Anxiety Nursing Care Plan

A full five-column anxiety care plan with prioritized NANDA-I diagnoses, measurable NOC outcomes, and NIC interventions that pair non-pharmacological care with appropriate pharmacotherapy.

QUICK ANSWER

For anxiety, prioritize: Anxiety → ineffective coping → insomnia → risk for injury → deficient knowledge. Core nursing interventions are therapeutic presence, stimulus reduction, diaphragmatic breathing and 5-4-3-2-1 grounding, validation before reassurance, procedural preparation, and scheduled SSRI/SNRI with PRN benzodiazepine reserved for panic-level anxiety. Measure outcomes with a 0–10 self-rating plus HR/RR and GAD-7.

Assessment (subjective + objective)

Subjective: "I feel like something terrible is about to happen"; racing thoughts, difficulty concentrating, insomnia, fear of losing control, anticipatory worry about procedures or diagnosis.

Objective: HR 104, RR 24, BP 148/88, diaphoresis, tremor, restlessness, pacing, poor eye contact, pressured speech, GAD-7 score 16 (severe), pupil dilation, cool clammy skin.

Priority NANDA-I diagnoses

1. **Anxiety** related to situational crisis and threat to health status AEB GAD-7 of 16, HR 104, restlessness, and verbalized fear of losing control.
2. Ineffective coping AEB inability to problem-solve, avoidance of care discussions.

3. Insomnia AEB 3 h sleep per night for 5 nights, reported by patient.
4. Risk for injury (panic-level anxiety, impaired judgment).
5. Deficient knowledge regarding anxiety triggers and self-regulation techniques.

NOC outcomes (SMART)

- Patient reports anxiety ≤ 4/10 on a self-rating scale within 48 h.
- HR < 90 and RR < 20 at rest within 24 h.
- Patient demonstrates two grounding or breathing techniques independently before discharge.
- Patient sleeps ≥ 5 uninterrupted hours within 72 h.
- GAD-7 decreases by ≥ 5 points by the 4-week follow-up.

NIC interventions and rationale

- **Stay with the patient during peak anxiety; use short, simple sentences** — anxiety narrows perceptual field; complex instruction cannot be processed.
- **Reduce environmental stimuli (lights, alarms, roommate traffic)** — lowers sympathetic arousal.
- **Teach diaphragmatic breathing 4-7-8 and 5-4-3-2-1 grounding** — activates parasympathetic tone; gives the patient a portable skill.
- **Validate the feeling before correcting the thought** — premature reassurance ("you'll be fine") escalates anxiety by signalling the nurse is not listening.
- **Administer scheduled SSRI/SNRI as ordered; reserve PRN benzodiazepine for panic-level anxiety only** — benzodiazepines are effective acutely but carry dependence, delirium, and fall risk.
- **Screen for co-occurring depression and substance use (PHQ-9, AUDIT-C)** — comorbidity changes the treatment plan.

- **Provide procedural preparation: what, when, how long, how it will feel** — predictability reliably reduces anticipatory anxiety.
- **Sleep-hygiene bundle: cluster care, no vitals 00:00–04:00 if stable, caffeine cut-off at 14:00**.
- **Refer to CBT and, when appropriate, a peer-support program** — CBT has the strongest evidence base for GAD.

Evaluation

By day 3: patient rates anxiety 3/10, HR 82, RR 18, demonstrates 4-7-8 breathing unprompted during a dressing change, and slept 6 h overnight. GAD-7 repeated at 11. Outcomes 1–4 met; outcome 5 continues at follow-up.

Frequently Asked Questions

What is the correct NANDA diagnosis for anxiety versus fear?

Should PRN benzodiazepines be a first-line nursing intervention?

How do I write a measurable outcome for anxiety?

Which scale should I document?

GAD-7 for generalized anxiety severity and a simple 0–10 self-rating for shift-to-shift trending. Both are validated and free to use.

Sources & Further Reading

1. **Herdman, T. H., Kamitsuru, S., & Lopes, C. T. (Eds.).** NANDA International Nursing Diagnoses: Definitions and Classification, 2024–2026. Thieme.
2. **Spitzer, R. L., et al..** A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of Internal Medicine, 166(10), 1092–1097.

Related Resources

→ Full nursing care plan library → Acute pain care plan → NANDA-I diagnosis list → Concept map template