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REPORT OF CLINICAL CASE ARTICLE

NURSING PROCESS IN PYELONEPHRITIS: A CASE STUDY

PROCESSO DE ENFERMAGEM EM PIELONEFRITE: ESTUDO DE CASO

PROCESO DE ENFERMERÍA EN LA PIELONEFRITIS: UN ESTUDIO DE CASO

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ABSTRACT

Objective: to report the nursing process in a case of pyelonephritis. ***Method:*** a descriptive study, type case report, developed at the Regional Hospital Aluízio Bezerra, located in Santa Cruz /RN, from August to November 2010 in the sector of medical clinic. For the realization of the diagnoses it was used the classification of NANDA Nursing Diagnosis, based on self-care theory of Dorothea Orem. The data collection instruments used were the analysis of medical records, history of nursing and literature review. The analysis occurred through comparison with the literature findings and theoretical NANDA. ***Results:*** pyelonephritis is a urinary tract infection common, with which the nurse may face in the exercise of their professional practice. The effective implementation of nursing care that have been traced is only possible when the receiver of care participates in this process, maximizing the chances of rehabilitation in a minimum time expected. ***Conclusion:*** it is necessary to implement the nursing process adequately in a case of pyelonephritis to improve the health of the person. ***Descriptors:*** pyelonephritis; health-disease process; nursing.

RESUMO

Objetivo: relatar o processo de enfermagem em um caso de pielonefrite. ***Método:*** estudo descritivo, tipo relato de caso clínico, desenvolvido no Hospital Regional Aluízio Bezerra, localizado no município de Santa Cruz/RN, nos meses de agosto a novembro de 2010, no setor de clínica médica. Para a realização dos diagnósticos de enfermagem foi utilizada a classificação de Diagnóstico de Enfermagem da NANDA, embasada na teoria do autocuidado de Dorothea Orem. Os instrumentos de coleta de dados utilizados foram a análise dos prontuários, histórico de enfermagem e revisão literária. A análise se deu pela comparação com os achados da literatura e do referencial teórico da NANDA. ***Resultados:*** a pielonefrite é uma infecção do trato urinário frequente, com a qual o enfermeiro poderá se deparar no exercício de sua prática profissional. A eficaz implementação dos cuidados em enfermagem que foram traçados só é possível quando o receptor do cuidado participa desse processo, maximizando as chances de reabilitação num tempo mínimo ao esperado. ***Conclusão:*** Apesar de se ter um diagnóstico de pielonefrite é preferível que não o tomemos como conclusivo, pois se faz necessário uma integração interdisciplinar e multiprofissional na promoção da saúde do indivíduo. ***Descritores:*** pielonefrite; processo saúde-doença; enfermagem.

RESUMEN

Objetivo: reportar el proceso de enfermería en un caso de pielonefritis. ***Método:*** estudio descriptivo tipo reporto de caso, desarrollado en el Hospital Regional Aluízio Bezerra, situado en Santa Cruz/RN, de agosto a noviembre de 2010, en el sector de clínica médica Para la realización de los diagnósticos se utilizó la clasificación de los diagnósticos de enfermería NANDA, basado en la auto-cuidado de la teoría de Dorothea Orem. Los instrumentos de captación de datos utilizados fueron el análisis de los registros médicos, historia de la enfermería y la revisión de la literatura. El análisis se llevó a cabo mediante la comparación con los resultados de la literatura teórica NANDA. ***Resultados:*** La pielonefritis es una infección del tracto urinario común, con el que la enfermera puede encontrar en el ejercicio de su práctica profesional.la aplicación efectiva de los cuidados de enfermería que se extrajeron sólo es posible cuando el receptor de los cuidados participa en este proceso, maximizando las posibilidades de reinserción en un tiempo mínimo de espera. ***Conclusión*:** es necesario para implementar el proceso de enfermería adecuada en un caso de pielonefritis para mejorar la salud del individuo. ***Descriptores:*** pielonefritis; proceso salud-enfermedad; enfermería.

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INTRODUCTION

Infections of the urinary tract (UTI) is an inflammatory process caused by bacteria that affect the urothelium and may be of three types: pyelonephritis, cystitis and uretrite.[1]

In this case it will give emphasis to pyelonephritis. Pyelonephritis is one of UTI occurs more frequently and refers to pathological changes that affect the renal parenchyma and pelvis. This infection can lead to serious clinical[2] complications. It is an infection caused by Gram-negative and gram-positive aerobic bacteria that invade the parenchyma and renal pelvis, affecting mainly females, diabetics, elderly people and immunosuppressed. The door of entry for infection is the urethra, but also by hematogenous and lymphatic.[1]

The clinic case. of pyelonephritis include fever, malaise, anorexia, dysuria, urine is cloudy and foul-smelling. On physical examination, "abdominal distension and pain kidney palpation bimanual and percussion of the costovertebral angle on the affected side - Murphy's sign". [1:220] In hemogram, It might have found leukocytosis with neutrophilia, increased LDH protein, CRP, fibrinogen and TGO. In urine analysis, performed only in serious cases when there is a poor therapeutic response, it appears leukocyturia, erythrocyturia, and presence of preoteinuria and nitrite.[1]

Clinical diagnoses for the location of UTI are few specific. Direct and indirect methods are used to a more precise diagnosis infection.[3] So that, it should do a urine culture with the respective antibiotic to "ensure the best choice of antibiotic for the treatment costs and limiting the adverse effects of these drugs and prolonging their effectiveness preventing the selection of resistant strains".[1:219] So, the antibiotic should be chosen by a quinolone or an association trimeter-prim-sulfamethoxazole during 10 or 14 days.[1]

Being a common infection, with which the nurse may encounter in the exercise of their professional practice, this study aims at reporting the nursing process in a case of pyelonephritis.

METHOD

It is a descriptive study of the type clinical case' report, developed at the Regional Hospital Aluízio Bezerra (HORAB), located in Santa Cruz/RN in the months August to November 2010 in the company's medical clinic. For the realization of the diagnoses we used the classification of Nursing Diagnosis NANDA4, based on self-care theory of Dorothea Orem.

To prepare the discussion of this study were used in articles published cooperative network of Virtual Health Library and the Scientific Electronic Library Online and shared the objective of the study.

RESULTS AND DISCUSSION

The conception about health-disease is the specific way in which the group is the biological process of erosion in particular way to the presence of a biological function with different consequences for the regular development daily activities, that is, the appearing of disease.[5]

Corroborating this idea, it is necessary that health establishment be technologically equipped and human resources be constantly trained to ensure an adequate procedure which has as unique purpose of the process of care with security.[6]

In this context, the nursing care for all its apparatus and its role in promoting health education in the course of their activities should have a critical and liberating compared to other professions as well, the well-being of the patient who is care object.[7]

Given the importance of team work in nursing care to the person safely in cases of pyelonephritis, this study presents below a model nursing care plan that can be developed in this clinical condition:

Nursing diagnosis	Goals	Nursing Interventions
Anxiety related to change of health status and environment	Encourage the patient to cope with anxiety	Dialogue with the patient Regarding his hospitalization signaled concern about his welfare; Provide guidance about his health status.
Deficit of hydric volume related to inadequate intake of water.	Recognize the importance of intake liquid.	Explain and encourage the patient about the importance of water to the body as well as the positives and negatives points of drinking water in inadequate amounts.
Impaired communication due to discomfort and pain.	Minimize discomfort and pain; Encourage communication	Encourage communication with the patient in order to minimize the risk of discomfort and pain.
Risk of integrity impaired skin due to immobility and continuous use of drugs.	Maintain skin integrity.	Observe infusion local to prevent infiltration of liquids; Provide favorable environment to tissue not wear.
Deficit in self-care: hygiene and grooming related to pain and decreased strength and endurance.	Overcome the difficulty of sanitizing and dress up.	Foment assistance in hygiene and changing clothes maintaining privacy at this time; Assist in cleaning and changing clothes.
Urinary retention related symptoms of the disease.	Teaching the patient to verbalize when It has a normal urination.	Explain the patient that the pain and difficulty passing urine is common in acute cases of the disease; Instruct the patient to start period after completion of treatment will improve the voids; Encourage, after a certain period of treatment, urination without fear of pain; Teaching methods that help when the normal urination.

Figure 1. Diagnostics, goals and nursing interventions.

Regarding to medication administration, nursing is the responsibility of its implementation and application, so it is necessary that the same has technical knowledge/science underlying the action to avoid harmful errors and/or undesirable side effects with the sole objective of promoting the quality of care during the treatment.[8]

So, the nursing process has to facilitate quality care, promote self-care and especially making the patient an active player in the therapeutic process in an attempt to minimize the damage caused by treatment9. The nursing process involves the following steps: Data Collection of Nursing (Nursing History), Nursing Diagnoses, Nursing Planning, Implementation, Evaluation nursing.[10]

End of the study, there was a discrepancy between the findings of the doctor on duty with the nursing. However, a controversy regarding the diagnosis and treatment of the knowledge cannot be performed due to the strong influence of medicalized practices, as well as the predominance of hegemonic biomedical model that guides the practice.

CONCLUSION

The nursing process helps to better organization of nursing work, based on the establishment of their actions in the analysis of the history and physical examination, providing critical judgments about their condition. The application of the nursing process in a case of pyelonephritis also allows the nurse to observe, understand, analyze and describe a particular real situation, providing a confrontation with the scientific literature on intention to acquire more knowledge on the best available evidence.

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