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ARTICLE CLINICAL CASE REPORT

SYSTEMATIZATION OF NURSING CARE FOR PATIENT WITH MULTIBACILLARY HANSEN'S DISEASE

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM PARA PACIENTE COM HANSENÍASE MULTIBACILAR

SISTEMATIZACIÓN DE ATENCIÓN DE ENFERMERÍA AL PACIENTE COM ENFERMEDAD DE HANSEN MULTIBACILAR

Tânia Alteniza Leandro¹, Paula Sacha Frota Nogueira², Fernanda Câmara Campos³, Lara Leite de Oliveira⁴, Marcos Venícios de Oliveira Lopes⁵

ABSTRACT

Objective: to implement the Systematization of Nursing for a woman with multibacillary leprosy. **Methodology:** clinical case report, performed after six encounters with a woman multibacillary October-December 2010. Data were collected by nursing consultation. The study followed the ethical aspects of Res. 196/96 of the National Health Council. **Results:** neurological evaluation simplified two diagnoses were identified: Impaired tissue integrity related to mechanical factors (friction), evidenced by damaged tissue (mucosa) and risk impaired skin integrity related to drugs, changes in pigmentation and changes in skin turgor, being held nursing interventions. In the process of care compromise nasal mucosa has evolved from mildly to moderately impair compromised skin integrity and very committed to slightly compromised. **Conclusion:** the use of the care plan allowed for close monitoring and effective, which helped in improving the comfort and self-esteem of the patient. **Descriptors:** Leprosy; Nursing; Patient Care Planning.

RESUMO

Objetivo: implementar a Sistematização da Assistência de Enfermagem para uma mulher com hanseníase multibacilar. **Metodologia:** estudo de caso, realizado após seis encontros com uma mulher com hanseníase multibacilar, de outubro a dezembro de 2010. Os dados foram coletados pela consulta de enfermagem. O estudo obedeceu aos aspectos éticos da Resolução n. 196/96 do Conselho Nacional de Saúde. **Resultados:** na avaliação neurológica simplificada foram identificados dois diagnósticos: Integridade tissular prejudicada relacionada a fatores mecânicos (fricção), evidenciado por tecido lesado (mucosa nasal), e Risco de integridade da pele prejudicada relacionado a medicamentos, mudanças na pigmentação e mudanças no turgor da pele, sendo realizadas intervenções de enfermagem. No processo de cuidado o comprometimento da mucosa nasal evoluiu de moderadamente comprometida para levemente comprometida, e a integridade da pele de muito comprometida para levemente comprometida. **Conclusão:** a utilização do plano de cuidados possibilitou o acompanhamento rigoroso e eficaz, que contribuiu na melhora do conforto e autoestima da paciente. **Descritores:** Hanseníase; Cuidados de Enfermagem; Planejamento de Assistência ao Paciente.

RESUMEN

Objetivo: aplicar la Sistematización de Enfermería para una mujer con lepra multibacilar. **Metodología:** estudio de caso clínico, realizado después de seis encuentros con una mujer multibacilar octubre-diciembre de 2010. Los datos fueron recolectados por medio de consultas de enfermería. El estudio siguió a los aspectos éticos de la Res. 196/96 del Nacional de Salud Consejo. **Resultados:** la evaluación neurológica simplificada dos diagnósticos fueron identificados: Deterioro integridad tisular relacionado con factores mecánicos (fricción), evidenciado por el tejido dañado (mucosa) y la integridad de la piel perjudicada riesgo relacionado con las drogas, cambios en la pigmentación y los cambios en la turgencia de la piel, que se realiza intervenciones de enfermería. En el proceso de atención compromiso mucosa nasal ha pasado de leve a moderadamente afectada la integridad de la piel comprometida y muy comprometido con un poco comprometida. **Conclusión:** el uso del plan de atención permite una vigilancia estrecha y eficaz, lo que ayudó a mejorar la comodidad y la autoestima del paciente. **Descriptores:** Lepra; Enfermería; Planificación de Atención al Paciente.

¹Nursing Student, Federal University of Ceará / UFC. Scientific Initiation Scholarship-CNPq. Fortaleza (CE), Brazil. E-mail: taniaallt@yahoo.com.br; ²Nurse, Teacher Master in Nursing, School of Nursing undergraduate / University of Fortaleza / UNIFOR. Fortaleza (CE), Brazil. E-mail: sachanogueira@yahoo.com.br; ³Nursing Student, Federal University of Ceará / UFC. Scientific Initiation Scholarship-CNPq. Fortaleza (CE), Brazil. E-mail: fernandac21@gmail.com; ⁴Nursing Student, Federal University of Ceará / UFC. Scholarship Education Program Tutorial PET SESu. Fortaleza (CE), Brazil. E-mail: lara.leite@hotmail.com; ⁵Nurse, PhD in Nursing, Federal University of Ceará / UFC. Fortaleza (CE), Brazil. E-mail: marcos@ufc.br

INTRODUCTION

Hansen's disease is an infectious disease, still considered a public health problem worldwide. This is characterized by lesions of the skin and peripheral nerves, particularly the face, upper limbs and lower limbs, and may also involve joints, lymph nodes, eyes, testes and other organs. Its etiologic agent *Mycobacterium leprae*, which by being removed to the outside environment by a sick person untreated may infect others susceptible through the upper airways.¹

In Brazil, leprosy is found in very high levels in the North, Midwest and Northeast. These regions account for nearly 55% of cases detected, even with only 17.5% of the population.²

In 2011, Ceará, 1854 new cases were diagnosed, achieving an overall detection rate of 21.9 cases per 100,000 inhabitants. According to Ministry of Health figures these are still considered high, leaving the Ceará in 13th place national ranking and 4th place in the Northeast, in number of new cases of the disease.²

The most effective way to prevent the increase of new cases is the diagnosis and early treatment of existing cases, as well as the detection of contacts that are susceptible to disease due to prolonged contact and intimate with existing cases. Currently, Multidrug therapy (MDT) established guarantees the cure of patients diagnosed early who did not progress to severe disability³

The use of Systematization of Nursing (SAE) is important for the ongoing care and treatment, which is done through the identification of nursing diagnoses, to then plan interventions and evaluate the results.⁴

Nursing diagnosis seconds NANDA-I is made by scientific interpretations of the data collected about the disease, as well as analysis of the signs and symptoms presented by the patient.

In this context, it is relevant shows provide a systematic nursing care for leprosy patients, given the difficulty of gaining patient compliance to treatment due to the long time and the many reactions.

In the context of primary health care is the need to reform the practices of health professionals in the field, and particularly in specific practice nurse.⁶ And as attribute differential in the care of the nursing care system is one of the specific and differential actions in the care of nurses.

Given the above, the work is to implement Systematization of Nursing for a woman with multibacillary leprosy.

METHODOLOGY

This is a case study, conducted from October to December 2010, during the traineeship at the Family Health Center in the city of Fortaleza, with women being treated for leprosy.

Data were collected in six encounters through interviews and physical examination. The interview was based on "Form to query the patient with leprosy", and physical examination was performed using the simplified form of Neurological Assessment (NSA). The start coincided with the accompanying fourth month of treatment of the patient.

After clinical evaluation, elaborated a plan of care individualized Nursing Intervention Classification as (NIC) for the suggested diagnoses identified in the NANDA taxonomy International (NANDA-I) for the specific case, and the results were evaluated according to Nursing Outcomes Classification (NOC).^{9,5,10}

For the evaluation of the results was used to scale NOC tissue integrity: skin and mucous membranes based on the following clinical indicators: sensitivity, hydration, tissue perfusion, hair growth, skin integrity, abnormal pigmentation, mucosal lesions, scar tissue, erythema and hardening. To diagnose risk of impaired skin integrity were assessed the following indicators: sensitivity, hydration, texture, hair growth, skin integrity, abnormal pigmentation, skin lesions, erythema and scar tissue.¹⁰

The indicators used for the results NOC ranged from 1 to 5 based on the following score: 1 (severely impaired), 2 (much compromised), 3 (moderately impaired), 4 (slightly compromised) and 5 (non-affected).¹⁰

The study followed the ethical established in Resolution No. 196/96 of the National Health Council, which deals with research on human beings.¹¹ Following the consultation, the patient was invited to participate in the case study, after being explained the aims and methods of data collection, and then signed the Instrument of Consent.

◆Presentation of clinical case

Mrs. M, 32 years old, diagnosed as new cases of leprosy, operational classification: multibacillary (MB), clinical Lepromatous. The patient lies on the outskirts of Fortaleza, in her own home with her husband and children. During follow-up was not working, and the family income of a wage maintained by her husband. As for previous story related

to leprosy, said his father had been treated for leprosy when this was still a child, but he could not specify when. Has smear of lymph resulting in bacterial index of 4.2 with the presence of clumps. Began MDT / MB in July 2010, whose discharge criteria using 12 cards complete within 18 months, consisting of the drugs; Rifampicina, Dapsona and Clofazimina.¹ In simplified neurological evaluation performed on the 4th month of treatment were identified lesions nose, eyebrow and ciliary madarosis right eye, dry skin, hyperpigmentation on the hands, feet and face, and altered sensation in the 3rd left toe, and middle finger of the left hand. There was evidenced neural thickening, and abnormal sensitivity cornea. As the driving force, just the right eyelid presented with partial resistance. At the end was achieved the Degree of Functional Disability (GIF) I.

RESULTS AND DISCUSSION

According to the case history of the patient and subjective, elected to two nursing diagnoses priority: Impaired tissue integrity related to mechanical factors (friction), evidenced by damaged tissue (mucosa) - Diagnosis 01, and risk impaired skin integrity related to medications, changes in pigmentation and changes in skin turgor - Diagnosis 02.

The diagnosis 01, was identified after complaining of pain in the nose and epistaxis, which to be inspected, it was found hyperemia and mucosal lesions and nasal septum perforation. The patient attributed this commitment to the friction produced by her in the injured site. Already diagnosis 02, was identified through inspection conducted by the researchers showed where hyperpigmentation, decreased tissue turgor and dryness (skin) on the face, upper limbs and lower limbs, with risk of compromise. On the face, there was great pigmentation, particularly in the zygomatic, since dryness and decreased turgor were observed throughout the length of the face. In the upper limbs, had hyperpigmentation, and alopecia reduction of turgor in the forearm region. And in the lower limbs, she had

hyperpigmentation, dry skin, brittle nails and injuries among podactilos.

Interventions NIC selected to assist the patient to achieve the aforementioned results were as follows; for diagnosing impaired tissue integrity, to monitor the characteristics of the lesion, including drainage, size, color and odor; cleaned with saline or nontoxic substance, as appropriate, apply a bandage as appropriate injury; maintain aseptic technique for making the bandage to take care of the injury, as appropriate, examine the damage to each dressing change, compare and record regularly all change in the lesion; encourage fluid intake as appropriate and counsel patients and families about care procedures with the injury. For the nursing diagnosis risk for impaired skin integrity we used the following interventions: examining the skin and mucous membranes as redness, excessive heat, swelling and drainage; monitor color and skin temperature, monitor the skin and mucous membranes as areas discoloration, bruising and disorders; monitor skin as rashes and abrasions; monitor the skin as the dryness and excessive moisture; monitor the appearance of sources of pressure and friction and document changes in the skin and mucous membranes.

Moreover, the health service, during the service, received the same guidelines about leprosy (importance of correct treatment, rest, proper nutrition to prevent anemia caused by Dapsone, prevention of accidents related to household activities); regarding effects of medications and the importance of monitoring any adverse reaction, in addition to encouraging adequate intake of water to ensure optimal skin hydration; oriented also moisturize the nasal mucosa with saline 0.9% and Essential Fatty Acids (AGE) and to massage the skin moisturizer with EGM, plus stimulating and motivating for the patient's confidence in healing.

Based on the diagnostics interventions used for specific case, the results counted according to the scores NOC, shown in figures:



Figure 1. NOC scores according to indicators established to evaluate the involvement of the nasal mucosa carrier of leprosy. Fortaleza, 2010.

In Figure 1, can be evaluated during meetings, the lesion in the nasal mucosa evolved with the following results consecutively: 3.3 (moderately impaired), 2.5 (severely impaired), 1.5 (severely impaired); 3.2 (moderately impaired), 4.1 (slightly affected), 4.6 (slightly affected).

The patient during follow-up assessment of the nasal mucosa involvement evolved with moderately impaired nasal lesion identified at the first visit had substantial worsening in the

two subsequent meetings. There were identified as possible causes of this deterioration were possibly frictions performed by the patient at the site of injury and difficulty in executing the cleaning with saline. After the care provided according to the specific NIC interventions was observed, from the fourth meeting a substantial improvement of the framework, for the drilling of the nasal mucosa at the last meeting was closed with only mild hyperemia.



Figure 2. NOC scores according to indicators established to assess skin integrity carrier of leprosy. Fortaleza - CE, 2011.

According to figure 2, it can be evaluated consecutively during meetings, the following degrees of damage to the integrity of skin: 2.2 (severely impaired), 1.7 (severely impaired), 3.0 (moderately impaired), 3.8 (moderately impaired), 4.2 (slightly affected), 4.0 (slightly affected).

As for skin integrity assessments, the first two queries noted that the patient had a high risk of compromising the integrity of the skin, which can be justified due to the characteristics of drug treatment and the

disease. In subsequent queries, based on the implementation of NIC interventions, the appraiser may notice improved turgor, elasticity and skin pigmentation, and decreased propensity to injury and the risk of skin involvement. With this we can identify physical improvements beyond an improvement in self-esteem of it, since there were major changes in their appearance. With this improvement, it is clear the need to implement the nursing process in individualized care to patients with leprosy. At the end of MDT / MB the patient progressed

to cure, with the GIF I at discharge, and complete remission of nasal injury.

CONCLUSION

One can show in practice that enables individualized care more effective results in the treatment of disease, and increase the bond of professional and patient. The nursing process has been fundamental in nursing practice, because for a complete action is necessary to identify nursing diagnoses, nursing interventions and outcomes, thus being able to describe and provide assistance to all the patient's problems.

The nursing care backed taxonomies in NANDA-I, NIC and NOC provided a continuous care, updated and quality focus on the welfare of the subject and the scope of its autonomy health.

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Corresponding Address

Tânia Alteniza Leandro
Avenida da Universidade, 2216, Benfica
CEP: 60020180 – Fortaleza (CE), Brazil