



CASE REPORT ARTICLE

NURSING PREOPERATIVE VISITS BY MEDICAL-SURGICAL RESIDENT NURSES: EXPERIENCE REPORT

A VISITA PRÉ-OPERATÓRIA DE ENFERMAGEM PELO RESIDENTE EM ENFERMAGEM MÉDICO- CIRÚRGICA: RELATO DE EXPERIÊNCIA

LA VISITA PREOPERATORIA DE ENFERMERÍA POR EL RESIDENTE EN ENFERMERÍA MÉDICO- QUIRÚRGICA: RELATO DE EXPERIENCIA

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ABSTRACT

Objective: to report the experience of resident nurses performing preoperative visits. **Method:** descriptive study, experience report type, based on the performance of preoperative visits by resident nurses in a military hospital of Rio de Janeiro, RJ, Brazil. **Results:** when patients are instructed, they become calmer and thus they tend to have better recovery. The presence of informed family members/caregivers become a component that help in the work of the nursing staff. **Conclusion:** the performance of visits provides the residents with the opportunity of deepening in the studies on surgery and anesthesia types, and perioperative care, in addition to stimulate and facilitate the contact with patients/family members. The preoperative visit is increasingly necessary in hospital practice and nurses need to be able to perform it. **Descriptors:** Perioperative Nursing; Visits to Patients; Non-Medical Internship.

RESUMO

Objetivo: relatar a experiência dos residentes de enfermagem na realização da visita pré-operatória. **Método:** estudo descritivo, tipo relato de experiência, baseado na realização de visita pré-operatória em um hospital militar do Rio de Janeiro, RJ, pelo residente de enfermagem. **Resultados:** o paciente quando está instruído torna-se mais tranquilo e, desta forma, tende a ter melhor recuperação. A presença do familiar/acompanhante orientado torna-se um componente que vem a ajudar o trabalho da equipe de enfermagem. **Conclusão:** a realização das visitas propiciam ao residente a oportunidade de aprofundamento nos estudos sobre os tipos cirúrgicos e anestésicos, os cuidados perioperatórios, além de estimular e facilitar o contato com o paciente/familiar. A visita pré-operatória faz-se cada vez mais necessária na prática hospitalar e o profissional enfermeiro precisa estar apto para executá-la. **Descritores:** Enfermagem Perioperatória; Visitas a Pacientes; Internato Não Médico.

RESUMEN

Objetivo: relatar la experiencia de los residentes de enfermería en la realización de la visita preoperatoria. **Método:** estudio descriptivo, tipo relato de experiencia, basado en la realización de visita preoperatoria por residentes de enfermería en un hospital militar de Rio de Janeiro, RJ, Brasil. **Resultados:** cuando el paciente está instruido se tranquiliza y por lo tanto tiende a tener una mejor recuperación. La presencia de familiares/acompañantes orientados se convierte en un componente que ayuda en el trabajo del personal de enfermería. **Conclusión:** la realización de visitas proporcionan al residente la oportunidad de profundizar en los estudios sobre los tipos quirúrgicos y anestésicos y los cuidados perioperatorios, además de estimular y facilitar el contacto con los pacientes/familiares. La visita preoperatoria es cada vez más necesaria en la práctica hospitalaria y los enfermeros deben ser capaces de ejecutarlo. **Descriptores:** Enfermería Perioperatoria; Visitas a Los Pacientes; Internado No Médico.

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INTRODUCTION

Patients that will be subjected to surgery present various fears that could alter their balance. The contact with health professionals, including nurses, could possibly help them by providing information and reducing their insecurity, as observed by several authors. Informing patients is understood as the process of developing skills that will facilitate their rehabilitation after surgery, providing means so that they can be active agents of their recovery, encompassing one part of the health education process, which depends, fundamentally, on communication developed by both health professionals and patients.¹⁻³

Communication is essential to the relationship between nurses and patients. Through it, nurses can identify the meanings that patients attach to the disease, hospitalization and surgical treatments.⁴ This way, performing a previous contact with patients that will be submitted to surgery represents an important moment, since the explanation about the procedures that this patient will be submitted to is of great help to prepare their physical aspects and mainly the emotional ones, thus decreasing their fears.⁵

The overall goal in the preoperative period is to offer patients the larger possible number of positive health factors. All attempts at stabilizing the conditions are performed, which, otherwise, would disturb a smooth recovery. Care provided to surgical patients must be planned, systematized and individualized.⁶ The role of nurses in the preoperative period is crucial, in order to direct care not only to instrumental or technical actions, but expressive actions, i.e., related to subjectivity, aiming to ease those feelings.⁷

The preoperative period occurs from the eve of surgery (24 hours before) to the moment in which patients are received in the operating room. At this stage, the nurses of the operating room go to the patients' care units, thus having the opportunity to meet them and start the whole process of Systematization of Perioperative Nursing Care (SPNC), allowing the planning of nursing actions efficiently and effectively. This procedure is called Nursing Preoperative Visit (NPOV).⁸

The overall aim of the NPOV is to clarify possible doubts that both the patients and their family members may have, decreasing their anxieties and fears and providing a better nursing care. By ensuring patients' individuality and promoting the continuity of

nursing care, nurses favor the interaction between them and patients/family members, which is an essential factor during this period.⁹

The performance of these visits is an activity to be held by nurses, as stated in the Law of the Nursing Professional Practice 7,498/86, which, in the article eleventh determines that "Consultation and prescription of nursing care are assignments restricted to nurses".¹⁰

♦ The context of our experience

While we were residents in the first year of Medical-Surgical Nursing (R1) in a military hospital of Rio de Janeiro, we performed our activities in various sectors of the hospital, and in March 2010 we started our experience in the operating room. This hospital performs about 30 outpatient, elective, and small, medium and large emergency surgeries on a daily basis, with an annual average of 550 surgeries.

During the admission of patients in the operating room, we observed that in the preoperative period many of them were not aware of the procedures and the possible complications, which as a consequence produced insecurity and anxiety. Nursing had virtually no previous contact with these patients, making thus the approximation of nurses to patients difficult. In view of this fact, we realized that the need to establish a prior contact with these patients in the preoperative period became increasingly necessary. Thus, this led us to cooperate with the nursing staff of this hospital in the task of conducting the NPOV.

Therefore, the goal of our study is to report the experience of resident nurses performing the NPOV in a military hospital of Rio de Janeiro, in order to share the experience of nursing care provided to patients in the immediate preoperative period.

♦ Performing the nursing preoperative visit

Initially, the operating room nurses of the hospital developed an instrument in order to assist in the performance of the visits. This instrument presented the main topics to be conferred during the visit with regard to patients' safety and orientation. After our return to the operating room, in December, we began to perform the NPOV. In the mornings we performed the other activities relevant to the sector and in the afternoons we carried out the visits.

In possession of the list of the next-day surgeries, we performed a prior selection of

patients to be visited, our priorities were: older adult and paediatric patients; major surgeries; and patients who needed to stay in the intensive care unit during the postoperative period. Then, we went to the unit in which the patients were hospitalized and checked their medical records for the presence of laboratory tests, imaging, electrocardiograms, and terms of consent about the surgical procedure and anesthesia. Subsequently, we started the contact with patients.

After introducing ourselves and explaining the reasons for our visit, we started our approach to the patients and their family members, in case they were present. This is a very delicate moment, because each patient has a unique attitude and requires plenty of flexibility from us, so that the meeting can be the most fruitful and empathetic as possible.

In the first moment of activity, we asked the patients what they knew about the surgery and anesthesia and we clarified the main questions that might arise. Then, we assessed items related to patients' safety, such as: allergies; previous surgeries; complications with previous anesthetics; presence of dental prostheses and/or hearing aids; and continuous use of medicines.

Finally, we clarified the doubts and strengthened the specific guidelines for each type of surgery, as well as general guidelines, such as: maintaining the zero diet; removing of prostheses; approximate duration of the surgery; stay in the post-anesthesia care unit; and major care in the immediate postoperative period. At the end of the contact with the patients, we recorded the data obtained in the interview and the guidance provided, as well as our impressions about patient's knowledge about the surgery and the expression of their feelings.

The visits should be conducted according to each patient and its duration and the vocabulary used depend on patients' cognition and state of health, as well as the interest they and their family members have. It is important to note that 'knowing how to listen' must be present throughout the process, in order to establish an effective therapeutic communication, because it is at this moment that the patients need to feel free to clarify their doubts and put an end to the erroneous ideas they may have regarding the procedure, thus becoming the basis for nursing care.¹¹

CONCLUSION

We believe that nursing residency is a time of great theoretical and practical learning.

The main goal is to provide resident nurses access to a set of activities/actions that articulate knowledge pertaining to research, extension and nursing education, qualifying them as critic professionals inserted into the debate about scientific and technical development. Therefore, we consider that the performance of resident nurses in the operating room and, in particular, during the pre-operative period, is extremely important.

Performing these visits provides the residents the opportunity of deepening in the studies on surgery and anesthesia types and postoperative care. At the same time, the visits stimulate and facilitate the contact with patients and their family members.

When patients are instructed, they become calmer, more active in their own recovery and thus they tend to have a better one. The presence of an oriented family member/caregiver becomes a component that helps in the work of the nursing staff. The adoption of NPOV is increasingly necessary in hospital practice and nurses need to be able to carry it out.

Finally, we can state that this has been an extremely rewarding experience that greatly contributed to our technical and scientific improvement. We expect that this work can contribute to nursing professionals so that they reflect on the importance of adopting practices that enable the planning of a comprehensive, individualized and constant care throughout the perioperative period.

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