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NOTE PREVIEW

SURGICAL PATIENT THIRST: ESTABLISHMENT AND VALIDATION OF A PROTOCOL FOR SAFELY MANAGING THIRST

SEDE DO PACIENTE CIRÚRGICO: ELABORAÇÃO E VALIDAÇÃO DE UM PROTOCOLO DE MANEJO SEGURO DA SEDE

SED DEL PACIENTE QUIRÚRGICO: ELABORACIÓN Y VALIDACIÓN DE UN PROTOCOLO DE MANEJO SEGURO PARA LA SED

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ABSTRACT

Objective: to develop a protocol for safely managing thirst in the immediate postoperative period. ***Method***: quantitative applied research methodology presented from the Master's program in Nursing at the State University of Londrina. To validate the instrument´s contents, the use of a criterion for cutting the consensus of 80% will be used from the indicator approval by experts. The safety attributes that do not reach the percentage will be reformulated or excluded on the basis of the evaluation and suggestions from experts. The protocol will be implemented in the anesthesia recovery room, assessing its reliability, using Cohen's Kappa. This study´s project was approved by the Research Ethics Committee at the University of Londrina, CAAE 02299412.6.0000.5231. ***Results*** this protocol may be deployed at any institution to perform surgical procedures, being a useful tool for the thirst relief for several patients during the immediate postoperative period. ***Descriptors***: Thirst; Applied Research; Nursing Protocols; Post-Operative Care.

RESUMO

Objetivo: elaborar um protocolo de manejo seguro da sede no pós-operatório imediato. ***Método***: pesquisa metodológica aplicada, quantitativa, apresentada ao programa de Mestrado em Enfermagem da Universidade Estadual de Londrina. Para a validação do conteúdo do instrumento será utilizado como critério de corte o consenso de 80% de aprovação do indicador pelos especialistas. Os atributos de segurança que não atingirem o percentual serão reformulados ou excluídos, com base na avaliação e as sugestões dos especialistas. O protocolo será aplicado na sala de recuperação anestésica, avaliando sua confiabilidade, utilizando Kappa de Cohen. Este estudo teve o projeto aprovado pelo Comitê de Ética em Pesquisa da Universidade Estadual de Londrina, CAAE 02299412.6.0000.5231. ***Resultados:*** este protocolo poderá ser implantado em qualquer instituição que realize procedimentos cirúrgicos, sendo uma ferramenta útil para o alívio da sede para diversos pacientes durante o pós-operatório imediato. ***Descritores***: Sede; Pesquisa Aplicada; Protocolos de Enfermagem; Cuidados Pós-Operatórios.

RESUMEN

Objetivo: elaborar un protocolo del manejo seguro de la sed en el post-operatorio inmediato. ***Método:*** investigación metodológica aplicada, cuantitativa, presentada al programa de la Maestría en Enfermería de la Universidad Estadual de Londrina. Para validar el contenido del instrumento será utilizado como criterio para corte del consenso de 80% de la aprobación en el indicador por los expertos. Los atributos de seguridad que no alcancen el porcentaje serán reformulados y eliminadas basadas en la evaluación y las sugerencias de los expertos. El protocolo será aplicado en la sala de recuperación anestésica, la evaluación de su fiabilidad utilizando Kappa de Cohen. El diseño del estudio fue aprobado por el Comité de Ética de la Universidad Estadual de Londrina, CAAE 02299412.6.0000.5231. Resultados: este protocolo puede ser implementado en cualquier institución que realiza los procedimientos quirúrgicos, siendo una herramienta útil para aliviar la sed de varios pacientes durante el post-operatorio inmediato. ***Descriptores:*** Sed; Investigación Aplicada; Protocolos de Atención de Enfermería Post-Operatoria.

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INTRODUCTION

After returning to consciousness in the immediate postoperative period (IPO), the sensations of discomfort related to pain, difficulty breathing, nausea and vomiting, urinary retention, and thirst become perceptible to the patient.[1]

Thirst is a real discomfort with high IPO incidence, when patients are still in the anesthesia recovery room (ARR). Studies depict that this inconvenience is intense in the perception of the patient, and results in the increase of anxiety, dehydration, irritability, weakness and even despair.[2-4]

Several factors are responsible for thirst sensation in the IOP, among them are; fasting, drugs used during the surgical anesthetic procedure and the intra-operative bleeding. Emotional factors such as fear also are related to the presence of thirst and dry mouth.

Although thirst is one of the most pressing and intense sensations it is insufficiently valued, assessed and treated by the team that directly cares for the patients in the ARR. Thirst management in IOP is empirically carried out, no protocol clinical evaluation is known for thirst relief.[2] The risk of aspiration by the presence of nausea and vomiting in the IOP leads professionals to adopt a conservative approach, keeping the patient fasting for a period, most of the time too long.

Few studies have been identified on the topic. Research to analyze the incidence of minor complications in the IOP, resulted in thirst as the most incident discomfort, reported by 43.8% of the 160 patients evaluated.[5] In another study, thirst was ranked in fifth place in a list of 34 stressors at a thoracic surgery postoperative unit.[4]

These data corroborate with the results found in this study´s facility, on the thirst incidence as a complication in the IOP. Of the 128 patients, 96 (75%) reported the presence of thirst and dry mouth. The Pearson's Correlation Coefficients, Chi and Likelihood Ratio showed no positive association between the thirst incidence and the variables: anesthetic technique, ASA classification is a time of fasting, showing that independent of the anesthetic technique, a fasting time above 8 hours or the risk of pre-anesthetic patients presented thirst.[2]

In this same experimental design study two thirst relief methods were evaluated: Ice and water. The sample consisted of 90 patients, randomly divided in two groups. The thirst intensity was measured using a numerical scale from 0 to 10. Average intensity of the initial thirst was 5.1 for the Water group and 6.1 for the Ice group. Evaluation of the strategies effectiveness used the nonparametric Mann-Whitney test. The methods tested were shown to be effective in alleviating the thirst in POI. A decline important and consistent in intensity the thirst in both groups was observed, with small variation in standard deviation, being that the ice was more effective than the water (final intensity of 1.51 against 2.33 for the Water group).[2]

Another study on thirst management was identified. Carried out in Korea in 2010, evaluated the effects of three interventions: the use of frozen gauze with saline solution, wet gauze or ice for thirst relief after laparoscopic cholecystectomy surgeries with a total of 53 patients sub-divided in three groups. There was a significant difference in the level of thirst, and the strategies of frozen gauze and ice proved to be more effective in reducing thirst and improving the conditions of the oral cavity.[6]

Receptors in the oropharynx are stimulated at low temperature, inhibiting the sensation of thirst and reducing the secretion of vasopressin. Thus, the administration of ice water or small chips of ice trigger changes that happen even before a change in the extracellular fluids and osmolarity. This means that the satiety begins before the real water absorption by the body. [7-9]

In light of these considerations, by the research carried out on thirst relief methods and the lack of studies on systematized methods and protocols for its relief, the aim of this study was to elaborate and validate a management protocol for thirst safety in the IPO, through systematic clinical evaluation, using ice as a strategy for its relief.

METHOD

Research project presented to the Master's program in Nursing at the State University of Londrina/UEL. The research methodology was applied with a quantitative approach where the development and validation of a protocol for safe thirst management and the main research objective.

The research methodology deals with methods for the collection, organization and analysis of data, with a view for the preparation, validation and evaluation of research tools and techniques.[10] The applied research seeks practical guidance for the immediate solution of concrete everyday life problems and is driven by the need to know the reality for the immediate application of the results.[11]

The validity of an instrument refers to the degree to which an instrument measures what it is supposed to measure. It is common that experts in the instrument´s content area are called to examine the adequacy of the elements that compose the instrument in the representation of the hypothetical universe.[10] The methodological framework to be used will be the one proposed by Pasquali.[12]

In a first step the protocol will be submitted for assessment by the population that uses semantic protocol, thereby determining the comprehension of the vocabulary and meaning of each item.[13]

The sample universe of experts for the validation of the instrument contents shall be composed of five nurses and four anesthesiologists with experience in direct care to patients in anesthetic recovery.

For the instrument´s content validation as cut-off criterion the consensus 80% approved of the indicator by the experts will be used. The safety attributes which do not achieve the minimum percentage of 80% will be reformulated or deleted based on the evaluation and suggestions from the experts.[14]

The protocol will be implemented in the institution´s ARR where the study will be performed in order to assess its reliability. The reliability of an instrument is the degree of consistency in which the instrument measures the attribute. The lower the variation produced by an instrument, in repeated measurements, the greater its reliability.[10]

The instrument´s reliability will be assessed as for aspect the equivalence or agreement among the evaluators. This method consists of two or more observers employing the same instrument to measure the same phenomena at the same time, independently registering the relevant information for a later comparison of the information.[10]

To test the instrument reliability, after content validation by the experts, the thirst safety management protocol will then be applied by two nurses, in the ARR of a large scale hospital school in the North of Paraná State.

The data collection period will be from August to November 2012, for both the protocol validation process and the subsequent reliability analysis. The research project was approved by the Research Ethics Committee of UEL, under Protocol CAAE: 02299412.6.0000.5231.

EXPECTED OUTCOME

The development and validation of a protocol to manage thirst safety in the IPO, which allows the actions taken to relieve the thirst no longer empirically conducted and becomes backed up by scientific reasoning in a systematic and safe way by following validated protocols, reliable and easy to apply.

Fear on the part of professionals who work in ARR, of complications due to nausea and vomiting in the IPO, among others, prevents the patient´s thirst from being effectively addressed in the IPO. The existence of a clinical assessment tool that allows taking into account the level of awareness, the protection mechanisms for the respiratory tract and lack of nausea and vomiting will provide a safe and effective care to relieve the patient's suffering in the IPO.

The protocol´s preparation included a comprehensive investigative review in the medical literature and also with a large contribution from the physiological sciences. The experience of different professionals such as nurses, anesthesiologists, surgeons, physiotherapists and physiologists, resulted in the construction of a thirst management safety protocol.

This protocol can be implemented in any institution that performs surgical procedures, which is useful for relieving thirst for diverse patients during the IPO. This study concluded the assessment and semantic content phases, having commenced the reliability evaluation stage.

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