



ORIGINAL ARTICLE

NURSING DISCHARGE PLAN FOR OSTOMIZED INTESTINE PATIENTS
PLANO DE ALTA DE ENFERMAGEM PARA ESTOMIZADOS INTESTINAIS
PLAN DE ALTA DE ENFERMERÍA PARA OSTOMIZADOS INTESTINALES

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ABSTRACT

Objective: to build a hospital discharge plan for stomized intestinal people in the light of the Paterson and Zderad Humanistic Theory. **Method:** it is a methodological study, in two moments: bibliographical survey and construction of discharge plan. Data was collected initially by means of an integrative review of the literature with 22 articles that showed the importance of Nursing performance to the intestinal stomates and their main demands for clinical care, and then adopted the methodological framework of Echer for the construction and analysis of the elaborated material. **Results:** the discharge plan was constructed, totaling nine sessions: data of identification of the subject; clinical and surgical data of the subject; knowledge of the subject on the intestinal stoma; knowledge of the companion/informal caregiver about the intestinal stoma; possible detected nursing problems; expected results; nursing prescription/intervention; evaluation; and support networks. **Conclusion:** the discharge plan elaborated as a light-hard technology aimed at the ostomized patient, with a humanistic basis in its proposition, is visualized. It is hoped that its application can guide and improve nursing care for the ostomized intestine. **Descriptors:** Ostomy; Colostomy; Nursing Theory; Patient Discharge; Nursing; Technology.

RESUMO

Objetivo: construir um plano de alta hospitalar de Enfermagem para pessoas estomizadas intestinais à luz da Teoria Humanística de Paterson e Zderad. **Método:** trata-se de estudo metodológico, em dois momentos: levantamento bibliográfico e construção do plano de alta. Realizou-se a coleta de dados, inicialmente, por meio de revisão integrativa da literatura com 22 artigos que evidenciaram a importância da atuação da Enfermagem aos estomizados intestinais e suas principais demandas de cuidados clínicos e, em seguida, adotou-se o referencial metodológico de Echer para a construção e análise do material elaborado. **Resultados:** construiu-se o plano de alta, totalizando nove sessões: dados de identificação do sujeito; dados clínico-cirúrgicos do sujeito; conhecimento do sujeito sobre a estomia intestinal; conhecimento do acompanhante/cuidador informal sobre o estoma intestinal; possíveis problemas de Enfermagem detectados; resultados esperados; prescrição/intervenção de Enfermagem; avaliação e redes de apoio. **Conclusão:** visualiza-se o plano de alta elaborado como uma tecnologia leve-dura direcionada ao paciente estomizado, com base humanística na sua proposição. Espera-se que sua aplicação possa nortear e melhorar o cuidado de Enfermagem ao estomizado intestinal. **Descritores:** Estomia; Colostomia; Teoria de Enfermagem; Alta do Paciente; Enfermagem; Tecnologia.

RESUMEN

Objetivo: construir un plan de alta hospitalaria de Enfermería para pacientes ostomizados intestinales a la luz de la Teoría Humanística de Paterson y Zderad. **Método:** se trata de un estudio metodológico, en dos momentos: levantamiento bibliográfico; y la construcción del plan de alta. Se realizó la recolección de datos, inicialmente, por medio de revisión integrativa de la literatura con 22 artículos que evidenciaron la importancia de la actuación de la Enfermería a los ostomizados intestinal y sus principales demandas de cuidados clínicos y, luego, se adoptó el referencial metodológico de Echer para la construcción y análisis del material elaborado. **Resultados:** se construyó el plano de alta, totalizando nueve sesiones: datos de identificación del sujeto; los datos clínico-quirúrgicos del sujeto; el conocimiento del sujeto sobre la ostomía intestinal; conocimiento del acompañante / cuidador informal sobre el estoma intestinal; posibles problemas de enfermería detectados; resultados esperados; prescripción / intervención de enfermería; evaluación; y redes de apoyo. **Conclusión:** se visualiza el plan de alta elaborado como una tecnología ligera dirigida al paciente ostomizado, con base humanística en su proposición. Se espera que su aplicación pueda guiar y mejorar el cuidado de Enfermería al ostomizado intestinal. **Descritores:** Estomía; Colostomía; Teoría de Enfermería; Alta del Paciente; Enfermería; Tecnología.

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INTRODUCTION

It is recognized that the intestinal elimination pattern is one of the main focuses of nursing care, since it is one of the most important dimensions regarding the basic physiological needs. It is known that, in some situations, the intestinal compromise requires the use of artificial ways to provide a better condition to the intestinal transit and, therefore, the need arises to adapt the individual to this new life condition.

In this context of the surgical preparation of alternative routes for intestinal elimination, the stomies, which consist of an artificial opening that connects the cavity of the organ to the external surface of the body, stand out. The purpose of this hole is to replace the functions of draining fluids, gases, physiological eliminations and waste from the organ that is affected.¹ In this new reality, the use of a bag adhered to the skin, surrounded by the stoma to collect the constant and uncontrollable intestinal elimination, necessitating specialized care.

It is known that the manufacture of a stoma is due to some involvement in the intestinal tract and, which among the main causes, may be mentioned: protection of an anastomosis; inflammatory bowel diseases; blunt and perforating trauma; colorectal cancer and Chron's disease. It is emphasized that, besides the causal factor being important to define the type of stomomy, this is also the condition to decide if its permanence will be provisional or definitive.²

It should be noted that, although there is frequent knowledge of this type of surgical intervention, and that the scientific literature highlights it as clinically relevant, there are still very few studies and epidemiological data on the quantitative use of stomata, and this is, mainly, due to the failures of systematized information records and data crossing. In this sense, it is indirectly inferred that intestinal stomies are performed with greater incidence for the treatment of intestinal neoplasias, being the third type of cancer more common among men and the second type in women, being estimated, for Brazil, in 2018, that there were 16,660 new cases of colon and rectum cancer in men and 17,620 in women.³

It is observed that the prevalence in cases of ostomized patients is higher when considering the following characteristics: male sex; seniors; and educated with incomplete Elementary Education.⁴ From this prevalence, the urgent need to propose a therapeutic plan for post-stomatal care is considered, considering that these characteristics are traditionally less involved with self-care strategies.

It is emphasized that the intestinal stoma is a treatment option that aims to delay the life of patients who have suffered some damage from

this anatomical segment. It should be noted that this new reality promotes changes in the aesthetics of the patient, bringing difficulties in acceptance and conviviality, and, in view of this, the need to expose, to the patient, details about the exteriorization of this viscera and the reasons for its confection in order to reduce rejection and its consequent emotional damage.

It is suggested that this preparation work for the adaptation with the stoma, which begins even during hospitalization, has the role of protagonist in the nurse, since the patient spends more time with the patient and participates in all stages, from pre- to your care after discharge. It is also emphasized the responsibility of the nurse to clarify, to the patient and family, about the surgery and its consequences, as well as other doubts verbalized by them, which include: encouraging self-care; acquisition of appropriate material; skin care and changes; collection bag exchange; food adequacy and legal and social protection, preparing the stomized to face at home.^{5,6}

It should be stressed that, in this context, Nursing must use its theoretical frameworks to provide a structured and effective planning to the stomized and, in this study, the Humanistic Nursing Theory of Paterson and Zderad presents itself as a subsidy, since it supports the practices, aiming at the more humanized care where the Nursing professional can see the EU-subject in need of care and provide assistance directed to their needs.⁷

It is justified to prepare this study, based on the assumption of the need to adapt to the process of nursing care to the ostomized individual, who during hospital care is exposed to a lot of information passed through in a non-systematized way, which hinders the understanding and the processing of the content informative. It is complemented that, in this way, recurrence of complications is more frequent and hospital costs become more expensive.

It is noteworthy that this research has social relevance as it allows to develop an individualized care, a more comprehensive look at the emergent problems of these ostomized individuals who need support, accompaniment and specialized assistance, with emphasis on improvements in communication, ensuring that they clarify doubts, to have their real needs met and, on the other hand, to base the continuity of the care necessary to the stomized at home, providing him with well-being and preventing readmissions.

OBJECTIVE

- To construct a discharge plan for ostomized intestine patients in the light of Paterson and Zderad's Humanistic Theory.

METHOD

It is a methodological study.⁸ Echer's methodological framework was used, which aims to build and validate an instrument that, focuses on patient education for health care in four stages: 1. Submission of the project to the Brazil platform; 2. Bibliographic survey; 3. Elaboration of the material (light or light-hard technology); and, 4. Validation of the final product.⁹

It should be emphasized that, at this stage, the development of the research is only proposed to build the technology in the hospital discharge plan modality and, therefore, only the steps of bibliographical survey and preparation of the material were contemplated, while the other stages will be carried out in a later study.

Initially, an Integrative Literature Review (ILR) was carried out, following the six classic steps⁹ to answer the guiding question: "What scientific evidence is produced about the care needs of the stomized intestinal person?" Results have been pointed out for biological, social and psychological care needs that have been previously published.¹⁰

The discharge plan was drawn up between March and June 2017 and a nurse and a nursing student participated as human resources to select the relevant points and the organization of the instrument and a graphic design to structure the layout of your appearance.

The instrument was organized in nine sessions, obeying the five stages of the nursing process, recommended by resolution 358/2009 of the Federal Nursing Council.¹¹ The NANDA-I¹² taxonomy was used to base the diagnoses, to the NIC (Nursing Interventions Classification)¹³ for nursing interventions and to the NOC (Nursing Outcomes Classification)¹⁴ for the results, since it is a language that is more used worldwide.

It should be emphasized that, in the course of the research, the ethical and legal criteria that regulate the use of texts and images were respected, not violating copyright.

RESULTS

The discharge plan was constructed according to the steps of the Nursing Process, based on Paterson and Zderad's Humanistic Theory of Nursing, that is, the principles of individualization of the subject, attention to the essential demands of care and interaction with the environment in which the subject coexistence, including its network of relations, were contemplated throughout the elaboration.

It is recommended that this discharge plan, as shown below, should be delivered after completion by the nurse to the stomatologist or companion, who will take it to the home, becoming an instrument of registration of the illness and treatment of the person with stomies.

It is considered, therefore, essential that the nurse has sensitivity to use language accessible to all social layers, at the moment in which she explains the items of discharge plan to the subject that is care.

It is described, for demonstration purposes, that the discharge plan was divided into nine topics, as described below:

- Topic 1 - Identification data of the subject: refers to a sub-step of the Nursing history in order to collect the data of identification of the subject. It is related to personal information, socioeconomic and means of access to the communication of the ostomized patient;

- Topic 2 - Clinical-surgical data of the subject: is directed to retrieve information to relate to the nursing history with data from the surgical procedure of performing the stoma and research on pre-disposition to dermatitis;

- Topic 3 - Knowledge of the subject on the intestinal stoma: it is investigated whether the individual was informed and has knowledge about the procedure, by evaluating it on a scale where it demonstrates to know totally or partially or is not aware of what was done or if he knew the intestinal stoma and the collection bag and its adjuncts; before the answer, the applicator seizes the moment and already makes an educative approach;

- Topic 4 - Knowledge of the companion / informal caregiver about the intestinal stoma: the knowledge and understanding of the patient's companion about the intestinal stoma is evaluated. It is also exposed a space destined to note other doubts that may arise during interview, because the Humanistic Theory of Nursing considers it important to open space to be exposed the opinion of the subject and the companion, and the same one appears in the previous topic;

- Topic 5 - Possible Nursing problems detected: refers to the stage of the main nursing diagnoses collected from the literature review of the studies for intestinal stomized patients; spaces for new nursing diagnoses that appear;

- Topic 6 - Expected results: it is intended to describe the expected nursing results as well as the timeframe for reaching these results, so that there is a monitoring by the nurse, patient and companion about the achievement of the main goals of post-stomatal care intestinal;

- Topic 7 - Nursing Prescription / intervention: it is related to the implementations of the Nursing process and its function is to describe the assistance / care that needs to be performed with the intestinal stomicide, defining who is able to perform and when to perform;

- Topic 8 - Evaluation: it is intended for the nurse to describe all the observations in the

evolution of the ostomized subject and companion in the care;

- Topic 9 - Support networks: the patient is exposed to useful links and telephones for assistance, financial assistance and psychological support.

It was decided to carry out the discharge plan in the form template in which filling will be performed by the nurse, since the nursing process is privately planned by the nurse and the nurse competes to identify critical points of care and their needs for intervention. In this sense, the use of a formal, technical and scientific language is justified.

One resorted to the use of figures in topic 2 of the discharge plan, in which an abdomen was placed so that the subject located the position of their surgery and can better understand the anatomical location affected. This proposal is based on the recommendations of the Humanistic Theory of Nursing, in which there is explicit the need for the nurse to validate the subject's knowledge about his health-disease process using multiple forms of communication.

It should be emphasized that in the items related to nursing diagnoses, results and interventions, it was considered that due to the dynamicity and individuality of the care, a space should be placed for the filling of new items, according to the needs expressed in the evaluation of the nurse.

Interventions can be performed considering that the patient remains for a few days in a hospital environment after the operation of the stom- omy, both by the nurse and by the stom- ing and accompanying person, when they have the disposition and skills to perform them.

At the end of the day there are support networks with their respective phones, addresses and websites to support the intestinal stomicide, since in case of aggravation, financial difficulties, doubts and psychological support, they will have the right place to to direct.

It is suggested that this discharge plan be completed and delivered to the ostomized subject and / or the accompanying person/family at the time of discharge and that, every time the subject returns to the hospital unit or to seek a support unit to request a scholarship or assistance, carry the discharge plan, which will contain your medical history, favoring the continuity of the care provided.

and light-hard technologies are the most commonly developed and implemented, since they are concerned with the subject's relations with his understanding of the health-disease process.¹⁵

Referring to the creation of light-hard technologies for the care environment, it is noteworthy that this has been occurring to assist the work of the health team in guiding patients and their families in the process of treatment, recovery and self-care. It is considered that having an educational and instructive material facilitates and standardizes the guidelines to be carried out, with a view to health care, contributing to patient recovery, helping them to understand the health-disease process to guide the path to recovery.¹⁶

One attempted to elaborate a nursing discharge plan with the purpose of collaborating with the systematization of the assistance and to enter into the reality in which the ostomized intestinal subjects are inserted, expanding the nursing care optics and entering the home to help the stomach and their relatives/caregivers to reproduce what was advised in a hospital environment. It is understood, in this context, that the elaboration of informative material contributes significantly to the treatment of the patient, taking orientations of extreme relevance for their daily care.¹⁷

It was evidenced in a similar study that, during hospitalization, the Nursing team can gradually identify the problems of the subject and find solutions and orientations for their resolutions.⁶ In this way, the Nursing process is understood as fundamental to contemplate the needs presented by the patient and this must be approached in five phases: investigation; diagnosis; planning; implementation and evaluation.¹¹

It is reported that research is the first phase of the nursing process, and, in the reasoning of Humanistic Theory, this history is carried out through dialogue, a phase that is essential for the process of affinity building and evaluation of the stomic's thinking, since the theorists state that listening to the individual produces awareness to understand and respect the particularities found in each one, drawing a plan of discharge of nursing more adequate to the ostomized, in a humanistic and particular way.¹⁸

Diagnoses and interventions should be developed for the subject rather than for the disease, based on the responses of the patient, their reaction to changes in life and the way they respond to treatment, which is the main focus of humanistic nursing, which involves the subject in their own care and decisions. It is necessary, during this elaboration, the use of classification terminologies, because they provide a standardized language in the process of clinical and therapeutic reasoning.¹²⁻¹⁴

It is emphasized that the process of reasoning in nursing diagnosis is essential due to the stimulation of the critical thinking of the nurse in view of the need expressed by the patients and

DISCUSSION

It is verified that in recent years, nursing has used a series of resources, aimed at health education with a focus on care, self-care and self-care for patients in the most diverse situations of illness and / or to strengthen search behavior in health. It is noteworthy, in this scenario, that light

data obtained in the physical examination. It is noteworthy that, in addition to allowing the identification of the alterations suffered by the stomicide, it provides to act with interventions based on effective or potential goals in the face of a disorder that the nurse has permission and capacity to solve.¹⁹

It complements that the prescription or intervention of nursing are the actions directed to help the subject to establish standards of improvement, reducing or eliminating the identified problem. It is reinforced that, during its implementation, the nursing can reassess the client, being able to readjust the care plan established according to the needs presented. It is evidenced, in the literature, that the interventions offer a meaning for the stomized, guiding the patient to the acceptance by the understanding of the changes occurred in the body itself.²⁰

It can be observed that most of the interventions elaborated are related to the teaching of self-care and the adaptations necessary for the stomized to resume his normal routine. In this context, it is important that the systematization of care includes teaching the necessary care to both the patient and his/her family/ companion, in order to prepare them to return to social activities and improve their quality of life impact of stoma acquisition.^{5,16}

Finally, it is verified that the last stage of the nursing process, which consists of the evaluation, aims to judge everything that was implemented and objectified to the stomized patient. It is intended to observe significant evolution through alterations and responses of the client's health status, and it is considered important also for the nurses' reflection on the quality of their care and documentation of the advances and future needs.

It is concluded that support networks for people with ostomy allows, the individual, to seek new guidelines relevant to their treatment and/or assistance to their new clinical state. It is understood that the search for support groups is important, since these means allow open talk about their fears and afflictions, allowing them to expose their doubts to nurse estomotherapists and other stomized patients, building bonds of trust between the health team and the group, making them realize that they are not alone, reestablishing social relations and bringing benefits in the psychological adaptation.²¹

It is understood, from the theoretical point of view, that both, nurse and patient (client, family, group) necessarily participate in the process. In this sense, it is considered that they are interdependent, since each one becomes subject, that is, each one is the originator of human acts and human responses and, so, care will not be an exclusive practice of the nursing professional, since there will be participation and interaction of

those involved in the caring process.¹⁸ It follows that, this process, is the relationship between who offers the care and who demands it, can generate autonomy or dependence, as guidelines are dispensed.

Therefore, this research is an innovative work, since it was elaborated from the perspective of a humanized Nursing care, with an appreciation of the subject's demands and their environment of conviviality and support. It is also expressed that, in addition, it has an extremely specific focus on the intestinal stomatal subjects that, until then, did not have discharge plan published in the scientific literature of Nursing.

CONCLUSION

It is envisaged that the light-hard technology created in the high-plane style intends to be an instrument that contributes doubly to the Nursing and the subject-care; for this, in the form of a resource for consultation and guidance even when in the home, and for the latter, as a potentiator of scientific knowledge and how to organize their actions and systematize their assistance to respond to the patient's and family's care needs, with references Structures of the Nursing Process in the light of Paterson and Zderad's Humanistic Theory.

It should be noted that the limitations observed in the development of this study consist in the scarcity of scientific literature on the construction of nursing discharge plans, and the instrument created has not been submitted to the validation process with specialists and patients, which will be done in subsequent stage.

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