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REFLECTIVE ANALYSIS ARTICLE

A CHALLENGE IN NURSING CARE: PREVENTING PRESSURE ULCERS IN THE CLIENT

UM DESAFIO NO CUIDADO EM ENFERMAGEM: PREVENIR ÚLCERAS POR PRESSÃO NO CLIENTE

UN DESAFÍO EN EL CUIDADO DE ENFERMERÍA: PREVENIR ÚLCERAS POR PRESSÃO EN EL ENFERMO

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ABSTRACT

Objective: to reflect upon the participation of nursing with the client, focusing the prevention of pressure ulcers. **Method:** a descriptive study approaching pressure ulcer, which has become a serious public health care issue that demands public prevention policies. **Results:** the importance of client's evaluation and the preventive care based on recommendations from public entities and results from scientific production is presented, aiming at risk-free care for the physical, mental and spiritual integrity of the client and for the nursing professional. **Conclusion:** to sum up, it is indispensable to implement structured and organized educational programs that are comprehensive and directed to all levels of health care service. The qualification of the professionals will enable the acquisition of resources, aiming at a health care assistance compatible with human dignity and for the professional that is vulnerable to criticism and judicial action. **Descriptors:** nursing; dermatology; pressure ulcer; preventive health services; public health policies.

RESUMO

Objetivo: refletir sobre a atuação da enfermagem junto ao cliente centrada na prevenção de úlceras por pressão. **Método:** trata-se de estudo descritivo abordando a úlcera por pressão, que é problema de saúde pública, a exigir políticas públicas para a prevenção. **Resultados:** apresenta-se a importância da avaliação do cliente e os cuidados preventivos fundamentados em recomendações de órgãos públicos e em resultados de produção científica, inclusive da área de dermatologia, visando um atendimento sem riscos para a integridade física, mental e espiritual do cliente e para o profissional de enfermagem. **Conclusão:** conclui-se ser indispensável implementar programas educacionais que sejam estruturados, organizados, compreensivos e direcionados para todos os níveis de serviços de saúde. A atualização dos profissionais possibilitará a aquisição de recursos, visando um atendimento compatível com a dignidade humana e para o profissional que fica vulnerável às críticas e processos judiciais. **Descritores:** enfermagem; dermatologia; úlceras por pressão; serviços preventivos de saúde; políticas públicas de saúde.

RESUMEN

Objetivo: reflexionar sobre la actuación de la enfermería junto al cliente centrada en la prevención de úlceras por presión. **Método:** se trata de un estudio descriptivo que aborda la úlcera por presión, que se transformó en un serio problema de salud pública, exigiendo políticas públicas para su prevención. **Resultados:** se presenta la importancia de la evaluación del cliente y los cuidados preventivos fundamentados en recomendaciones de órganos públicos y en resultados de producción científica, inclusive del área de dermatología, teniendo como objetivo una atención sin riesgos para la integridad física, mental y espiritual del cliente y para el profesional de enfermería. **Conclusiones:** se concluye que es indispensable implementar programas educacionales que sean estructurados, organizados, comprensivos y dirigidos a todos los niveles de servicios de la salud. La actualización de los profesionales posibilitará la adquisición de recursos, teniendo como objetivo una atención compatible con la dignidad humana y para el profesional que queda vulnerable a las críticas y procesos judiciales. **Descriptores:** enfermería; dermatología; úlcera por presión; servicios preventivos de salud; políticas públicas de salud.

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INTRODUCTION

The occurrence of pressure ulcers is a problem for the world health system, since it brings on social and economic impact, affecting the population's quality of life and raising both morbimortality indicators and hospital costs. Moreover, it demands a greater nursing care effort, applied to care procedures aimed at solving preventable situations. Such ulcers affect people who are hospitalized, with acute or chronic conditions, in long-stay institutions and/or at home.

Due to the translation of *pressure ulcer* from English into Portuguese, the term *úlceras por pressão* is appropriate, replacing the terms derived from *decubitus ulcer* or *bed sore*, which are still inappropriately used by some health professionals in Brazil.¹ Regarding the definition, many forms have been used in the literature to describe pressure ulcers, however, all of them refer to an insufficient blood supply to the site where these ulcers settle as the common cause.

The Brazilian Ministry of Health defines pressure ulcer as "area of tissue trauma caused by continuous and prolonged pressure applied to the skin and adjacent tissues, exceeding the normal capillary pressure, resulting in ischemia and possibly leading to cell death".²

The National Pressure Ulcer Advisory Panel³ characterizes pressure ulcers as a lesion located in the skin and/or in the underlying tissue, usually in a bony prominence, resulting from a pressure and/or a pressure combined to friction, besides the existence of other factors associated to it.

It's, therefore, a clinical manifestation of localized tissue destruction, resulting from the lack of blood flow in areas under pressure, which can occur in any area of the body, both in adults and children, being most frequently below the waist line and on bony prominences, such as the sacral and trochanteric prominences, the ischial tuberosity, and the heel bone, among others.

Despite the frequent occurrence of pressure ulcers, it is difficult to determine their incidence and prevalence, due to the precariousness of nursing records and the methodological limitations of previous studies, preventing the generalization with regard to available data. The most comprehensive studies come from hospitalized populations, especially in intensive care units. A study carried out in a university hospital of Universidade de São Paulo (USP) shows that among 211 high-risk patients, followed up for

3 months, 84 developed 134 pressure ulcers, with a 39.8% incidence, which varied according to the unit. The medical clinic presented the highest rate, followed by the intensive care unit, the surgical clinic, and the semi-intensive care unit.⁴

A retrospective study, carried out through medical records of patients hospitalized in the intensive care unit of a university hospital in Recife, Pernambuco, Brazil, revealed that among 56 patients 24 developed pressure ulcers (42.86%).⁵

One recalls that the development of these ulcers may be considered as an iatrogenesis and, also, it can generate lawsuits both for institutions and health professionals. In this context, it's emphasized that the prevention of this kind of complication is a challenge for the health staff, and the permanent aims of a qualified nursing care consist in: a) identifying risk factors presented by the clients; and b) planning and implementing effective preventive measures to reduce or eliminate these risk factors.

Given the impact of this problem on public health, it's a must to change the political paradigms of treatment, through the implementation of programs aimed at the prevention of skin lesions and their complications, with permanent projects for training the health care staffs, in order to apply protocols and adopt preventive actions, based on judicious evaluation to identify risk factors (intrinsic and extrinsic) and implement measures for their monitoring and control.

Considering that the nurse is a professional historically committed to the care provided to people, such as the maintenance of skin integrity, this "new" approach makes the prevention of pressure ulcers more complex and challenging. In this context, one emphasizes that, although the health care aimed at the skin should preferably be performed by a specialist in dermatology, the professional without this qualification needs to deal with knowledge, perceptions, and skills related to basic principles involved in this treatment.⁶

Therefore, one warns that the lack of guidance and investment on the nurse with regard to the basic principles of skin health can become a factor that exposes the client to biological, psychological, social risks. In this reality, the occurrence of pressure ulcers and its complications/sequelae in the client generates high financial costs to make available personnel, material, and the various pharmacological therapies, something which increasingly burdens the health care system.

Public expenditures are often exacerbated by the inadequacy of treatment, causing, also, high social and emotional costs that significantly influence the quality of life of people, as well as their families and communities, besides that of the health care staff's professional performance, with an emphasis on nursing care.

Thus, one emphasizes that the prevention of pressure ulcers is a goal that can be achieved by the nurse, through client evaluation and recording of her/his vulnerability to develop such lesions, with the staff's commitment to implement personalized preventive care procedures⁷, according to the risk level.

The study object is within this context, it's a challenge for nursing care: preventing pressure ulcers in the client. We aimed at thinking through a nursing care proposal based on the prevention of pressure ulcers.

• Nursing care aimed at the client's comfort/well-being

As it's the essence of a profession dedicated to provide comfort/well-being to people, nursing care is characterized by its constant construction, deconstruction, and reconstruction, aiming to meet the human needs and desires diagnosed and verbalized through objectivities and subjectivities. Thus, advances in the scientificity of the art of caring for people involved in this profession came with its pioneer, Florence Nightingale, who, with simple hygiene, environmental, and bodily measures, including mental ones, significantly reduced high rates of hospital infection.

The continuity of these guidelines by Nightingale may be found in the philosophy of Virginia Henderson, above all with regard to the professional's autonomy to develop the nursing care procedures in the health staff's work domain, being the nurse's role specific, autonomous, and independent. Thus, a definition of nursing care should consider the principle of patient's physiological equilibrium.⁸

Nursing care demands cognitive, psychomotor, and affective skills and abilities from the professional, besides mastering of her/his specific knowledge, as well as expertise to use problem solving and coordination/management techniques related to the client's care plan.⁸

It's understood that a hospitalized and/or bedridden patient at home faces distressing situations, i.e., discomfort, due to the impossibility of satisfying basic human needs by oneself, such as: mobility, oral hydration,

body hygiene after rectal and vesical excretions, etc.

In this context, in a state of lucidity, the person might feel violated with regard to her/his human dignity, leading to low self-esteem, which, in turn, interferes with her/his immune system and triggers misfits and morbidity.⁹ Thus, it's understood that the result of nursing care is characterized by the objective and subjective experience related to what is recognized as comfort, which is generally seen as a feeling of relaxation experienced in the body followed by physical, psycho-spiritual and social well-being – something provided by nursing care.¹⁰

Comfort is defined as an immediate experience of having met basic human needs, with three technical meanings: relief (relief from specific discomfort), easy (state of tranquility), and transcendence (state beyond problems or pain).¹¹⁻¹⁴ Such comfort needs may be experienced in four contexts: physical; psycho-spiritual; environmental; and sociocultural, as described below.¹¹⁻¹⁴

Physical comfort is related to body sensations, inherent to factors which affect the client's physical state, such as rest and relaxation, nutrition and hydration level, and waste excretions.¹⁴ Psycho-spiritual comfort refers to the inner awareness of the self, including self-esteem, self-concept, sexuality, and meaning of one's life and her/his relationship to a higher order of being.¹¹⁻¹⁴ Sociocultural comfort concerns interpersonal, family, and social relationships, including financial, educational, and supporting ones. The idea of culture was added, to consider family stories, traditions, language, and customs, aspects considered as facilitators, so that the health care staff is able to increase social comfort.¹¹⁻⁴

• Aspects of nursing care in the prevention of pressure ulcers

In order to characterize the forms of preventive action in the occurrence of pressure ulcers in adults, the Agency for Health Care Policy and Research (AHCPR)¹⁵ has created a guideline addressing four aspects of nursing care, described below, which should be considered in various contexts of health care (hospital, home, and long-stay institutions for elderly people).

– *Identify individuals at risk and the factors predisposing them to risk*

Client's evaluation with regard to the existence of factors which predispose her/him to the risk of developing pressure ulcers is the first step towards prevention. This evaluation should be performed by the nurse

immediately after the client's admission.

One considers at risk for developing pressure ulcers every person confined to bed or wheelchair, or those whose ability to reposition is impaired. To evaluate the risk level, it's necessary to use appropriate and validated instruments, which, besides helping to identify risk factors¹, provide the nurse with data to plan personalized preventive actions. In the last four decades, instruments have been suggested in the literature, being those developed by Norton, Waterlow, and Braden the most widely known and used.

Despite the practicality of these instruments, they have limitations, because they were designed to be used in populations different from the Brazilian one, making it necessary that the basis for evaluating the subjects consists predominantly of the health professional's clinical knowledge and experience.¹⁶

In this sense, it is noteworthy that no evaluation instrument was considered more appropriate to be used in most services. Thus, the nurse should choose the instrument which is most appropriate to the reality of the assistance context.¹

One warns that the process of evaluation and fulfillment of preventive actions should be part of the documentation and official records, enabling the performance of epidemiological, cost-effectiveness, and also lawsuit studies.

– *Maintain and improve tissue tolerance to pressure*

– *Protect tissues against the adverse effects of mechanical forces (pressure, friction, and shear)*

After the client's personalized evaluation, one needs to solve or mitigate the intrinsic and extrinsic risk factors detected, establishing an individualized care plan which addresses the promotion of healthy skin, in order to increase tissues' tolerance and protect them against the effects of mechanical forces.

Given the many factors which predispose the client to pressure ulcers, such as decreased sensory perception, kidney, liver, and/or respiratory insufficiency, endocrine, metabolic, and circulatory changes, incontinence, use of medicines, nutritional¹⁷ and mobility deficit, immobility, among others, the need for a combined work of the health care staff members is undeniable. In this context, one stresses the importance of medical evaluation, not only in the diagnosis of preexisting conditions, but also in evaluating the use of medicines which

interfere with tissues oxygenation and nutrition. Nutritionist's evaluation aims at indicating supplements to meet nutritional deficiencies. Physiotherapist's evaluation aims at muscle strengthening and mobility recovery.

Regarding nursing care, besides the evaluation of risk factors, one highlights some of the key care procedures, such as daily skin inspection, recording observations; client's repositioning in bed or chair every two hours, following a scheduled rotation; skin hygiene with neutral soaps, avoiding friction; careful drying; constant skin hydration; exchange of diapers with intimate hygiene, whenever needed; use of correct techniques in the change of decubitus position; maintenance of dry and tight bedding linen, as well as the head elevated at 30°; request of opinion from the other health care staff professionals; use of auxiliary resources, such as protective films, pressure alleviators on bony prominences, pillows, cushions, and mattresses which decrease pressure.¹⁸⁻⁹

Concerning the so-called auxiliary resources, one highlights that they do not constitute a solution to the problem without an evaluation and appropriate nursing care. The choice of material and equipment is important, since they have a correlation to the client's conditions and the health institution's resources. In this regard, one recalls the various realities of the public and private health institutions concerning the material resources and the nursing professionals. Given these different realities, one may quote art. 12 of the Code of Ethics of Nursing Professionals, addressing the following responsibilities and duties: "Guarantee to the person, family, and community Nursing care free from harms resulting from malpractice [incompetence, inexperience], neglect [laziness, carelessness, sloppiness], or recklessness [inconvenient, unreasonable manner]".²⁰

- *Reduce the incidence of these ulcers through education programs*

This aspect of the guideline draws attention to the need for investing on education with emphasis on prevention. In this context, one reveals the growing interest of nurses in courses aimed at the treatment of wounds, in order to know the indications of the cutting edge coverage available, whose number is increasing in the market, as well as debridement courses, which usually have a large amount of candidates.

Given the fact that decline in indices and rates of pressure ulcers depends on the proper

use of the guideline and tools already available in the literature, there's a need to implement education programs which are structured, organized, comprehensive and targeted at all levels of health services, clients, and caregivers.

In this regard, the efforts successfully undertaken by nursing researchers in the training of nursing personnel to diagnose the client's probability to develop pressure ulcers are noteworthy, as well as those aimed at implementing the recommendations to prevent them.¹⁸⁻⁹

CONCLUSIONS

Despite the availability of the AHCPR guideline, instruments for the client's risk evaluation, and auxiliary material resources, one notices that pressure ulcers still represent a serious public health problem.

Thinking through this reality, as well the complaints and justifications, usually coming from nurses who deal with the condition of clients with pressure ulcers, one finds out a predominant lack of resources. This fact often leads to the complacency of health professionals. One points out the need for investments associated to public health policies, aiming to offer training to predict, provide, and maintain the availability of staff and material crucial to the decrease and/or eliminate these ulcers in the client.

The description of aspects contributing to the prevention of pressure ulcers aims at thinking through the need to fight for better working conditions and thus to offer a service compatible with human dignity, i.e., with less risks to the client's physical, mental, and spiritual integrity, as well as to the professional, who is vulnerable with regard to the quality of her/his performance and subject to criticism and lawsuits.

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