



NURSING CARE FOR PUERPERAL WOMAN WITH NECROTIZING FASCIITIS: EXPERIENCE REPORT

ASSISTÊNCIA DE ENFERMAGEM A PUÉRPERA COM FASCEÍTE NECROTIZANTE: RELATO DE EXPERIÊNCIA

CUIDADOS DE ENFERMERÍA PARA MUJER DESPUÉS DEL PARTO CON FASCITIS NECROTIZANTE: RELATO DE EXPERIENCIA

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ABSTRACT

Objective: to report the experience of the nursing care provided to a puerperal woman. **Method:** a descriptive study, experience report, developed by nurses and nursing students from a postpartum woman who had breast necrotizing fasciitis after 18 days postpartum. Data collection was performed at the rooming Hospital das Clínicas of Pernambuco located on the 5th floor, from 8 to 7/21/2008. We used the book Nursing Consultation Reports and field notes. **Results:** from the entry until hospital discharge diagnoses and interventions were drawn based on the International Classification of Nursing Practice-ICNP®. **Conclusion:** early recognition of the disease and prompt treatment are of paramount importance for a favorable prognosis, as well as the guidance provided at the prenatal so that future cases like these do not come to affect the mothers. **Descriptors:** Nursing Diagnosis; Obstetrical Nursing; Postpartum Period; Infection.

RESUMO

Objetivo: relatar a experiência sobre a assistência de enfermagem prestada a uma puérpera. **Método:** estudo descritivo, do tipo relato de experiência, desenvolvido pelos enfermeiros e alunos do curso de Enfermagem a uma puérpera que apresentou fasceíte necrotizante de mama após 18 dias de puerpério. A coleta de dados foi realizada no Alojamento Conjunto do Hospital das Clínicas de Pernambuco localizado no 5º andar, no período de 8 a 21/7/2008. Foram utilizados o livro de Registro de Consulta de Enfermagem e um diário de campo. **Resultados:** do internamento até a alta foram traçados diagnósticos e intervenções baseadas na Classificação Internacional das Práticas de Enfermagem-CIPE®. **Conclusão:** o reconhecimento precoce da doença e a realização do tratamento imediato são de suma importância para um prognóstico favorável, bem como a orientação prestada no pré-natal para que futuramente, casos como estes não voltem a acometer as puérperas. **Descritores:** Diagnóstico de Enfermagem; Enfermagem Obstétrica; Período Pós-Parto; Infecção.

RESUMEN

Objetivo: presentar la experiencia de la asistencia de enfermería a una puérpera. **Método:** estudio descriptivo, tipo relato de experiencia, desarrollado por enfermeras y estudiantes de enfermería de una mujer después del parto que había Fascitis necrotizante del mama 18 días después del parto. La recolección de datos se llevó a cabo en el Hospital de Pernambuco ubicado en el piso 50, del 8 al 21/07/2008. Se utilizó el libro de registros de consulta de enfermería y un diario de campo. **Resultados:** los diagnósticos y las intervenciones fueron elaboradas sobre la base de la Clasificación Internacional de la Práctica de Enfermería CIPE ®-internación hasta el alta. **Conclusión:** el reconocimiento temprano de la enfermedad y el tratamiento oportuno son de suma importancia para un pronóstico favorable, así como la orientación prenatal proporcionada para que futuros casos como estos no vuelven a afectar a las madres. **Descriptores:** Diagnóstico de Enfermería; Enfermería Obstétrica; Periodo Postparto; Infección.

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INTRODUCTION

Necrotizing fasciitis (NF) is a rare clinical syndrome, severe, potentially fatal and defined as severe infectious process represented by acute gangrene with progressive evolution to necrosis of the skin, subcutaneous tissue, surface fascia and muscles.¹

The NF is a synonym of Syndrome Fournier (designation used only when the infectious process affects the genital region, perineal and/or perianal). This syndrome was described by the French urologist Jean Alfred Fournier in papers published in the nineteenth century as fulminating idiopathic gangrene that rapidly destroys the genitalia, receiving the name of Fournier's gangrene, and being then considered a syndrome. Other names for the syndrome include necrotizing fasciitis of the perineum, scrotal gangrene, synergistic necrotizing cellulites, synergistic gangrene, idiopathic gangrene and fulminating gangrene.²⁻³

Described as Nf for the first time by Wilson in 1952 and reported in the area of Obstetrics and Gynecology in 1972.⁴ The origin of this syndrome arises from the synergism of very virulent aerobic and anaerobic microorganisms spreading rapidly through the fascia, involving skin and blood vessels from the affected region, which causes high mortality rates due to the release of toxins by pathogens in the bloodstream, resulting in sepsis and septic shock that may lead to death within 24 to 96 hours of disease progress.⁵ The mortality ranges from 13% to 26%, being influenced by early diagnosis, surgical approach and related diseases.⁶

Initially, it was thought that the disease was limited to males, unknown cause and fulminating. However, despite its high incidence in males, it is known today that this disease affects both sexes and that in 20 to 30% of cases the cause cannot be determined.^{2,7}

Immunosuppressed individuals with HIV infection or performing chemotherapy, steroid therapy, diabetes, alcoholism, or immunosuppressive illness are commonly more likely to present the NF.⁸

The most common input ports are the problems in the urogenital tract, surgery and dermatologic diseases (hemorrhoids, hernias, urethral catheterization and prostate biopsy, among others) and may extend to the abdominal wall and armpits, being less common in the cephalic and cervical regions.^{2,5,8}

The intercourse had also been reported in the literature as less common cause. However, Fournier considered unlikely the intercourse as constraints to the disease development.⁷ The symptoms and NF clinical signs usually begin on the seventh day after the onset of infection, showing infection in the superficial fascia in the early stage, then thrombosis in small and medium blood vessels in which the skin becomes edematous and erythematous developing vesicles due to inadequate perfusion.^{2,5} Subsequently, the skin becomes ischemic and necrotic usually preceded by very intense local pain accompanied by systemic toxemia.⁵

Pathological examination is the most accurate diagnostic method for early identification of disease and computed tomography with contrast, it is important to check the disease extent, relationship to anatomical structures and location of the infection primary site.¹

Early surgical debridement, added to broad-spectrum antibiotic therapy and hemodynamic support are essential for the treatment. With surgical debridement performed before 48 hours from the diagnosis, the survival rate is over 75%. This procedure is the most important part of the treatment and should be carried out multiple staggered incisions in sufficient number to promote the efficient drainage and debridement of the affected area, which indicates new debridement in the early treatment according to the patient's clinical evolution.⁹

Supportive care includes water volume replacement, analgesia, nutritional intake with hyperprotein hypercaloric diet, and psychological support. After surgical treatment and the definition tissue planes integrity, one must program the reconstruction and skin grafts.¹⁰

There is difficulty of early diagnosis of this syndrome and its treatment; difficulty that is also present in cases of necrotizing fasciitis in other areas. When the diagnosis is delayed and treatment is not initiated in a timely manner, the process evolves rapidly and may extend throughout the body leading to complications such as sepsis, multiple organs failure and death.⁷

Given the above this study aims at reporting the experience of the nursing care provided to a puerperal woman.

METHOD

Descriptive study, reported experience type, with a postpartum woman who had breast necrotizing fasciitis after 18 days

postpartum, developed by nurses and nursing students in the Accommodation of the Hospital of Pernambuco, which provides care for high risk pregnant women. Data collection was performed on the fifth floor, from 08 to 21/07/08.

To collect the data we used the book of Nursing Consultation Records and field diaries, beyond analyzing the records for documentary survey, as well as direct observation of the clinical evolution of the disease by nursing care. Data analysis was based on the steps of the nursing process: observation, anamnesis, diagnosis and nursing interventions, consultations to examinations and medical records.

● Case Description

SMF, age 19, female, born and resident in the city of Recife/PE/Northeast Brazil. On 07/07/08 was admitted to the Accommodation of the Hospital of Pernambuco, on the 18th day of postpartum (after childbirth), showing increased left breast volume with the presence of heat and flushing for 5 days. Breast thermotherapy was reported on the same day. The background: I Gesta I Stop 0 Abortion.

At phhysical examination she was GBS, conscious, oriented, pale (+ / 4 +), acyanotic, anicteric, afebrile (temperature 36.2 °C), eupneic, normotensive (BP: 100 X 60 mmHg), peripheral pulses (+), full, strong, regular. Heated breast, presence of redness and pain on palpation of the left breast. Ultrasonography was performed on admission, which was not evident collection in the mammary parenchyma. Featuring medical diagnosis of Necrotizing Fasciitis in the left breast and being submitted to mastectomy.

● Preparation of Nursing Care

Procedures were performed during the woman hospitalization, among them the simple mastectomy of the left breast, nursing was triggered to perform the dressings. Throughout time nurses and nursing students provided assistance based on the nursing process, providing diagnostics and interventions for the establishment of puerperal woman.

With the data obtained in the first step of the nursing process was established the nursing diagnoses based on the International Classification for Nursing Practice (ICNP®)¹¹ and the respective nursing interventions, as shown below: a) Upon admission - diagnosis: breast engorgement at increased level; compromised tissue integrity; cutaneous pain with potential to increase in left breast caused by pad for hot compress; present Inflammation, Risk of infection. Interventions conducted: pain relief, breast relief, protection against infection, b) after test results - Diagnosis: Infection present.

Interventions conducted: infection control, medication administration, c) After Surgical debridement - Diagnosis: Wound with potential to increase; Susceptibility to infection with potential to increase; Compromised surgical recovery; Improved psychosocial response in pain management. Interventions conducted: wound dressing, infection control, medication administration, psychological support, d) Simple Mastectomy - Diagnostics: surgical recovery of positive judgment; attitude about surgery of negative judgment; compromised self-image; Low Self-Esteem, Risk for depression; therapy-dependent emotional recovery. Interventions conducted: wound dressing, medication administration, and psychological support.

The CIPE taxonomy is a positive proposal for nursing, suggesting the inclusion of words in a computerized system to be universally used by nursing professionals. However, there is need to include many terms that increase the range of possibilities and the building deepening of SAE, which in the CIPE itself ¹¹ is inferred that "[...] the CIPE is not complete, it is dynamic."

Taking the CIPE as reference, the nurse plays with more ownership the assistance to patients, and here in particular to those who need treatment for wounds because follows the lesion development, directs and executes the bandage, as well as holds greater mastery of this technique by virtue of having this practice as one of their assignments in their training. ¹²

It is the responsibility of the nurse to observe the evolution of the healing process and evaluate the possible events that interfere with this process of lesion recovery. ¹³ Performing a comprehensive track record of the client indisputably contribute to evaluate all current and possible factors that determine or constrain the good or bad wound healing evolution. ¹⁴⁻¹⁵

The existence of an institutional protocol in treating wounds contributes greatly in providing care, and its absence does not feature a barrier to evaluate the wound and hence care targeted, for example, the choice of topical agents and covers to be used. ¹⁰⁻¹¹

Perform the Care System Nursing (ASN) - consists of five pillars: anamnesis, nursing diagnosis, nursing interventions, expected outcomes and evaluation of results - enables setting a targeted and effective action plan, the diagnosis being the guiding on nursing care. ¹⁶

The flaw in this process triggers fateful consequences, promoting irreversible

sequelae, whether physical and/or emotional, besides the discomfort of an prolonged inpatient and greater burden (either for the customer or public accounts) resulting from longer hospital stay and the need for using more expensive drugs and sometimes more aggressive to the body, which would be unnecessary if the handle had been efficient.¹⁷

Applying the SAE methodology is the element used by nurses to implement their scientific basis for the customer benefit, featuring their professional practice and thus defining their role.¹²

The literature describes that one should consider the use of resources for wound care in order to accelerate their healing and tissue repair, as well as that these features are associated with a multifactorial and multidisciplinary process.¹⁴

The integration of multidisciplinary team, especially in complex cases like the NF, is critical since many factors contribute considerably to improvement or worsening of prognosis. Working properly nutrition, diseases and pre-existing psychological support are small points of important results in the construction of healing and rehabilitation process. Nevertheless, the sequelae are inevitable and life quality of these patients is impaired to a lesser or greater degree.^{12,14-15}

The process that involves the care of wounds suffered an historic evolution and which is still in transformation, characteristic of scientific and technological development that we are experiencing, not coming to a close evaluation modes, techniques and different toppings or different ways to correlate them.¹⁴

Studies indicate that the nurse must be in constant updating process, to appropriate knowledge related to nursing care, adapt to their essential purposes and motivate them in the pursuit of quality improvement.¹²

Another issue to be investigated is the deficiency existing in health education on prenatal care performed by nurses in primary care. The prenatal care includes health education without exclusive focus on pregnant changes, because it prepares the woman to gestate, partum and puerperium.¹⁸

Knowing that the proposal of the current guided model is based on the health promotion and worried to enforce this process, the Ministry of Health launched the Prenatal and Puerperium Technical Manual - qualified and humanized attention, which guides the conduct to be adopted by nurses in

care of prenatal and postpartum, including health education on various aspects, among them breastfeeding.¹⁹

Thus, to promote awareness about breastfeeding and inform women about the potential complications in this process and how it will be able to get around them is the obligation of the nurse. The outcome of this story could probably have been altered if the mothers of newborns were provided with the necessary information about the appropriate behaviors regarding the breast engorgement.¹⁸⁻¹⁹

Realizing this context of accurate diagnosis of the wound, systematizing the assistance, building protocols, providing material resources and achieving permanent and continuing education are important and would avoid negative consequences as those reported by the aforementioned patient, with the NF evolving tragically, considering that the disease was early discovered, with all the features and possibilities just for aesthetics sequelae.^{12,14,18}

CONCLUSION

It was found that Necrotizing fasciitis is a threat to the individual's life, and the patient needs careful assessment and care based on disease symptoms and disorders. Given the clinical suspicion, the diagnostic procedures and interventions for treating the disease need resolution and speed.

Surgical exploration with extensive debridement of the affected area integrates the treatment as the best method to confirm the diagnosis. In addition, the association with immediate antibiotic therapy provides improvement in the prognosis, decreasing the morbidity and mortality rates.

The report analysis found that the puerperal promoted unconsciously an input port for pathology development by performing the inadequate thermotherapy, and the consequent burning of the left breast. The lack of knowledge about the management of breastfeeding can impair the mothers, face the difficulties at this stage of pregnancy cycle and the nurse should include guidelines regarding the health promotion in the care plan during this period, as well as care directly provided as performing dressings, wound assessment and measures of prevention and control of infections.

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