

Get to know your TNP! Myths and realities




Ordre
des infirmières
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Introduction

WHAT DOES “MYTH” MEAN?

- > A myth is a strange and spectacular story, apparently truthful, often inspired by a distant anecdote, which circulates by word of mouth, email or the Internet; the story is told in good faith by sincere people, distorted or amplified by each subsequent narrator, and generally revealed to be totally false.



Ten myths and realities about the Therapeutic Nursing Plan (TNP)

MYTH 1

> The TNP should be left in the client's file.

> **Myth!**

- The TNP is an integral part of the client's file, wherever it may be located.
- The client's file should be kept in a location that preserves its confidentiality.
- The keeping of files should follow archiving rules that apply to every element in the file.

What is a file?
A collection of documents containing information on the same subject [...]
Source: OQLF

MYTH 2

- > A directive can be extremely precise; for example: “Administer Zyprexa Zydys if raises the subject of his brother Paul.”
 - > **Reality!**

MYTH 3

- > A primary care nurse may see a client several times before it becomes appropriate to determine a TNP.
- > **Reality!**

What does clinical follow-up mean ?

A set of interventions determined, implemented and adjusted when needed by the nurse in order to monitor a client's physical and mental condition, to provide him the care and treatment his state of health requires and to evaluate their outcome. (OIIQ, 2006)

MYTH 4

- > In CHSLDs (long term care facilities), the TNP should be updated every three months.
 - > **Myth!**

- The TNP should be determined or adjusted at the appropriate time whenever necessary (in accordance to the health condition of the patient).
- There is no fixed schedule for determining or adjusting the TNP.

MYTH 5

- > There is no obligation or rule regarding the use of verbs in documenting for a directive.
- > Reality!

MYTH 6

- > [Brackets] should always be used when formulating directives to individuals who do not have access to the TNP
- > **Myth!**

- The nursing directive should state clearly to whom it is addressed.
- The criterion to be met is the clarity of the statement of nursing directive, on which its completion depends.

MYTH 7

- > The reason for the hospitalization, medical diagnoses and medical history should be systematically entered in the TNP.
- > **Myth!**

Any information entered in the “Priority problems and needs” section of the TNP should be based on the nurse’s assessment and should involve nursing follow-up for the client, including minimal information

MYTH 8

- > It is possible to enter a problem in the TNP without entering any related directives
- > Reality!

MYTH 9

- > All problems or needs noted in the assessment should be entered in the TNP.
 - > **Myth!**

- Only needs or problems that require clinical follow-up or affect the clinical follow-up should appear in the TNP.
- The decision whether or not to enter a problem or need in the TNP is based on how relevant it is to providing the required follow-up.

MYTH 10

- > Certain activity sectors are not targeted by the TNP.
- > **Myth!**

The decision whether or not to determine a TNP should not be based on the activity sector; it should be based on the required clinical follow-up.

Useful information

- > Counselling Department
Téléphone: [514-935-2501](tel:514-935-2501), option 1
Email: infirmiere-conseil@oiiq.org
- > For further information, please visit the pti.oiiq.org website.