



THE USE OF BROAD GERIATRIC EVALUATION BY NURSES FROM AN EMERGENCY HOSPITAL

A UTILIZAÇÃO DA AVALIAÇÃO GERIÁTRICA AMPLA POR ENFERMEIROS DE UM HOSPITAL DE EMERGÊNCIA

LA UTILIZACIÓN DE LA EVALUACIÓN GERIÁTRICA DE ANCHO POR ENFERMERAS DE UN HOSPITAL DE EMERGENCIA

Enilane Muniz de Assis¹, Kerle Dayana Tavares de Lucena², Nayanne da Silva Luz³, Layza de Souza Chaves Deininger⁴, Aldrya Ketly Pedrosa⁵, Elaine Cristina Tôrres Oliveira⁶

ABSTRACT

Objective: to identify if the Geriatric Assessment is used as a tool by nurses of the geriatric sorting. **Method:** a descriptive and observational study with a quantitative approach, using a questionnaire applied to 15 nurses on duty in the service of sorting the emergence in the General Hospital in the State of Alagoas, Brazil. Data were analyzed with the aid of Excel software and the program "Action". **Results:** it was found that the methodology for screening adopted at the institution is the Manchester; however, it is not used in guiding instruments of support allowing each nurse please rate the priority assistance through their own choices, which impacts the time and quality of initial evaluation of the elderly, interfering in the priority of care and influencing the deterioration of the general condition of the elderly. **Conclusion:** the use of Wide Geriatric Assessment as standardized tool allows the prioritization of cases, intervention in the therapeutic decision-making and effectiveness of screening. **Descriptors:** Geriatric Assessment; Geriatric Nursing; Nursing Care.

RESUMO

Objetivo: identificar se a Avaliação Geriátrica Ampla é utilizada como instrumento pelos enfermeiros da triagem geriátrica. **Método:** estudo descritivo e observacional com abordagem quantitativa, utilizando um questionário aplicado a 15 enfermeiros plantonistas no serviço de triagem da Emergência no Hospital Geral do Estado de Alagoas, Brasil. Os dados foram analisados com auxílio do software Excel e o programa "Action". **Resultados:** identificou-se que a metodologia de triagem adotada na Instituição é o Manchester, contudo, não é utilizado instrumentos norteadores de apoio permitindo que cada enfermeiro classifique a prioridade de atendimento por meio de escolhas próprias, o que impacta no tempo e qualidade da avaliação inicial do idoso, interferindo na prioridade do atendimento e influenciando no agravamento do estado geral do idoso. **Conclusão:** a utilização da Avaliação Geriátrica Ampla como instrumento padronizado permite a priorização dos casos, intervenção na decisão terapêutica e efetividade da triagem. **Descritores:** Avaliação Geriátrica; Enfermagem Geriátrica; Assistência de Enfermagem.

RESUMEN

Objetivo: determinar si la evaluación geriátrica es utilizada como una herramienta por enfermeras de la clasificación geriátrica. **Método:** un estudio descriptivo y observacional con un enfoque cuantitativo, mediante un cuestionario aplicado a 15 enfermeros de guardia en el servicio de clasificación de la aparición en el Hospital General en el Estado de Alagoas, Brasil. Los datos fueron analizados con la ayuda de software de Excel y el programa "Acción". **Resultados:** se encontró que la metodología adoptada para el cribado en la institución es el Manchester, sin embargo, no se utiliza en instrumentos rectores de apoyo permitiendo que cada enfermera valore la asistencia prioritaria a través de sus propias decisiones, lo cual repercute en el tiempo y la calidad de la evaluación inicial de los ancianos, interfiriendo en la prioridad de atención y que influyen en el deterioro de la condición general de los ancianos. **Conclusión:** el uso de la evaluación geriátrica amplia como herramienta estandarizada permite la priorización de los casos, la intervención en la toma de decisiones terapéuticas y la eficacia del cribado. **Descriptores:** Valoración Geriátrica; Enfermería Geriátrica; Cuidados de Enfermería.

¹Student, Undergraduate Program in Nursing, University of Health Sciences of Alagoas/UNCISAL. Maceió (AL), Brazil. Email: enilane@hotmail.com; ²Nurse, Professor, University of Health Sciences of Alagoas/UNCISAL. Maceió (AL), Brazil. Email: kerledayana@gmail.com; ³Clinical Nurse Specialist, Santa Casa de Misericórdia de Maceió/SCMM. Maceió (AL), Brazil. Email: nanyluz@live.com; ⁴Nurse, PhD, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. Email: layzasousa12@hotmail.com; ^{5,6}Master Nurses, University of Health Sciences of Alagoas/UNCISAL. Maceió (AL), Brazil. E-mail: Email: aldryaketly@gmail.com; elainecristina@gmail.com

INTRODUCTION

The use of the Comprehensive Geriatric Assessment (AGA) by emergency nurses is the object of this study. The stimulus came from the interest in reducing the waiting time in the care of the elderly and the importance of having an effective screening assistance, since the elderly consume more health services, their hospitalization rates are much higher and the average time occupation in bed is much higher when compared to any other age group.¹ These factors require a greater ability to define the professional design techniques and choices in decision making.

Profound changes are taking place in the age structure of the population, characterized by high longevity attributed to better living conditions of the people in regard to access to new health care technologies.²

There's been an inversion of the age pyramid without proper planning, which ends up generating high rates of admissions, hospitalizations and prolonged hospital stay, due to degenerative processes of pathophysiological aging often diagnosed late, which end up requiring assistance of permanent multidisciplinary teams and health interventions³; it continuous present since their arrival in the hospital network to their productivity, so there is need to investigate ways of working to optimize qualified and humanized care.

The ignorance about the peculiarities of the aging process can lead to interventions that worsen the health status of the elderly to iatrogenic, that is all the harm caused by healthcare professionals.⁴ The concern with aging, although it constituted in old question, is increasing worldwide in recent decades, due to increased realization of the average life of the population.⁵

The Comprehensive Geriatric Assessment (AGA) comes as a directed instrument of care for the screening of the elderly population. This evaluation began to be used in the UK at the end of the thirties and later spread it so that its concept, parameters and indications were reasons for numerous publications in specialized journals.⁶ Develop the function of promoting an effective agility assistance in cases appearing in emergency units, as that unpredicted occurrence of damage to health, with a significant risk of imminent death, requiring immediate medical treatment,⁷ and aims to determine the elderly weaknesses, particularly in relation to their functional capacity.⁸

Adequate health care is inherent in the trust and the patient's relationship with the

professional construct the reception and throughout the care process. This management should be initiated at the gateway and monitor the patient throughout the user's participation in the health system⁹, since this system is not structured to meet the growing demand of this age group. Thus, the results that are desired to achieve with this research was to improve assistance and promote a more effective host these professionals screening emergency care of elderly patients.

Given the above, the objective of this study is to identify the Comprehensive Geriatric Assessment used as a tool by nurses of geriatric screening.

METHOD

This is a cross-sectional, descriptive, observational study of a quantitative approach, performed in the General State Hospital (HGE), reference center for care of Emergency Department of the State of Alagoas. Using as inclusion criteria, all physicians present nurses in emergency triage service and emergency signed the Informed Consent Form (ICF) and who agreed to participate; and exclusion criteria all nurses who objected to sign the consent form and those on vacation, sick leave and / or maternity leave during the research.

Before the procedures, the first step of this study was to perform a literature review to analyze the relevance of the subject matter as well as for the work proposed definition and guidance for selection of academic articles that provided grants to research critically and scientifically.

For search of those articles there were consulted to SCIELO, PubMed/MEDLINE, BIREME, up-to-date in them were analyzed texts with issues related to research, then we were requested authorization of the institution Hospital State Prof. General Hospital Osvaldo Brandao Vilela (HGE), after consent was submitted to the Research Ethics Committee (CEP) - Platform Brazil - and, after approval, data collection was started in the period from March to April this year, with active nurses workforce of urgency and emergency unit of that hospital.

The 15 professional participants were appointed by the responsible body of the Study Unit, arising from the current workforce of the institution after being taken into consideration, clearances, sick leave, and clearance by pregnancy, holiday and other previously mentioned in the exclusion criteria.

In order to expand the universe of the sample were considered both genders, with the age group 25-60 years old in their respective shifts. They responded to a structured questionnaire applied to rooms reserved, determined by own nurse's service, so that does not hurt the nursing care provided to patients in the Emergency Unit, or exposed in some way the respondents.

In times when the volunteer showed interest in participating and revealed that would not want to move to a service room, we were given the chance to even answer the questionnaire at a later time and reserved, while preserving the confidentiality of the survey.

A limitation found in the study was the small range of indicated professionals to conduct the interview by providing Institution Emergency Care and Emergency analyzed.

The analysis and interpretation of data given by the collection of data via structured questionnaire divided into three parts: the first referring to the identification data, the second to the actions of this nurse in the sector and the third aims to register the individual knowledge of these professionals on AGA.

The collected data were entered into Excel spreadsheet and worked in a supplement to

the "Action" program, for greater precision of the proposed research, with the north statistical parameters referenced research.

After critical analysis of each separate step from each other, the data were crossed the first part of the instrument with the second, subsequently the second part with the third and all data profiles traced by identifying the object of research in detail and depth.

Substantiating the content of the study, the simultaneous analysis and interconnected the results was performed with pre-selected academic articles, building a reasoned research bias in existing parameters in the academic and scientific community.

RESULTS

In the first step of the questionnaire there was recorded important information to characterize the profile of the professionals involved in screening the population analyzed.

The sample analyzed research is relatively young; having 73% aged 24-39 years old.

In a comparison between the operating time and the impact on patient evaluation time in sorting the Emergency Unit there was analyzed that 40% fail to screen the maximum recommended time in Screening System Manchester (STM), and of this total, 90% has a year or more of experience in screening.

FE	TA (years)	TT (minutes)
<30 years	03	05
<30	0,6	15
<30	01	05
<30	05	10
<30	0,8	05
<30	02	05
<30	0,5	15
30 - 39 years	02	20
30 - 39	0,6	15
30 - 39	03	15
30 - 39	0,75	10
40 - 49	02	05
40 - 49	5,3	10
≥ 50	6,8	05
≥ 50	11	15

Figure 1. Age distribution of nurses, their time in the area and the time of sorting the elderly. Maceió- AL. mar-abr. 2016.
Legend: FE= age; TA= participation act; TT= screening time.

In the second part of the questionnaire there was analyzed the performance of interviewed professionals in the reference service. Being asked to expose which the screening methodology used by each of the volunteers, 90% said they use the STM and only 10% did not answer the question.

In the survey instrument is exposed to the target audience attended this Emergency Unit is predominantly elderly, this was portrayed due to 93% make more than fifty calls in elderly per shift.

The sample made saw a screening trend carried averaging more than 10 minutes. Regarding the sample universe, it is observed

that 33% of the population; the same that use the Emergency Unit, were in the acute phase of a disease that caused their trip to the service. Other data contained in the interview

is that of this amount, 60% takes 10 minutes or more to perform the classification in this audience.

FP	TT
ACUTE	20
ACUTE	05
ACUTE	05
ACUTE	10
ACUTE	15

Figure 2. Pathological stage, considered the greatest impact on the service and the time used to screen the elderly. Maceió- AL. March-April. 2016.
Legend: FP = Pathological Stage; TT = Screening Time.

For making the screening classification decision, the respondents do not use any standard support tool for evaluation of the

elderly population, each uses a set of variables in isolation or together, based on medical condition of the patient.

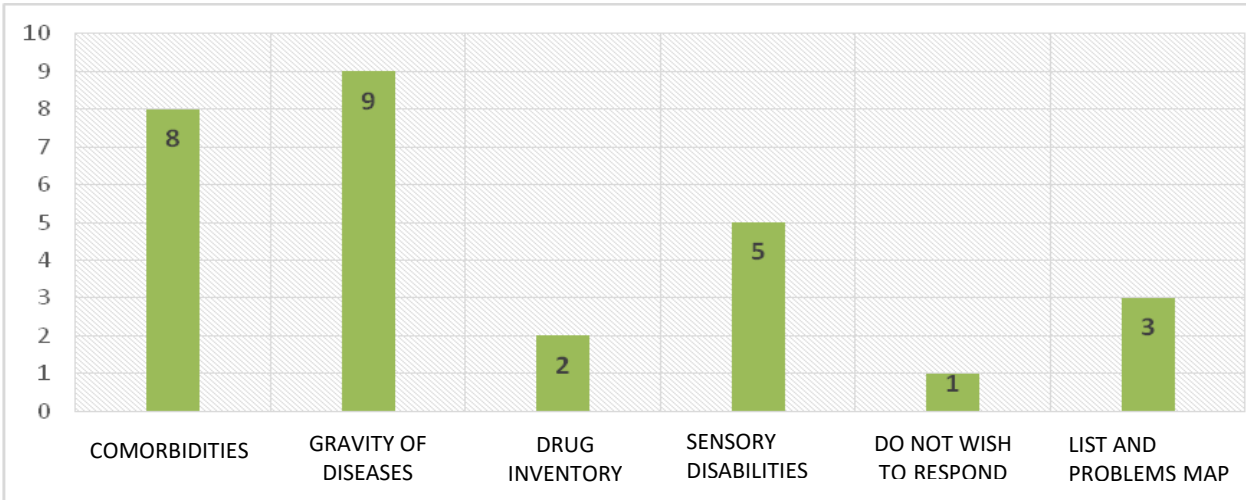


Figure 3. Distribution of medical conditions performed by nurses for the elderly during the screening service. Maceio (AL), Brazil, 2016.

DISCUSSION

The term screening, the trier French term means "to choose or select" thus, a screening system should combine skill and competence to make quick observations, as well as collect all relevant information about the individual's health status. It's effectiveness makes the use of adequate resources, leading to greater satisfaction in solving the problems of the elderly, given that this system will put it in the right place at the right time, to receive the appropriate level of care.¹⁰

The first articles about the need and importance of a specialized geriatric assessment were published by the British medical Marjory Warren, who, therefore, is considered the mother of Geriatrics.¹¹

This study was to emphasis a continuity in the care process geared to this elderly population, carrying as lead author in care the nurse. In view of this, it was produced with the intention of identifying the AGA was being used at some point as a guiding instrument before a screening. Therefore, we analyzed

the profile of nurses who perform the screening, unit profile and knowledge of the staff on specific aspects related to the public of the third age.

This work can be observed that the experience of some professionals with one or more years of professional practice helps to classify the elderly earlier, but does not necessarily mean that professionals agree with the same language, which can result in cases that are evaluated without scientific analysis criteria.

It was observed in the universe of research that only 40% of nurses were able to develop a screening within the maximum time of 5 minutes and of these, 90% had a period greater than one year of service in the same industry. Age does not affect the results. (Table 1)

Despite the existence of public sector initiatives, there is a lack of models that adequately meet this age group, which may have harmful effects on the health of these individuals and the system.¹⁰

It will be important to note that when you want to successfully implement a screening system must obtain consent and support of policies and officials, but also carry out a prior preparation of health professionals, since it is a gifted process of great responsibility.¹¹

The institution may adopt a screening methodology to be followed, but without the involvement of all process pairs, the same is bound to be ineffective and generate dissatisfaction assisted public.

The result of the survey shows that 90% of nurses say using the STM, but exceed the estimated average to perform the screening in the elderly, which portrays disability alignment and standardization in this process. There are 52 closed flows to prioritize care in the same context, the time to perform the screening should be standard and rarely exceed more than 5 minutes.

Since this age group requires greater attention to be inserted as an exhaust items (extremes of age) in the functioning of the STM, as well as some atypical symptoms in asymptomatic hypertensive crisis or multiple complaints and classification limitations as coronary heart disease, Vascular Accident (CVA) and Sepsis¹², it is important to demonstrate new studies to support new screening styles of these groups not covered.

To meet the special needs of this part of the population becomes necessary, the existence of a screening system to ensure a consistent methodology of work with the given demand, observing good practice in situations of urgency and emergency facing the elderly, reliably, uniform and objective.

Pathological stage the greatest impact on service, considered "acute", correspond to 33% of visits to the elderly who are admitted in the service, and nurses that defined this phase was the most frequent, corresponding to the percentage of 60% point which take over 10 minutes to conduct the screening. (Table 2)

Nurses who perform the service ratings often to watch their patients, elderly or not, are involved with the disease and the field of technological resources, not giving priority to the human aspect and forget that patients have identity, experience problems and need have rights respected.¹³

According to the data analysis, it was apparent that most nurses painless their screening is leading the review of some medical conditions of the patient, predominantly in the severity of disease (Figure 1), among others, but the risk

classification of patients should not be based on medical or nursing diagnoses, but must use a decision-making methodology grounded in clinical priorities.

One difficulty encountered in the ranking in priority of care of the elderly by the STM, is that it has not flowchart unique presentation for this specific audience, leaving patients ages to extremes often out of flow to understand their real needs, so nurses the risk rating should be aware of the difficulties the elderly.¹⁴

CONCLUSION

The increase of clinical research in geriatrics emphasizes its importance and becomes the target behaviors in the care and decisions in the treatment of elderly patients. Recent data show that the AGA allows the identification of problems not diagnosed, intervention in the therapeutic decision, besides presenting criteria predictive of morbidity and mortality in this population, and despite this importance, it was identified that the AGA was not being used as a tool to guide them by nurses of the sorting. Geriatric In the moments that were investigated, the methodologies for screening carried out by the same did not coincide with the reality pointed out as a reference in the institution by nurses of the service, being possible to introduce the importance of standardizing the methodology for screening through the dissemination of research results.

REFERENCES

1. Lourenço RA, Martins CSF, Sanchez MAS, Veras RP. Assistência ambulatorial geriátrica: hierarquização da demanda. Rev Saúde Públ [Internet]. 2005 [cited 2016 June 1];39(2):311-8. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102005000200025
2. Rodrigues LCR. Diagnósticos de enfermagem de idosos de um programa de saúde da família (PSF). Esc Anna Nery Enferm [Internet]. 2008 [cited 2016 May 25];12(2):278-84. Available from: <http://www.scielo.br/pdf/ean/v12n2/v12n2a12>
3. Guedes HM, Nakatani AYK, Santana RF, Bachion MM. Identificação de diagnósticos de enfermagem do domínio segurança/proteção em idosos admitidos no sistema hospitalar. Rev eletrônica enferm [Internet]. 2009 [cited 2016 June 25];11(2):249-56. Available from: <http://www.fen.ufg.br/revista/v11/n2/v11n2a03.htm>

4. Moraes EM, Marino MCA, Santos RR. Principais síndromes geriátricas. Rev Med Minas Gerais [Internet]. 2010 [cited 2016 June 3];20(1):54-66. Available from: http://www.observatorionacionaldoidoso.fiocruz.br/biblioteca/_artigos/196.pdf
5. Sanchez MAS, Lourenço RA. Extensão e saúde: a importância de uma unidade de avaliação geriátrica na recuperação funcional de idosos frágeis. Interagir [Internet]. 2008 [cited 2016 June 2];13:89-94. Available from: <http://www.e-publicacoes.uerj.br/index.php/interagir/article/view/1678/1321>
6. Costa EFA, Monego ET. Avaliação Geriátrica Ampla (AGA). Rev Eletronica enferm [Internet]. 2003 [cited 2016 May 26];5(2):1-5. Available from: http://www.proec.ufg.br/revista_ufg/idoso/aga.html
7. Marin MJS, Angerami ELS. Caracterização de um grupo de idosas hospitalizadas e seus cuidadores visando o cuidado pós-alta hospitalar. Rev Esc Enferm USP [Internet]. 2002 [cited 2016 June 2];36(1):33-41. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342002000100006
8. Caldas CP, Veras RP, Motta LB, Lima KC, Kisse CBS, Trocado CVM, Guerra ACLC. Rastreamento do risco de perda funcional: uma estratégia fundamental para organização da rede de atenção ao idoso. Ciência Saúde Coletiva [Internet]. 2013 [cited 2016 June 2];18(12):3495-506. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232013001200006
9. Rigon AG, Neves ET. Educação em saúde e a atuação de enfermagem no contexto de unidades de internação hospitalar: o que tem sido ou há para ser dito? Texto Contexto-Enferm [Internet]. 2011 [cited 2016 June 10];20(4):812-7. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072011000400022
10. Grilo CM, Martins EC, Ferreira MR, Solas RC, Alminhas SM, Piteira TM. O idoso no serviço de urgência, que realidade... J Nurs UFPE on line [Internet]. 2014 [cited 2016 May 20];8(6):1612-6. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/5967/pdf_5267
11. Rodrigues J, Mantovani MF, Ciosak SI. O idoso e trauma: perfil e fatores desencadeantes J Nurs UFPE on line [Internet]. 2015 [cited 2016 May 15];9(3):7071-7. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile7305-68846-1-PB.pdf>
12. Pinto Júnior D, Salgado PO, Chianca TCM. Validade preditiva do Protocolo de Classificação de Risco de Manchester: avaliação da evolução dos pacientes admitidos em um pronto atendimento. Rev Latino-Am Enfermagem [Internet]. 2012 [cited 2016 May 23];20(6):1-8. Available from: http://www.scielo.br/scielo.php?pid=S0104-11692012000600005&script=sci_arttext&tlng=pt
13. Almeida ABA, Aguiar MGG. O cuidado do enfermeiro ao idoso hospitalizado: uma abordagem bioética. Rev Bioética [Internet]. 2011 [cited 2016 May 19];19(1):197-217. Available from: http://revistabioetica.cfm.org.br/index.php/revista_bioetica/article/view/61
14. Anziliero F. Emprego do Sistema de Triagem de Manchester na estratificação de risco: uma revisão de literatura. [Monografia]. Porto Alegre: Curso de Enfermagem, Universidade Federal do Rio Grande do Sul; 2011.

Submission: 2016/07/24

Accepted: 2016/09/10

Publishing: 2016/12/01

Corresponding Address

Kerle Dayana Tavares de Lucena
Av. Juarez Távora, 2997, Ap. 401
Bairro Torre
CEP 58036-460 — João Pessoa (PB), Brazil