ORIGINAL ARTICLE

EVALUATION AND TREATMENT OF PRESSURE ULCERS IN THE FAMILY HEALTH STRATEGY
AVALIAÇÃO E TRATAMENTO DE LESÕES POR PRESSÃO NA ESTRATÉGIA SAÚDE DA FAMÍLIA
EVALUACIÓN Y TRATAMIENTO DE LESIONES POR PRESIÓN EN LA ESTRATEGIA DE SALUD FAMILIAR

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ABSTRACT

Objective: to know how nurses work in the evaluation and treatment of pressure ulcers in the context of the Family Health Strategy. **Method:** this is a qualitative, descriptive and exploratory study in urban units of the Family Health Strategy. The data was collected through interviews, with a semi-structured instrument applied to ten nurses, being subsequently analyzed by the Content Analysis technique in the Category Analysis modality. **Results:** the following categories were listed: Participation in specific training on pressure ulcers; Application of pressure ulcer assessment method; Indication, use and availability of coverings for the prevention and treatment of pressure ulcers and Guidance to patients and family members on care for pressure ulcers. **Conclusion:** it is concluded that the nurse needs to have the theoretical-practical knowledge so that, together with the multiprofessional team and the family, the care in the prevention and treatment necessary for these patients is promoted. **Descriptors:** Pressure Ulcer; Patient Safety; Primary Health Care; Family Health Strategy; Nursing Care; Patient Care.

RESUMO

Objetivo: conhecer como os enfermeiros atuam na avaliação e tratamento de lesões por pressão no contexto da Estratégia Saúde da Família. **Método:** trata-se de um estudo qualitativo, descritivo e exploratório em unidades urbanas da Estratégia Saúde da Família. Coletaram-se os dados por meio de entrevistas, com um instrumento semiestruturado aplicado a dez enfermeiros, sendo posteriormente analisados pela técnica de Análise de Conteúdo na modalidade Análise Categórica. **Resultados:** elencaram-se as seguintes categorias: Participação em formação específica sobre lesão por pressão; Aplicação de método de avaliação de lesões por pressão; Indicação, utilização e disponibilidade de coberturas para a prevenção e tratamento de lesões por pressão e Orientações a pacientes e familiares sobre os cuidados com lesões por pressão. **Conclusão:** conclui-se que o enfermeiro necessita possuir o conhecimento teórico-prático para que, juntamente à equipe multiprofissional e à família, se promova o cuidado na prevenção e tratamento necessário a estes pacientes. **Descritores:** Lesão por Pressão; Segurança do Paciente; Atenção Primária à Saúde; Estratégia Saúde da Família; Cuidados de Enfermagem; Assistência ao Paciente.

RESUMEN

Objetivo: saber cómo trabajan los enfermeros en la evaluación y el tratamiento de las lesiones por presión en el contexto de la Estrategia de Salud Familiar. **Método:** se trata de un estudio cualitativo, descriptivo y exploratorio en unidades urbanas de la Estrategia de Salud Familiar. Los datos fueron recolectados a través de entrevistas, con un instrumento semiestructurado aplicado a diez enfermeros, analizándolos posteriormente por la técnica de Análisis de Contenido en la modalidad de Análisis de Categoría. **Resultados:** se enumeraron las siguientes categorías: participación en capacitación específica sobre lesiones por presión; Aplicación del método de evaluación de lesiones por presión; Indicación, uso y disponibilidad de recubrimientos para la prevención y el tratamiento de lesiones por presión y orientación a pacientes y familiares sobre la atención de lesiones por presión. **Conclusión:** se concluye que el enfermero necesita tener el conocimiento teórico-práctico para que, junto con el equipo multiprofesional y la familia, se promueva la atención en la prevención y el tratamiento necesarios para estos pacientes. **Descriptor:** Úlcera por Presión; Seguridad del Paciente; Atención Primaria de Salud; Estrategia de Salud Familiar; Cuidado de Enfermería; Atención al Paciente.

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INTRODUCTION

Pressure ulcers (PUs) are known to be a serious health problem in the United States of America (USA). It is warned that, annually, about 2.5 million individuals are affected by PUs and that they are associated with an increased risk of serious infections, higher rates of mortality, pain and suffering, and disorders related to locomotion, the removal of social and family life and the increased use and costs related to health care.¹⁻⁴ It is pointed out, in relation to Brazil, that the studies that demonstrate the total numbers regarding this problem are still incipient, since the studies are focused on specific cities and carried out in some hospital sectors.

It is understood that PUs are wounds that occur on the skin and / or adjacent tissues, usually resulting from pressure or torsional forces on the skin and often associated with the presence of bony prominence or medical device. PUs are commonly associated with low mobility, advanced age, changes in nutritional status, increased skin moisture, dysfunctions in general health, among others.⁵

It is observed that PUs are considered adverse events (AEs) and are inserted in the context of quality and care security because they are preventable. It is understood that, when they are recurrent, they indicate a deficit in the quality of care. In Brazil, a greater concern with the security issue began in 2001, with the creation of the Sentinela network by the National Health Surveillance Agency (ANVISA) and, in 2011, after the disclosure, by this same body, of the Resolution of the Collegiate Board - RDC 63, which, in article 8, describes that "the health service must establish strategies and actions aimed at patient safety".⁶

In terms of promoting patient safety, it is reported that, among the protocols launched by ANVISA, which dictate standards and should be used in institutions as guides for the promotion of patient safety, there is the prevention of PUs, in order to promote the prevention of the occurrence of these ulcers.⁷

It is a complex and costly problem, as skin lesions have become more focused with the increasing technological rise. Among them are the PUs, which received new guidelines resulting from the increase in research with the purpose of better preventing and treating PUs, based on solid studies and best practices in the management of skin lesions.^{6,8}

It is pointed out that both the prevention and treatment of PUs must also be carried out in the Family Health Strategy (FHS), as there are users of the Unified Health System (UHS) who are discharged from the hospital and need home

monitoring for treatment or preventing these ulcers. In this sense, it is verified that the FHS organizes primary care according to UHS precepts and allows a deep knowledge of the patient, his family and his neighborhood, ensuring greater adherence to health interventions and treatments, being attributed to this level of attention to solving 80% of the population's health problems.⁹

It is noteworthy that the nurse who works in the FHS, in addition to using the technical and technological skills of nursing care with equipment and materials, also makes use of the techniques and technologies that involve relationships with regard to the bond and welcoming in health.¹⁰

It is understood that an adequate integration between primary care and tertiary care can provide more safety to the patient as it favors the continuity of treatments for PUs, taking into account the home context, being the tertiary care nurse capable of transmitting this communication to the FHS nurse, who will follow the care plan in an integral and humanized way.¹¹

It is noteworthy that the interest in conducting this research emerged from the concern to investigate how the evaluation and treatment of PUs are performed in the patient seen in primary care, since there is little research on PUs in this context, as most of them address the treatment in the hospital environment. In view of the above, the following research question was defined: "How are the evaluation and treatment of PUs performed in patients attended by the FHS of a municipality in the Metropolitan Region of Porto Alegre?".

OBJECTIVE

- To know how nurses work in the evaluation and treatment of pressure ulcers in the context of the Family Health Strategy.

METHOD

This is a qualitative, descriptive, exploratory study in the urban FHS units in the city of Gravataí, Rio Grande do Sul, Brazil. It is known that, in primary care, the municipality has 18 FHS units, with 11 units located in the urban region and seven in the rural region.

The study population was composed of ten nurses working in the FHS units who were available at the time of collection, who agreed to participate in the study and who worked in the FHS units for at least six months. Nurses who were on vacation, off or on leave due to some kind of leave, who were not available to answer the researchers at the time of collection and who did not accept to participate in the study were excluded.

Data was collected through individual interviews, using a semi-structured instrument,

containing, in the first part, data related to the characterization of the sample and, in the second part, subjective questions that met the objectives of the study. Data collection was carried out from March to May 2019. In order to assess the adequacy of the data collection instrument, two pilot interviews were conducted with participants who met the criteria for choosing the participants, to verify that the questions were clear, the sequence was appropriate and that the objectives of the research would be met.

It is noteworthy that the interviews in the FHSs were recorded, transcribed and recorded through the verbal report of the nurses and, subsequently, submitted to analysis. The data obtained through interviews were studied according to the Content Analysis technique, which includes three stages: (1) pre-analysis; (2) the exploration of the material and, finally, (3) the treatment of results - inference and interpretation.¹² Participants were identified with the letter E followed by numbers one to ten, to ensure anonymity.

The Health Research Norms of Resolution No. 466, of December 12, 2012, of the National Health Council (NHC), on research with human beings were followed.¹³ This research was approved by the Ethics and Research Committee (REC) of the Pontifical Catholic University of Rio Grande do Sul, registering it under CAAE 04300918.7.0000.5336. Participants were provided with the Free and Informed Consent Term (FICT), containing information about the study and its objectives, and the participants remained with a copy of the term and had complete freedom of adherence, ensuring their security and data protection at all stages of the study.

RESULTS

Ten nurses were interviewed, seven of whom were female. It is registered that the age of the interviewees varied between 35 and 56 years, the time of professional training varied between 8 and 29 years and the time of service in the institution was between one and 15 years.

It was found that, from the content of the interviews, four categories emerged that respond to the objective of the study: Participation in specific training on pressure ulcers; Application of pressure ulcer assessment method; Indication, use and availability of coverings for the prevention and treatment of pressure ulcers and Guidance to patients and family members on care for pressure ulcers, which are presented and discussed below.

CATEGORY 1: Participation in specific training on pressure ulcers

Nurses were questioned, in view of the relevance of scientific technical knowledge and permanent education for adequate skin care, prevention and treatment of PUs, regarding

participation in training or courses on pressure ulcers.

The first assessment, the first contact is made by the community health agent, then by the Nursing team. (E3)

Generally, the first assessment is in the dressing room, when the one who receives it is usually the nursing assistant or technician who is there and, then, when they see the patient, they usually call the nurse, then, to do the evaluation, see how to take care of that ulcer. (E8)

It is always the nurse. The technician calls the nurse, he gives an evaluation and then, if it is necessary to medicate, he calls the doctor. (E4)

Here, in the city hall, I participated three years ago. He was a theorist. There was no practice, what we had was to see the types of materials available here, at the city hall, and the necessary referrals for each type of patient. (E3)

We trained with the personnel who provided the materials, who provided the coverage for the municipality. It was theoretical, it was just looking at the materials and seeing how it worked. (E4)

We only observed several situations and discussed what would be the best coverage for a given dressing, what would you use. (E6)

It is noteworthy, due to the results, that all nurses interviewed have already participated in some training in the municipality in relation to PU through courses or training, which were characterized as theoretical, ranging from four to eight hours.

CATEGORY 2: Application of pressure ulcer assessment method

In this category, the use of methods for the evaluation of PUs was identified. It is demonstrated, in the researched FHS, that, in most cases, it is the nurse who assesses the ulcers. It is also mentioned that two nurses carry out the evaluation only when the nursing technician communicates the occurrence. It is noticed that, in general, the team works together: community agents and nursing technicians identify the patient with the ulcer and trigger the assessment of the nurse who, as necessary, requests medical support.

It can be seen, next, that the nurses interviewed described the assessment and the use of auxiliary instruments. It is noted in the statements that the assessment is carried out in different ways, with eight respondents reporting not using instruments, drawing on their prior knowledge. It should be noted that one nurse reported using a specific instrument and another was aware of the instrument, but did not apply it.

I evaluate for the knowledge and evolution of the wound. I assess if you have granulation tissue, if you have necrosis, if you have fibrosis. (E2)

We have a form that was created by the Department of Health, then we follow that form and are more or less a guide to see the evolution of the wound. It has the type of wound, the extent of the wound, the type of cover, the material you are going to use. (E4)

We even have an instrument, but we can't put it into practice because it gives resistance to Nursing technicians. (E9)

CATEGORY3: Indication, use and availability of coverings for the prevention and treatment of pressure ulcers

This category investigated the indication and use of coverage by nurses in primary care for the prevention and treatment of PUs, as well as the availability of products. This scenario is elucidated through the statements below.

We have hydrogel, we have essential fatty acids, we have hydrocolloid plaque. That's what we have. (E1)

Here, we have the essential fatty acid, hydrogel and we use calcium alginate as well. When necessary, refer to the hospital to perform a debridement of the wound to remove unviable tissue. (E3)

Saline, right, Alginate, hydrogel and I think hydrocolloid. (E10)

It was noted that the products used in the network and mentioned in the interviews were hydrogel, essential fatty acids, hydrocolloid, saline and calcium alginate. It is pointed out that nine interviewees reported that the materials used are provided by the Health Department to the units and only one mentioned that he only uses saline to treat ulcers due to the absence of other materials.

Serum, just serum. Here, in the city, we don't have material time or training, you know? No ulcers were reported. And I will say that the wounds heal well only with saline. (E2)

The prescription of products not available on the network was also verified: according to the need for indication and the financial condition of the patient, the nurse prescribes some coverage that is not available. This fact can be observed through the statements.

Yes, according to our assessment, right, if necessary, we recommend. (E9)

Outside the network, there are things that we don't have here, then, I say we don't have it in the network, and then the patient says: "oh, if you don't have it, I can buy it", then, we guide. (E10)

It is suggested, through the data obtained in this category, that the municipality has a differential in relation to the availability of essential coverages and that the indication of non-standardized products occurs with low frequency, only in specific cases.

CATEGORY 4: Guidance to patients and family members on care for pressure ulcers

We inform that this category is related to the guidelines provided to the patient and family. It is observed that, when questioned, all nurses reported that they provide guidance to patients, from prevention to information for treatment at home.

Yes, Yes [...]. We give guidance in relation to preventive care, changing the position. We evaluate if the patient is able to do this care, to make this dressing, we pass the material. We provide the material and also the training, then we reevaluate to see if they are doing it right. To do local hygiene, to use the proper material that we provide properly so that there is no contamination when making the dressing. And then, water intake, adequate food and decubitus change. (E4)

Taking care of wounds is as important as going there and doing your technical part, which is the dressing, you have to guide, otherwise, it won't do anything. If my patient is going to be in the same position for six hours on that ulcer, it didn't help. So, I have to guide the decubitus change, get out of bed, everything else, food, the diet, everything involved in this. (E7)

It reflects on the adherence of the interviewees regarding the realization of the necessary guidelines to achieve an improvement in the clinical condition of patients seen at the health unit, since these extend not only to the patient, but also to his family, providing a support network for patients in PU treatment.

DISCUSSION

It is mentioned that, in public health care in Brazil, nurses assume an increasingly anticipatory role with regard to comprehensive health care, with the identification of needs and risks with a focus on promoting and protecting the health of individuals, family and community.¹⁰

It is noteworthy that, in the FHS, the nurse plays a broad and important role. It is noticed that its praxis contemplates different activities in the educational, managerial and assistance spheres, both for the individual and for their community. It is understood that the presence of the nurse strengthens the primary care model as it acts from planning to the execution, expansion and consolidation of the FHS, as it has adequate technical skills and a good profile in building bonds.¹⁴

It is emphasized that the low continuing education of nurses can affect the care provided to patients affected by ulcers, since the lack of specific and accurate knowledge on the topic can affect the treatment outcome. It is necessary to update the nurse regarding aspects of clinical practice in skin care, taking into account the assessment and treatment of ulcers.¹⁵

It is emphasized, therefore, that technical-scientific updating is an important means for a consistent and safe professional performance in skin care, promoting the proper use of equipment and materials, thus stimulating clinical reasoning. It appears that the nurses interviewed indicated that the initial assessment of PUs is often performed by another professional category, such as that of nursing technicians. It is pointed out that this may be related to the great demand for activities performed by nurses and this attitude can have repercussions on the planning and assistance provided in the care of patients with ulcers.¹⁶

It is noteworthy that the physical examination performed by the nurse must guide the care plan, consisting of actions aimed at the prevention and treatment of pressure ulcers and the verification of the expected objectives with the execution of these actions. During this stage, it is possible to assess the existence of changes in the integrity of the skin and this action must be performed by the nurse, as he is the professional with the greatest technical-scientific knowledge. Attention should be paid to the texture of the skin, the appearance and distribution of the lesions found, to observe edema, vital signs, peripheral perfusion and pulse, in addition to assessing vascularity, nutrition, pain and mobility.¹⁷

It is understood that the auxiliary instruments for the assessment of ulcers and risk of PU should be used during the physical examination, highlighting, among these, the Braden, Norton and Waterlow scales and the Pressure Ulcer Classification of the *National Pressure Ulcer Advisory Panel (NPUAP)*.¹⁸

It is emphasized that, for the follow-up of care and for communication between professionals, it is necessary to register in the medical record of the patient of the anamnesis, the physical examination and the other stages of the Nursing process.¹⁹

It is considered important, for an adequate assessment, that nurses have knowledge related to the type of lesion and the stages of healing, which need the indication of adequate coverages and details of how these products act on the skin.¹⁶

It is stated that the NPUAP considers the ability to classify PUs as one of the basic skills of nurses. In 2016, it was recommended by the NPUAP, that the term “pressure ulcers” be replaced by “pressure ulcers”, as it better represents ulcers, both open and closed, with skin still intact. Other recommended changes include the use of Arabic numerals to classify the stages and the addition of two new stages. Thus, PUs are classified as stages one, two, three or four, non-classifiable, deep tissue, related to medical device and mucous membranes.²⁰

It is noted, through the reports obtained, that the studied municipality has different products to assist in the treatment of PUs and that it has already provided training on the subject, despite the fact that one of the interviewees answered that he had not carried out such training. It is known that the availability of adequate coverings, accompanied by training on how to use them, is essential for the prevention and treatment of ulcers. It is noticed that different products and actions were considered effective, such as education in nutrition, change of position, hydrocolloid plate, essential fatty acid, calcium alginate, papain in different concentrations and surgical debridement.

It is revealed, through the reports, that the vast majority of respondents make use of products available on the network. Specific products are indicated after the evaluation of the ulcers and considering the socioeconomic conditions of the patient and family. It is warned that these prescriptions need to take into account the circumstances related to the low income of the patient attended, requiring the adequacy of the care plan, providing greater adherence to treatment and ensuring credibility to the health team.²⁰

It was evident that nurses provide guidance on PUs to patients, family members and caregivers related to prevention, treatment, care during the dressing and the proper diet. It is understood that the information must be passed on clearly, since the care offered to these patients in home care is directly linked to the ulcer prognosis, and the patient, family and caregiver must be able to perform them, because the health professional will not perform daily appointments.¹⁹

It is understood that the guidelines related to the diet followed by the patient during the period of wound healing aim to seek a better contribution to a positive and satisfactory evolution of the wound healing process, bringing therapeutic benefits. It is assessed, therefore, that they should be encouraged and disseminated by nursing professionals.²¹

CONCLUSION

It was shown in this study that the majority of nurses interviewed do not use a specific method for the evaluation of PUs, which is sometimes performed based on prior knowledge. It was noticed, in the researched FHS, that the team works together and the PUs are usually identified by nursing technicians or community health agents who call the nurse for the assessment.

It is suggested, in view of the relevance of technical-scientific knowledge and permanent education for proper skin care, the prevention and treatment of PUs, that nurses invest more in professional updating sources, since some

professionals have shown little knowledge regarding the classification of these ulcers.

It was found that the researched municipality has a differential in relation to the availability of essential coverages for the prevention and treatment of ulcers. It is considered indispensable, to guarantee the quality of service with the proper assistance in the use of these products, professional qualification, with a view to acquiring the theoretical and scientific basis for the proper use of these technologies. It was also identified that the indication of non-standard products occurs with low frequency, only in specific cases and according to the patient's financial condition.

It is noted, due to its ability to modify the population's health situation, that the nurse acts in the education of the patient and family, in prevention, evaluation and treatment, when these PUs are installed and in need of assistance interventions, with application of dressings and coverings and monitoring the evolution of the lesion. It is argued that this action can directly interfere with healing or prevent new ulcers from occurring.

It is believed that this research may provide subsidies for improving the care provided to the population with pressure ulcers and for further studies on the subject to be conducted in primary care, as it provides a view of the situation of care in a real care setting. the health.

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