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POSTOPERATIVE HOME VISIT IN ORTHOPEDICS: DIAGNOSIS MAPPING AND **NURSING INTERVENTIONS**

VISITA DOMICILIAR PÓS-OPERATÓRIA EM ORTOPEDIA: MAPEAMENTO DE DIAGNÓSTICOS E INTERVENÇÕES DE ENFERMAGEM

VISITA DOMICILIARIA POSTOPERATORIA EN ORTOPEDIA: EL MAPEO DE DIAGNÓSTICOS Y LAS INTERVENCIONES DE ENFERMERÍA

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Objective: to identify Nursing Diagnoses and Interventions according to taxonomies of NANDA-I and NIC, in home care to the elderly in post-op orthopedics. *Method*: a retrospective study of descriptive approach using the method of cross-mapping. There were selected 51 medical records of people aged 60 or over and who have received 10 or more home visits; data collection was made in semi-structured form and analysis through simple descriptive statistics. Results: among the 24 nursing diagnoses mapped, "Impaired tissue integrity" was the most prevalent one (31.01%). There were identified 27 nursing interventions, among which stood out "Incision site care" (37.12%). Conclusion: the diagnoses and nursing interventions for the elderly undergoing orthopedic surgery are closely related to the support of physical functioning and the body homeostatic. Descriptors: Orthopedic Nursing; Nursing Diagnosis; Home Nursing; Nursing Care; Geriatric Nursing; Nursing Process.

Objetivo: identificar os Diagnósticos e Intervenções de Enfermagem segundo as taxonomias da NANDA-I e NIC, no atendimento domiciliar aos idosos em pós-operatório ortopédico. Método: estudo retrospectivo de abordagem descritiva usando o método de mapeamento cruzado. Foram selecionados 51 prontuários de pessoas com idade maior ou igual a 60 anos e que receberam dez ou mais atendimentos domiciliares; a coleta de dados foi feita em formulário semi-estruturado e a análise através de estatística descritiva simples. Resultados: dentre os 24 diagnósticos de enfermagem mapeados, "Integridade tissular prejudicada" foi o mais prevalente (31,01%). Identificaram-se 27 intervenções de enfermagem, dentre as quais se destacou "Cuidados com local de incisão" (37,12%). Conclusão: os diagnósticos e intervenções de enfermagem para idosos submetidos à cirurgia ortopédica estão intimamente relacionados ao suporte do funcionamento físico e homeostático do organismo. Descritores: Enfermagem Ortopédica; Diagnóstico de Enfermagem; Assistência Domiciliar; Cuidados de Enfermagem; Enfermagem Geriátrica; Processo de Enfermagem.

Objetivo: identificar los diagnósticos y las intervenciones de enfermería según las taxonomías de NANDA-I y NIC, en atención domiciliaria a los ancianos en post-operatorio ortopédico. Método: se trata de un estudio retrospectivo de enfoque descriptivo utilizando el método de asignación cruzada. Fueron seleccionados 51 historias clínicas de personas de 60 años o más y que han recibido 10 o más atenciones caseras; la recolección de datos fue hecha en forma semiestructurada y el análisis mediante estadística descriptiva simple. Resultados: entre los 24 diagnósticos de enfermería asignados, "La integridad del tejido deteriorada" fue el más prevalente (31.01%). Identificados 27 intervenciones de enfermería, entre los que destacaron "Cuidados del sitio de incisión" (37,12%). Conclusión: la diagnosis e las intervenciones de enfermería para la tercera edad sometida a cirugía ortopédica están estrechamente relacionadas con el soporte del funcionamiento físico y homeostático del organismo. Descriptores: Enfermería Ortopédica; Diagnóstico de Enfermería; Atención Domiciliaria de Salud; Atención de Enfermería; Enfermería Geriátrica; Proceso de Enfermería

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INTRODUCTION

The growth of the elderly population is a worldwide phenomenon and, in Brazil, changes occur in a more radical and quite accelerated way; because every year 650,000 new elderly are added to the Brazilian population. It is observed that, over the past 50 years, there has been an increase of nearly 700% in the number of elderly. In 1960, the number of elderly in Brazil was of 3 million, in 1975 passed to 7 million, and 20 million in 2008. In the year 2020, it is estimated that people of 60 or older will compose a contingent of more than 30 million. 1-2

In addition to demographic change, Brazil has experienced an epidemiological transition marked by profound changes in the health profile of the elderly population, with a significant increase of chronic diseases, the falls and the functional disability. 2-3 The result of this dynamics is the increased demand of the elderly for health services and home care to geriatric approach is an alternative that benefits the elderly with their independence compromised due to chronic degenerative diseases because through an individualized program of preventive and rehabilitation character, promotes autonomy, staying in their own home and the strengthening of family and neighborhood ties. 4-6

With aging, osteoarticular lesions also become more frequent and the most frequent and complex orthopedic surgery in elderly Currently, the period patients. hospitalization of the patient in post-op greatly reduced, orthopedic has been occurring in the home much of their surgical recovery and the house call is a feature used by health institutions to provide assistance of quality to their patients.7-8

In this context, the National Institute of Traumatology and Orthopedics Jamil Haddad (INTO) stands out as a center of reference in the treatment of diseases and orthopedic trauma of medium and high complexity, and home care took a significant place in the health care systems of this institution; because it is in an effective strategy for the maintenance of the elderly in their family gettogether and context, avoiding the same, be hospitalized unnecessarily or so remain when intervention such is not the appropriate.9

A large number of post-operative care in orthopedics is of the responsibility of the nurse:

[...] constantly developing educational activities, providing essential guidance

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to successful treatment, to prevent complications and to patient's self-confidence, helping him to resume more quickly his role within the family and society. ^{10:56}

To achieve significant results in the orthopedic treatment, it is essential the use of taxonomies which guided the thinking of clinical nurses, making it imperative to recognize, to use, and to disclose such classifications, in which the scientific evidence dictate the conducts of workers. Taxonomies of the North American Nursing Diagnosis Association (NANDA) ¹¹ and Nursing Interventions Classification (NIC), ¹² are the most widely used classification systems.

This study was justified by the need of nurses in support of do professional, using validated instruments that meet the real needs and potential of persons under their responsibility, especially in post-op orthopedics.

OBJECTIVE

• To identify nursing diagnoses classified by NANDA-International (NANDA-I) and to associate implemented care interventions proposed by the nursing Interventions classification (NIC), in home care for the elderly submitted to orthopedic surgical procedures.

METHOD

It concerns to a retrospective study of a descriptive approach drawn up in accordance with the methodological procedure proposed by the cross mapping. The primary source for data collection was the chart paper, from which there were drawn from nursing nonstandard terms. It chose the cross mapping for allowing comparison between the standard languages with non-standard ones, systematically, and be a useful tool in nursing research about standardized languages as the NANDA-I and NIC.

The study was conducted in the Home Care Unit (UDOMI) of the National Institute of Traumatology and Orthopedics Jamil Haddad (INTO), located in Rio de Janeiro (RJ) and attended the ethical and legal standards of resolution N 196/96, of the National Council of Health of the Ministry of Health, being approved by the Research Ethics Committee of the above mentioned institution, according to CAAE N° 10280312.0.0000.5273. UDOMI offers expert assistance to nursing, physiotherapy and occupational therapy, preferably to patients aged 60 or over, twice

a week, participating in each home visit, minimally, two occupational categories.

In the first stage of research, we analyzed the information from the database concerning the entirety of patients receiving home care in the period of January to December 2012. There were included in this study the medical records of people aged 60 or over and who have received 10 or more home nursing care procedures, making a total of 54 individuals in non-probability sample. There were deleted all individuals with cutaneous lesions or clinical intercurrences not subjected to orthopedic surgical procedure and, in the end, a total of 51 records as non-probability sample.

Data collection occurred between the months of January to April 2013 and the research instrument used was a semi-structured form with sociodemographic variables, information about medical diagnosis and surgical therapy, the problems and interventions identified in the records of each nursing home care.

In the second stage of the research, 812 nursing records were analyzed by running the usual language evolution snippets of the nursing staff and the problems cited in the records for the formulation of nursing diagnoses according to the Taxonomy II of NANDA-I (title, defining characteristics and related factors) and nursing interventions as the NIC. There was used as reference model the one developed by Moorhead & Delaney, 13 establishing three steps to the process of mapping: recovery of nursing requirements linked nursing to selected diagnoses; connecting the prescribed nursing care to a specific NIC intervention; establishment of a list of NIC interventions for each nursing diagnosis identified.

The data was compiled into the Excel program and the variables of interest were analyzed through descriptive statistics with use of absolute frequency and percentage. The variables observed were: age, gender, educational level, marital status, medical diagnosis, type of surgery, nursing interventions nursing diagnoses with its defining characteristics and related factors.

RESULTS AND DISCUSSION

Of the 51 charts used in this study, 72.5% were from women. The average age was 73.6 years old. The study population received between 10 and 61 home visits, with an average number of $15.9 \ (\pm \ 11.8)$ nursing care, $10.7 \ (\pm \ 3.4)$ of physiotherapy and $4.3 \ (\pm \ 2.1)$ attendances of occupational therapy. There

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was a predominance of elderly people with low schooling (27.5% illiterate and 37.3% with only elementary school).

Musculoskeletal diseases are the main cause of functional impairment among the elderly and in this study were: osteoarthrosis (60.8%) and femur fractures (17.6%).

It has a higher prevalence of home care the elderly individuals, predominantly, in surgery of total knee arthroplasty/review (64.7%), followed by partial/total/revision Arthroplasty of the hip (15.7%), femur osteosynthesis (11.8%), and column Arthrodesis (5.9%).

There were mapped 24 nursing diagnoses, the most prevalent being "impaired tissue integrity" and "risk of infection", presenting 31.01% and 27.83%; and nursing records as shown in Table 1.

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Table 1. Cross mapping of Nursing Diagnoses according to the fields of NANDA-I in medical records of elderly home care program. Rio de Janeiro (RJ), Brazil, 2012.

Domain NANDA-I	Nursing diagnosis according to NANDA-I	n	%
Health promotion	Ineffective health self-control	41	1.73
Elimination and Exchange	Constipation perceived	3	0.13
Activity/Rest	Walking impaired	273	11.55
	Ineffective peripheral tissue perfusion	71	3
	Impaired transfer capability	14	0.59
	Impaired home maintenance	3	0.13
	Activity intolerance	3	0.13
	Impaired physical mobility	3	0.13
	Impaired bed mobility	1	0.04
	Deficit in the self-care for bath	1	0.04
	Insomnia	1	0.04
Perception/cognition	Acute confusion	9	0.38
	Impaired verbal communication	7	0.3
	Chronic confusion	3	0.13
Roles and relationships	Caregiver role strain	9	0.18
	Dysfunctional family processes	1	0.04
Coping/Stress tolerance	Anxiety	8	0.34
Safety/protection	Impaired tissue integrity	733	31.01
	Risk of infection	658	28.73
	Risk of falls	264	11.17
	Delayed surgical recovery	73	3.05
	Aspiration hazard	2	0.08
Comfort	Acute pain	183	7.74
	Nausea	1	0.04
		2.364	100

Source: Data compiled by the authors (2012).

Table 2 describes the interrelationship between the diagnoses and nursing interventions. It is observed that, of the 27 nursing interventions mapped, 24 (88.9%) were suitable to the needs of priority care for each nursing diagnosis mapped.

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Table 2. Cross mapping Nursing Interventions according to the fields of NIC in medical records of elderly home care program. Rio de Janeiro (RJ), Brazil, 2012.

NIC Domain	Rio de Janeiro (RJ), Bra	Nursing interventions as NIC	n(%)	Nursing diagnoses for which they were prescribed interventions	
Physiological Basics	Control of the activity and to the exercise	Therapy with exercise: walking	15(0.35)	Walking impaired *	
	exercise	Promotion of body mechanics	9(0.21)	Impaired physical mobility	
				Impaired bed mobility * Activity intolerance *	
	Control of the			Impaired transfer capability *	
	Elimination	Bowel control Traction	3(0.07)	Constipation perceived *	
	Mobility control	care/immobilization Control of nutrition	11(0.26)	Impaired tissue integrity*	
	Nutritional support		98(2.31)	Impaired tissue integrity Delayed surgical recovery	
		Nutritional counseling	18(0.42)	Impaired tissue integrity* Self-control ineffective health *	
Complex Physiologic	Promotion of the physical Facilitation of self-care Control of medicines Control of skin/wounds	Pain control	488(11.48)	Acute pain *	
		Improves sleep	1(0.02)	Insomnia*	
		Control of medicines	78(1.83)	Acute pain *	
		Education: prescription drugs	48(1.13)	Ineffective health self- control*	
		Incision site care	1.578(37.12)	Impaired tissue integrity*	
		Caring for pressure	484(11.39%)	Delayed surgical recovery Risk of infection	
		ulcers Prevention of pressure ulcers			
			104(2.45)	Impaired tissue integrity Risk of infection	
		Injury care Supervision of the skin	78(1.83) 14(0.33)	Impaired tissue integrity Impaired tissue integrity* Risk of infection *	
	Control of tissue perfusion	Precautions against blood clot	181(4.26)	Impaired physical mobility	
				Ineffective peripheral tissue perfusion	
Behavioral		Water control Improvement of communication: speech deficit	101(2.38)	Impaired tissue integrity*	
	Improvement of communication		1(0.02)	Impaired verbal communication*	
	Assistance in coping	Emotional support	1(0.02)	Dysfunctional family processes *	
	Patient education	process 398(9.36)		Ineffective health self- control*	
Safety	Risk control	Precautions against aspiration	2(0.05)	Aspiration hazard*	
Safety	Risk control	Prevention of falls Vital signs monitoring	164(3.86) 265(6.23)	Risk of falls * Acute confusion *	
		Precautions against aspiration	2(0.05)	Aspiration hazard*	
		Prevention of falls Vital signs monitoring	164(3.86) 265(6.23)	Risk of falls * Acute confusion *	
			203(0.23)	Impaired tissue integrity	
				Risk of infection Ineffective peripheral tissue perfusion *	
Family	Lifelong care	Home maintenance assistance	6(0.14)	Impaired home maintenance *	
Health System	Mediation of health system	Caregiver support Advice as to the health	2(0.05)	Caregiver role strain * Ineffective health self-	
		system	102(0.40)	control *	
		Exchange of information on health care	1(0.02)	Acute pain	
Total			4.355(100.00)		

^{*}Nursing diagnoses for which interventions are presented as priorities by the NIC.

Majority mapping of the diagnosis of impaired tissue integrity revealed a high occurrence of damage to the skin or subcutaneous tissues, and among identified defining characteristics, there was predominance of damaged tissue (100%) associated with tegumentary changes resulting from the surgical procedure (73.40%) and of mechanical factors/pressure (30.20%). The research data showed that the aforementioned diagnosis was associated with a second diagnosis: "Risk of infection", present in 27.83% of the nursing records. Home nursing care in the orthopedic postoperative period is planned to control infection by implementing the interventions "Care of incision site", "Care of lesions" and "Care of pressure ulcers" as described in Table 2 and activities were: teaching main patient/family ways to take care of the incision, including signs and symptoms of infection; monitor the healing process of the surgical wound and pressure ulcer, with description of the characteristics of the lesion and observation of any drainage, hyperemia, edema or signs of dehiscence; appropriate dressings after cleansing the wound with saline or 70% alcohol. It is considered that the surgical wound raises the risk of infection against the interrupted skin barrier and that the home visit performed in a systematized way allows nurses to establish early preventive measures and to effectively evaluate the evolution of the surgical wound by direct observation, infections in the surgical site.8,14

It should be noted that in clinical practice is common orthopedic surgeries association motor and limitations in this study mapped the nursing diagnosis "Walking impaired" as prevalent (11.55%) in the field activity and exercise, highlighting the ability impaired walking (95.97%) as a defining characteristic, having as main factor related musculoskeletal injury (100.00%). Therefore, demonstrates that the elderly undergoing orthopedic surgery feature inefficiency in maintaining mobility, carrying out tasks or performing actions normally and any loss of independence associated with the limitations imposed by problems musculoskeletal disorders cause serious impact on well-being, physical, emotional and social. 11,15

In this way, these nurses must reflect on the importance of encouraging practices that encourage movement, walking, stretching, balance and muscle strength, seeking every means to help patients to minimize the limitations, strengthen the functional capabilities, maintain the existing capacities, Postoperative home visit in orthopedics: diagnosis...

promoting a higher level of independence and preventing secondary complications. 16-7

Another risk factor associated musculoskeletal disorders is falls that may result from joint stiffness, instability in balance and walking. This research identified 264 (11.17%) occurrences of the "Risk of falls" diagnosis and the related risk factors were postoperative conditions (100%), use auxiliary devices - crutches or walkers age over 65 (96.97%), years (95.83%), antihypertensive agents (70.1%), diuretics (7.6%), anxiolytics (3.41%), and foot problems (6.82%). The use of gait devices constitutes both a risk factor and a practical measure to minimize falls among elderly people, since they increase the base of support and decrease the support weight of the lower extremities. 12,17-8 Study conducted with non institutionalized elderly people in the city of Campinas - São Paulo, verified a significant association between the use of walking stick and the occurrence of falls. 19

It was noted the absence of environmental risks for falls in nursing records analyzed, with predominance of intrinsic risk factors. However, falls prevention, intervention was the most frequently used for the nursing diagnosis "risk of falls" and included the mapping of "educating the patient and family about risk factors that contribute to falls and how to reduce those risks" as nursing care more often prescribed. Study in a university hospital in southern Brazil has found that this intervention was the second most relevant to patients with risk of injury due to falls.²⁰

Another characteristic feature of the sample was the mapping of the diagnosis "acute pain", very common in the immediate postoperative period. He was the verbal report of pain as the primary defining characteristic identified by nursing.

The pain is classified, as the chronological period in acute, when covering a period of less than six months; and chronic, when occurs and persists beyond this period. Beyond the surgical incision, the presence of pain may be related to stimulation of nerve endings by chemicals used during surgery, ischemia caused by interference on the blood supply to the tissues, by pressure, muscle spasm or edema, physical activity and functional use of painkillers.²¹⁻²

The literature highlights high rate (45%) of moderate to severe pain in the postoperative period of orthopedic surgery, even with adequate analgesia, compromising the ambulation, decreasing independence in activities of daily life and causing overall reduction of quality of life.^{20,23-4} However, in

this study we observed low prevalence (7.74%) of nursing diagnosis "acute pain" with mild to moderate intensity, noting that nurses are mainly responsible for the care, comfort and pain relief in the post-op.²²

"Pain control" was the primary nursing intervention prescribed, in this study, for the nursing diagnosis "acute pain" and mapped the check the cautions: following level discomfort of the patient; guide on pharmacological methods of pain relief: investigate current use of pharmacological methods by the patient; encourage the patient to use prescribed medications for teach pain; and the use of pharmacological techniques before, during after painful activities. This shows that the nursing staff promotes the education of people with pain, as well as to assess, control and relieve the pain, which speeds up the rehabilitation process.²²

When it comes to large orthopedic surgeries, he points out, and higher probability of thromboembolic disease in postoperative period-mainly in undergoing knee arthroplasty and hip or femur fracture-correction occurring often after hospital discharge. 25-7

known that the genesis thromboembolic phenomena is related Virchow's Triad (vascular wall changes, changes in blood flow and changes of the constituents of the blood) and that the swelling makes it difficult the venous return, predisposing to thromboembolic disease. In this survey, 3% of records were mapped with the nursing diagnosis "peripheral ineffective tissue Perfusion" whose defining characteristic prevalent (100%) was the presence of edema. The thrombosis prophylaxis with enoxaparin of molecular weight heparin (LMWH) represents one of the greatest benefits to be offered to patients undergoing orthopedic surgery, and should be used for 10 to 14 days and may be extended to 35 days. Enoxaparin (40 mg/day) was the anticoagulant most used by all seniors included in this study.

As the elderly may present less available to the mobilization and early ambulation in the postoperative period, has a higher probability of thromboembolic disease. Therefore, nurses must do a complete evaluation of peripheral circulation and promote interventions to improve tissue circulation such as: stimulating early ambulation, encourage the patient to perform exercises with active or passive range of motion and to elevate the leg above the heart level, educate patients to reduce risks and guide the administration of prophylactic anticoagulation medicine. 12,16-7 Care was

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identified in the nursing intervention "precaution against embolism" as the main activity carried out by nurses in home care in orthopedics postoperative visit.

The following diagnoses have also been identified in the field roles and relationships: Tension in the role of "caretaker" (0.38%) and "Dysfunctional family processes" (0.04%).When an event is committed the functional capacity of the elderly is the family caregiver, often-though not always choose to perform this function, assumes the responsibility of providing care to the elderly and dependent plays this activity, often without the support formal or other family members. In this way, the caregiver is restrictions on life itself, and that contributes to the appearance of adverse effects, including the tension. 28 "Is no shortage of attention to health, monitoring and actions directed towards the family caregiver health team." ^{29:1153}

And, although it has been found a reduced number of nursing diagnoses in this area, stated that the approach of stress experienced by caregivers/family must be included in the nursing care plan, considering accumulation of tasks and undertaken for these individuals to meet the demand for care in the basic activities of daily living (collaboration on food, transportation and personal hygiene) of the elderly.

In nursing care for the elderly in postoperative Orthopedic, there was a predominance of interventions focused on health education of the patient and the caregiver/family.

It is considered that the care made at home is the continuation of care provided by nursing staff, these being also responsible for professional training and support to the families." 30:1906

Finally, the location of the nursing interventions, mainly in the fields of complex physiological and physiological basic NIC, leads us to reflect the practice of nursing in the home care unit INTO, is closely related to troubleshooting that requires interventions for physical functioning and support the body's homeostatic.

CONCLUSION

There are a large number of researches related to nursing diagnoses and interventions; however, in the orthopedic area there are still few.

The knowledge of nurses about nursing diagnoses pointed in this study is of fundamental importance for the implementation of nursing care resulting in

the prevention of complications after orthopedic surgeries and impacting clinical practice.

Thus, it is considered that the objective of this work was achieved and stands which is of extreme relevance to health education to families and caregivers of the elderly, trying to minimize the risks to which they are exposed as a result of the surgical procedure.

Even though the study has presented as limitation the fact that it was held in a single location and the inability to analyze the relationship between the variables: age, type of surgical procedure, nursing diagnoses and interventions; it is believed that the results presented can subsidize new orthopedic studies, with possibility to validate the diagnoses and nursing intervention identified, suggesting the expansion of the sample universe.

REFERENCES

- 1. Lourenço RA, Martins CSF, Sanchez MAS, Veras RP. Assistência ambulatorial geriátrica: hierarquização da demanda. Rev Saúde Pública [Internet]. 2005 Apr [cited 2012 Sept 03];39(2):311-8. Available from: http://www.scielo.br/pdf/rsp/v39n2/24058.p df
- 2. Veras R. Envelhecimento populacional contemporâneo: demandas, desafios inovações. Rev Saúde Pública [Internet]. 2009 May/June [cited 2012 Sept 03];43(3):548-54. http://www.scielo.br/pdf/rsp/v43n3/224.pdf 3. Veras R, Parahyba MI. O anacronismo dos modelos assistenciais para os idosos na área da saúde: desafios para o setor privado. Cad Saúde Pública [Internet]. 2007 Oct [cited 2012 Sept 08];23(10):2479-89. Available http://www.scielo.br/pdf/csp/v23n10/22.pdf 4. Duca GFD, Marinez AD, Bastos GAN. Perfil do idoso dependente de cuidado domiciliar em comunidades de baixo nível socioeconômico de Porto Alegre, Rio Grande do Sul. Ciênc Saúde Coletiva [Internet], 2012 May [cited 2012 Oct 12];17(5):1159-65. Available from: http://www.scielo.br/pdf/csc/v17n5/a10v17n 5.pdf
- 5. Souza IR, Caldas CP. Atendimento domiciliário gerontológico: contribuições para o cuidado do idoso na comunidade. RBPS [Internet]. 2008 [cited 2012 Oct 12];21(1):61-Available http://www.redalyc.org/html/408/40821109 6. Ministério da Previdência e Assistência Secretaria de Estado (BR), Assistência Social, Secretaria de Políticas de Assistência Social, Departamento Desenvolvimento da Política de Assistência

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Social, Gerência de Atenção à Pessoa Idosa. Padrões Mínimos de Financiamento de Serviços e Programas de Atenção à Pessoa Idosa [Internet]. Brasília: Ministério da Saúde; 2004 [cited 2012 Oct 12]. Available from: http://www.saude.sp.gov.br/resources/ses/perfil/profissional-da-saude/grupo-tecnico-de-acoes-estrategicas-gtae/saude-da-pessoa-idosa/legislacao/portaria_73_mpas.pdf

7. Leme LEG, Sitta MC, Toledo M, Henriques SS. Cirurgia ortopédica em idosos: aspectos clínicos. Rev Bras Ortop [Internet]. 2011 [cited 2012 Oct 16];46(3):238-46. Available from:

http://www.scielo.br/pdf/rbort/v46n3/a02v4 6n3.pdf

- 8. Campos CR, Ercole FF. A visita domiciliar como método de vigilância pós-alta prara cirurgias ortopédicas: uma revisão integrativa. REME Rev Min Enferm [Internet]. 2008 July/Sept [cited 2012 Nov 02];12(3):412-20. Available from: http://www.reme.org.br/artigo/detalhes/284
- 9. Andrade AM, Silva KL, Seixas CT, Braga PP. Atuação do enfermeiro na atenção domiciliar: uma revisão integrativa da literatura. Rev. Bras. Enferm. [Internet]. 2017 Feb [cited 2017 Sep 18]; 70(1):210-219. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672017000100210&lng=en. 10. Shippee TP, Henning-Smith C, Gaugler JE,
- Held R, Kane, RL (2017). Family Satisfaction With Nursing Home Care: The Role of Facility Characteristics and Resident Quality-of-Life Scores. Research on aging, 39(3), 418-442. Available from: 10.1177/0164027515615182
- 11. Herdman TM, Kamitsuru S. Diagnósticos de enfermagem da NANDA: definições e classificação 2015-2017. Porto Alegre: Artmed; 2015.
- 12. Bulechek GM, Butcher K, Dochterman JM, Wagner CM. Classificação das Intervenções de Enfermagem (NIC). Rio de Janeiro: Elsevier; 2016.
- 13. Moorhead S, Delaney C. Mapping Nursing Intervention Data Into The Nursing Interventions Classification (NIC): Process and Rules. Nurs Diagn. 1997 Oct/Dec; 8(4): 137-44. PMID: 9624991
- 14. Ercole FF, Franco LMC, Macieira TGR, Wenceslau LCC, Resende HIN, Chianca TCM. Risco para infecção de sítio cirúrgico em pacientes submetidos a cirurgias ortopédicas. Rev Latino-Am Enfermagem [Internet]. 2011 Nov/Dec [cited 2013 June 07];19(6):[08 telas]. Available from: http://www.scielo.br/pdf/rlae/v19n6/pt_12.pdf
 15. Silva FS, Fernndes MV, Volpato MP. Diagnósticos de enfermagem em pacientes internados pela clínica ortopédica em unidade

médico-cirúrgica. Rev Gaúcha Enferm [Internet]. 2008 Dec [cited 2013 June 10];29(4):565-72. Available from: http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/3826/6542

- 16. Boland L, Légaré F, Perez MMB, Menear M, Garvelink MM, McIsaac DI, Stacey D. (2017). Impact of home care versus alternative locations of care on elder health outcomes: an overview of systematic reviews. BMC geriatrics, 17(1) 20, Available from: https://doi.org/10.1186/s12877-016-0395-y
- 17. McGuire C, Kristman VL, Martin L, Bédard M. (2017). Characteristics and Incidence of Traumatic Brain Injury in Older Adults Using Home Care in Ontario from 2003-2013. Canadian Geriatrics Journal, 20(1), 2-9. http://doi.org/10.5770/cgj.20.228
- 18. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Envelhecimento e saúde da pessoa idosa [Internet]. Brasília: Ministério da Saúde, 2006 [cited 2012 Aug 15]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/abcad19.pdf
- 19. Rodrigues IG, Fraga GP, Barros MBA. Quedas em idosos: fatores associados em estudo de base populacional. Rev Bras Epidemiol [Internet]. 2014 July/Sept [cited 2014 Aug 17];17(3):705-18. Available from: http://www.scielosp.org/pdf/rbepid/
- v17n3/pt_ 1415-790X-rbepid-17-03-00705.pdf 20. Luzia MF, Almeida MA, Lucena AF. Mapeamento de cuidados de enfermagem para pacientes com risco de quedas na Nursing Interventions Classification. Rev Esc Enferm **USP** [Internet]. 2014 [cited 2014 Oct 21];48(4):632-9. Available from: http://www.periodicos.usp.br/reeusp/article /view/88477
- 21. Darli CC, Rossi LA, Darli MCB. Diagnósticos de enfermagem de pacientes em período pósoperatório imediato de colecistectomia laparoscópica. Rev Latino-Am Enfermagem [Internet]. 2006 May/June [cited 2015 Jan 23];14(3):389-96. Available from: http://www.scielo.br/pdf/rlae/v14n3/v14n3a 13.pdf
- 22. Kawai VFA, Cortez PJO, Valenti VE, Oliveira FR, Vitorino LM. Pre and postoperative analgesia for orthopedic surgeries. Rev Dor [Internet]. 2015 July/Sept [cited 2015 Nov 11];16(3):166-70. Available from:

http://www.scielo.br/pdf/rdor/v16n3/pt_180 6-0013-rdor-16-03-0166.pdf

23. Reis LA, Torres GV. Influência da dor crônica na capacidade funcional de idosos institucionalizados. Rev Bras Enferm [Internet]. 2011 Mar/Apr [cited 2015 Dec

Postoperative home visit in orthopedics: diagnosis...

14];64(2):274-80. Available from: http://www.scielo.br/pdf/reben/v64n2/a09v64n2.pdf

24. Paula GR, Reis VS, Ribeiro FA, Gagliazzi MT. Assistência de enfermagem e dor em ortopédicos recuperação pacientes na anestésica, no Brasil. Rev Dor [Internet]. 2011 July/Sept [cited 2016 Feb 13];12(3):265-9. Available from: www.scielo.br/pdf/rdor/v12n3/v12n3a14.pdf 25. Akpinar EE, Hosgün D, Akan B, Ates C, Gülhan M. Α tromboprofilaxia evita tromboembolismo venoso após cirurgia ortopédica de grande porte?. J Bras Pneumol [Internet]. 2013 [cited 2016 Apr 24];39(3):280-Available http://www.scielo.br/pdf/jbpneu/v39n3/pt_ 1806-3713-jbpneu-39-03-0280.pdf

26. Leme LEG, Sguizzatto GT. Profilaxia do tromboembolismo venoso em cirurgia ortopédica. Rev Bras Ortop [Internet]. 2012 [cited 2016 May 04];47(6):685-93. Available from:

http://www.scielo.br/pdf/rbort/v47n6/v47n6 a02.pdf

27. Vieira GB, Campos GS, Guimarães JR, Deligne LMC, Souza MNP, Oliveira ELRD, et al. Profilaxia do tromboembolismo pulmonar e trombose venosa profunda em pacientes ortopédicos. Rev Med Minas Gerais [Internet]. 2009 [cited 2016 May 25];19(4 Suppl 3):S26-S29. Available from:

http://rmmg.org/exportar-pdf/1096/v19n4s3a06.pdf

28. Loureiro LSN, Pereira MA, Fernandes MGM, Oliveira JS. Percepção de enfermeiras sobre a tensão do papel de cuidador. Rev Baiana de Enferm [Internet]. 2015 Apr/June [cited 2016 July 04];29(2):164-71. Available from:

https://portalseer.ufba.br/index.php/enfermagem/article/view/12596/pdf_122

- 29. Anjos KF, Boery RNSO, Santos VC, Boery EN, Santa Rosa DO. Características de idosos e seus cuidadores familiares. Rev Enferm UFPE on line [Internet]. 2016 Oct [cited 2017 Apr 10];11(3):1146-5. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/13489/16209
- 30. Avila MAG, Pereira GJC, Bocchi SCM. Cuidadores informais de idosos em pósoperatório de cirurgia de fêmur proximal: prevenção de novas quedas. Ciênc Saúde Coletiva [Internet]. 2015 June [cited 2017 Apr 11];20(6):1901-7. Available from: http://www.scielo.br/pdf/csc/v20n6/1413-8123-csc-20-06-1901.pdf

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