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CASE REPORT ARTICLE

REPORT OF THE PLANNING FOR DOCUMENTATION PREPARATION, REGISTRATION AND CONTROL OF CARE TO INSTITUTIONALIZED ELDERLY RELATO DA ELABORAÇÃO DE DOCUMENTAÇÃO PARA PLANEJAMENTO, REGISTRO E CONTROLE DO CUIDADO A IDOSOS INSTITUCIONALIZADOS RELATO DE LA ELABORACIÓN DE DOCUMENTACIÓN PARA LA PLANIFICACIÓN, REGISTRO Y CONTROL DEL CUIDADO DE LOS ANCIANOS INSTITUCIONALIZADOS

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ABSTRACT

Objective: to report the teaching experience in the preparation of documentation for planning, registration and control of care for residents of a long term care facility for seniors in Salvador / BA, Brazil, semester 2011.1. **Method:** a descriptive study of experience report type, the preparation of documentation, in checklist format, based on the Katz Index for functional evaluation of the elderly in the RDC / ANVISA n ° 283/2005 and the Ministry of Health Caregiver Practical Guide for planning, registration and control of care. **Results:** the documents were presented, discussed and tested by caregivers, adjusted and delivered to the institution after staff training. **Conclusion:** the functional evaluation of the elderly proved to be essential to establish appropriate diagnosis and judgment, which based decisions about care, allowing the preparation of documentation. **Descriptors:** Aged; Health care for the aged; Planning; Caregivers.

RESUMO

Objetivo: relatar a experiência docente na elaboração da documentação para planejamento, registro e controle dos cuidados aos residentes de uma instituição de longa permanência para idosos, em Salvador/BA, Brasil, no semestre letivo 2011.1. **Método:** estudo descritivo, tipo relato de experiência, na elaboração de documentação, no formato *check-list*, com base no Índice de Katz, para avaliação funcional do idoso, na RDC/ANVISA n°283/2005 e no Guia Prático do Cuidador do Ministério da Saúde para o planejamento, registro e controle dos cuidados. **Resultados:** os documentos foram apresentados, discutidos e testados pelos cuidadores, ajustados e entregue à instituição, após treinamento da equipe. **Conclusão:** a avaliação funcional dos idosos mostrou-se essencial para estabelecer diagnóstico e julgamento adequados, os quais embasaram as decisões sobre os cuidados, permitindo a elaboração da documentação. **Descritores:** Idoso; Atenção à saúde do idoso; Planejamento; Cuidadores.

RESUMEN

Objetivo: para divulgar la experiencia de enseñanza en la elaboración de la documentación para la planificación, registro y control de la atención a los residentes de una institución de larga permanencia para ancianos en Salvador/BA, Brasil, en el semestre académico 2011.1. **Método:** estudio descriptivo, de tipo estudio de caso, en la elaboración de la documentación, en el formato de comprobación de lista de control, basada en el índice de Katz para evaluación funcional del anciano, en la RDC/ANVISA n ° 283/2005 y en la guía práctico del vigilante del Ministerio de salud para la planificación, registro y control de la atención. **Resultados:** los documentos fueron presentados, discutidos y probados por los cuidadores, ajustados y entregues a la institución, después del entrenamiento del equipo. **Conclusión:** la evaluación funcional de los ancianos se mostró esencial para establecer el diagnóstico y el juicio apropiado, que preparó las decisiones acerca de los cuidados, permitiendo la elaboración de la documentación. **Descriptor:** Anciano; Cuidado de la salud para anciano; Planificación; Cuidadores.

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INTRODUCTION

The progressive increase in the elderly population has given a greater demand for long-term care facilities for the elderly (LTCF), despite the institutional care not being widespread in Latin societies.¹ These are defined as residential character of institutions, governmental or non-governmental, designed collective housing for people aged over 60 years, with or without family support.²

The LTCFs, most often, are an option to improve the quality of life of individuals and an alternative of social support for health care for the elderly. However, the significant prevalence of chronic diseases and functional limitations in the elderly population has forced a readjustment of health care services, particularly the LTCFs. It is necessary, therefore, that older people receive, these institutions, of structural aid, human and material resources to meet their care demands.³

It is important to understand the level of preventing the diseases cause, for the performance of daily activities of older people and at the same time, know what care needs that they require so that they can draw an adequate care planning.⁴ It is understood as planning, the process of rationalization of human actions, defining propositions and building feasibility to face problems and service needs.⁵

Regarded as a fundamental condition for the success of any quality work, planning can also be conceived as an instrument that favors the prevention and promotion of health.⁶

Such planning will lead to the realization of a plan, as an organized way to express care, directing attention to the aspects of hygiene, food and rest, physical activity, pharmacological therapy, the special care determined by pathology and the specific conditions of each client, among others, characterized as an individualized guidance, which make up a decision-making about the appropriate care to the sole condition of the client.⁷

In this sense, care is to perceive the other as it is and as it turns out, his gestures and speeches, their pain and limitations. Realizing this, the caregiver will be able to provide the care individually, from their ideas, knowledge and creativity, considering the particularities and needs of the person being cared for, respecting the emotional aspects, your life story, your feelings and emoções⁸, thereby contributing to their well being. Thus, the

caregiver role is essential to reduce vulnerability and ensure the autonomy and dignity of care.⁹

The planning should also involve the development of strategies for the strengthening of healthy reactions or for the prevention, mitigation or correction of unhealthy client reactions. It begins after the diagnosis, from the problems identified, and ends with the actual documentation of the care plan. This has, in writing, care or activities necessary for the resolution of the identified problems, disseminating them among members of the team of caregivers, including the elderly themselves.⁷

From this perspective, and considering the structural, organizational, economic difficulties, shortages of workers and material resources in LTCFs, and the need to optimize the care given to the elderly, the planning of care is presented as a tool to target and adjust resources available to the delivery of care with quality. Noteworthy is also that there may be a reduced burden of tasks of caregivers if they allow and stimulate the elderly to realize what is capable, as the caregivers are also affected markedly by the disease, since they carry out and maintain the necessary adaptations the limitations resulting from it.¹⁰

Given the above, this report aims to report the teaching experience in the preparation of documentation for planning, registration and control of care for residents of long term care facilities for seniors in Salvador / BA, Brazil, semester 2011.1.

MÉTHOD

A descriptive study of experience report type, which shows the process of developing a set of documents for the planning, registration and control of care for older people in a LTCF in checklist format, based on the Katz Index (IK) of basic activities of daily life¹¹ in RDC / ANVISA No. 283/20052 and the Ministry of the Practical Guide Caregiver of Health, developed by a professor of the Nursing course at a Higher Education Institution (HEI) in the city of Salvador, Bahia, curriculum component fundamentals of Nursing care in Public Health, subtheme Health of the elderly, with the purpose of systematizing care to elderly residents in the institution.

The Katz Index of Independence in Activities of Daily Living - Index of ADL - developed by Sidney Katz and first published in 1963, is a functional assessment tool widely used in national and international

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gerontological literature, that measures the levels at which a person is able to perform the Basic Daily Life Activities, and involves self-care with feeding, bathing, dressing, grooming, mobilization and maintaining control over their evacuations.¹¹

The Board Resolution, the RDC / ANVISA No. 283/20052, technical regulations for the operation of long-term care facilities for the elderly, defines dependence of the elderly as the condition of the individual who requires the help of people or special equipment to perform activities of daily living.

The Ministry of Health Caregiver Practical Guides for caregivers in health care for people of any age, bedridden or physical limitations that require special care, explaining in a simple and illustrative manner, the most common care points in the household, encouraging the involvement of the family, the health team and the community in the care and promoting better quality of life of the caregiver and the cared person, emphasizing, however, the importance of guidance of the health professional.⁸

Also points out that this wider perspective of care, the caregiver's role goes beyond simple monitoring of daily activities of individuals, healthy, sick or bedridden, in a situation of risk or fragility, and its function in monitoring and assisting the person to care, by making it only the activities that they cannot do alone. Notes that are not part of the caregiver's routine techniques and procedures identified with legally established professions, especially in the area of nursing.⁸

In this proposal, the assessment of activities of daily living proved to be essential for the planning of elderly care.

Contextualizing the practice scenario - This is a private LTCF, non-profit, in the city of Salvador, Bahia, working in an old manor house, whose building is partially adapted to this purpose, considering the current legislation, with capacity for 24 residents in collective accommodation, with two, four and six beds, divided by gender. The care was provided by eight professionals, caregivers two per shift of 24 hours, dividing by House floor, ground floor and top, and a supervisor, with a work journey of 12h in daytime. Also in the day shift, but with an 8h journey, a worker to help caregivers in need. These professionals had formal training and specifies elderly caregivers, according to LTCF.

The medical records of residents consisted of a folder with an old identification card, monthly medication management control sheet, note sheet of the daily care - not

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always filled by the caregiver, hospital sheet consisting of socio-demographic and historical conditions of life, health and elderly disease, completed by the team supervisor at the time of admission, and authorization form for administration of medication use in the elderly by LTCF, signed by the legal responsible for the elderly.

While performing the curricular component of practice it was found that about 90% of the elderly had IK 5-6 points, which determined, so the total dependence on caregivers to perform the activities of daily living, which are bathing, dressing up; self transferring; go to the bathroom; continence and feeding, in addition to having at least one chronic disease. However, caregivers attended the meeting of elderly care routines without considering the specificities of each resident.

Concerned with this situation, the teacher proposed to LTCF the preparation of documentation for planning, registration and control of medical care given to the elderly, basing the construction of this in the Katz Index, the RDC / ANVISA No. 283/2005 and Caregiver Practical Guide of the Ministry of Health, this activity that was developed during the semester 2011/1, divided as follows: functional evaluation of the elderly by IK, becoming this way, a diagnosis of residents, the first time; this diagnosis was the basis for the construction of the Care Plan and Control of Daily Records and Care, to be filled by supervisors and caregivers, respectively. These documents, prepared the 2nd time, were presented and discussed with the team of caregivers, being tested by them and subsequently adjusted according to their suggestions. In the 3rd time, the team of caregivers, represented by the supervisors, were trained in the use of them and on the documents supporting the preparation of these, and the elaborate documentation delivered to LTCF. The following are the documents, deleting the header to ensure the anonymity of the institution.

Care Plan - Guide for care towards the satisfaction of the resident's care needs and advisor to the records of caregivers, paying also as a communication tool between members of the team of caregivers. It should be readily available to all involved in the care, serving as aid element to the assessment of the effectiveness of care.

It is noteworthy that, as it presents a guide to the care of residents, must contain current information, so it is essential that all components are frequently updated, and problems solved, outcomes and interventions that have no more value, are reviewed and /

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or eliminated.⁷ Based on the Katz Index of Basic Daily Life Activities, subdivides the care groups, namely: SANITIZE ONESELF / DRESSING; TRANSFER ONESELF; FEEDING; CONTINENCE / USING THE TOILET, plus GENERAL CONTROLS and SPECIAL CARE.

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Cautions are listed according to the Practical Guide of the Ministry of health.⁸ Caregiver With room for deadlines, should be applied by the supervisor at the time of admission and whenever there is a change of the old state (Figure 1).

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Name: _____ Sex: () F () M Date of Birth: ____/____/____
Date of Admission: ____/____/____ Religion: _____ Education: _____ Marital Status _____
Morbidity(s) _____
Pharmacological Therapy: _____

CARE PLAN

HIGIENE AND DRESSING	DEGREE OF INDEPENDENCE			TIME
	I	A	D	
BATH: <input type="checkbox"/> Bedding <input type="checkbox"/> Aspersión <input type="checkbox"/> Doing <input type="checkbox"/> Helping <input type="checkbox"/> Guiding <input type="checkbox"/> Communicating Alterations <input type="checkbox"/> Registration				
ORAL HIGIENE with _____ <input type="checkbox"/> Doing <input type="checkbox"/> Helping <input type="checkbox"/> Guiding <input type="checkbox"/> Communicating Alterations <input type="checkbox"/> Registration				
HAIR HIGIENE with _____ <input type="checkbox"/> Doing <input type="checkbox"/> Helping <input type="checkbox"/> Guiding <input type="checkbox"/> Communicating Alterations <input type="checkbox"/> Registration				
OCULAR HIGIENE with _____ <input type="checkbox"/> Doing <input type="checkbox"/> Helping <input type="checkbox"/> Guiding <input type="checkbox"/> Communicating Alterations <input type="checkbox"/> Registration				
<input type="checkbox"/> SHAVING <input type="checkbox"/> CUTTING NAILS <input type="checkbox"/> Doing <input type="checkbox"/> Helping <input type="checkbox"/> Guiding <input type="checkbox"/> Supervising <input type="checkbox"/> Registration				
INTIMATE HIGIENE with _____ <input type="checkbox"/> Doing <input type="checkbox"/> Helping <input type="checkbox"/> Guiding <input type="checkbox"/> Supervising <input type="checkbox"/> Registration				
COMFORT MASSAGE AND SKIN HIDRATION with _____ <input type="checkbox"/> Doing <input type="checkbox"/> Helping <input type="checkbox"/> Guiding <input type="checkbox"/> Supervising <input type="checkbox"/> Registration				
TRANSFERRING				
DEAMBULATION: <input type="checkbox"/> Helping <input type="checkbox"/> Guiding/stimulation <input type="checkbox"/> Supervising <input type="checkbox"/> Registration				
MOBILIZATION OF BEDDING: <input type="checkbox"/> Lateral D <input type="checkbox"/> Lateral E <input type="checkbox"/> Elevating MSD <input type="checkbox"/> MSE <input type="checkbox"/> MMII <input type="checkbox"/> Doing <input type="checkbox"/> Helping <input type="checkbox"/> Guiding <input type="checkbox"/> Supervising <input type="checkbox"/> Registration				
TRANSFERENCE TO CHAIR <input type="checkbox"/> Doing <input type="checkbox"/> Helping <input type="checkbox"/> Guiding <input type="checkbox"/> Supervising <input type="checkbox"/> Registration				
PROTECTION OF PROMINENCES: <input type="checkbox"/> Doing <input type="checkbox"/> Helping <input type="checkbox"/> Supervising <input type="checkbox"/> Registration				
FEEDING ONESELF				
DIET <input type="checkbox"/> Zero <input type="checkbox"/> Oral <input type="checkbox"/> SNE <input type="checkbox"/> Stomata <input type="checkbox"/> Administrating <input type="checkbox"/> Helping <input type="checkbox"/> Guiding <input type="checkbox"/> Supervising <input type="checkbox"/> Registration				
ORAL HIDRATION: <input type="checkbox"/> Free <input type="checkbox"/> Restriction _____ <input type="checkbox"/> Supplementation _____ <input type="checkbox"/> Administrating <input type="checkbox"/> Helping <input type="checkbox"/> Guiding <input type="checkbox"/> Supervising <input type="checkbox"/> Registration				
CONTINËNCE AND BATHROOM USE				
EVACUATIONS <input type="checkbox"/> IN THE BATHROOM <input type="checkbox"/> NAPPIES <input type="checkbox"/> CATHETERS AND OTHER DEVICES: SPECIFY _____				
Evaluate <input type="checkbox"/> Communicate Alterations <input type="checkbox"/> Register				
GENERAL CONTROLS				
REST: <input type="checkbox"/> In Bedding <input type="checkbox"/> Relative				
SLEEP: <input type="checkbox"/> Supervise <input type="checkbox"/> Register				
ARTERIAL PRESSURE <input type="checkbox"/> Assess <input type="checkbox"/> Register				

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<input type="checkbox"/> Communicate value greater than _____ or lower than _____			
TEMPERATURE <input type="checkbox"/> Assess <input type="checkbox"/> Register			
<input type="checkbox"/> Communicate value greater than _____ or lower than _____			
CAPILAR BLOOD GLUCOSE <input type="checkbox"/> Assess <input type="checkbox"/> Register			
<input type="checkbox"/> Communicate value greater than _____ or lower than _____			
SPECIAL CARE			
DRESSING <input type="checkbox"/> Wound _____ with _____			
<input type="checkbox"/> Catheter _____ with _____			
<input type="checkbox"/> Drains _____ with _____			
<input type="checkbox"/> Others _____ with _____			
<input type="checkbox"/> Doing <input type="checkbox"/> Evaluating <input type="checkbox"/> Communicating <input type="checkbox"/> Register			
STOMATA			
<input type="checkbox"/> Dressing with _____ <input type="checkbox"/> Changing Bag			
<input type="checkbox"/> Doing <input type="checkbox"/> Evaluating <input type="checkbox"/> Orienting <input type="checkbox"/> Communicating <input type="checkbox"/> Register			
TRACHEOSTOMY			
<input type="checkbox"/> Change fixation <input type="checkbox"/> Communicate complications <input type="checkbox"/> Register			
EXAMS			
<input type="checkbox"/> Fasting <input type="checkbox"/> Medication Restriction <input type="checkbox"/> Food Restriction			
<input type="checkbox"/> Orientations <input type="checkbox"/> Pre-exam <input type="checkbox"/> Post-exam _____			
OTHER COMPLEMENTARY CARE			
SIGNITURE OF RESPONSIBLE	DATE: ____/____/____		
KEY - DEGREE OF INDEPENDENCE: I=INDEPENDENT; A=HELP; D=DEPENDENT.			

Figure 1. Care Plan. Salvador, 2011.

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Registration of daily care - Considering that no recorded information is lost, and cannot be accounted for, it is hardly recognized, it is argued that greater value is given to written communication of care⁷, since the absence of records may involve, among other things, duplication of procedures performed in the accompanying difficulty of care or even the non-execution of activities¹² and could jeopardize the process of caring for the

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resident. Therefore, this document should be completed by the caregiver, immediately after the provision of care to the elderly in their tour of duty. The record of the result of the intervention will encourage frequent revision of the care plan, as well as its modification, where appropriate, contributing to accurate documentation and complete realization of care (Figure 2).

NAME: _____															REGISTER: _____															MONTH/YEAR: _____																
CARE/ DAYS		1			2			3			4			5			6			7			8			9			10			11			12			13			14			15		
PERÍOD		M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N						
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MOBILIZATION OF BEDDING																																														
TRANSFERÊNCE TO CHAIR																																														
FEEDING ONESELF																																														
DIET																																														
ORAL HIGIENE																																														
CONTINÊNCE AND BATHROOM USE																																														
URINARY																																														
FECAL																																														
GENERAL CONTROLS																																														
REST																																														
SLEEP																																														
ARTERIAL PRESSURE																																														
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CAPILAR BLOOD SUGAR																																														
SPECIAL CARE																																														
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TRAQUEOSTOMY																																														
EXAMS																																														
OTHER COMPLEMENTARY CARE																																														
SIGNITURE OF RESPONSIBLE																																														

NAME: _____	REGISTER: _____												MONTH/YEAR _____																																			
CARE/ DAYS	16			17			18			19			20			21			22			23			24			25			26			27			28			29			30			31		
PERIOD	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N	M	T	N									
HIGIENE AND DRESSING																																																
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EXAMS																																																
OTHER COMPLEMENTARY CARE																																																
SIGNITURE OF RESPONSIBLE																																																

Figure 2. Register of daily care.Salvador, 2011.

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Daily control of care - to be completed by the supervisor at the end of each work shift will allow the monitoring and evaluation of care provided by the team of caregivers to residents of that LTCF (Figure 3).

NAME: _____	REGISTER _____										MONTH/YEAR _____																				
CARE / DAYS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HIGIENE AND DRESSING																															
BATH																															
HAIRE HIGIENE																															
OCULAR HIGIENE																															
SHAVING																															
CUTTING NAILS																															
INTIMATE HIGIENE																															
BODY MASSAGE AND SKIN HIDRATION																															
TRANSFERING ONESELF																															
DEAMBULATION																															
MOBILIZATION OF BEDDING																															
TRANSFERÊNCÊ TO CHAIR																															
FEEDING ONESELF																															
DIET																															
ORAL HIGIENE																															
CONTINÊNCÊ AND BATHROOM USE																															
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CAPILAR BLOOD SUGAR																															
SPECIAL CARE																															
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STOMATA																															
TRAQUEOSTOMY																															
EXAMS																															
OTHER COMPLEMENTARY CARE																															
SIGNITURE OF RESPONSIBLE																															

Figure 3. Control of daily care. Salvador, 2011.

CONCLUSION

The planning constitutes a basic instrument for care because it involves setting objectives, analyzing the consequences arising from different performances, selecting among alternatives, determine specific goals and develop strategies of appropriate enforcement activities, in this case, care to residents of a LTCF.

In this proposal, the functional evaluation of the elderly sought to verify the performance in basic activities of daily living, and proved to be essential to establish an appropriate diagnosis and judgment, which based decisions about the care needed, thus allowing the preparation of documentation for planning, registration and control of care to be provided to the LTCF residents.

In this perspective, the caregiver acts when the resident does not have conditions to run their own care, allowing specific interventions to meet the needs met and does the record of these for further evaluation of the effectiveness of the entire process. The supervisor, in turn, monitors and evaluates the care provided by the team of caregivers to residents of that LTCF, seeking to provide safe, dignified care and answer the needs of users of this service.

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