



SYSTEMATIZATION OF NURSING CARE TO HOMELESS

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM A PESSOA EM SITUAÇÃO DE RUA SISTEMATIZACIÓN DE LA ASISTENCIA DE ENFERMERÍA A LA PERSONA DE LA CALLE

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ABSTRACT

Objective: to report the experience with the Systematization of Nursing Care (SAE) to the homeless patient.

Method: exploratory and descriptive study, experience report type, developed from students' experiences of the 4th semester of Nursing, 2014.1, in a Family Basic Health Unit, located in Santa Cruz, State of Rio Grande do Norte, during the practical lessons of Semiology and Semiotics of Nursing, from the Health Sciences College, Trairí/Federal University of Rio Grande do Norte. **Results:** the organization of the nursing process, developing the steps of the nursing history, nursing diagnosis, planning, implementation and evaluation were adopted in care of the patient of this study. **Final thoughts:** it was realized that the integral health care was being neglected. The SAE has enhanced technical and scientific assistance of Nursing to minimize the damage and restore the health of the individual. **Descriptors:** Homeless; Disorders Related to Substance Use; Nursing care; Mental Health.

RESUMO

Objetivo: relatar a vivência com a Sistematização da Assistência de Enfermagem (SAE) ao paciente em situação de rua. **Método:** estudo exploratório e descritivo, tipo relato de experiência, desenvolvido a partir de vivências de acadêmicos do 4º semestre de Enfermagem, 2014.1, em uma Unidade Básica de Saúde da Família localizada no município de Santa Cruz, Estado do Rio Grande do Norte, durante as aulas práticas do componente curricular de Semiologia e Semiotécnica da Enfermagem, da Faculdade de Ciências da Saúde do Trairí/Universidade Federal do Rio Grande do Norte. **Resultados:** na assistência ao paciente em estudo, adotou-se a organização do processo de enfermagem, desenvolvendo-se as etapas do histórico de enfermagem, diagnósticos de enfermagem, planejamento, implementação e avaliação. **Considerações finais:** percebeu-se que a assistência integral à saúde ao paciente estava sendo negligenciada. A SAE potencializou o atendimento técnico-científico da Enfermagem para minimizar os danos e restabelecer a saúde do indivíduo. **Descritores:** Moradores de Rua; Transtornos Relacionados ao Uso de Substâncias; Cuidados de Enfermagem; Saúde Mental.

RESUMEN

Objetivo: relatar la experiencia con la Sistematización de la Asistencia de Enfermería (SAE) al paciente sin hogar. **Método:** estudio exploratorio y descriptivo, tipo relato de experiencia, desarrollado a partir de experiencias de los estudiantes del 4º semestre de Enfermería, 2014.1, en Unidad Básica de Salud de la Familia, ubicada en el municipio de Santa Cruz, Estado de Rio Grande do Norte, durante las clases prácticas del componente curricular de Semiología y Semiotécnica de Enfermería, de la Facultad de Ciencias de la Salud de Trairí/Universidad Federal de Rio Grande do Norte. **Resultados:** en la asistencia al paciente en estudio se adoptó la organización del proceso de enfermería, desarrollándose las etapas del histórico de enfermería, diagnósticos de enfermería, planeamiento, implementación y evaluación. **Consideraciones finales:** se notó que la asistencia integral a la salud tenía negligencias. SAE potencializó la atención técnico-científico de Enfermería para minimizar los daños y restablecer la salud del individuo. **Descriptor:** Personas sin hogar; Trastornos Relacionados al Uso de Sustancias; Cuidados de Enfermería; Salud Mental.

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INTRODUCTION

Homeless population lives in permanent vulnerability for not having documents and identification certificates, essential for citizenship, they do not have a home, money or steady job, many times they start drinking and using other drugs, begging, exposure to crime, violence, difficult access to education and health care.¹ This situation meets the determinants and health conditions, guaranteed by Law 8080/90 in article 3º, as well as the principles and guidelines of the Unified Health System (SUS), article 7º: about universality, integrality and equity of care.²

In this way, in order to create opportunities and increase access to people in the streets, the Ministry of Health has created teams of street offices that according to the national plan for primary care situation, there are primary care teams with the exclusive responsibility to articulate and watch integral health to people on the streets together with other teams as Family Health Support Centers (NASF), Psychosocial Care Centers (CAPS), Emergency Network and service and institutions of the Unified Social Care System, among other public institutions and civil society.³ Furthermore, nursing is one of the professions that is in direct contact in health care of these clients, where the Resolution 358/2009 of COFEN provided about the Systematization of Nursing Assistance (SAE) and the implementation of the Nursing Process, a method that directs and organizes the work of the category to make decisions, predict and evaluate care, meeting the needs of the global and effective client.⁴

The role of the generalist nurse in alcohol and other drugs care should be built from the academic training, to fill gaps about the negative attitudes towards this clients.⁵

Given the importance of performing care through the SAE implementation, with services focused for human relationships, basic needs and humanization contact of the nurse in clients' care, the study aims to report the experience with SAE in homeless patients.

METHOD

Exploratory and descriptive study, anchored in the experience report, developed from students experiences during the 4th semester of nursing in a Basic Family Health Unit (UBSF), located in Santa Cruz, State of Rio Grande do Norte, during the Nursing practical lessons of Semiology and Semiotics subjects in 2014.1, at the Health Sciences

College, Trairí/Federal University of Rio Grande do Norte.

SAE to homeless person was planned and executed during the aforementioned curricular component field classes, seeking to understand the practice in the care process and the individual needs of this client, following five steps: nursing history, nursing diagnoses, planning, implementation and interrelated, interdependent and recurrent evaluation of the nursing process.

RESULTS AND DISCUSSION

This study adopted the organization of the nursing process, based on the five steps according to the North American Nursing Diagnosis Association (NANDA). In Nursing History (or Data Collection) history and physical examination are performed, and then the Nursing Diagnosis is held consisting of the clinical judgment of grouping data collected about human reactions and life experience, in order to decide the focus of care nursing. Thereafter, the Planning will determine the expected results, actions and nursing interventions to be developed in the Implementation and Evaluation phases, occurring changes and no need for adjustments or reorganization on the steps of the nursing process to restore health in the homeless person.⁶

♦ Nursing History

For preparation of nursing history, there was an interview with 41 year-old individual, male, black, single, Brazilian. He could not specify religion, has an informal job, and he is homeless in Santa Cruz-RN. He went to UBSF for removal of stitches in the right temporal region, due to the second suicide attempt, which this time he had jumped from a bridge. At that time, he was angry and disgusted even with God, blaming Him for all his suffering. When we investigate the medical history, he could not specify and he said never been in routine visits or outpatient, only emergency services when he was injured. He has not family reference and his parents are dead (SIC). He reported having smoking and drinking habits for 27 years. During physical examination he was in bed, conscious, oriented in time and space, collaborative, communicative. During cerebrosplinal examination, it was observed skin and annexes with hypochromic stains and dirt throughout the whole body, he did not remember the date of the last bath (SIC). Scalp without pediculosis, with seborrhea, presence of four scars on the scalp and a wound in the place of removal of three

stitches in healing process without the presence of inflammatory signs. Expressive face, symmetrical eyes, eyeballs unchanged, with pale mucous membranes (+/4+) and visual acuity without damage. External auditory pavilion with dirt with preserved hearing acuity. Oral cavity with partial teeth and presence of cavities. Neck with no palpable lymph nodes. Symmetrical and expansive chest, breath sounds preserved, complaining of pain in the right posterior thorax region. Auscultation with the presence of normal phonetic sounds in two stages. Superior Member Thorax with good mobility, but he complained of pain in the right clavicular region. In abdominal examinations, there was flat abdomen, hypoactive bowel sounds, palpation presence of hepatosplenomegaly, complaining of superficial and deep pain; spontaneous bladder and bowel eliminations (SIC). He showed water and poor food intake. In the evaluation of lower limbs there were edema and redness in pedal region. Walking preserved. Measured vital signs: blood pressure (120x80mmHg), temperature (36.5°C), respiratory rate (20 bpm), heart rate (80 bpm).

◆ **Nursing Diagnosis**

The nursing diagnosis allows the choice of interventions category for the results achievement of the nurses’ responsibility, nursing care based in various issues involving the health-disease process.

From the individual nursing history, a study was held on holistic assessment, and the interpretation of information heard and observed, directing to survey the basic human needs and health problems. Therefore, the objective is to program the nursing process in nursing care of the hepatomegaly client associated with smoking and alcohol consumption. Thus, the main nursing diagnosis based on NANDA and presented in the following table were identified.

◆ **Nursing Planning**

In this third step of SAE, discussions on the nursing diagnoses between students and teacher were held, and later prepared a plan of care for each nursing diagnosis, composed of nursing prescriptions and determination of the expected results presented below.

There were 26 nursing diagnosis identified for the experience report. However, the following priorities were listed:

Nursing care plan

*NANDA	**NOC	***NIC
1. Health behavior prone to risk related to excessive alcohol, smoking, low economic status, inadequate social support evidenced for failing to act to prevent health problems;	Behavior of Accession	• Establishment of mutual goals; ○ Behavior modification; ○ Counseling and monitoring by the UBSF and professionals who established the first contact; ○ Recommendation of the health system; ○ Engagement in support groups (AA or other living spaces); ○ Patient/user rights protection.
	Health seeking behavior	• Health Education; ○ Self-modification care; ○ Drug use prevention.
	Psychosocial adaptation: life changing	• Coping improvement; ○ Socialization improvement; ○ Improved support system (search for health and auxiliary devices that promote such improvement example CAPS, CREAS and other available in the city).
	Risk control	• Risk identification; ○ Behavior modification in the use of psychoactive substances; ○ Health assessment ensuring bond and continuity of care provided to health.
1. Ineffective health maintenance related to insufficient resources, spiritual suffering and ineffective individual coping evidenced by history of absence of health seeking behavior;	Health Belief: perception of resources	• Improved support system; ○ Self-care assistance; ○ Referral to social devices that assist in the rescue of autonomy.
	Health promotion behavior	• Health Education; ○ Facilitation of spiritual growth.
	Health seeking behavior	• Improved Self-Competence; ○ Counseling;

		○ Drug use treatment; ○ Self-modification assistance in health behavior.
	Risk detection	● Health evaluation; ○ Assistance to stop smoking; ○ Drug use prevention; ○ Immunization Control;
	Social support	● Support system improvement; ○ Seeking Family support; ○ Spiritual support; ○ Assistance in financial resources through information about social benefits and guaranteed rights.
2.Individual Resilience impaired related to drug use evidenced by low self-esteem and social isolation;	Level of depression	● Humor control; ○ Assistance in anger control; ○ Promotion of resilience; ○ Role improvement; ○ Self-esteem improvement;
3.Acute pain related to chemical, physical and biological agents evidenced by verbal report;	Pain control	● Pain control; ○ Application of heat/cold; ● Administration of medication; ○ Oral and topical; ○ Preparatory sensory information; ○ Education: prescribed medication; ○ Education: procedure.
4. Hopeless related to abandonment, social isolation, loss of faith and belief in a spiritual power evidenced by decreased affection;	Hope	● Hope promotion; ○ Active listening; ○ Relationship construction; ○ Spiritual and emotional support; ○ Values clarification; ○ Presence.
	Quality of life	● Values clarification; ○ Self-perception Improvement; ○ Socialization improvement.
5.Powerless related to unsatisfactory interpersonal interaction evidenced by reports of lack of control in alcohol consumption;	Health beliefs: performance capability perceived	● Self-competence improvement; ○ Self-modification assistance.
	Personal autonomy	● Patient´s rights protection.
6.Risk bond impaired related to alcohol abuse;	Risk control Consequences of addiction to substances	● Treatment of substance use with the help of skilled health devices (CAPS); ● Treatment suspension; ● Anxiety reduction.
7.Religiosity impaired related to spiritual crisis and suffering evidenced by difficulty in adhering to prescribed religious beliefs;	Spiritual health	● Spiritual support; ○ Active listening; ○ Support to decision making; ○ Promotion of hope by inserting in groups working spirituality without imposition of values.
8.Impaired skin integrity related to the abrasive force evidenced by the disruption of the skin;	Tissue integrity: skin and mucous	● Injuries care; ○ Circulatory precautions; ○ Protection against infection; ○ Administration of medication S/N.
9.Suicide risk related to the history of previous suicide attempts;	Suspension Behavior of alcohol abuse; behavior for cessation of drug abuse; Personal resilience; Social support; Suffering of gravity.	● Behavior control: self-harm; ● Counseling; ● Hallucinations control; ● Hope promotion; ● Impulsive control treatment; ● Substance use treatment; ● Suicide prevention; ● Support group; ● Supervision.
10.Self-neglect related to excessive use of alcohol	Self-care: activities of daily living (ADL)	● Self-care assistance; ● Oral health restauration;

evidenced by inadequate personal hygiene;		• Drug use treatment; • Oral health maintenance; • Referral to specialized professional(dentist).
	Self-care: hygiene	• Self-care assistance: bath/hygiene; • Bath; • Care to ears, eyes, feet, hair, nails and genitalia.
11.Imbalanced nutrition: less than body requirements related to psychological and economic factors evidenced by lack of interest in food;	Appetite	• Nutritional monitoring; • Diet plan; • Oral health promotion.
	Nutritional status: food intake;	• Nutritional therapy; • Nutritional control; • Nutritional counseling.
	Behavior of gain weight	• Assistance to gain weight; • Support; • Education: prescribed diet.
12.Risk of liver function related to alcohol abuse.	Alcohol suspension behavior; Risk control: use of alcohol	• Risk identification; • Substance use treatment: alcohol abstinence; • Education: medication prescribed.

Legend: *North American Nursing Diagnosis Association **Nursing Outcomes Classification ***Nursing Interventions Classification^{7,8}

◆ Nursing Implementation and Behavior

The following actions and procedures were implemented by the group: host to the user; effected therapeutic communication with active listening, spiritual support, values clarification, searching for better self-awareness and socialization; informed and explained the activities at CAPS, NASF available in public municipal health and the importance of looking for support to improve his self-esteem, spirituality, hope and rehabilitation; removal of three points in the right temporal region; but also oriented to seek the radiology department to perform radiography in clavicular region right as prescription; return to UBSF service to present the examination and re-evaluation of his health status.

◆ Evaluation

This step evaluation was passed on to the nurse of the health team of the family and other professionals and institutions responsible to provide continuity of care, with the aim of improving the biopsychosocial conditions and guarantee of their rights under the law 8080/90, as due to the completion of the curriculum component was not possible to be done by the student and teacher group.

CONCLUSION

Knowing the individual history in the context of family and community of the study through SAE, it was noted that his integral health care was being neglected. Thus, the use of SAE leverages the technical and scientific nursing care, allowing improvement

in the quality of care to human health through discrimination problems that require care by a qualified professional.

It is emphasized the importance of participation and involvement of students in a critical reflexive way, submerged in social responsibility as regards the holistic care of the individual biopsychosocial imbalance. Thus, during the academic construction of care, teaching is a transforming agent capable of awakening the promotion of holistic and humanized care to minimize damage and restore health.

However, it is expected that SAE provided to that client has contributed to improving his self-esteem, identification of new values, spirituality, effective search of health and adherence behavior with psychosocial adaptation and also life changing.

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