

X — Sexual and reproductive health

4 statements · Recommended tool: CP-SEX Sexual & Reproductive Health Check · Validated scales: PLISSIT

X1 Concern about sexual function

Group: Sexual and reproductive health | Type: Actual problem

Definition: The person is worried about changes in sexual ability or desire.

Possible causes: Illness; medicines; fear; relationship strain; pain

Signs and symptoms: Loss of desire; difficulty with function; worry; avoidance

Scenario. A man after prostate surgery is worried about erections.
S: "I'm worried about sex after surgery."
O: After prostate surgery; avoids partner; embarrassed; asks quietly.
Tools: CP-SEX · PLISSIT ****CarePath diagnosis:**** Concern about sexual function related to illness, as evidenced by loss of desire and difficulty with function. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Provide privacy. | Sexual concerns are private and embarrassing. A private, unhurried setting helps him speak openly and feel respected. | | Give information. | Accurate information about recovery after prostate surgery corrects myths and fears, and shows what to expect and which treatments can help. | | Include the partner. | Sexual function affects both partners. Involving his partner, with his consent, supports communication and reduces misunderstanding and avoidance. | | Refer to a specialist. | A specialist such as a urologist or sexual health counselor can offer treatments and advice beyond a nurse's scope, which improves his chance of recovery. | | Respect values. | Personal, cultural and religious values shape how people see sexuality. Respecting them builds trust and keeps advice acceptable to him. ****Expected outcomes**** - Receives accurate information. - Discusses with partner. - Referred to a specialist. - Reports less worry. ****Linking the data to the diagnosis**** This is an actual problem because worry is already affecting him. The man is after prostate surgery and says, "I'm worried about sex after surgery." He avoids his partner, is embarrassed and asks quietly. The statement is about concern, not a confirmed loss of function, so it fits better than a diagnosis of sexual dysfunction. The plan gives privacy, accurate information, partner involvement and referral, while respecting his values. The aim is that he receives accurate information, discusses it with his partner, is referred to a specialist and reports less worry.

CarePath diagnosis: Concern about sexual function related to illness, as evidenced by loss of desire and difficulty with function.

Intervention	Rationale
Provide privacy.	Sexual concerns are private and embarrassing. A private, unhurried setting helps him speak openly and feel respected.
Give information.	Accurate information about recovery after prostate surgery corrects myths and fears, and shows what to expect and which treatments can help.
Include the partner.	Sexual function affects both partners. Involving his partner, with his consent, supports communication and reduces misunderstanding and avoidance.
Refer to a specialist.	A specialist such as a urologist or sexual health counselor can offer treatments and advice beyond a nurse's scope, which improves his chance of recovery.
Respect values.	Personal, cultural and religious values shape how people see sexuality. Respecting them builds trust and keeps advice acceptable to him.

Expected outcomes: Receives accurate information. · Discusses with partner. · Referred to a specialist. · Reports less worry.

Linking the data: This is an actual problem because worry is already affecting him. The man is after prostate surgery and says, "I'm worried about sex after surgery." He avoids his partner, is embarrassed and asks quietly. The statement is about concern, not a confirmed loss of function, so it fits better than a diagnosis of sexual dysfunction. The plan gives privacy, accurate information, partner involvement and referral, while respecting his values. The aim is that he receives accurate information, discusses it with his partner, is referred to a specialist and reports less worry.

X2 Concern about fertility

Group: Sexual and reproductive health | Type: Actual problem

Definition: The person is worried about the ability to have children.

Possible causes: Hormone problems; surgery; infection; age

Signs and symptoms: Anxiety; sadness; questions; failed conception

Scenario. A couple has tried for two years without pregnancy.

S: "We've been trying for two years."

O: Couple tearful; anxious; failed conception; no known cause.

Tools: CP-SEX, CP-MIND · PLISSIT, PHQ-9, GAD-7, C-SSRS ****CarePath diagnosis:**** Concern about fertility related to hormone problems, as evidenced by anxiety and sadness. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Listen. | Listening gives the couple a safe place to share grief and anxiety, which can ease emotional strain and strengthen their relationship. | | Give information. | Clear facts about normal conception times and common causes correct myths and reduce self-blame, helping them make decisions. | | Refer for testing. | Testing can find a treatable cause in either partner, so referral gives them a path forward and answers the question of why they have not conceived. | | Offer counseling. | Counseling helps them manage sadness, stress and strain on the relationship, which are common during fertility problems. | | Support. | Continued support shows they are not alone and helps them cope with waiting, tests and uncertain results. | ****Expected outcomes**** - Referred for testing. - Receives counseling. - Understands options. - Copes with stress. ****Linking the data to the diagnosis**** This is an actual problem because the couple is already distressed. They have tried for two years without pregnancy, are tearful and anxious, and say, "We've been trying for two years." No cause is known, so the statement is about worry and coping, not a diagnosed fertility disorder. The plan listens, informs, arranges testing, offers counseling and supports them. The aim is that they are referred for testing, receive counseling, understand their options and cope with stress.

CarePath diagnosis: Concern about fertility related to hormone problems, as evidenced by anxiety and sadness.

Intervention	Rationale
Listen.	Listening gives the couple a safe place to share grief and anxiety, which can ease emotional strain and strengthen their relationship.
Give information.	Clear facts about normal conception times and common causes correct myths and reduce self-blame, helping them make decisions.
Refer for testing.	Testing can find a treatable cause in either partner, so referral gives them a path forward and answers the question of why they have not conceived.
Offer counseling.	Counseling helps them manage sadness, stress and strain on the relationship, which are common during fertility problems.
Support.	Continued support shows they are not alone and helps them cope with waiting, tests and uncertain results.

Expected outcomes: Referred for testing. · Receives counseling. · Understands options. · Copes with stress.

Linking the data: This is an actual problem because the couple is already distressed. They have tried for two years without pregnancy, are tearful and anxious, and say, "We've been trying for two years." No cause is known, so the statement is about worry and coping, not a diagnosed fertility disorder. The plan listens, informs, arranges testing, offers counseling and supports them. The aim is that they are referred for testing, receive counseling, understand their options and cope with stress.

X3 Needs safe-sex knowledge

Group: Sexual and reproductive health | Type: Actual problem

Definition: The person needs information on preventing infection and unplanned pregnancy.

Possible causes: Low knowledge; taboo; peer pressure

Signs and symptoms: Unprotected sex; unplanned pregnancy; infections

Scenario. A teenager does not know how condoms protect against infection.

S: "I didn't know condoms protect me."

O: Teen; unprotected sex; risk of unplanned pregnancy; embarrassed.

Tools: CP-SEX, CP-INFECT · PLISSIT, qSOFA / sepsis screen ****CarePath diagnosis:**** Needs safe-sex knowledge related to low knowledge, as evidenced by not knowing how condoms protect against infection and unprotected sex. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Give clear information. | Plain, accurate information corrects myths and fills gaps, so the teenager can understand how condoms prevent infection and pregnancy. | | Discuss protection and testing. | Knowing how to protect herself and why testing matters lets her make safer choices and find infections early, when they are easier to treat. | | Keep confidentiality. | Teenagers may avoid care if they fear being judged or exposed. Confidentiality builds trust and makes it more likely she will return and ask for help. | | Refer. | A youth clinic or sexual health service can provide testing, contraception and ongoing advice that go beyond one conversation. | ****Expected outcomes**** - States how to protect herself. - Accesses testing. - Confidentiality kept. - Reports intended safe practice. ****Linking the data to the diagnosis**** This is an actual problem because the knowledge gap is already leading to risk. The teenager says, "I didn't know condoms protect me," has had unprotected sex, is embarrassed and faces a risk of unplanned pregnancy. The need is for knowledge, which fits better than a diagnosis of infection or pregnancy, because neither is confirmed. The plan gives clear information, discusses protection and testing, keeps confidentiality and refers. The aim is that she states how to protect herself, accesses testing, has confidentiality kept and reports intended safe practice.

CarePath diagnosis: Needs safe-sex knowledge related to low knowledge, as evidenced by not knowing how condoms protect against infection and unprotected sex.

Intervention	Rationale
Give clear information.	Plain, accurate information corrects myths and fills gaps, so the teenager can understand how condoms prevent infection and pregnancy.
Discuss protection and testing.	Knowing how to protect herself and why testing matters lets her make safer choices and find infections early, when they are easier to treat.
Keep confidentiality.	Teenagers may avoid care if they fear being judged or exposed. Confidentiality builds trust and makes it more likely she will return and ask for help.
Refer.	A youth clinic or sexual health service can provide testing, contraception and ongoing advice that go beyond one conversation.

Expected outcomes: States how to protect herself. · Accesses testing. · Confidentiality kept. · Reports intended safe practice.

Linking the data: This is an actual problem because the knowledge gap is already leading to risk. The teenager says, "I didn't know condoms protect me," has had unprotected sex, is embarrassed and faces a risk of unplanned pregnancy. The need is for knowledge, which fits better than a diagnosis of infection or pregnancy, because neither is confirmed. The plan gives clear information, discusses protection and testing, keeps confidentiality and refers. The aim is that she states how to protect herself, accesses testing, has confidentiality kept and reports intended safe practice.

X4 Menopause symptoms

Group: Sexual and reproductive health | Type: Actual problem

Definition: Hot flushes, sleep trouble, mood changes, or other symptoms linked to menopause.

Possible causes: Falling hormones; age; surgery

Signs and symptoms: Hot flushes; sleep trouble; dryness; mood changes

Scenario. A 52-year-old has night sweats.

S: "I wake up drenched."

O: Night sweats; hot flushes; aged 52; disturbed sleep; mood changes.

Tools: CP-SEX · PLISSIT ****CarePath diagnosis:**** Menopause symptoms related to falling hormones, as evidenced by hot flushes and sleep trouble. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Reassure. | Knowing that menopause is a normal stage and that symptoms usually ease lowers anxiety and helps her feel in control. | | Give lifestyle advice. | Steps such as avoiding triggers like caffeine and alcohol, staying active and keeping the bedroom cool can reduce hot flushes and improve sleep. | | Suggest layered clothes. | Layers can be removed quickly during a flush or night sweat, which keeps her comfortable and helps her sleep. | | Refer for treatment options. | A health professional can discuss options such as hormone therapy or other treatments, weighing benefits and risks for her. | | Check mood. | Mood changes and poor sleep can lead to low mood or anxiety, so checking mood finds problems that need extra support. | ****Expected outcomes**** - Symptoms reduced. - Sleep improves. - Uses coping steps. - Discusses treatment options. ****Linking the data to the diagnosis**** This is an actual problem because symptoms are already present. The 52-year-old woman says, "I wake up drenched," and has night sweats, hot flushes, disturbed sleep and mood changes. Her age and symptom pattern point to menopause, which fits better than an unrelated sleep problem. The plan reassures her, gives practical advice, suggests layers, refers for treatment options and checks mood. The aim is that symptoms are reduced, sleep improves, she uses coping steps and she discusses treatment options.

CarePath diagnosis: Menopause symptoms related to falling hormones, as evidenced by hot flushes and sleep trouble.

Intervention	Rationale
Reassure.	Knowing that menopause is a normal stage and that symptoms usually ease lowers anxiety and helps her feel in control.
Give lifestyle advice.	Steps such as avoiding triggers like caffeine and alcohol, staying active and keeping the bedroom cool can reduce hot flushes and improve sleep.
Suggest layered clothes.	Layers can be removed quickly during a flush or night sweat, which keeps her comfortable and helps her sleep.
Refer for treatment options.	A health professional can discuss options such as hormone therapy or other treatments, weighing benefits and risks for her.
Check mood.	Mood changes and poor sleep can lead to low mood or anxiety, so checking mood finds problems that need extra support.

Expected outcomes: Symptoms reduced. · Sleep improves. · Uses coping steps. · Discusses treatment options.

Linking the data: This is an actual problem because symptoms are already present. The 52-year-old woman says, "I wake up drenched," and has night sweats, hot flushes, disturbed sleep and mood changes. Her age and symptom pattern point to menopause, which fits better than an unrelated sleep problem. The plan reassures her, gives practical advice, suggests layers, refers for treatment options and checks mood. The aim is that symptoms are reduced, sleep improves, she uses coping steps and she discusses treatment options.