



DIAGNOSES OF NURSING IN PATIENTS IN AN EMERGENCY UNIT
DIAGNÓSTICOS DE ENFERMAGEM EM PACIENTES NUMA UNIDADE DE EMERGÊNCIA
DIAGNÓSTICOS DE ENFERMERÍA EN PACIENTES EN UNA UNIDAD DE EMERGENCIA

Patrícia Oliveira Salgado¹, Paula Caroline Gonçalves², Raquel Batista Dantas³, Marcelo Augusto Castro⁴, Tânia Couto Machado Chianca⁵

ABSTRACT

Objective: to identify the profile of nursing diagnoses developed for patients treated in an emergency room. **Method:** this descriptive exploratory study conducted at the Emergency Unit of a hospital in Belo Horizonte / MG/Brazil with a convenience sample of 30 patients. The study was approved by the Research Ethics Committee of the Hospital Municipal Odilon Behrens, COEP Opinion No. 001/2012. Results: After the deletion process of repetitions yielded 67 titles nursing diagnoses, DE 25 titles were formulated to 10% or more of patients, two of whom (Altered nutrition: less than body requirements Risk and Integrity impaired skin) had a frequency greater than or equal to 50%. Of the 13 areas of NANDA Taxonomy II I-10 were identified among the 67 titles DE elaborate. **Conclusion:** there is a need for research related to the identification of nursing diagnoses in emergency services and emergency. **Descriptors:** Nursing; Nursing Process; Nursing Diagnosis; Emergency Medical Services.

RESUMO

Objetivo: identificar o perfil dos diagnósticos de enfermagem elaborados para pacientes atendidos em uma unidade de emergência. **Método:** estudo descritivo e exploratório realizado na Unidade de Emergência de um Hospital de Belo Horizonte/MG/Brasil, com a amostra por conveniência de 30 pacientes. O estudo foi aprovado pelo Comitê de Ética em Pesquisa do Hospital Municipal Odilon Behrens, parecer COEP nº001/2012. **Resultados:** após o processo de exclusão das repetições obteve-se 67 títulos diagnósticos de enfermagem, 25 títulos DE foram formulados para 10% ou mais dos pacientes, sendo que dois desses (Nutrição desequilibrada: menos do que as necessidades corporais e Risco de integridade da pele prejudicada) apresentaram frequência maior ou igual a 50%. Dos 13 domínios da Taxonomia II da NANDA-I 10 foram identificados entre os 67 títulos DE elaborados. **Conclusão:** verifica-se a necessidade de pesquisas relacionadas à identificação dos diagnósticos de enfermagem nos serviços de urgência e emergência. **Descritores:** Enfermagem; Processos de Enfermagem; Diagnóstico de Enfermagem; Serviços Médicos de Emergência.

RESUMEN

Objetivo: identificar el perfil de los diagnósticos de enfermería desarrolladas en los pacientes tratados en salas de emergencia. **Método:** estudio descriptivo exploratorio realizado en la Unidad de Urgencias de un hospital de Belo Horizonte/MG/Brasil con una muestra de 30 pacientes. El estudio fue aprobado por el Comité Ético de Investigación del Hospital Municipal Odilon Behrens, COEP Dictamen N ° 001/2012. Resultados: Después de que el proceso de eliminación de repeticiones dio 67 diagnósticos de enfermería títulos, DE 25 títulos fueron formuladas para 10% o más de los pacientes, dos de los cuales (Nutrición alterada: menos de cuerpo de riesgo y requisitos de integridad Deterioro de la piel) tienen una frecuencia superior o igual a 50%. De las 13 áreas de la NANDA I-10 fueron identificados entre los 67 títulos DE elaborado. **Conclusión:** hay una necesidad de la investigación relacionada con la identificación de los diagnósticos de enfermería en los servicios de urgencia y emergencia. **Descritores:** Enfermería; Proceso de Enfermería; Diagnóstico de Enfermería; Servicios Médicos de Emergencia.

¹Nurse, PhD in Nursing of the Postgraduation Program in Nursing of the Federal University of Minas Gerais/UFMG, Teacher of the Program of Multiprofessional Residency in Health, of the Hospital Odilon Behrens. Belo Horizonte (MG), Brazil. E-mail: patriciaoliveirasalgado@gmail.com; ²Nurse, Resident of the Program of Multiprofessional Residency of the Hospital Odilon Behrens. Belo Horizonte (MG), Brazil. E-mail: paulinha_sepulveda@yahoo.com.br; ³Nurse, Specialist in Trauma, Emergencies and Intensive Therapy by FCMMG, Nurse the Emergency Unit of HOB and governess of the Program of Multiprofessional Residency of the HOB, Teacher's Degree in Nursing at the University Center Estacio and Postgraduation in Specializations in Urgency and Emergency and Intensive Therapy of the University Center UNA. Belo Horizonte (MG), Brazil. E-mail: raqueldantas.enfer@yahoo.com.br; ⁴Nurse, Resident of the Program of Multiprofessional Residency of the Hospital Odilon Behren. Belo Horizonte (MG), Brazil. E-mail: macastroenf@yahoo.com.br; ⁵Nurse, Full Professor at the School of Nursing of the Federal University of Minas Gerais/UFMG. Belo Horizonte (MG), Brazil. E-mail: taniachianca@gmail.com

INTRODUCTION

With respect to health care, it is necessary that this, to become more effective and quality is free from risks and shortcomings. From the perspective of nursing such a premise is indispensable due to the concern for patient safety has driven the search for strategies for effective care and its documentation, which allows to give visibility to the work performed by the class as well as the evaluation of their actions in practice. Nursing aims to provide care to individuals with quality, so it is necessary for nurses to develop critical thinking and decision-making ability.

In order to better organize nursing care, both method to work and making a more scientific approach to the profession the Federal Nursing Council (COFEN), in Resolution number 358, believes that the Systematization of Nursing (SAE) as a strategy for achieving standardization and quality should be implemented, as this organizes professional work as the scientific method adopted, personnel and tools necessary for its realization, besides ensuring a humanized care, and continuous quality.

Regarding assistance provided in emergency departments, sectors in which there is provision of high complexity and diversity in the care of critically ill patients at imminent risk of life, it is observed that is being required of nursing staff to care increasingly complex, that prioritize the stabilization of conditions and the patient's vital life support. Thus, it is required of all health team agility and objectivity in making, in addition to handling and proper management of advanced technology.

This reality imposes special responsibility as the constant monitoring of patients, staff of highly qualified and preparation of documentation of care plans, ensuring continuity and individuality, as well as patient safety and professionals.

Studies have been conducted with the aim of adding knowledge and exemplify the optimization of the Nursing Process (PE) in different sectors of the Brazilian health institutions. However, there is paucity of studies in the literature that deal with the implementation of the PE units in urgent / emergency, especially in the area of nursing diagnoses (DE).

Whereas these units are traditionally the "ports of entry" of patients in health services, being responsible for the primary care of acute conditions where there is risk to life or

suffering intenso¹⁰ and the team of professionals, especially nurses, are required greater agility, clinical reasoning, critical thinking and organization of care, it is necessary the existence of studies investigating the nursing diagnoses most frequent clientele in question, to better attend to the patients admitted in these units.

The identification of a set of DE can direct nursing care to this patient profile, providing subsidies for the development of individualized care plans.

Thus, this study aims to identify the profile of nursing diagnoses developed for patients treated in an emergency room.

METHOD

Descriptive study conducted in October 2011, in the Emergency Room of a hospital in Belo Horizonte / MG / Brazil, specialized in emergency and urgent care.

In this hospital are treated about 420 patients a day and only users of the Unified Health System offers 402 beds and constitutes one of the main gateways to the city emergency care clinics. The emergency unit has a maximum capacity of 22 beds in service, and of these, ten are intended for stabilization of critically ill patients.

The study population consisted of 348 patients. It was established by a convenience sample of 03 patients evaluated daily, five days a week (Monday to Friday) within four weeks, with the first week of the patients were evaluated beds 01, 02, 03, in the second weeks 03, 04, 05, the third week 05, 06, 07 and the fourth and last weeks 08, 09 and 10. In the absence of patient beds in the set, was considered the next bed in numerical sequence that contained patient. The sample consisted of 30 patients.

Data collection consisted of three stages, namely:

The first step was performed history and physical examination of all patients who comprised the sample guided by an instrument of data collection supported by the Theory of Basic Human Needs Wanda de Aguiar Horta. The following (second stage) the nursing problems identified for each patient were launched on a second instrument entitled "Frequency of Nursing Diagnoses." It is noteworthy that this process was used for the taxonomy of NANDA-I II, version 2009-2011. In the third stage were preceded eliminating repetitions. The DE drafted were entered into a spreadsheet Excel for Windows and subjected to exclusion of repetitions.

Descriptive analysis of titles diagnoses and patient demographics (age and sex) was performed using absolute frequencies and percentages.

The study was approved by the Research Ethics Committee (CEP), Hospital Municipal Odilon Behrens (COEP Opinion No. 001/2012) and all participants signed a consent form. All phases of the study were in accordance with the provisions of Resolution 196/96 for research involving human subjects of the National Health

Among the 30 patients who comprised the sample was mostly male 18 (60%). Their ages ranged between 21 and 96 years, with 50% of patients aged greater than or equal to 61 years. The predominant medical diagnoses were related to changes in the cardiac system (10 -33.3%), followed by those related to the pulmonary system (8 to 26.6%).

343 titles were developed nursing diagnosis according to NANDA-I. After the deletion process of repetitions yielded 67 titles different nursing diagnoses. DE identified among 67, 25 have been formulated to 10% or more of patients (Table 1).

RESULTS

Table 1. Titles of nursing diagnosis taxonomy II NANDA-I identified in patients admitted to an Emergency Unit, often exceeding 10%. Belo Horizonte / MG, 2012.

Titles Nursing Diagnoses	n	%
Imbalanced nutrition: less than body requirements	21	70
Risk of the integrity of the injured skin	15	50
Risk of infection	13	43,3
Ineffective breathing pattern	12	40
Impaired spontaneous ventilation	11	36,6
Integrity of the injured skin	9	30
Injured mobility in bed	9	30
Risk of constipation	7	23,3
Excessive volume of fluids	7	23,3
Decreased cardiac output	5	16,6
Injured physical mobility	5	16,6
Dysfunctional response to weaning	5	16,6
Risk of ineffective renal perfusion	5	16,6
Injured verbal communication	4	13,3
Impaired swallowing	4	13,3
Risk of aspiration	4	13,3
Risk of imbalance on the volume of fluid	4	13,3
Anxiety	3	10
Ineffective Selfcontrol of the health	3	10
Constipation	3	10
Arrangement for increased fluid balance	3	10
Intolerance at the activity	3	10
Risk for ineffective cardiac tissue perfusion	3	10
Risk for ineffective cerebral tissue perfusion	3	10
Risk of falls	3	10

The titles diagnoses were described as Brazilian publication's 2010 classification of nursing diagnoses from NANDA-I.

Among the 67 identified titles, 42 (63%) are real diagnoses, 24 (36%) of risk and 1 (1%) of well-being 10 (36%). Twenty-five titles DE were formulated to 10% or more of patients, and 2 of those DE (Altered nutrition: less than body requirements and risk impaired skin integrity) have been formulated for over 50% of patients who formed the sample.

It is found that 42 (63%) of DE have been formulated to less than 3 patients, and 14 of

these were identified only 2-fold, namely: Behavior Health prone to risk, acute confusion, self-care deficit bathing; Ineffective airway; Willingness to improved nutrition, Pain, impaired urinary elimination; unilateral Neglect; interrupted family processes; urinary retention; Risk of acute confusion; Risk of gastrointestinal tissue perfusion ineffective; Risk for disuse syndrome and impaired gas exchange and.

Of the 13 areas of NANDA Taxonomy II I-10 were identified among the 67 titles DE prepared (Figure 1).

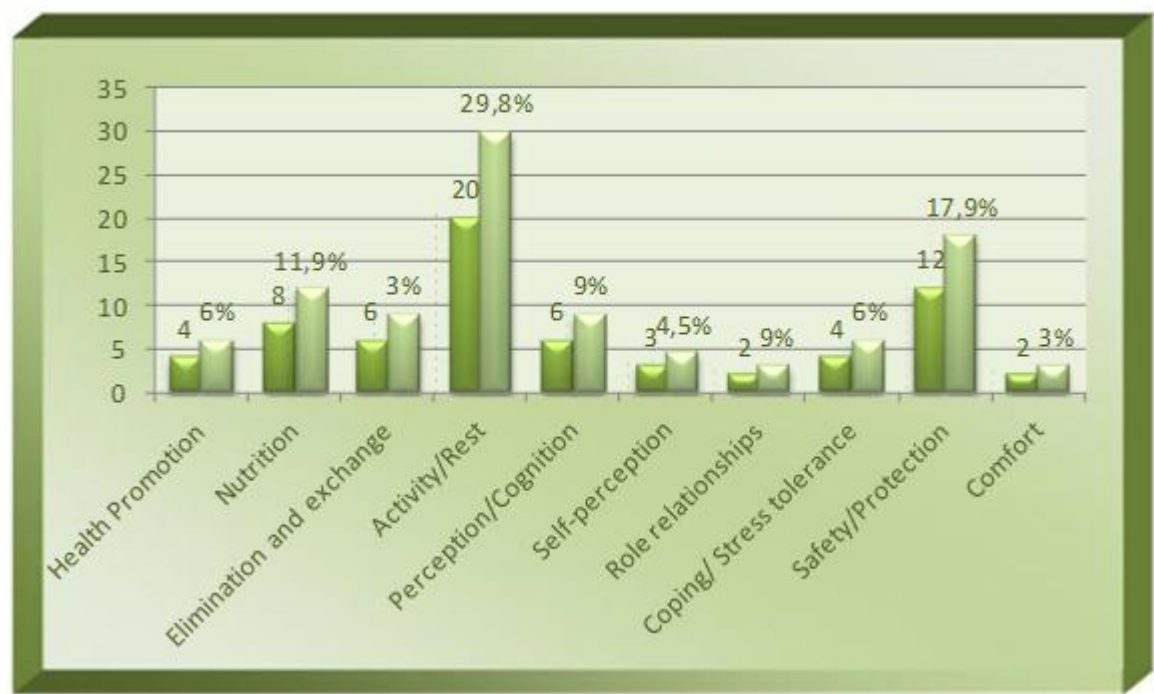


Figure 1. Domains of NANDA-I Taxonomy. Belo Horizonte / MG.

The areas most represented were the Activity and rest, 20 (9.8%), Security and Protection, 12 (17.9%) and Nutrition, 8 (11.9%). In relation to the areas in Taxonomy of Nursing Practice NNN shows that 36 (53.7%) belong to the domain Physiological DE, 15 (22.4%) to the Functional Domain, 14 (20.9%) to the domain and Psychosocial 1 (3%) to the Environmental field.

DISCUSSION

In this study it was found that 18 (60%) patients were male result similar to another study. This fact can be justified due to higher incidence in men pathologies that lead to critical illness.

It was found that 50% of the patients aged ≥ 61 years old. It is considered a high value when compared to other studies conducted in emergency rooms.

This study was conducted in an emergency department attending clinics and traumatic emergencies. The emergency clinics are responsible for the largest portion of the care provided and its complications occur more often in patients of older age. It is estimated that in 2025, Brazil presents one of the older populations in the world, which undoubtedly brings direct and important implications for the health sector will need to readjust qualitatively adequate to meet this demand.

It was found that most OF comprised real diagnoses, 42 (63%). The diagnostics actual answers already described in the patients and the risk describe responses can develop. The latter is supported by the risk factors that contribute to increased vulnerability to pathogens. The fact that most diagnoses are classified as real is evidence that nursing care in the emergency department should be

focused on recovery. However, the identification of risk diagnoses, 24 (36%) also indicates that the staff of this unit provides a care focused on prevention of risks to which patients are subject.

It is observed that the DE frequently were: "Altered nutrition: less than body requirements", 21 (70%), "Risk for impaired skin integrity", 15 (50%), "Risk of infection," 13 (43.3%), "ineffective breathing pattern," 12 (40%), "spontaneous Ventilation impaired", 11 (36.6%), "impaired skin integrity", 9 (30%), "Mobility in impaired bed ", 9 (30%).

Study of patients admitted to intensive care unit frequently encountered as DE: "Risk of Infection", "Impaired physical mobility", "Risk for aspiration", "Risk for injury" and "Risk of impaired skin integrity." It is observed that only 02 titles DE found as frequently in this study were common to the aforementioned ("risk for infection" and "Risk of impaired skin integrity"), which may be explained by differences in relation to assistance units.

The high frequency of DE title "Altered nutrition: less than body requirements" formulated for 21 (70%) of the evaluated patients deserve special focus on the analysis of the study results. Malnutrition in critically ill patients becomes an influential factor in clinical and health outcomes. Research on malnutrition in this patient profile proved prevalence of malnutrition in hospitalized patients 30-50%, and this event linked to changes in the immune system, increased risk of infection, increased length of stay and increased morbidity and mortality. So it is important to start as soon as possible, the supply of nutrients to promote better clinical outcomes.

Other titles DE evidenced frequencies were the "Risk of impaired skin integrity", 15 (50%) and "impaired skin integrity", 9 (30%). These diagnoses become common in critically ill patients due to dependence on nursing staff to mobilize the bed beyond the need of repose imposed by pathological conditions. Consequently identifies also found that another FROM the study of mobility in bed impaired (9-30%). The occurrence of the factors listed above together with altered nutrition, self-care deficit and humidity in the bed by the use of diapers, are factors that contribute to the identification of those DE and is therefore one of the most common concerns of nurses, who must consider carefully how QUESTION priority in patient care.

The identification of DE "Ineffective breathing pattern" (12 - 40%) and "Impaired Spontaneous Ventilation" (11 - 36.6%) is justified by the fact that the initial appointments to critical patients in emergency units and emergency function changes Respiratory is very incident.

The nursing diagnosis of "risk of infection" has been identified in studies conducted in different units of a hospital. This may be explained in relation to patient in a hospital provide increased environmental exposure to pathogens, especially in emergency rooms where a large number of invasive procedures are usually performed.

The taxonomy NANDA-I is divided into 13 areas that are useful to better identify and DE represent a field of study or interest.¹² The present study identified 10 domains of this diagnostic classification, the most frequent of these were: Activity and resting (28%), Security and Protection (25%), nutrition (22%) and Clearing and exchange (13%). When compared to the DE identified areas of Taxonomy of Nursing Practice NNN12 identified a higher percentage of nursing diagnoses (53.7%) as belonging to the physiological domain (includes actions to promote optimal health biophysics), followed by (22.4 %) belonging to the functional domain (includes actions to promote the meeting of basic needs), since the psychosocial domains (includes actions to promote mental health, emotional and social) and environmental (includes actions to promote and protect the environmental health and safety of individuals systems and communities) had the lowest percentage with (20.9%) and (3%) respectively. This fact can be justified due to the fact that they are inpatients in an emergency room. Thus, it is understood that depending on the severity of the physical

health status of these patients to nursing staff prioritize assistance to the physiological and functional.

CONCLUSION

This study allowed us to identify the titles most frequent nursing diagnoses in patients admitted to an Emergency Unit of a public hospital. We evaluated 30 patients yielding 67 titles different diagnoses.

The nursing diagnoses were more frequent altered nutrition: less than body requirements, risk of impaired skin integrity, risk of infection, ineffective breathing pattern, among others, that are related to physiological changes in which patients present in the first critical moment admission to the emergency unit.

It is believed that this study is a strategy for facilitating the implementation of the remaining steps of the Nursing Process in the study site, since the titles DE identified constitute a database for nurses of the unit.

There is a need to be continued research related to the identification of nursing diagnoses in emergency services and emergency in order to verify the problems that require specific nursing actions, determining the best interventions to the needs identified in this profile patient, establish indicators of health care liability of nursing and contributing to the scientific development of the profession. Moreover, it is necessary to know strategies that favor the implementation stage of PE in the different scenarios of operation of nurses, thereby increasing the autonomy and accountability of care given by these professionals in these units.

Expand our looks with a view to comprehensive care taking into consideration the natural spheres of the subject, even in unfavorable conditions, is perhaps a challenge for nurses who work not only in urgent and emergency services, but in other instances care that deal with critical patients.

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Corresponding Address

Patrícia de Oliveira Salgado
Gerência de Ensino e Pesquisa
Programa de Pós-Graduação Residência
Multiprofissional em Saúde
Hospital Municipal Odilon Behrens
Rua Formiga, 50 — Bairro São Cristóvão
CEP: 31110-430 — Belo Horizonte (MG), Brazil