NURSING CARE APPLIED TO CHILDREN WITH AN OSTOMY ARISING FROM HIRSCHSPRUNG’S DISEASE

ABSTRACT
Objective: to report the case of a child with an ostomy resulting from Hirschsprung's disease through the systematization of nursing care, using the International Classification for Nursing Practice (ICNP®).
Method: descriptive and observational clinical case study. To assist the development of diagnostic was used as the strategy CMap Tools software (concept map) version 6.01. Results: the nursing diagnoses identified were: Intestinal incontinence; Body integrity Committed in Children; Process (colostomy) committed; Susceptibility to infection; Partial adherence to the colostomy bag; Abdominal cramping; Compromised social status; Current anxiety from surgery.
Conclusion: it is observed that the nursing diagnoses of school are mainly related to the organic changes entailed by the chronic disease and by the intrinsic social aspect the colostomy of school.
Descriptors: Child; Ostomy; Nursing Diagnosis.

RESUMO
Objetivo: relatar o caso de uma criança com estomia decorrente da doença de Hirschsprung por meio da sistematização da assistência de enfermagem, utilizando a Classificação Internacional para a Prática de Enfermagem (CIPE®). Método: estudo descritivo e observacional, do tipo caso clínico. Para auxiliar a elaboração dos diagnósticos utilizou-se como estratégia o software CMap Tools (mapa conceitual) em sua versão 6.01.
Resultados: os diagnósticos de enfermagem identificados foram: Incontinência Intestinal; Integridade Corporal Comprometida na Criança; Processo (colostomia) comprometido; Susceptibilidade para infecção; Aderência parcial à bolsa de colostomia; Cólica abdominal; Status social comprometido; Ansiedade atual pela cirurgia.
Conclusão: observa-se que os diagnósticos de enfermagem estão relacionados, principalmente, às alterações orgânicas acarretadas pela doença crônica e pelo aspecto social intrínseco à colostomia do escolar.
Descriptors: Criança; Estomia; Diagnóstico de Enfermagem.

REFERENCES
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INTRODUCTION

Hirschsprung Disease (HD), also called congenital megacolon, is characterized by the absence of nervous plexuses in the colon, resulting from the lack of migration of neural crest cells to the large intestine during fetal development. In the 1980s a pioneer study considered HD as rare, affecting approximately 1: 5000 live births and reaching around four male children for each female. This disease occurs in the intestine, however causes big repercussions not only physiological, but social in the lives of children and family.

In the occurrence of the disease, trauma or intestinal congenital malformation, the therapeutic option is more common among children is the stoma. The term stoma or ostomy means mouth or opening performed through surgical procedure. This denomination is used to indicate an exteriorization of some hollow viscera, usually from the abdominal wall (in case of intestinal ostomy) and serves for the elimination of feces in an involuntary manner, due to loss of sphincter control, requiring the use of continuous device called the collecting bag.

The intestinal ostomy is a surgical alternative frequent pediatric care, but the immediate therapeutic benefit, whose intention is to extend the life of the child, may evolve into long-term complications or morbidities that retard the reversion of the stoma, and sometimes, modifies the family structure for process adequacy.

Although the family taking ownership of the care with the child's ostomy through the professional guidance, systematized and specific care also becomes necessary due to the complexity of the situation. Nursing can offer technical support for the achievement of essential care to a good physical progress, in order to avoid complications, as well as child and the family adjustment to the ostomized condition.

It is therefore the role of this professional involvement is of great importance with family and holistic, systematic approach and individualized care, demonstrating accountability and commitment to improving the quality of life of the ostomates.

In virtue of this professional, the importance of Nursing Care Systematization (NCS) stands out as a methodological model to improve performance of the nurse and facilitate the care provided to the patient, by influencing the decision making to the daily practice. In the case of children, the NCS must be very attentive and include, above all the family, because they actively participate in this care process. Therefore, the objective of this study was to report a case of a child with ostomy resulting from the Hirschsprung disease, through the nursing assistance systematization, using the International Classification for Nursing Practice (ICNP®).

METHOD

Descriptive and observational clinical case study, performed in a child under 5 years old, male, with Hirschsprung disease presenting a complication in the stoma (prolapsed). The study was developed in a period of 3 months during home visits, where in the first month the visit was performed weekly and every 15 days in subsequent months. Monitoring the case with monthly follow ups while servicing the ostomy patient.

The data collection occurred in the month of March 2015, after clarification to the family about the research objectives and they signed the Free and Informed Consent of the mother, the Free and Informed Consent of the child, in accordance with Resolution No 466/12 of the National Health Council. was developed by means of interviews with mothers and the child itself, as well as the physical examination of the latter using propaedeutic methods. To systematize the anamnesis and clinical examination it was applied a structured instrument, adapted and developed by Souza Soares, Nóbrega (2009), for surgical clinic of a school hospital, which meets the objectives of this research.

To assist the preparation of the diagnoses the MAPC software strategy tools (concept map) in its version 6.01 was used, which is a tool capable of harnessing the content brought by the researcher and ensure progression in the appropriation of knowledge, providing the identification of data of interest for the elaboration of essential diagnostics.

The operationalization of the nursing process (NP) was performed based on the definition proposed by the Resolution 359/2009, in which the SCS or the Nursing Process (NP) is constituted basically of 5 steps: The Nursing History - NH that includes, Data Collection and Physical Examination; Nursing Diagnosis - ruled on the issues identified in the previous phase; planning of Nursing - NP; Nursing implementation - NI; Nursing assessment.

Thus later the first step in planning assistance, proceeded to listing the problems presented by the wearer, from which it was realized the need to prioritize those related to the process of ostomy surgery. Then stated
nursing diagnoses were constructed based on the seven pillars of ICNP® (Version 2.0). Subsequently care planning took place and therefore the implementation of care for the child and the family.

It is emphasized that, this study was approved by the Research Ethics Committee of the University Hospital, under the protocol no.269/10, which is linked to the Study and Research Group in the treatment of wounds of the Federal University of Paraíba (UFPB)/ (GEPEFE) and Research Group in chronic diseases of the Federal University of Paraíba (GPDOC/UFPB), as well as to the Nursing Graduate Program at that institution.

RESULTS

After collecting data and physical wearer's examination were listed the most obvious problems, from which it was realized the need to prioritize those directed at ostomization process, because they correspond in interpreting the researcher, as the greatest representatives of adversity and disruptive in quality of life of the user and their caregivers. In the survey data, it elaborated the child's nursing history. Following the proposed objectives and methodological criteria, were drawn up the statements of diagnostics/nursing interventions, using the model of seven axes of the ICNP®, the literature of the area and the catalog of nursing diagnoses of the ICNP® Version 2.0.

NURSING HISTORICAL

I.P.S., 6 years old, male, child education interrupted as a result of the pathological process. According to the report of mothers', was born with Apgar score 8, being diagnosed with congenital megacolon. The third day of life as medical assessment was submitted to surgery for the confection of a colostomy. Without presenting abnormalities and complications up to two years old, underwent a second surgery for reconstruction of intestinal transit, with the late postoperative period obstruction without exoneration, with a fever and severe abdominal pain. The septic complication condition required making a new stoma, after which he remained hospitalized in the ICU for a period of 30 days.

The colostomy in handle located in the upper right quadrant (URQ) of abdomen remains until today, evolving with the presence of extensive prolapse, which measures approximately 10 cm of exteriorization. The parents reported difficulties attending school and social inclusion, by the occurrence of traumas and bleeding in the colostomy during leisure moments (playing) at school. Although it indicates the need for reconstruction of the intestinal transit, the surgery has been postponed twice by being quite anxious, with the cough episodes, insomnia and agitation, according to reports of the genitor.

When he eats well, he has bladder and intestinal eliminations compatible with the situation. The user showed to be sad through non-verbal language, and voiced medium intensity abdominal pain with cramping type characteristics. The situation can be confirmed by the mother’s statement.

The physical examination showed difficulty in adhesion and fixing of the collection system, a fact that according to mothers’ occurs frequently, making it necessary to change the device more than once a day. After performing removal of collection bag, the peri-stoma was visualized intact with the skin and without dermatitis, and then cleaning the skin and stoma with water and liquid soap. There is no need for percutaneous protectors. We opted for the two-piece bag with a flat 70mm diameter disc and transparent bag, as well as the use of a stoma belt, aiming to improve the fixing and to provide greater safety for school.

◆ Nursing care planning

In this study, the nursing diagnoses identified were: Intestinal incontinence; bodily integrity compromised in the child; Process (colostomy) compromised; susceptibility to infection; partial adhesion of the colostomy bag; abdominal cramps; social status compromised; current anxiety because of the surgery (Figure 1). It is observed that the nursing diagnoses are mainly related to the organic changes entailed by the chronic disease and by the intrinsic social aspect the colostomy of school. Some nursing interventions were performed with the user in the three meetings with the stomatherapist, others were enunciated for scientific basis of the study (Figure 2).
Figure 1. Conceptual map with the main affirmative statements of nursing. João Pessoa, 2015.
Figure 2. Conceptual map with the main nursing interventions by the affirmative diagnosis. João Pessoa, 2015.

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Historically falls on the nursing recognition of management associated with the assistance as primordial functions of daily life. In this interim means that the stomatherapy while the specialization focuses on the excellence of quality in healthcare offered to the patient, the family and the collectivity with intervention in the health-disease process, strongly in the presence or need of clothing and maintenance of the stoma.

The SCS which is characterized as an instrument of care nursing process can contribute to ensure the quality of care, as long as it includes several tools that include communication, interaction and coordination of management and care dimensions. Therefore, its implementation requires knowledge of the real situation, of the individual context, social and family in which the individual is, providing the targeting of possible targets to be achieved.

As support for such systematization has information and communication technologies (ICT), which include the use of the ICNP®. This consists of a core set of systematically collected data to generate analysis of the environment, resources and nursing care, as well as results for the client.

In the systematization process performed for structuring of this study, 9 listed diagnoses were identified that were directly related to the ostomy of a child, as a result of Hirschsprung disease (Figure 1).

The diagnostics intestinal incontinence and integrity of body tissue compromised are related to the physical dimension. The disease is relatively common cause Hirschprung of intestinal obstruction in neonates and megacolon in children and adults, making necessary the confection of the stoma for intestinal excretion regulation for the user. The stoma while a therapeutic measure is defined as surgical opening that allows the passage of intestinal effluent, however, without which the individual has voluntary control, characterizing the intestinal incontinence. The nursing diagnosis of body tissue integrity compromised typifies the fragility and mucocutaneous discontinuity shown in colostomy and supports for the development of diagnostic susceptibility to infection.

The Process (colostomy) compromised regarding the complications of the stoma, evidenced by the presence of extensive prolapse, which media approximately 10 cm of exteriorization. Although commonly performed, the confection of an ostomy is potentially accompanied by complications, which, in the majority of cases are underestimated, being that prolapse is considered a late problem.

The enunciation adhesion partial bag of colostomy represents inadequate adaptation of ostomy plate in the abdominal wall of the wearer, and supports the diagnosis process (colostomy) compromised, given that occurs as a result of the weight exerted by intestinal prolapse.

The diagnosis abdominal cramps formulated based on the verbal expression of pain may be from intestinal obstruction caused by feces, or even, by fermentation of foods that generate gases and/or abdominal distention. For both, it is suggested that cramps reported in this case are coming from producing gas supply and/or abundant feces that promote abdominal distension since the wearer showed intestinal elimination present in three meetings performed. AOn this, qualitative study of patients with ostomy Reference Center in Teresina, PI, said the eating habits changes are part of the adjustment and adherence to the new lifestyle and are essential to avoid abdominal discomfort.

The diagnosis compromised social status is related to the social aspect of the user defined from the occurrence of trauma reports and bleeding in colostomy during leisure time (play) at school in addition to the isolation of other children. In the meantime, qualitative study carried out with children in Rio de Janeiro, demonstrates that attend school and play are everyday activities that prepare children for traditional social functions.

The use of an ostomy often does not interfere in the practices of learning, articulation with other children or jokes in general, however the family can overload and restrict the social development of the child when they demonstrate an excessive protection due to the concern of grievances of their physical state. Although in the studied case the aggravating circumstance of bleeding and trauma in the ostomy has occurred, it is necessary to pay attention that all children this subject to suffer incidents in moments of leisure, being therefore a question of adaptation to the peculiar situation in which they are inserted.

As a nurse, it is necessary to be more attentive to the particular needs of individuals and their family in the social context. In this case the complication of stoma (prolapsed) and partial adhesion to the colostomy bag are adversities may be circumvented with the
elucidation of the correct techniques for device placement and the use of colostomy belt important aids to alleviate the complications shown.21

The diagnoses of current anxiety by surgery and sadness, are related with the universal longing for the reversion of intestinal transit, making them a child equal to the others, that is, within the standard social norm. Therefore, the reconstruction of the stoma enables the experience of his childhood in full form or free of psychosocial harm. In addition, the diagnosis reflects the suffering by the change in body and by the restrictions imposed by conflicts in their daily life. The ostomy patient loses self-esteem and security, affecting the biopsychosocial and these changes cause conflicts and instability which refers to the external world.22

The process of systematization of care to the patient referred to in the study was at times hampered due to the fear among parents, to accept the pathological condition and child therapy, being noted as limitations to the study. The way to take care developed by parent’s overestimates the protection at the expense of socialization and the use of devices that generally improve the individual's quality of life. Nonetheless, through qualified listening and health education it was possible demystifying fears and broaden the horizons of those involved in the process.

CONCLUSION

In the face of the specialized care that the nurse develops, the systematization and the organization of their work show indispensable for quality assistance, with efficiency and effectiveness. This statement was consolidated by the scope of the objective of this study.

Systematize care implies in use the work methodology, sustains and scientifically grounded characterizing Nursing while discipline and science, whose knowledge is their own and specific. In addition, substantiates the improvement of the general condition of the user, mainly by being a child socially isolated, which had significantly restored their quality of life, as well as stabilized their parents trust.

REFERENCES

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