ABSTRACT
Objective: operationalizing the nursing process to an elderly with two primary tumors and metastases, based on the Roy Adaptation Model, using NANDA-I, Classification of Nursing Results and Classification of Nursing Interventions. Method: this is a case study, qualitative, conducted with an elderly with two primary tumors (lung and larynx) and metastases, in the home, in the period from March to July 2014, after approval by the Research Ethics Committee of the Federal University of São João del Rei, CAAE: 23523913.7.0000.5545, protocol number 667.264. Results: it was observed that the elderly care favored to adapt, because as the interventions were implemented and evaluated, the customer improved significantly before stimuli, what allowed achieve the stipulated goals. Conclusion: the use of this theory allowed recognizing that the goals and implemented interventions were important to replace ineffective responses by adaptive responses.

Descriptors: Neoplasms; Nursing Theory; Nursing Process; Aging Health.

RESUMO
Objetivo: operacionalizar o processo de enfermagem a um idoso com duas neoplasias primárias e metástases, baseado no Modelo de Adaptação de Roy, utilizando NANDA-I, Classificação dos Resultados de Enfermagem e Classificação das Intervenções de Enfermagem. Método: trata-se de um estudo de caso, qualitativo, realizado com um idoso com dois tumores primários (pulmão e laringe) e metástases, em seu domicílio, no período de março a julho de 2014, após aprovação pelo Comitê de Ética e Pesquisa da Universidade Federal de São João del Rei, CAAE: 23523913.7.0000.5545, protocolo número 667.264. Resultados: observou-se que o cuidado ao idoso favoreceu a sua adaptação, pois à medida que as intervenções foram implementadas e avaliadas, o cliente apresentou melhora significativa diante dos estímulos, o que possibilitou alcançar as metas estipuladas. Conclusão: a utilização desta teoria permitiu reconhecer que as metas e as intervenções implementadas foram importantes para a substituição de respostas ineficazes por respostas adaptativas.

Descritores: Neoplasias; Teoria de Enfermagem; Processos de Enfermagem; Saúde do Idoso.

RESUMEN
Objetivo: poner en práctica el proceso de enfermería a un anciano con dos tumores primarios y metástasis, basado en el Modelo de Adaptación de Roy, con el uso de NANDA-I, Clasificación de Resultados de Enfermería y Clasificación de Intervenciones de Enfermería. Método: se trata de un estudio de caso, cualitativo, realizado con un anciano con dos tumores primarios (pulmón y laringe) y las metástasis, en el hogar, en el período de marzo a julio de 2014, después de la aprobación por el Comité de Ética en la Investigación de la Universidad Federal de São João del Rey, CAAE: 23523913.7.0000.5545, número de protocolo 667.264. Resultados: se observó que el cuidado a los ancianos ha favorecido la adaptación; porque, a medida que se implementan y evalúan las intervenciones, el cliente mejoró significativamente antes de los estímulos, lo que permitió alcanzar los objetivos estipulados. Conclusión: el uso de esta teoría permitió reconocer que las metas e intervenciones implementadas eran importantes para reemplazar respuestas ineficaces por las respuestas de adaptación. Descritores: Neoplasias; Teoría de Enfermería; Procesos de Enfermería; Envejecimiento de la Salud.

1Nurse egress, Federal University of São João del Rei/UFSJ. Divinópolis (MG), Brazil. Email: carolfernandes@uol.com.br; 2Nurse, Degree in Nursing from the Federal University of São João del Rei/UFSJ. Divinópolis (MG), Brazil. Email: gaspar.vicent@uol.com.br; 3Nurse, Degree in Nursing from the Federal University of São João del Rei/UFSJ. Divinópolis (MG), Brazil. Email: similaqueirozdaandre@gmail.com; 4Nurse, Specialist in Oncology, Mastership and Doctorate in Nursing, Federal University of São João del Rei/UFSJ. Divinópolis (MG), Brazil. Email: pirespatricia@gmail.com; 5Nurse, Degree in Oncology, Federal University of São João del Rei/UFSJ. Divinópolis (MG), Brazil. Email: andrearodrigues@gmail.com.
INTRODUCTION

Population aging figure on the world stage relevantly provided significant consequences and changes in society in the political plans, economic, cultural, scientific-technical and social. The consequences of these changes are perceived in everyday life, expressed in ways of living, thinking and acting of the elderly. In this context emerges the prime need to investigate the health status of this population segment and the various faces involving the aging process.1,2

One of the most dreaded chronic diseases is cancer, although it presents the possibility of cure when diagnosed early, whatever its etiology, affects millions of people worldwide, often, is terrifying, because, in spite of therapeutic advances, which enable an improvement in survival and quality of life, remains the stigma of painful, disabling and deadly disease.3 The incidence of this disease increases significantly with age, most likely because, with advancing years, accumulate risk factors associated with tendency to a lower efficiency of cell repair mechanisms in the elderly.4,5

Improvement in survival and life expectancy of people with cancer has put a focus on long-term risks, including developing other primary malignancies.6 At the same time, one should consider that the risk factors for lung cancer and larynx are associated. The incidence is higher in men.3

The first to document the occurrence of multiple simultaneous tumors in the same patient was Billroth. In 1932 Gates and Warren conduct a major review of several series of cases of multiple primary tumors and also feature 1,078 autopsies, which identified 40 cases (3.7%) of multiple tumors. In this study the authors proposed and used the following criteria for the identification of multiple primary tumors: diagnostic confirmation of malignancy of tumors, the distinction between them and the exclusion of the possibility of a tumor being metastatic.7

A study conducted in 2012 found that people with male lung cancer have a risk of a second cancer of the larynx 3.7% per year, and of these, less than 1% of the tumors were synchronous, i.e., diagnosed in first six months of the first tumor,8 as is the case with the elderly this clinical case.

The relevance of this study lies in the fact the elderly have two primary tumors, lung and larynx, respectively, and have metastases arising from lung adenocarcinoma in pleural and spinal region, supporting the importance of applying the systematization of care for a client with diseases chronic and your family, and the fact of not having in the literature, national and international nursing publication of a clinical oncological case with two primary tumors and subsequent metastases.

Health care workers, who live with people with cancer, realize that this disease causes a great social and emotional impact on the family and the individual who experiences this disease. Moreover, it requires constant restructuring, resulting in a continuous challenge the person in relation to your body, your family, your social role, their future plans and their personal values.9,10

In this context, the nursing team has the responsibility to assist the individual with cancer and their families, both physical and psychological and health care performed at home are the components of a comprehensive and continuous health care. Health services provided to people and families in residence aims to promote, maintain and restore health or increase the independence of the individual and family, while decreasing the implications of dependence on life activities.10

We need to consider even when care is transferred to the home; it becomes an open door in unfolding the everyday lives of people and families who live in the same household. This unveiled every day brings with it dimensions of human existence that acquire importance for the establishment of relations not experienced before, either between professionals, users and relatives, or between families and services as separate institutions.9,10

People with cancer tend to be more sensitive and vulnerable to stimuli caused by the cancer situation, often interfering in promoting an effective response on these stimuli, which contributes negatively to adapt. Then it is up to the nurse to plan comprehensive care to these individuals and their families, in an orderly and scientific manner, using the nursing process, based on a theoretical framework, which in this study will be the Adaptation Model Callista Roy (MACR). Cancer generates stimuli demanding carrier a response, which can be both adaptive and ineffective, through home care that includes family as interactive and collaborative element in the care of health, thus meeting the complex needs and using a range of resources institutional, community and family for the effectiveness of adaptive responses.11

The choice to implement the nursing process in an individual with two primary tumors and metastases occurred, given that the elderly population is in a different group,
both in relation to social conditions, as in the aspect of care appropriate to their health and well-being, it is fundamental closer to the elderly for the identification of nursing care that best meet their needs, seeking to improve their quality of life and, consequently, the individualization of care.

Thus, the case study may contribute to the knowledge of nursing professionals who care for older people with cancer.

So, the present study aimed to operationalizing the nursing process to an elderly with two primary tumors and metastases, based on the Roy Adaptation Model, using NANDA-I (North American Nursing Diagnosis Association), Classification of Nursing Outcomes (NOC- Nursing Outcomes Classification) and the Nursing Interventions Classification (NIC-Nursing Interventions Classification).

**THEORETICAL FRAMEWORK**

The nursing process (PE) based on five interlinked steps that are: research, diagnosis, planning, implementation and evaluation. It is a systematic and dynamic way of performing nursing care. Indispensable to all nursing approaches, the PE produces a humanized care directed at results and economic.12-13

Nurses have work tools that enable agile interaction during the application of PE, among them: the rating system of Nursing Diagnostics - NANDA-I14, Results of Nursing-NOC15 and Nursing-NIC.16

The PE is grounded in stages that can change according to nursing theory to apply. Roy sets out a process that includes the following steps design: performance evaluation, incentives assessment, nursing diagnosis, goal setting, intervention and evaluation.12-13

The MACR provides four fundamental concepts: a person receiving the care, the environment, health and nursing purpose. The person is the focus of nursing care and can be an individual, a family, a group, a community or a society. Roy understands the person as a system that shares knowledge with its environment constantly, which causes internal and external transformations in the same.11

Given these changes, there is still the need to adjust in order to maintain integrity. That is, the individual is an open system called adaptation system.13

The environment is regarded as the internal world and that around the person. Human systems interrelate with the environmental changes, which consequently arise adaptive responses to this environment. It is seen that health is the result of adaptation of the person to an environment that is being modified constantly, leading to the need to be an integrated person with ability to achieve the goals of survival, growth, reproduction and control.11

Nursing has as one objective to promote effective responses in the four adaptive modes and our activities should encourage adaptive reactions in situations of health and disease. The nurse must be attentive in handling the focal stimuli, contextual and residual of the individual. Nursing care must be attentive in the person's condition, the focal stimuli, contextual, waste and promoting adaptive reaction.12-13,17

It is understood that the focal stimuli relate to the main problem of causing changes in the individual. Already contextual are the signs and symptoms that may be assessed, observed and reported by the subject. And the residual stimuli are significant conditions to the individual situation, but are not measurable.11

The adaptive system has the individual inputs (= input stimulus) that are regulated by internal or external stimuli coming from the person causing answers that will lead to suit or not. The degree of adjustment will depend on each individual, i.e., will depend on their coping means. The adaptive system also has answers too (behavior = output) which are the ways in which people behave, how you react to certain stimuli. He may respond ineffectively or adaptive.13

Coping mechanisms for adaptation are the regulator, comprising chemicals, endocrine or neural transmitters and knowing that involves perceptions, emotions and judgment.11,13

The mechanisms, regulatory and knowing, act in adaptive modes which include: physiological function, self-concept, role function and interdependence. The physiological mode is associated with basic human needs: oxygenation; nutrition; disposal; activity and rest; integrity of the skin; directions, fluids and electrolytes; neurological and endocrine function. The self-mode is a psychosocial aspect that relates to the concept that the individual/group has about itself. Thus, the interdependence mode is established as close relationships between people; in the social order are performed by social relations.11

The social performance mode is also a psychosocial aspects, which specifically involves the roles that individuals play in society.13 Effectors of coping mechanisms are the four mentioned modes, which are influenced by stimuli, both external and
internal, producing a response effective or not. The answers to these stimuli are positive by promoting the survival, growth and production people, and are negative when they fail that goal.\textsuperscript{11-12,17}

As a theorist, the nurse has as one of its missions in these situations, encourage positive adaptation of the individual. Therefore, it is essential to develop two actions: evaluation and intervention. The professional will point the problem situations and their stimuli during the evaluation. Since during the operation, it will handle these stimuli in order to remove them, causing the person to adapt them.\textsuperscript{11}

\textbf{METHOD}

It is a case study with a qualitative approach referring to a means of organizing data, preserving from the object studied its unitary character. It considers the unit as a whole, including its development (person, family, and set of relationships or processes, among others). Through the case study the aim is to investigating, as a unit, the important features for the research object of study, it represents an empirical investigation and comprises a comprehensive method, with the logic of planning, collection and data analysis.\textsuperscript{18}

The study setting was the home of an elderly with lung cancer and primary larynx and metastasis, resident of a city in the countryside of Minas Gerais. There were carried out home visits in the months from March to July 2014. It was chosen this old to be there 10 years in treatment / monitoring due to cancer and, joined a charity located in town where he resides, non-profit, whose goal is to assisting people with cancer, giving them a better quality of life and social inclusion.

Initially, it used a data collection script, based on the Roy Adaptation Theory, developed by the authors. According to Roy, the PE (Nursing Process) features six stages: assessment of behavior, stimulus assessment, nursing diagnosis, goal setting, intervention and evaluation.\textsuperscript{13}

The first home visit (RV), the script was designed to assess the behavior and focal, contextual and residual stimuli. From there, the nursing diagnoses were established using as the NANDA-I.\textsuperscript{14} Latter on, goals and interventions were established in order to promoting better adaptive response to the elderly. Faced with the objective of operating in the identified ineffective behaviors, outcomes and interventions and nursing were defined according to the NOC\textsuperscript{15} and NIC.\textsuperscript{16}

\begin{table}[h]
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\begin{tabular}{|c|c|}
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\textbf{METHOD} & \\
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\textbf{RESULTS} & \\
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\textbf{METHOD} & \\
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\end{tabular}
\end{table}

Following are the data regarding behavioral research, namely, the collection of responses or behaviors of the individual output as an adaptive system with regard to each of the four adaptive modes,\textsuperscript{12} in this case, the physiological, self-care and social modes. In order interdependence were not found nursing diagnoses.

Data were collected through script, based on the MACR, physical examination and medical records of the charity where the customer is registered, in addition to test results and reports they found at his residence. This process led to the result of the history of the elderly. As a first step PE, behavioral research is recognized as the collection of responses or behaviors of the individual output as an adaptive system with regard to each of the four adaptive modes, ie in this case the physiological modes, mode and social self-. This process led to the result of the history of the elderly.

\begin{itemize}
\item \textbf{History of the elderly}
\item Senior, 72, male, born in Piracema, Minas Gerais, married, six children and 11 grandchildren who do not live in their homes; retired (salary of R$ 840,00 in March 2014; wife does not have income), worked for 28 years in a steel blast furnace in which fuel was coal, incomplete primary education, Catholic, smoker for 50 years, quit smoking 10 years ago when lung cancer was diagnosed. Family history: parents dead by natural causes, two living sisters suffering from Hypertension. Medical history: excision of the primary adenocarcinoma in the right upper lobe (LSD) of the lung; did segmentectomy of LSD and thoracotomy in July 2004. In the month October 2004 was diagnosed squamous cell carcinoma (SCC) of primary larynx, made pharyngolaryngectomy and 36 sessions of radiotherapy. In 26/05/2009 pleural involvement and was diagnosed spinal - T10, T11 and T12, both lung adenocarcinoma metastases. History of present illness: is in semi outpatient control in stage IV, uses only contracted Hospital Health System, guided on
\end{itemize}
their health problems, it was held the first VD 26th March, 2014, too VD in April, May, June and July 2014. He resides with his wife in self-brick house with sanitation, eight large rooms with room stairs to the kitchen and the bathroom, backyard with fruit trees and vegetable garden, which provides some food for the family. The examinations during the RV, it was found that the senior was conscious, oriented, impaired communication, it presents definitive tracheostomy, but can make sounds by using esophageal speech, and he makes hygiene whenever there is secretion, so several times a day with saline and gauze. Emaciated, body weight 25% (below the ideal) increased by two kilograms between the first and the last VD. Skin and mucus membranes were parched, bleached. There was a reduction of skin dryness throughout the body from the second VD. He sleeps for five continuous hours by taking clonazepam 2 mg at night, always in the right lateral decubitus. Initially presented decreased fluid intake, decreased appetite, low food intake and only soft foods, flat abdomen, painless on palpation, body care and oral preserved, with the frequency of a bath/day in the late afternoon. Dyspnea on moderate effort referred tiredness and fatigue when walking through the house, with normal chest expansion, lung auscultation vesicular murmurs present without adventitious sounds, respiratory rate 16ipm the 20ipm, presence of cough for 24 hours a day with white secretion; cardiac auscultation: rhythmic sounds phonetically normal without breath, pulse 79bpm to 80bpm, preserved peripheral perfusion, blood pressure within normal parameters (120x70mmHga 130X70 mmHg). Spontaneous bladder removal with characteristic and normal frequency, intestinal elimination this every other day, active bowel sounds, wandering without help, for visible and palpable nodules in spine T10, T11 and T12, said moderate pain (5 by analog pain scale) Constant 5 years ago, burning type that radiates to your lower back and legs. Hemoglobin 10.8 g/dL (March 2014) to 11.6 g/dL (July 2014); hematocrit of 28% to 33%, other laboratory tests were within normal parameters. In the first RV, it was tearful, nostalgic and sad, said lack of energy all the time, and said he was disgusted with life, “the joy of life is over, I cannot talk and eat whatever you want … do not go out over home because I am ashamed … people are noticing, just go to Mass to pray.” As for recreation and leisure relates listen to the radio, watch every game of your football team and playing “truco” with the family on holidays, avoid going to parties and family gatherings.

♦ The nursing process and the Adaptation Model of Callista Roy

The PE was visualized according to the MACR. The PE components were evaluation of the behavior and stimuli, the nursing diagnoses, the establishment of the goals/outcomes, interventions and evaluation.1,7 It was a valuable tool in guiding the home care of the researchers, the center of nursing care was the elderly with lung cancer, second primary tumor of the larynx and metastases, considering his beliefs, values and hopes.

Aspects affecting the elderly, called stimuli, caused an adaptive or ineffective response, represented the adaptive system interaction with the environment.1,7

Primary cancer cells (lung and larynx) and pleural metastasis and spine were the focal stimulus that confronted the elderly in four adaptive modes: physical changes such as weight loss, chronic pain, tracheostomy, and malfunctions in the metabolism of nutrients, decreased hemoglobin and hematocrit affecting the physiological mode. At the same time, these changes bring with them feelings of hopelessness, dependency and insecurity, which affects the self-concept. The paper function is impaired in the family and social issues.

Contextual stimuli, which are the signs and symptoms that can be measured, observed and reported by the person, such as in the case of the elderly, age, smoking, tracheostomy, decreased oxygenation to the tissues; they have an influence on the effect of the focal stimulus.

The residual stimulus likely was the work on the high steel oven with coal for 28 years, i.e. significant conditions to the situation of the elderly, but that cannot be measured.

Presented in Figure 1 a diagrammatic representation based on records of Roy adaptive systems.
Table 1. Planning of nursing care to an elderly person with Lung and Larynx Cancer and metastasis. Divinópolis-MG, Brazil, 2014.

<table>
<thead>
<tr>
<th>Adaptive modes of Callista Roy</th>
<th>Nursing Diagnosis (NANDA code)</th>
<th>Nursing Results (NOC code)</th>
<th>Nursing interventions (NIC code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiological model: nutrition.</td>
<td>Imbalanced nutrition: less than body requirements (00002) characterized by the lack of interest in food, pale mucous membranes and body weight 25% below the ideal; related to inability to ingest food.</td>
<td>Nutritional status (1004).</td>
<td>Nutritional monitoring (1160).</td>
</tr>
<tr>
<td>Physiological complex mode: senses.</td>
<td>Impaired verbal communication (00051), characterized by speaks with difficulty related to physical barrier (Tracheostomy).</td>
<td>Discomfort level (2109).</td>
<td>Administration of analgesics (2300).</td>
</tr>
<tr>
<td>Social mode.</td>
<td>Impaired social interaction (00052) characterized by discomfort in social situations and reporting change in family interaction, after tracheostomy, related to communication barrier.</td>
<td>Communication (0902).</td>
<td>Improvement of socialization (5100).</td>
</tr>
<tr>
<td>Self-concept mode: physical Self.</td>
<td>Chronic sorrow (00137) characterized by sentiments that may interfere with the ability of older persons reaches its highest level of physical well-being related to chronic disease experience.</td>
<td>Communication (0902).</td>
<td>Improvement of socialization (5100).</td>
</tr>
</tbody>
</table>

Figure 1. Diagrammatic representation of Model-based adaptation of Callista Roy, referring to an elderly person with two primary tumors (lung and larynx), and metastasis. Divinópolis, Minas Gerais, Brazil, 2014.
DISCUSSION

Chronic diseases, among them cancer of the lung and larynx, have a strong influence on the functional capacity of the elderly, so care must be directed to the implementation of interventions aimed at maintaining this functional capacity, because has implications for quality of life the elderly, as it related to an individual’s ability to remain in the community, enjoying their independence to the most advanced ages, in order to facilitate coping with new lifestyle and consequently promote the elderly well-being.2,5

The analysis and the clustering of signs and symptoms present during the evaluation and clinical trials conducted on human responses, based on Roy model, allowed the researchers to use well-defined terminology, such as NANDA-I,14 NOC15 and NIC16 to standardize nursing care.

After grouping the clinical data, human responses, raising the nursing diagnoses and determine the results that are intended to achieve, in cooperation with the client, the care plan was developed and implemented, along the VD the researchers assessed whether, the results were being impacted positively or, if needed review the diagnoses, goals and/or interventions as appropriate. The nursing interventions involved the manipulation of stimuli to promote adaptive responses.

According to Table 1, Callista Roy adaptation modes committed were: physiological (nutrition, activity/rest and protection), physiological complex (directions), self (physical Self) and social.

Physiological mode

The physiological aspect is related to the five basic physiological needs: oxygenation, nutrition, elimination, activity and rest, protection; and four complex physiological needs: directions; fluids and electrolytes; neurological and endocrine function.

Nursing diagnoses, considered by the researchers, in elderly care, the physiological aspect were unbalanced nutrition less than body requirements (nutrition), chronic pain (experienced), impaired verbal communication (sense) and risk of falls (protection).

The diagnosis of unbalanced nutrition less than body requirements, is defined as: insufficient nutrient intake to meet the metabolic needs.14 In this study, the diagnosis was evidenced by the lack of interest in food, pale mucous membranes and body weight below 25% the ideal, related to difficulty in swallowing food and liquids, caused by tracheostomy. The results of the NOC15 established with the elderly and his wife, was: appetite, nutritional status, state of swallowing and weight-mass. The initial score on the appetite was 2 (very committed) and the desired score was 4 (slightly compromised). As for the other results, the starting score was 2 (substantial deviation) and as score-target 3 (moderate deviation).

Interventions established with the elderly and his wife, to achieve the results set were: control of nutrition and weight, diet planning and nutrition monitoring, through the following activities: adapt the diet to the elderly lifestyle guide the intake as food preferences and nutritional value, give preference to soft foods, avoid the use of straw to drink due to impaired swallowing. It is noteworthy that initially was given the ability of the family to satisfy the needs and ensure that the diet included foods rich in fiber and vitamins.11

The diagnosis of chronic pain is defined as: Sensory experience and unpleasant emotional arising from actual or potential tissue damage or described in terms of such damage; sudden or slow onset, mild to intense, constant or recurrent, without an anticipated or predictable end and lasting more than six months.14 Was characterized by reports of pain, fatigue and anorexia; related to metastasis in thoracic spine. The result of nursing, pain level was divided into 5 (moderate) and goals were established, on a scale of 10 points, between 3:04 movements and 0 at rest. Interventions to achieve pain relief were discussed with family, being established: pain control and administration of analgesics.

This included medical assessment for introduction of analgesic medication, positions instruction and body movements to avoid increased pain, guidance for the elderly and wife on the principles of pain management, such as the administration of analgesics before bathing, use of complementary therapies in the case they were used preferred songs of the elderly. So we obtained a better quality of life, as evidenced by the absence of pain after analgesia and music listening, personal well-being, improved sleep pattern.

The diagnosis of impaired verbal communication is defined as: decreased or absent ability to receive, process, transmit and use a system of symbols.14 It was characterized by aphasia and speaks with difficulty, related to physical barrier (tracheostomy). The stated and achieved goal was the communication with the exchange so
Care for the elderly with two primary…

messages need 1 (severely impaired) to 3 (moderately impaired). The proposed intervention and applied, based on the NIC was the improvement of communication: deficit of speech and the listed activities, in line with the family initially was told the aid of his wife in speech understanding of the customer, in the next VD the researchers were standing in front of the elderly to talk and always listened attentively. Thus, it enabled better communication and cognition.

Diagnosis risk of falls, which is designed as increased susceptibility to falls that can cause physical damage, related to age 72, steps at home, throw rugs in the home, anemia and use of clonazepam. The stated goal was to provide a safe home environment, whose initial score was 1 (inadequate) and the target score was established in 3 (moderately suitable) because it was not possible to remove the steps of the residence. As intervention was the fall arrest established and, as agreed activities with the family: install a lamp by the bed, remove the carpets of outstanding sites, and keep free steps of objects and installation of non-slip tapes on them.

♦ Self-concept mode

The self-mode consists of beliefs and feelings about us, performed at a certain time. It has as components the physical self and personal self. The physical self, includes two components: the bodily sensation (not assertive behavior, sadness, feeling of death) and body image. The personal self is an individual assessment of their own characteristics, expectations, values and merits.

Chronic sadness was diagnosed, is defining the clinical standard, recurring and potentially progressive disseminated sadness that is experienced in response to the continued loss over the course of an illness or disability. In this study, evidenced by the sadness of expression of feeling, emptiness, grief related to cancer. Selected results were: personal well-being, whose starting scores were determined to 1 (not at all satisfied), and the target scores were 3 (moderately satisfied). Initial scores for acceptance: personal health status and coping were two (rarely shown) and the desired score, 4 (often shown). To the extent the researchers established interventions: active listening, presence, counseling, support decision and improved coping.

♦ Social mode

The social order is the set of expectations about how a person plays a role in society. It has listed the diagnosis of impaired social interaction that is insufficient or excessive, or ineffective social exchange characterized by inability to get a satisfying feeling social involvement related to the absence of significant persons. It was characterized by discomfort in social situations and familiar story of change in the interaction after the tracheotomy, related to communication barrier.

The targets were: self-esteem, body communication and image with initial score of 1 (severely impaired) and 3 score target (moderately impaired). Interventions to achieve the results were: strengthening self-esteem, improved body image and socialization.

♦ Evaluation

The PE is completed by the evaluation. At this stage, the behavior goals are compared with the departure of the person answers, and determine the moving direction or removal of goal attainment. The upgrading the goals and interventions are made based on the assessment data.

When performing a trial of elderly answers, after the implementation of nursing interventions, according to the observed in the course of RV and to the extent that the interventions were implemented and evaluated, the customer improved significantly before the stimuli, which allowed achieving the goals of appetite improvement, acceptance of soft foods, increased energy, including increased by two kilos in three months, improved anemia, proven by laboratory tests, absence of pain at rest, he began to receive visits to your home, reducing your feelings of sadness, therefore manifesting behaviors that have demonstrated their adaptability.

It can be concluded that the targets were achieved, demonstrating the importance of nursing care.

CONCLUSION

Nursing care applied in the light of Roy's theory, facilitated dialogue with the elderly and his wife in the achievement of goals and modifications of behavior, through the implementation of interventions. Gradually, the customer has evolved satisfactorily, with adaptive behaviors.

One can also observe that the care implemented with the EP has allowed us to act in a targeted manner to the adaptive problems of the elderly with two primary tumors and metastases, through clinical trial in search of better promote their health.
Despite being in accordance with the criteria established in the methodology, one of the limitations of the study was being carried out with a single elderly with lung cancer and primary and metastatic larynx due to an affair with small incidence worldwide. These drawbacks limit the generalizability of the results. However, these limitations do not invalidate the study and respond satisfactorily to the propositions of the research. The results stimulate the continuity of this type of clinical study with cases not described in the literature because in this way, will provide a continuum of care, updated and quality focusing on the person's well-being and the extent of their autonomy health.

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**Corresponding Address**

Patrícia Peres de Oliveira
Universidade Federal de São João del-Rei/UFSJ
Rua Sebastião Gonçalves Coelho, 400
Bairro Chanadour
CEP 35501-296 – Divinópolis (MG), Brazil