

HOW TO PUBLISH A NURSING CASE REPORT

CONTENT

The writing will follow the recommendations given by the teacher Cesar Hueso Montoro in the mirror class called "Nursing care process and nursing clinical case". In this class, the teacher suggests as a basis the article "How to write a clinical case in Nursing using NANDA, NOC, NIC Taxonomy". The written document should be done under Vancouver standard (2-4).

The parts and explanation of the content of each one of them is expressed below:

CHAPTER 1. PRELIMINARY PART

1. Title: It is recommended to write the title in a direct phrase, alluding to the central theme and the reference population of the case. It is recommended to write in an affirmative tone and should not exceed 15 words.
2. Authors: A clinical case is usually written by the team of professionals who have been the referent and responsible for the patient in his/her episode of care. On many occasions other professionals make contributions and suggestions or supervise or methodologically support the author. In these cases, thanks should be expressed to them, as will be seen in a later section.
3. Abstract: The abstract is an independent entity and therefore should be self-explanatory and autonomous from the rest of the clinical case, providing a brief summary of each of the main sections of the clinical case. It is considered as a miniature version of the work, and its writing is a challenge to the ability to understand the clinical case. It is considered as a miniature version of the paper, being its writing a challenge to the author's synthesis capacity. The following recommendations should be followed when writing the abstract:
 - ✓ The past tense should be used for its writing, since it relates a work already concluded, with the exception of the conclusion, which is written in the present tense.
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 - ✓ It should not include unexplained abbreviations or bibliographical references.
 - ✓ The information that appears in the abstract must be expanded in the text of the article; no information can appear in the abstract section that has not been expanded in the text.
 - ✓ The length of the abstract is between 150 to 300 words.
 - ✓ The abstract doesn't have to be structured, but it should include the most outstanding aspects of each part of the clinical case: the introduction should emphasize the subject matter of the case; the presentation of the case should highlight the most outstanding aspects of the care plan, for example, identified diagnoses and patient evolution; and finally, as a conclusion, the practical implications should be highlighted.

CHAPTER 2. BODY OF WORK

1. Introduction: This section describes the elements of the conceptual phase of the clinical case:
 - ✓ In the first paragraphs, the general problem or the main theme in which the case is circumscribed (What it is) should be presented.
 - ✓ Next, the authors should specify the problem to be dealt with, i.e. go from the general to the particular, alluding to the relevance of the work and its importance for clinical practice. It is the justification of the clinical case (why it was performed).
 - ✓ Finally, we should conclude by referring to the purpose of the article. Sometimes, either at the end of the introduction or at the beginning of the presentation of the case, a brief description of the methodological aspects used for the resolution of the case can be included. (What it was done for and how it was done)
2. Presentation of the case: This section exposes the reader to the sequence of the nursing process. It should begin with a brief allusion to the patient's clinical situation, including a chronological description of the same; this would be a linking paragraph between the introduction and the assessment, not providing data that could be relevant for inclusion in the assessment section. Within ethics, in order to guarantee confidentiality, it is recommended to use either a pseudonym or the initial of the patient's name, and to make this explicit in the text so that there is evidence of ethical control. In line with the above, it is not advisable to refer explicitly to locations that could give clues as to the patient's identity. In this section, the following formats will be used: the Progress Report Form, the Summary Assessment Form (Virginia Henderson Domains and Needs) and the Institutional EAP.
 - 2.1 Assessment: The objective of the clinical assessment is to collect objective and subjective information about the person and to be able to arrive at correct and accurate judgments (nursing diagnoses) that guide the intervention of the professionals. Therefore, this section will describe the comprehensive assessment of the person based on the tools used, which must be consistent with the care model chosen, since their use will facilitate the collection of information and its interpretation within the model.
 - 2.1.1 Clinical case evolution card: The card will be used as a tool to organize the evolution data and the contributions of the different courses to the understanding of the clinical situation of the person in the clinical nursing case. Summary of the format. The format is inserted as an annex.
 - 2.1.2 PAE format: From the PAE format, items (2.1 and 2.2) will be used as a tool to organize the assessment by domains and needs according to Virginia Henderson. The affected domains and/or needs will also be identified. Summary of the format. The format is attached as an annex.
 - 2.2 Care Plan: For the preparation of this section, it is recommended to use the other items of the institutional EAP format and to highlight the highlights of the different stages of the care plan.
 - 2.2.1 Diagnostic phase: This is one of the most important phases of the EAP and in which the coherence between the manifestations (objective-subjective data = defining characteristics) and the factors related to the selected diagnosis

should be evidenced. Items 2.3, 3 and 3.1 of the EAP format will be used for this purpose.

- 2.2.2 phase: The selected outcomes with their corresponding indicators will be presented according to the NOC taxonomy. Therefore, it is recommended that items 3.2 and 3.3 of the PAE format be used to select the NOC and its indicators, as well as to write the nursing objective. To select the interventions-NIC, item 3.4 and the item related to activities proposed for the intervention can be used. In order to make the choice of interventions more rigorous, it is recommended that they be contrasted with evidence-based information, and even the sources of evidence consulted should be made explicit.
- 2.2.3 Evaluation phase. In this section we would carry out an evaluation of the care plan executed, with the degree of results achieved for each diagnosis. To do this, the outcome indicators should be indicated, with their scores and meanings according to the NOC during all the partial or intermediate phases of the outcome evaluation and at the end of the process, once the interventions have been carried out, item 4 of the PAE format can be used.

Note: It is important that these data can be presented for socialization in tables or graphs that stimulate a critical analysis and in-depth knowledge of the clinical nursing case.

CHAPTER 3. FINAL PART

- 3.1 Conclusions: In this section it is important to highlight the learning developed, limitations and acknowledgements.

References: This section will include the bibliographic references cited in the work according to the Vancouver standard.

1. **Vega J.** Cómo escribir y publicar un caso clínico. Guía práctica. Rev Med Chile [revista en la Internet]. 2015 [citado 2016 Feb 16]; 143(4): 499-505 Disponible en: <http://www.scielo.cl/pdf/rmc/v143n4/art12.pdf>
2. **Tirado Pedregosa G, Hueso Montoro C, Cuevas Fernández-Gallego M, Montoya Juárez R, Bonilla de las Nieves C, Schmidt Río-Del Valle J.** Cómo escribir un caso clínico en Enfermería utilizando Taxonomía NANDA, NOC, NIC. Index Enferm [Internet]. 2011 Jun [citado 2022 Oct 17]; 20(1-2): 111-115. Disponible en: <https://dx.doi.org/10.4321/S1132-12962011000100023>
3. **NANDA.** Diagnósticos Enfermeros: Definiciones y clasificación 2015-2017. Madrid:Elsevier España; 2013. p 777.
4. **Moorhead, S. Jonson, M. Maas, M.** editors. Clasificación de resultados de enfermería (NOC). 5ª Ed. Madrid: Elsevier España; 2013.p 417.
5. **McCloskey Dochterman, J. Bulechek, G.** editors. Clasificación de intervenciones de enfermería (NIC). 6ª Ed. Madrid: Elsevier España; 2013