Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

REFLECTIVE ANALYSIS ARTICLE

CONSTRUCTION OF ASSISTANCE NURSING PROTOCOL FOR POTENTIAL ORGAN DONORS IN ENCEPHALIC DEATH

CONSTRUÇÃO DE PROTOCOLO ASSISTENCIAL DE ENFERMAGEM PARA O POTENCIAL DOADOR DE ÓRGÃOS EM MORTE ENCEFÁLICA

CONSTRUCCIÓN DE PROTOCOLO ASISTENCIAL DE ENFERMERÍA PARA EL POTENCIAL DONADOR DE ÓRGANOS EN MUERTE ENCEFÁLICA

Isadora Pereira Farias[1], Thayse Gomes Almeida[2], Carla Islowa da Costa Pereira[3], Eveline Lucena Vasconcelos[4]

ABSTRACT

Objectives: to identify the main nursing diagnoses and interventions, necessary for the systematization of assistance to the potential organ donor in brain death; to developa nursing care protocol to the potential organ donor in brain death with support in the diagnoses and interventions found. ***Method***: this study is an exploratory, descriptive research of the development of a technological instrument to be developed in the following stages: integrative review, systematic observation, protocol construction and application of the Delphi Method. ***Expected results***: it is intended to provide a protocol to assist nurses in planning their assistance, in a systematized way, to the potential organ donor in brain death, and to contribute to the strengthening of the scientific knowledge of the profession. ***Descriptors***: Brain Death; Protocols; Nursing Process; Nursing Care.

RESUMO

Objetivos: identificar os principais diagnósticos e intervenções de enfermagem, necessários à sistematização da assistência ao potencial doador de órgãos em morte encefálica; desenvolver, com respaldo nos diagnósticos e intervenções encontrados, um protocolo assistencial de enfermagem ao potencial doador de órgãos em morte encefálica. ***Método***: estudo exploratório, descritivo, do tipo pesquisa de desenvolvimento de um instrumento tecnológico, a ser desenvolvido nas seguintes etapas: revisão integrativa, observação sistemática, construção do protocolo e aplicação do Método Delphi. ***Resultados esperados***: pretende-se disponibilizar um protocolo que auxilie o enfermeiro no planejamento de sua assistência, de forma sistematizada, ao potencial doador de órgãos em morte encefálica, e que contribua para o fortalecimento do conhecimento científico da profissão. ***Descritores***: Morte Encefálica; Protocolos; Processos de Enfermagem; Cuidados de Enfermagem.

RESUMEN

Objetivos: identificar los principales diagnósticos e intervenciones de enfermería, necesarios a la sistematización de la asistencia al potencial donador de órganos en muerte encefálica; desarrollar, con respaldo en los diagnósticos e intervenciones encontrados, un protocolo asistencial de enfermería al potencial donador de órganos en muerte encefálica. ***Método***: estudio exploratorio, descriptivo, del tipo investigación de desarrollo de un instrumento tecnológico, a ser desarrollado en las siguientes etapas: revisión integradora, observación sistemática, construcción del protocolo y aplicación del Método Delphi. ***Resultados esperados***: se pretende disponibilizar un protocolo que auxilie al enfermero en el planeamiento de su asistencia, de forma sistematizada, al potencial donador de órganos en muerte encefálica, y que contribuya para el fortalecimiento del conocimiento científico de la profesión. ***Descriptores***: Muerte Encefálica; Protocolos; Procesos de Enfermería; Atención de Enfermería.

[1]Nurse, Master´s degree student, Graduate Program in Nursing, Federal University of Alagoas/UFAL. Maceió (AL), Brazil. E-mails: isadorapfarias@gmail.com; isadora.pfarias@gmail.com; [2]Nurse, Master´s degree, Federal University of Alagoas/UFAL. Maceió (AL), Brazil. E-mail: thaysegalmeida@gmail.com; [3]Nurse, Master´s degree student, Graduate Program in Nursing, Federal University of Alagoas/UFAL. Maceió (AL), Brazil. E-mail: carlaislowa@hotmail.com; 4Nurse, Ph.D. Professor, Undergraduate/Graduate Program in Nursing, Federal University of Alagoas/PPGENF/UFAL. Maceió (AL), Brazil. E-mail: evelinelucena@gmail.com

INTRODUCTION

With the advancement of studies, techniques of resuscitation and vital support, the brain activity came to define the life and death of the individual, linking death to neurological criteria, evolving to the so-called Encephalic Death (ED),[1-2]determined by the Federal Medical Council in Brazil, in Resolution nº 1,480/97,[3] as the total and irreversible cessation of brain functions, of known and indisputable cause.

Care for patients with brain death is characterized as a complex activity, implemented by the multi-professional team working in an intensive care unit (ICU).[2] In this performance, the role of the nurse is being responsible for providing direct care to the potential organ donor, with a fundamental importance in the management of the pathophysiological repercussions of brain death, hemodynamic monitoring and the provision of individualized care. The success of transplantation is closely related to the optimal maintenance of this potential donor (PD).[4]

This study proposes to build a protocol aimed at maintaining the potential organ donor in brain death to provide adequate clinical maintenance of this patient minimizing the adverse events, commonly resulting from ED.[1,5] The protocol aims to establish a standard care to improve the patient's clinical outcome. It is characterized as a technological instrument, normative of the process of technical and social intervention that guides the professionals in the accomplishment of their functions, and based on scientific and practical knowledge of the daily work of health, according to each reality. It thoroughly discriminates the activities and duties of the professionals, so competence, support, and security, quality assistance is offered with responsibility to the patient, respecting the ethical and legal precepts.[6]

In the nursing area, the protocol is subsidized by the Nursing Process (NP), which is the major representation of the scientific method of the profession, being directed by the Nursing Assistance Systematization (SAE), through which the development and organization of team work takes place.[6-7]

Regulated in Resolution COFEN 358/20098, SAE allows to detect the priorities of each patient regarding their needs, providing a direction for possible interventions and characterized by the interaction and dynamism of the following phases: Nursing History, Diagnosis of Nursing, Care Plan, Care Prescription or Nursing Prescription, and Nursing Evolution.[9]

Although the measures to be taken to maintain the deceased donor adequately seem to be obvious, it is not observed the proper valuation of the problem in much of the Brazilian ICUs, evidenced by the almost absolute absence of the systematization of the assistance to the potential donor of multiple organs.[1]

The daily practice shows that even the NP being monitored by the Intra-Hospital Organ Donation Commission (CIHDOTT), with a specialized instrument, the nursing team needs an assistance protocol, specific to the sector, permeating the adequate maintenance of the NP, since it is next to this patient full time. Thus, with regard to Nursing Assistance to the NP, it is necessary to adopt standardized measures that increase the quality of this assistance, the number of potential donors and actual donors, to reduce the number of donors lost from hemodynamic instability and, ultimately results in an increase in the number of organs available for transplantation and the quality of life of recipients.[10]

OBJECTIVES

- To identify the main Nursing Diagnoses and Interventions necessary for the systematization of nursing care to the potential organ donor in brain death.
- To develop a nursing care protocol to the potential organ donor in brain death, based on the diagnoses and interventions foundon the diagnoses and interventions found.

METHOD

This study is a descriptive of research type development of a technological instrument to aid the Systematization of Nursing Assistance to the potential organ donor in brain death in the Intensive Care Unit.

The necessary requirements will be identified for the construction of a protocol that supports the nursing team using an association of methods: an integrative review, systematic observation, protocol construction - nursing diagnoses and

interventions, and application of the Delphi Method.

The data collection from an integrative review will enable to identify the protocols supporting the nursing process described in the literature and the stages that constitute it, as well as the applicability already evaluated as positive by the patients.

The search for scientific productions in this area will be carried out from the Databases Lilacs, MEDLINE and Scielo virtual library and, from search strategies composed of the following controlled descriptors: Brain death; Tissue donors; Nursing Processes; Nursing Diagnosis; Nursing care; and Protocols; and helped by the use of Boolean operators. In this way, it is intended to broaden the scope of the research, minimizing possible biases at this stage of the review.

For the selection of studies, inclusion and exclusion criteria will be established. The study will include articles available in full text in indexed databases selected and published in Portuguese, English or Spanish, whose texts are related to the theme proposed in the study. Articles with an inconsistent methodological description, case reports and published outside the period from January 2007 to April 2017 will be excluded.

The categorization of the data of the selected articles will be done with the intention of identifying the information of interest to be extracted from each source, to facilitate the analysis of the results of the selected sample, from a table for the literature review.

The non-participant systematic observation of the nursing process in the ICU will happen after the data collection, through the integrative review, and will allow to identify the specifics of the development of the nursing process in the assistance to the potential organ donor in brain death hospitalized in this unit, as well as how to identify the diagnoses and interventions needed to support decision-making during such assistance.

Data collection from systematic observation will take place in the General ICU of a public institution, located in the city of Maceió/AL, providing care to potential donors of organs and tissues in brain death, guided by a semistructured road map. The data obtained recorded in field diary and later categorized in the form of nursing diagnoses.

Due to the need to have a language in the profession, the construction of nursing diagnoses and interventions, after reviewing the literature and systematic observation, will be according to ICNP® 2011, which is a classification system that has the aim to standardize and establish a common language representing the practice of nursing in the world, so communication occurs in a clear, precise, objective and understandable way by all who make up the nursing team.[5]

This classification has seven axes of nursing phenomena: focus (attention area), judgment (focus related), means (method to develop an intervention), action (process applied to the client), time, location and patient. The focus-axis terms corresponding to each adverse effect identified in the literature review are first selected in the CIPE® listing to construct the diagnoses. Next, the terms will be judged, since, according to the literature, [1] for the construction of the diagnosis are pointed out the following guidelines: to include, necessarily, a term of the focus axis and a term of the axis judgment. Other terms may be added as required.

Wanda Horta's Theory of Basic Human Needs will be used to support each stage of the nursing process,[9] offering a unique way of evaluating the patient, based on the hierarchy of basic human needs, by classifying needs in psychobiological, psychosocial and psychospiral diseases. This model presents the determination of hierarchical subcategories in each of these categories to order, organize, plan, and implement the actions of attendance to the potential donor of organs and tissues in brain death.

After choosing the basis of the interventions, they will be elaborated according to the guidelines of the CIPE® that must include a term of the action axis and a term of the target axis, considered like any term of the other axes, except the axis of judgment, other terms may be added if needed.

The Delphi method, through judges, will be used to validate the nursing diagnoses and interventions of the protocol to be applied to the potential donor of organs and tissues in brain death. The judges will be

the nurses involved in the care process for this patient.

The Content Validity Index (CVI) will be used to analyze the validity of content, from a questionnaire, to measure the proportion of participants who agree on the items of the protocol, allowing to analyze each individually and also as a whole.[12] There will also be, in this questionnaire, space for a suggestion of requirements not yet raised.

The score of the index will be calculated using the sum of agreement of the items that were marked by "3" or "4" by the participants. Items that score "1" or "2" will be reviewed for rewriting.

EXPECTED RESULTS

To contribute to a planned and individualized nursing practice, and to the development of a protocol enabling the nursing team to plan their care in a systematized manner, speeding up care activities to the potential donor organ without brain death, since the specific knowledge of this profession will be used for the construction of the instrument that will assist the nurse in the performance of his duties.

REFERENCES

1. Westphal GA, Caldeira Filho M, Vieira KD, Zaclikevis VR, Bartz MCM, Wanzuita R, et al. Diretrizes para manutenção de múltiplos órgãos no potencial doador adulto falecido. Parte III. Recomendações órgãos específicos. Rev Bras Ter Intensiva [Internet]. 2011 [cited 2017 jan 15];23(4):410-25. Available from: http://www.scielo.br/pdf/rbti/v23n4/a05v23n4.pdf

2. Maciel CB, Hwang DY, Greer DM. Organ donation protocols. Critical Care Neurology [Internet]. 2017 [cited 2017 Mar 11]; Handbook of Clin Neurology (chapter 23), Vol. 140. Available from: http://dx.doi.org/10.1016/B978-0-444-63600-3.00023-4

3. Conselho Federal de Medicina- CFM (Brasil). Resolução nº1. 480, de 08 de agosto de 1997. Estabelece os critérios para caracterização de morte encefálica. Diário Oficial da República Federativa do Brasil, Brasília, DF, 21 1997. Seção 1:18.227-228.

4. Santos MJ, Martins MS, Mira VL, Meireles ECDA, Moraes EL, Cavenaghi MS. Beliefs of nursing professionals in the organ donation process. Transplantation Proceedings [Internet]. 2017 [cited 2017 Mar 09];49:756-60. Available from: http://dx.doi.org/10.1016/j.transproceed.2017.01.074

5. Araújo JPM, Aguiar VM, Amaral TLM, Genzini T, Prado PR. Padronização da assistência de enfermagem na manutenção de múltiplos órgãos no potencial doador adulto. Cuidarte Enfermagem [Internet]. 2014 July-Dec [cited 2016 Dec 16];8(2):130-6. Available from: http//bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IsisScript

6. Alves KYA,Salvador PTCO,Tourinho FSV, Santos VEP.Análise do conceito “protocolos de enfermagem” a partir da visão evolucionária de rodgers. J Nurs UFPE on line [Internet]. 2014 [cited 2017 Jan 15];8(1):177-82. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/9622/9608

7. Gonçales CAV, Machado AL. As tecnologias do cuidado em saúde mental. Arq Med Hosp Fac Cienc Med Santa Casa São Paulo. 2013;58(3):146-50.

8. COFEN - Conselho Federal de Enfermagem.Resolução n. 358 de 15 de outubro de 2009. Brasília [Internet]. 2009 [cited 2016 Dec 16]. Available from: http://www.cofen.gov.br/resoluo-cofen-3582009_4384.html

9. Horta WA. Processo de Enfermagem. São Paulo: EPU, 1979.

10. Pestana AL, Santos JLG, Erdmann RH, Silva EL, Erdmann AL. Lean thinking and brain-dead patient assistance in the organ donation process. Rev esc enferm USP [Internet]. 2013 Feb [cited 2017 Jan 18];47(1):258-64. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S008062342013000100033&lng=en

11. Conselho Internacional de Enfermagem-CIE. Classificação Internacional para a Prática de Enfermagem. Versão 2.0. São Paulo: Algol, 2011.

12. Rideout C, Gil R, Browne R, Calhoon C, Rey M, Gourevitch M, et al. Using the Delphi and Snow Card Techniques to Build Consensus Among Diverse Community and Academic Stakeholders. Progress in Community Health Partnerships: Research, Education, and Action. Prog Community Health Partnersh [Internet]. 2013 [cited 2017 Jan 15];7(3):331-9. Available from: https://www.ncbi.nlm.nih.gov/pubmed/24056515

Submission: 2017/04/19
Accepted: 2017/05/18
Publishing: 2017/09/01

Corresponding Address

Isadora Pereira Farias
Programa de Pós Graduação em Enfermagem
Escola de Enfermagem e Farmácia
Universidade Federal de Alagoas
Av. Lourival Melo Mota, s/n
Bairro Tabuleiro dos Martins
CEP: 57072-900 — Maceió (AL), Brazil