of privacy are gone worldwide. They have taken away our rights of free speech.

The Ultra Rich control the media and refuse to tell stories that expose or offend the Ultra Rich Power. They control every movie that gets distribution, every song that hits the radio, everything that is put on the world news. They use science and psychology to control and manipulate the minds of the masses.

But medicine is controlled by Universities that teach medicine. There is now one university starting to defend Natural Medicine. IMUNE has a new 12 month home study course that can be bought with Karma and you can learn how to do natural medicine and how to break free from the Ultra Rich control.

Well, the game of Reality Monopoly is still being played all over the world. One percent of the world’s population is winning and now controls over 80% of the wealth. The law allows the game to continue till we will see one winner and 6 billion plus losers.
Alteration in posture
Inappropriate responses

SEXUAL DYSFUNCTION

Symptomatic Division: Sex
Definition: [An actual or perceived change in sexual/sexuality functioning that prevents the patient achieving a desired level of performance.]

SUPPORTING DATA
ETIOLOGY
Biopsycho-social alteration of sexuality:
Ineffectual or absent role models
Vulnerability
Misinformation or lack of knowledge
Physical abuse
Values conflict
Lack of privacy
Altered body structure or function: pregnancy, recent childbirth, drugs, surgery, anomalies, disease process, trauma, radiation
Psycho social abuse, e.g., harmful relationship
Lack of significant other
DEFINING CHARACTERISTICS
Subjective
Verbalization of problem
Actual or perceived limitation imposed by disease and/or therapy
Inability to achieve desired satisfaction
Alters in achieving perceived sex role
Conflicts involving values
Alters in achieving sexual satisfaction
Seeking of confirmation of desirability
Objective
Alteration in relationship with significant other
Change of interest in self and others

SKIN INTEGRITY, IMPAIRMENT OF: ACTUAL

Symptomatic Division: Safety
Definition: [An interruption in the integumentary system, the largest, multifunctional organ of the body.]

SUPPORTING DATA
ETIOLOGY
External (environmental) factors
Hyperthermia or hypothermia
Chemical substance
Radiational
Physical immobilization
Humidity
Mechanical factors
Shearing forces
Pressure
Restraint
[Trauma: injury/surgery]
Internal (somatic) factors
Medication
Altered circulation
Altered pigmentation
Developmental factors
Altered nutritional state: obesity, emaciation
Excretions/secretions
Edema
Altered metabolic state
Altered sensation
Skeletal prominence
Immunologic deficit
Alters in turgor (change in elasticity)
Psychogenic
DEFINING CHARACTERISTICS
SKIN INTEGRITY, IMPAIRMENT OF: POTENTIAL

Symptomatic Division: Safety
Definition: [Condition exists in which damage to the integumentary system may occur.]

SUPPORTING DATA

ETIOLOGY
Not applicable

DEFINING CHARACTERISTICS

Objective
Disruption of skin surface
Destruction of skin layers
Invasion of body structures

Subjective
[Complaints of itching, pain, numbness, of affected/surrounding area]

Objective

Disruption of skin surface
Destruction of skin layers
Invasion of body structures

PSYCHOSOCIAL IMPAIRMENT OF: POTENTIAL

Symptomatic Division: Safety
Definition: [Condition exists in which damage to the integumentary system may occur.]

SUPPORTING DATA

ETIOLOGY
Not applicable

DEFINING CHARACTERISTICS

Objective
Disruption of skin surface
Destruction of skin layers
Invasion of body structures

Subjective
[Complaints of itching, pain, numbness, of affected/surrounding area]

Objective
Disruption of skin surface
Destruction of skin layers
Invasion of body structures

SLEEP PATTERN DISTURBANCE

Symptomatic Division: Activity/Rest
Definition: Disruption of sleep time which causes patient discomfort or interferes with the patient’s desired life-style.

SUPPORTING DATA

ETIOLOGY
Sensory Alterations:
Internal factors: illness, psychologic stress
External factors: environmental changes, social cues

DEFINING CHARACTERISTICS

Subjective
Verbal complaints of difficulty in falling asleep
Verbal complaints of not feeling well rested
Awakening earlier or later than desired
Interrupted sleep
[Feels asleep during activities]

Objective
Changes in Behavior and Performance:
Increasing irritability
Disorientation
Listlessness
Restlessness
Lethargy

Physical Signs:
Mild, fleeting nystagmus
Ptosis of eyelid
Slight hand tremor
Expressionless face
Thick speech with mispronunciation and incorrect words
Dark circles under eyes
Changes in posture
Frequent yawning
Not feeling well rested

SOCIAL ISOLATION

Symptomatic Division: Emotional Reactions
Definition: Condition of aloneness experienced by the individual and perceived as imposed by others and as a negative or threatened state.

SUPPORTING DATA

ETIOLOGY
Factors contributing to the absence of satisfying personal relationships, such as the following:
Delay in accomplishing developmental task
Alterations in mental status
Altered state of wellness
Immature interests
Alterations in physical appearance
Unaccepted social behavior
Unaccepted social values
Inadequate personal resources
Inability to engage in satisfying personal relationships

DEFINING CHARACTERISTICS

Subjective
Expresses feeling of aloneness imposed by others
Expresses values acceptable to subculture, but unable to accept values of dominant culture
Inability to meet expectations of others
Expresses feelings of rejection
Experiences feelings of difference from others
Inadequacy in or absence of significant purpose in life

Objective
Expresses interests inappropriate to developmental age or stage
Insecurity in public

SAD, dull affect
Absence of supportive significant other(s)-family, friends, group
Inappropriate or immature interests and activities for developmental age or stage
Projects hostility in voice, behavior
Evidence of physical and/or mental handicap or altered state of wellness
Uncommunicative, withdrawn; no eye contact
Preoccupation with own thoughts; repetitive, meaningless actions
Seeks to be alone or exists in subculture
Shows behavior unaccepted by dominant cultural group

SPIRITUAL DISTRESS (DISTRESS OF THE HUMAN SPIRIT)

Symptomatic Division: Emotional Reactions
Definition: Distress of the human spirit is a disruption in the life principle that pervades a person’s entire being and that integrates and transcends one’s biologic and psycho social nature.

SUPPORTING DATA

ETIOLOGY
Separation from religious and cultural ties
Challenged belief and value system, e.g., result of moral or ethical implications of therapy or result of intense suffering

DEFINING CHARACTERISTICS

Subjective
Expresses concern with meaning of life and death and/or belief systems
Verbalizes inner conflict about beliefs; concern about relationship with deity
Questions moral and ethical implications of therapeutic regiment
Description of nightmares or sleep disturbances
Unable to accept self
Engages in self-blame
Description of somatic complaints
Anger toward God (as defined by person)
Questions meaning of suffering
Questions meaning for own existence
Seeks spiritual assistance
Unable to choose or chooses not to participate in usual religious practices
Displacement of anger toward religious representatives
Regards illness as punishment
Does not experience that God is forgiving
Denies responsibilities for problems
Objective
Alteration in behavior or mood evidenced by anger, crying, withdrawal, preoccupation, anxiety, hostility, apathy, etc.

TISSUE PERFUSION, ALTERATION IN: CEREBRAL, CARDIOPULMONARY, RENAL, GASTROINTESTINAL, PERIPHERAL

Symptomatic Division: Circulation
Definition: [Failure to supply the cells with adequate nutrients/oxygen and/or eliminate waste products to meet the needs of the body. Tissue perfusion problems can exist without decreased cardiac output; however, there may be a relationship between cardiac output and tissue perfusion.] There may be a relationship between cardiac output and tissue perfusion.

SUPPORTING DATA

ETIOLOGY
Interruption of flow: arterial, venous
Hypovolemia
Exchange problems
Hypervolemia
DEFINING CHARACTERISTICS
Objective
Skin temperature, cold extremities
Slow-growing, dry, thick brittle nails
Claudication
Bruits
Slow healing of lesions
Blood pressure changes in extremities

Skin Color:
Dependent, blue or purple [or mottled]
Pale on elevation and color does not return when leg lowered
Diminished/[absent] arterial pulsations
Skin Quality:
Shining, lack of lanugo
Round scars covered with atrophied skin
Gangrene
Subcomponents: Cerebral, Renal, Gastrointestinal

THOUGHT PROCESSES, ALTERATION IN

Symptomatic Division: Neurologic
Definition: [A condition exists that affects/interferes with the individual's ability to think clearly.]

SUPPORTING DATA

ETIOLOGY
Physiologic changes
Loss of memory
Sleep deprivation
Psychologic conflicts
Impaired judgment
DEFINING CHARACTERISTICS
Subjective
Ideas of reference
Hallucinations
Delusions
Altered sleep patterns
Objective
Inaccurate interpretation of environment
Memory deficit or problems
Hyper/hypovigilance
Altered attention span-distractibility
Disorientation to time, place, person, circumstances, and events
Cognitive dissonance
Distractibility
Egocentricity
Decreased ability to grasp ideas
Commands, obsessions
Inability to follow
Changes in remote, recent, immediate memory
Impaired ability to make decisions, problem solve, reason, abstract or conceptualize, calculate
[Confabulation]
[Inappropriate social behavior]
Other possible defining characteristics [under consideration by NANDA]:
Inappropriate/non-reality-based thinking

URINARY ELIMINATION, ALTERATION IN
Symptomatic Division: Elimination
Definition: [Condition exists in which there is an interference with the normal process of voiding.]
SUPPORTING DATA
ETIOLOGY
Sensory motor impairment
Mechanical trauma
[Surgical diversion]
[ Mechanical obstruction, e.g., prostatic hypertrophy/plasia]
DEFINING CHARACTERISTICS
Subjective
Frequency
Hesitancy
Objective
Dysuria
Nocturia
Urgency
Incontinence
Retention

For more information go to www.imune.name

Professor Desiré Dubounet
and her friends have spent over 35 million dollars to bring the world a professional and thorough course on Wellness, Naturopathy and Neuro-Electro-Physiology of Biofeedback as Bioresonance.

She is such a humanitarian Angel, she lets you pay for the course videos, books and materials with Karma...

These are the TOP FIVE REASONS to get a Doctorate in Wellness PhD International Medical University degree at home.

1. Getting a degree means you will increase your earning potential. Studies have shown that at home study is just as good as attended classes.

2. Study and Complete Courses at Your Own Pace. Use this to maximize the learning.

3. Scheduling Convenience. Work when you are ready to work.

4. Teaching Faculty Who Actually Have Work Experience in Your Field of Study. Global faculty at IMUNE is with worldwide famous doctors.

5. Save Money on Travel, Parking, Childcare, and Books. You save money the world saves energy, this makes you and the world better.

6. Employer Support. Many employers offer tuition reimbursement for employees’ tuition associated with training in their fields. Employers also tend to encourage enrollment in online degree programs because they know employees will be able to go to school and still be able to be committed to their jobs. Don’t be afraid to ask your employer. Every company needs a wellness consultant.

Professor Desiré Dubounet the world’s most famous Naturopath and her friends have spent over 35 million dollars to bring the world a professional and thorough course on Wellness, Naturopathy and Neuro-Electro-Physiology of Biofeedback as Bioresonance. She is such a humanitarian Angel, she lets you pay for the course videos, books and materials with Karma go to www.imune.name for more information.
VIOLENCE, POTENTIAL FOR: SELF-DIRECTED

OR DIRECTED AT OTHERS

Symptomatic Division: Emotional Reactions

Definition: [Aggressive behavior that has the potential for physical/psychologic harm.]

SUPPORTING DATA

ETIOLOGY

Antisocial character
Catatonic excitement
Manic excitement
Panic states
Suicidal behavior
Toxic reactions to medication
Battered women [spouse abuse]
Child abuse
Organic brain syndrome
Rage reactions
Temporal lobe epilepsy
[Negative role modeling]

DEFINING CHARACTERISTICS

Subjective
[Expresses intent/desire to harm self or others, directly or indirectly]

Objective
Body language: clenched fists, facial expressions, rigid posture, tautness indicating intense effort to control
Overt and aggressive acts; goal-directed destruction of objects in environment
Self-destructive behavior and/or active aggressive suicidal acts
Hostile threatening verbalizations; boasting of prior abuse to others
Increased motor activity, pacing, excitement, irritability, agitation
Possession of destructive means: gun, knife, weapon
Suspicion of others, paranoid ideation, delusions, hallucinations
Substance abuse or withdrawal

Rage

Other defining characteristics [under consideration by NANDA]:
Inability to verbalize feelings
Provocative behavior: argumentative, dissatisfied overreactive, hypersensitive
Fear of self or others
Vulnerable self-esteem
Anger
Repetition of verbalizations: continues complaints, requests, and demands
Increasing anxiety level
Depression (specifically active, aggressive, suicidal acts)

The Allopathic Surgical team of Dr. Cutem and Dr. Stichem, work at the Operation Amputation for all Medical Clinic at the corner of SightheWaivey and Pay. They have some advice for you.

When your drugs fail we have an answer to your problem guaranteed to shut your patient up.

If your wife is hysterical we can easily do a hysterectomy

If your child has persistent allergies we can remove the adenoids. Aids can result but

If you can not control your mood, have trouble playing with others, and can pay a large bill then a prefrontal lobotomy is for you.

If you don’t like your body we can alter it for you, you still won’t like it after as that the problem is the mind not the body, but as long as you have money come to us.

When your joints give out from lack of exercise we can put in a new joint, cheap.

If there is a build up of water in your child’s ear we can put in a drain tube and ruin the ear no matter what the cause is. We hope when child grows the ear improves

In fact we don’t care about the cause of disease we can cut, burn, stab a new you for any known condition your insurance company is willing to pay for.
The QXCI biofeedback therapist is taught to use the following path of treatment:
1. Reduce the cause of disease
2. Treat the organ of dysfunction
3. Unblock the blockages of life flow
4. Treat the symptoms naturally
5. Treat the constitutional tendencies or metabolic typing tendencies for diseases with nutrition, homeopathy, and electrophysiological therapy.

The computer is used to interface with the body electric. This handshake occurs after calibrating to the patients' electro physiological reactivity speed. Then the autofocusing or self adapting interface can correct energetic disturbances in the body including the acupuncture deviant points. By building awareness, responsibility, balance, analysing millions of bits of data, and symptom reduction the QXCI offers true and easy Wholistic medicine.

So in consideration what type of system of medicine would you chose?
So in consideration what type of system of medicine would you chose?

If you try to solve the problem by thinking how many winners there are, it is difficult. But a simple janusian shift and think how many losers, 102 each loser plays in one match where he is the loser, so the answer is 102 matches.

Janusian psychology is the study of the mind of the genius. The genius can see that everything contains its opposite. Janus was the Roman God of doorways who's image was in the doorway looking both ways in and out. Free up your mind to see the multitude of possibilities.
Small minds see new technology as a threat. Large Minds see new technology as an Opportunity.