









CASE REPORT ARTICLE

NURSING CARE FOR THE USER WITH SPINOCELLULAR CARCINOMA
ASSISTÊNCIA DE ENFERMAGEM AO USUÁRIO COM CARCINOMA ESPINOCELULAR
CUIDADO DE ENFERMERÍA AL USUARIO CON CARCINOMA ESPINOCELULAR

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ABSTRACT









Objective: to report the experience of applying Nursing Care Systematization (NCS) in a home visit. **Method:** This is a descriptive case study. The Nursing Care Systematization was applied to a patient with squamous cell carcinoma, experienced in a home visit to the patients, following the steps of anamnesis and physical examination, nursing problems, nursing diagnoses, expected results, intervention and prescription. **Results:** the study was conducted in six moments. It is reported that, during the home visit, data were collected from the user, such as family morbid history, personal morbid history, lifestyle, complaints, physiological functions of elimination, physical examination and nursing conduct for the survey of problems and the establishment of the therapeutic plan. **Conclusion:** the importance of home visiting for the recognition of problems inherent to the territory and the importance of nursing care in Primary Health Care were emphasized. **Descriptors:** Community Health Nursing; Clinical Study; Nursing Care; Squamous Cell

RESUMO

Objetivo: relatar a experiência da aplicação da Sistematização da Assistência de Enfermagem (SAE) em uma visita domiciliar. **Método:** trata-se de um estudo descritivo, tipo estudo de caso. Aplicou-se, a Sistematização da Assistência de Enfermagem a um paciente com carcinoma espinocelular, vivenciada em uma visita domiciliar aos pacientes, seguindo as etapas de anamnese e exame físico, problemas de Enfermagem, diagnósticos de Enfermagem, resultados esperados, intervenção e prescrição. **Resultados:** realizou-se o estudo em seis momentos, e, na visita domiciliar, foi realizada a coleta de dados de forma integral do usuário como, antecedentes mórbidos familiares, antecedentes mórbidos pessoais, hábitos de vida, queixas, funções fisiológicas de eliminação, exame físico e a conduta de enfermagem para o levantamento dos problemas e o estabelecimento do plano terapêutico **Conclusão:** ressaltou-se a importância da visita domiciliar para o reconhecimento de problemas inerentes ao território e a importância da assistência de Enfermagem na Atenção Primária à saúde. **Descritores:** Enfermagem em Saúde Comunitária; Estudo Clínico; Cuidados de Enfermagem; Carcinoma de Celular Escamosas; Visita Domiciliar; Papilomaviridae. Carcinoma; House Calls; Papilomaviridae.

RESUMEN

Objetivo: informar la experiencia de la aplicación de la Sistematización del Cuidado de Enfermería (SAE) en una visita domiciliar. **Método:** se trata de un estudio descriptivo, tipo estudio de caso. La Sistematización del cuidado de enfermería se aplicó a un paciente con carcinoma de células escamosas, experimentado durante una visita domiciliar a los pacientes, siguiendo los pasos de la anamnesis y el examen físico, problemas de enfermería, diagnósticos de enfermería, resultados esperados, intervención y prescripción. **Resultados:** el estudio se realizó en seis momentos y se informa que, durante la visita domiciliar, se recopilaron datos del usuario, como antecedentes familiares de morbilidad, antecedentes personales de morbilidad, estilo de vida, quejas, funciones fisiológicas de eliminación, examen físico y conducta de enfermería para la encuesta de problemas y el establecimiento del plan terapéutico. **Conclusión:** se enfatizó la importancia de las visitas domiciliarias para el reconocimiento de problemas inherentes al territorio y la importancia de la atención de enfermería en Atención Primaria a la Salud. **Descriptor:** Enfermería en Salud Comunitaria; Estudio Clínico; Visita Domiciliar; Atención de Enfermeira; Carcinoma de Celular Escamosas; Papilomaviridae.

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INTRODUCTION

Discussions on Primary Health Care (PHC) began in 1970, but only in 1990 did major changes in national PHC policy begin due to the large investment in expanding access. Such transformations can be said to be related both to changes in the federative arrangement introduced after the 1988 Constitution and to the decentralization process, as well as to the PHC's prominence in the sectoral agenda. PHC was municipalized after the decentralization of UHS, which determined the progress in the process of universalization of the service previously constituted by different organizational accumulations in the public network.¹

From this, it is believed that the first step in recognizing social determinants is territorialization. Due to the health / disease situation of a population, acute conditions and chronic conditions are alluded to, generating a morbidity / mortality profile. Based on the SDH and the epidemiological profile of a population, health care networks are organized, especially Primary Health Care - PHC. It refers to the care network to the set of activities with the purpose of promoting and monitoring the health of a population, that is, the supply of goods and services in the health area, in particular, the public goods and services offered by UHS, as these are the responsibility of the Brazilian State.²

When considering the Family Health Strategy (FHS), the home visit as a measure of interaction in health care is assumed, being of fundamental importance and duty of the FHS professionals to perform the home visit, since it aims to know the reality of the population. Nurses' home care, as defined by COFEN Resolution No. 464, of 10/20/2014, can be seen as actions developed at the person's home that aim to promote their health, prevent diseases and treat diseases, as well as their rehabilitation and palliative care.³

Nursing Care Systematization (NCS) was performed at home visit to the user with squamous cell carcinoma by the nurse, following the steps of history and anamnesis, Nursing diagnosis, establishment of expected results, intervention, prescription and evaluation of results.⁴

The North American Nursing Diagnosis Association International (NAND) and the International Classification of Collective Health Nursing Practice (CIPESEC) were used for nursing diagnoses. It can be considered that one complements the other, and both have the same goal of achieving the expected results for the individual's integral improvement.⁵

Human papillomavirus (HPV) is a heterogeneous group of viruses belonging to the Papovaviridae family, with recognized tumor induction potential, infecting squamous epithelia, whether or not

keratinized, making sure that HPV is one of the most common sexually transmitted infections, may cause acuminated condyloma, which are risk factors for dysplasia.⁶

Anal intraepithelial neoplasia (AIN) is called the consequence of chronic HPV infection in the perianal region that appears to be caused by elevated viral load. Although the natural history of this lesion is uncertain, AIN is a precursor of anal carcinoma, but high-grade AIN appears to have low potential for malignant transformation in immunocompetent patients and is expected to have an increased incidence in immunocompromised patients, as well as determining more neoplastic changes.⁷

The incidence of anal carcinoma corresponds to 1.5% of tumors of the digestive tract. However, with the onset of AIDS, this type of tumor has been found to be 25 to 50 times higher in those infected with HIV, especially in men aged 30 to 40 years. This increase has been observed since the 1980s, especially among receptive anal sex practitioners, and it appears to be closely related to human papillomavirus infection.⁸

OBJECTIVE

- To report the experience of applying Nursing Care Systematization (NCS) in a home visit.

METHOD

This is a descriptive case study, which is the type of non-probabilistic sampling where the user was randomly chosen. The Nursing Care Systematization was applied to a patient with squamous cell carcinoma, experienced during a home visit in a neighborhood in the city of Belém do Pará.

Nursing Care Systematization was applied by the Family Health Strategy nurse with the help of 9th-period nursing students who were experiencing the supervised internship in Primary Care at the Metropolitan University Center of Amazonia (UNIFAMAZ). The home visit was performed on 11/02/19 shortly after receiving information from community health agents.

The case study was divided into six moments, and at the first moment the CHA responsible for the micro-area was informed of the client's history and then the nurse's home visit with the Nursing students to elaborate of Nursing History (NH).

Secondly, the problems encountered during the visit and whether they were considered real and potential for NCS were established.

In the third stage, the framework of the affected basic human needs was elaborated. There is a picture of the NHB divided into physiological, safety, love / relationship, esteem and personal fulfillment.

In the fourth moment, the nursing diagnoses were applied according to the nursing diagnoses of

NANDA, International Classification of Collective Health Nursing Practices - CIPESC.

In the fifth moment, the expected results were measured according to the severity of each nursing problem. In the sixth moment, the nursing interventions and prescriptions were finalized.

RESULTS

It is reported that, during the home visit, data were collected in full from the user. Thus, the Nursing history is reported: “Young, 32 years old, male, received home visit from nurse, CHA and Nursing students. It resides in rented house of brick with one room and a bathroom. He is accompanied by his wife and two children, being a four-year-old boy and a one-year-old girl. It has running water and weekly garbage collection. Family income is the benefit of a minimum wage.

Morbid family history: mother with systemic arterial hypertension; maternal grandmother with Diabetes Mellitus. **Personal morbid history:** HIV carrier; denies hypertension and diabetes. He was diagnosed with invasive moderately differentiated squamous cell carcinoma grade II by pathological examination on 06/04/2018 and, in 2018, also received an undated medical report of ICD: B20.3, B23-0, B24 to confirm expertise and thus receive benefit. On 10/22/2018, she underwent pelvic MRI resulting from an expansive / solid infiltrate lesion compromising the anal canal and extending inferiorly to the right inter-gluteal sulcus and anteriorly to the perineum. On 11/20/2018, a CT scan of the upper abdomen was performed, with the result: liver showing small foci of calcification located in segment VII and suggestive of residual granulomas. Point-like calculi, smaller than 0.3 cm, located in the middle and lower calician group of the left kidney. Other organs unchanged. He began his carcinoma treatment by Ophir Loyola with radiotherapy on 09/18/2019 and has had four sessions. He is waiting to schedule chemotherapy because he reported that there was no hospital in Barros Barreto. **Life habits:** former smoker and alcoholic, reports having already used illicit drugs (marijuana). Refers to difficulty feeding. Inadequate water intake, sleep and rest impaired due to pain. **Physiological patterns of elimination:** refers to urination normally, but has difficulty to evacuate. **At the time of the visit:** complains of a lot of pain and discomfort in the anal area when moving in bed. He also states that he spends the day lying down because he cannot stand up because of the pain. Reports a lot of cough with yellowish discharge. **To the physical exam:** hypo colored ocular skin and mucous membranes, oral cavity with no dentition and tongue dab, absence of infarcted ganglia in the auricular region. AC: BCNF in two stages, AP: MV present, with presence of snoring in the right lung base. Flaccid and painless palpation abdomen with MMSS and lower limbs without edema, showing dry

skin. PA: 140 x 70 mmHg, SPO²: 96%, T: 37.9 ° C, HR: 113 bpm. **Nursing Conduct:** At the time of the evaluation, a dressing change was performed in the anal region, where it was observed that there is a wound with large erosive involvement on the buttocks; there is granular tissue with a foul-smelling purulent discharge; there were mixed feces in the lesion. Hydrogel ointment was passed, guiding as to the ideal way to perform the dressing. Rapid HIV and syphilis tests were performed, with the permission of family members, the patient's mother, partner and children. Contact with the Best at Home team was requested due to the severity and size of the injury. The couple received guidance on condom use and about the disease to better understand it. The guardian was asked for the children's books and both had an outdated vaccination schedule and no markers on growth parameters. Thus, the importance of the registration of children for monitoring growth and development was emphasized and how the responsible person can make this registration in the FHS”.

The following nursing problems were raised: Injury caused by anal carcinoma, pain and discomfort in the anal region, difficulty in eating. Inadequate water intake, impaired sleep and rest, difficulty evacuating, cough with yellowish discharge, hypo colored eye skin and mucous membranes, oral cavity without teething, and sabro tongue, PA: 140x70 mmHg.

DISCUSSION

It is believed that the experience lived in home visits contributed scientifically, because the importance of the clinical look in a home visit was emphasized, highlighting the importance of health care networks for the prevention of injuries and recovery of the individual. For each Nursing problem, an ND and its care plan were applied and, reporting the client's clinical status, the following care plan was then.

1st NP: lesion caused by carcinoma in the anal region; NHB: safety; ND: damaged skin integrity related to the cancer lesion evidenced by the severity of the lesion on inspection; NR: The patient will present with increased granulation tissue within three days; NI: evaluate injury; Keep wound clean. Guide family members about the technique for cleaning when the patient evacuates.

2nd NP: anal pain and discomfort; NHB: physiological; ND: chronic pain related to the injurious agent (carcinoma) and evidenced by the report; NR: The patient will experience decreased pain intensity as soon as follow-up with the Best at Home begins; NI: evaluate injury; keep wound clean; call the Best at Home team for daily patient follow-up; schedule home visit.

3rd NP: difficulty eating; NHB: physiological; ND: altered food intake related to discomfort evidenced by the reported difficulty in eating; NR: the patient will present improvement in the feeding picture in three hours; NI: advise on the importance of a balanced diet for the prevention of future health problems.

4th NP: inadequate water intake; NHB: physiological; ND: risk of ineffective renal perfusion related to inadequate fluid intake; NR: The patient will ingest more fluid immediately; NI: advise on the benefits of water intake.

5th NP: difficulty sleeping; NHB: physiological; ND: impaired sleep and rest related to health status characterized by the patient's report; NR: It is estimated that the patient will recover the sleep pattern in four days; NI: guide the importance of preserving sleep and rest for health.

6th NP: difficulties to evacuate; NHB: physiological; ND: impaired comfort related to the difficulty to evacuate evidenced by discomfort with the situation; NR: Will improve comfort within 15 days of follow-up with the Best at Home; Trigger Best at Home for patient follow-up and improved comfort.

7th NP: cough with yellowish discharge; NHB: oxygenation; ND: altered breathing related to productive cough evidenced by pulmonary auscultation and patient report; NR: It is expected that there is a clinical diagnosis for the patient's cough and that the improvement time will be according to drug treatment. NI: drink two liters of water a day; keep the windows of the house open; protect mouth with handkerchief when coughing; ask the cough time; trigger Best at Home team.

8th NP: oral cavity with no teething and mouth tongue; NHB: physiological; ND: Impaired dentition related to inadequate oral hygiene evidenced by the absence of teeth and tongue; NR: The patient is expected to have a better understanding of the importance of oral hygiene in one day and to be accompanied by the dentist for restoration of the dentition. NI: provide guidance on oral hygiene and registration for dental follow-up at BHU.

9th NP: BP: 140x70 mmHg; NHB: physiological; NR: risk of impaired cardiovascular function related to high BP (140x70) and family history of cardiovascular disease; NI: Client BP is expected to stabilize within a week. NI: perform pressure mapping for seven days.

It is stated that the use of CIPESC for the elaboration of Nursing diagnoses in Primary Care is of paramount importance, since some NANDA diagnoses are more focused on the client at the hospital level, which sometimes makes it difficult to elaborate Nursing diagnoses in Primary Health Care, but the use of NANDA is not excluded.

It is possible to identify, when conducting the home visit, indispensable factors for the health of

the community living in the micro area, facilitating factors for prevention, promotion and recovery of diseases.

It is believed that a good qualified listening and an integral look of the subject result in a good Nursing history, which ends up facilitating the survey of the problems, aiming, therefore, which care plan to make about each problem found, contributing to better customer service and higher problem resolution.

CONCLUSION

Primary care is characterized as the gateway to health services. Nursing care plays an important role, from qualified listening to the conducts and intervention of necessary care. It is emphasized the importance of nursing care for the contribution of the patient's quality of life, seeking to achieve the expected results, involving the recovery, prevention and health promotion of the user, making evident the importance of nurses at all levels of care.

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