CONSTRUCTION OF THE PROTOCOL OF NURSING CARE FOR DIABETES PATIENTS IN PRIMARY CARE

CONSTRUÇÃO DO PROTOCOLO DE ATENDIMENTO EM ENFERMAGEM PARA USUÁRIOS PORTADORES DE DIABETES NA ATENÇÃO BÁSICA

CONSTRUÇÃO DEL PROTOCOLO DE ATENCIÓN DE ENFERMERÍA EN PACIENTES CON USUARIOS DE LA DIABETES EN LA ATENCIÓN PRIMARIA

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ABSTRACT

Objective: to report the experience drafting stage of the construction of nursing care protocol for diabetic patients served by the Family Health Strategy. Method: this is an experience report, in order to demonstrate the construction of some of the phases of nursing care protocol to users with diabetes enrolled in Family Health Teams. The protocol was built by a group of six nurses, among these, three operate in the Family Health Strategy and three in the Municipal Health Building. The protocol was divided into stages, the first consisted of a literature search for a better theoretical foundation on the theme, using the LILACS database. The second stage was conducted through meetings to discuss this review of literature and the construction of the protocol using the problem-solving methodology of popular education, dialogue with wheels. Results: the following results were obtained to build a flowchart that directs the risk for diabetes screening in primary care as well as a proposed nursing diagnoses built from the ICNP ® Version 2.0. Conclusion: using the protocol will be created nursing interventions, as well, will build a plan of care guided by the scientific methodology that governs the process of nursing work. Descriptors: family health; diabetes mellitus; nursing diagnosis.

RESUMO

Objetivo: relatar a experiência da elaboração das fases da construção do protocolo de atendimento em enfermagem para pacientes diabéticos atendidos pela Estratégia Saúde da Família. Método: trata-se de um relato de experiência, com o intuito de demonstrar a construção de algumas fases do protocolo de atendimento de enfermagem aos usuários portadores de diabetes cadastrados nas Equipes de Saúde da Família. O protocolo foi construído por um grupo de seis enfermeiras, dentre estas, três atuam na Estratégia de Saúde da Família e três na Secretaria Municipal de Saúde. A construção foi dividida em etapas, a primeira consistiu em uma busca na literatura para um melhor embasamento teórico acerca da temática, empregando a base de dados LILACS. A segunda etapa foi realizada através de encontros para discussão da literatura levantada e a construção do protocolo utilizando da metodologia problematizadora da Educação Popular, com rodas de diálogos. Resultados: como resultados obtiveram-se a construção de um fluxograma que direciona o rastreamento de risco para diabetes na atenção básica, bem como uma proposta de diagnósticos de enfermagem construídos a partir da ICNP® Versão 2.0. Conclusão: através do protocolo, serão criadas intervenções de enfermagem, assim, será construído um plano de cuidados pautados na metodologia científica que regem o processo de trabalho da enfermagem. Descriptores: saúde da família; diabetes mellitus; diagnóstico de enfermagem.

RESUMEN

Objetivo: el informe de la fase de redacción de la experiencia de la construcción del protocolo de cuidados para enfermería para los pacientes diabéticos atendidos por la Estrategia de Salud Familiar. Método: se trata de un relato de experiencia, con el fin de demostrar la construcción de algunas de las fases del protocolo de cuidados de enfermería a los usuarios con diabetes inscritos en los equipos de Salud Familiar. El protocolo fue construido por un grupo de seis enfermeras, entre ellas, tres operan en la Estrategia de Salud Familiar y tres en el edificio de Salud Municipal se dividió en etapas, la primera consistió en una búsqueda en la literatura para un mejor fundamento teórico sobre el tema, utilizando la base de datos LILACS. La segunda etapa se llevó a cabo a través de reuniones para discutir esta revisión de la literatura y la construcción del protocolo con la metodología de resolución de problemas de la educación popular, el diálogo con las ruedas. Resultados: los resultados obtenidos fueron los siguientes para construir un diagrama de flujo que dirige el riesgo para la detección de la diabetes en atención primaria, así como diagnósticos de enfermería propuesta construida a partir de la ICNP® versión 2.0. Conclusion: el uso del protocolo se creará intervenciones de enfermería, así, a construir un plan de cuidado guiado por la metodología científica que regre el proceso de trabajo de enfermería. Descriptores: salud de la familia; la diabetes mellitus; diagnóstico de enfermería.

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INTRODUCTION

Diabetes mellitus (DM) is a chronic and degenerative metabolic disorder characterised by insufficient production of insulin and resulting hyperglycaemia, associated with a series of complications arising from insufficient peripheral vasculature, leading to the development, in most cases, of nephropathies, neuropathies and retinopathies. Consequently, all these complications will compromise the productivity, quality of life and survival of individual carriers of this disease.

It is important to highlight that DM is considered to be a major health problem nowadays, as much in prevalence, incidence and premature mortality as for the costs involved in the control and treatment of its complications. Worldwide, about 30 million individuals had DM in 1985, rising to 135 million in 1995 and 240 million in 2005, with a projection to reach 366 million by 2030, from which two thirds will be inhabitants of developing countries. The increasing number of diabetics is attributed to population growth and aging, increased urbanisation, the increasing prevalence of obesity and inactivity, as well as the longer survival of patients with DM.

Concerned about the increasing number of patients with diabetes and other chronic diseases, the Ministry of Health launched in Brazil the Strategic Action Plan for the Fighting of Chronic Non-communicable Diseases (DCNTs), for the period 2011-2022, whose objective is to know the distribution, the magnitude and trends of chronic diseases and their aggravating and risk factors, in addition to supporting health-promoting public policies. The Plan aims to prepare Brazil to confront and control DNCTs in the next ten years, including diabetes, which accounts for 5.2% of death causes, strongly affecting the poorer population and vulnerable groups, such as those with low income and education.

Caused by a complex interaction of genetic, environmental and lifestyle factors, the metabolic changes associated with diabetes can lead to secondary pathophysiological disturbances in multiple organic systems, imposing a heavy burden on the individual with diabetes and on the health system. The main objective of the treatment is to obtain glucose levels as close to normal values as possible, thus avoiding acute complications, such as hypoglycaemia, and chronic complications that will lead to reduced quality of life of patients, family and community.

Considering DM as a major public health problem, the nurse providing care in both primary and other levels faces a great challenge. The Nursing Care Systematisation (NCS) emerges as an essential instrument that can subsidise and/or guide the nursing care, focusing on the completeness of the dimensions of the care and ensuring the nurse a humanised and individualised care process, as well as autonomy and security.

The first moment for the purposes of NCS in primary health care is the nursing examination, and it is considered a prerogative of the nurse who, through scientific work method and strategy, identifies situations that represent health problems, subsidising the prescription and implementation of nursing actions, thus contributing to the promotion, prevention, recovery and rehabilitation of the individual, family and community.

In providing care to individuals with diabetes, the nurse plays an essential role, especially with regard to educational activities, as complications are directly related to inefficient knowledge about the disease, daily self-care and healthy lifestyle. These activities provide a higher level of knowledge to patients and the community and contribute to their adherence to treatment, as well as strengthening their bond and enabling the development of effective educational activities, with consequent improvement in controlling this disease and the promotion of health.

In primary care, prevention of diabetes and its complications is now a priority and may be accomplished by the prevention of risk factors, identifying and treating individuals at high risk for diabetes, the identification of undiagnosed cases of diabetes treatment and strengthening the management of patients already diagnosed in order to prevent acute and chronic complications, with the greatest challenge to the health team being comprehensive care to patients with diabetes and their families.

As part of the family health team, nurses have as their responsibilities the nursing examination with an educational approach, requesting routine tests (according to technical standards or protocols established by the managers), orientation on self-monitoring, technical guidance on the application of insulin, and conducting an examination to identify the feet at risk of developing peripheral neuropathy, among others.
From this perspective, the development of protocols that direct, guide and standardise the care and monitoring of diabetic patients in primary care is essential, as the health professionals involved in caring for these patients will benefit from an additional resource to assist compliance with treatment, with consequent reduction of chronic complications and improved quality of life, beyond the closer bonds between patients and the health team.

In this context, this study’s objective was to report the experience of developing some phases of the construction of a nursing care protocol for diabetic patients served by the Family Health Strategy in the city of João Pessoa, Paraíba state, allowing the organisation of the nurses’ work process, providing subsidies to the multidisciplinary health care team and the prospect of collaborating with updated material with a view to the quality of the care provided.

**METHODOLOGY**

This is an experience report designed to demonstrate the construction of some of the phases of the nursing care protocol for users with diabetes enrolled in Family Health Teams. The protocol was constructed by a group of six nurses, of which three work in the Family Health Strategy and three in the Municipal Health Department.

The construction was divided into stages. The first consisted of a literature search for a better theoretical foundation on the subject, using the database LILACS (Latin American and Caribbean Health Sciences). To perform this search, the following key words in Portuguese were used in DeCS (Descriptors in Health Sciences), ‘diagnóstico de enfermagem’ (nursing diagnosis) OR ‘diabetes mellitus’ OR ‘saúde da família’ (family health). These were used alone and with the Boolean operator OR, due to the restriction of articles found when all descriptors where used (AND). Also used as data sources were chapters of books and records from other Brazilian states.

**RESULTS AND DISCUSSION**

The flowchart (Figure 1) was constructed to guide the attendance of users aged 18 years or over with a family history of diabetes, obesity, and classic signs and symptoms.
In case of positive tracking, the user will be referred to the unit, and go through the nursing consultation in which the request for standardised tests on diabetic patients occurs (according to the protocol routinely used by the Health Department), physical examination and more detailed data collection. On their return to the unit, with the result of confirmatory tests, the user is registered in the 'HIPERDIA' (Hypertensive and Diabetic Patient Tracking System) and the nursing process will permeate their other steps.

The nursing process is understood as a nursing examination when carried out in institutions providing outpatient health services, households, schools or community associations, in accordance with Resolution No. 358.8

In the care process, the nurse who uses the nursing examination as a guide will have a professional aid in the decision-making process, as this examination is considered a systematic script, resulting in allowing the application of a scientific method. This way, the application of theoretical knowledge combined with professional practice will occur, as they will develop skills and abilities to see the person under their care in a holistic manner, and can contribute to comprehensive health care.12

Given that the first step of the nursing examination, the data collection, will be held during the implementation of the flowchart, the recommended proposal is the construction of nursing diagnoses statements, which are defined as a phenomenon or problem that is the nursing action or intervention focus.12

In this sense, 49 nursing diagnoses (arranged alphabetically) were identified, as proposals to be used in Primary Care Nursing appointments for diabetic patients, based on the ICNP® Version 2.0.
NURSING DIAGNOSIS

Compromised attitude to nutritional status
Conflicting attitude about care
Conflicting attitude about dietary regimen
Conflicting attitude about therapeutic regimen
Compromised self-nutrition
Low self-efficacy
Compromised walking
Compromised communication
Decision conflict
Medication supply deficit
Lack of knowledge about the behaviour change process
Lack of knowledge about exercise
Self-care deficit
Adverse effects to the medication
Excessive intake of food
Fatigue
Lack of food supply
Lack of family support
Lack of social support
Lack of knowledge about the disease
Lack of knowledge about the medication
Lack of knowledge about the dietary regimen
Lack of knowledge about the medication regimen

NURSING DIAGNOSIS

Lack of knowledge about the community regimen
Lack of ability to manage the exercise regimen
Lack of ability to manage the dietary regimen
Lack of ability to manage the drug scheme
Lack of treatment response
Family’s ability to manage the compromised regimen
Hyperglycaemia
Hypoglycaemia
Compromised nutritional intake
Compromised skin integrity
Activity intolerance
Social isolation
Non-adherence to medication
Non-adherence to exercise
Non-adherence to dietary regimen
Compromised weight
Risk of impaired skin integrity
Risk of response to medication
Overweight
Compromised socialisation
Compromised nutritional status
Use of alcohol
Smoking

Figure 2. Nursing diagnoses identified for diabetic users, based on the ICNP® Version 2.0. João Pessoa - PB, 2011.

It is important to highlight that the use of a classification system aims to assist the standardisation of scientific terminology in nursing, and therefore the patient attendance records, facilitating communication and recognition between nursing professionals, and consequently those from the health team.

To give this study continuity, the nursing diagnoses will undergo a validation process, with nurses from the Family Health Strategy, as well as by health professionals with expertise in caring for diabetes patients, in order to make them applicable to the reality of the services. Soon after, nursing interventions will be created, which are guided by classification systems, such as the ICNP®; consequently, a care plan guided by the scientific methodology that governs the process of nursing work will be constructed.

CONCLUSION

The nursing diagnoses evidenced in this study pointed to the need for continuing education in health, as there is an incipience about knowledge and subsequent application of theoretical models, theories and nursing process in the scientific knowledge.

In this sense, this study looks to contribute to guiding nurses working in Family Health Units, in the way of comprehensive care for patients with diabetes, aiming at early diagnosis of this health problem and leading them to practice-oriented self-care, thereby minimising the appearance of chronic complications.

Certamente, outros estudos contemplando essa abordagem, devem ser conduzidos buscando sempre evidências científicas para o cuidado integral a essa clientela tão carenciada de informações. É válido salientar que o protocolo passará por um momento de sensibilização e capacitação nas equipes de Saúde da família para que possa ser implantado, o que consistirá na fase experimental deste trabalho.

Certainly, other studies contemplating this approach should be conducted that seek scientific evidence for the comprehensive care of those patients who are greatly lacking in information. It’s worth noting that this protocol will go through a period of awareness and training in family health care teams in order to be implemented, which will consist on the experimental phase of this work.

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