ASSessment AND PREVENTION OF PRESSURE ULCER BY NURSES FROM INTENSIVE CARE: KNOWLEDGE AND PRACTICE

AVALIAÇÃO E PREVENÇÃO DA ÚLCERA POR PRESSÃO PELOS ENFERMEIROS DE TERAPIA INTENSIVA: CONHECIMENTO E PRÁTICA

EVALUACIÓN Y PREVENCIÓN DE LA ÚLCERA POR PRESIÓN POR LOS ENFERMOS DE TERAPIA INTENSIVA: CONOCIMIENTO Y PRÁCTICA

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ABSTRACT

Objectives: to identify the profile of nurses in Intensive Care Center and investigate its knowledge of assessment and prevention for pressure ulcer in the said sector. Method: exploratory study, with a quantitative approach, held at four hospitals of João Pessoa/PB/northeastern of Brazil. Data collection occurred from January to April 2008, with questionnaires in three steps: socio-demographic profile of nurses, assessment and prevention of pressure ulcers. The statistical analysis was performed from descriptive techniques, demonstrated by absolute frequencies and percentages. The research project has been approved by the Research Ethics Committee, under Protocol Nº 03/2008. Results: the population was young, with 82.5% female; the accurate statements on assessment and prevention of pressure ulcers were respectively of 77.5% and 100.0. Conclusion: there was discrepancy between the knowledge demonstrated in the indices of hits on prevention and their actions revealed for the practical activities carried out in daily life. Descriptors: Nursing; Preventive Measures; Pressure Ulcer; Intensive Therapy.

RESUMO

Objetivos: identificar o perfil dos enfermeiros em Centro de Terapia Intensiva e investigar o seu conhecimento acerca da avaliação e prevenção para úlcera por pressão no referido setor. Método: estudo exploratório, com abordagem quantitativa, realizado em quatro hospitais de João Pessoa/PB/Nordeste brasileiro. A coleta de dados ocorreu de janeiro a abril de 2008, com questionários em três etapas: perfil sociodemográfico dos enfermeiros, avaliação e prevenção das úlceras por pressão. A análise estatística foi efetuada a partir de técnicas descritivas, demonstradas por frequências absolutas e percentuais. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, sob o Protocolo n° 03/2008. Resultados: a população era jovem, com 82,5% sexo feminino; as afirmativas corretas sobre avaliação e prevenção das úlceras por pressão foram respectivamente de 77,5% e 100,0. Conclusão: verificou-se discrepancia entre os conhecimentos demonstrados nos indices de acertos na prevenção e suas ações reveladas para as atividades práticas realizadas no cotidiano. Descritores: Enfermagem; Medidas Preventivas; Úlcera por Pressão; Terapia Intensiva.

RESUMEN

Objetivos: identificar el perfil de los enfermeros en Centro de Terapia Intensiva e investigar su conocimiento acerca de la evaluación y prevención para úlcera por presión en el referido sector. Método: estudio exploratorio, con abordaje cuantitativo, realizado en cuatro hospitales de João Pessoa/PB/Nordeste brasileño. La colecta de datos fue de enero a abril de 2008, con cuestionarios en tres etapas: perfil sociodemográfico de los enfermeros, evaluación y prevención de las úlceras por presión. El análisis estadístico fue efectuado a partir de técnicas descritivas, demostradas por frecuencias absolutas y porcentuales. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, sobre el Protocolo n° 03/2008. Resultados: la población era joven, con 82.5% sexo femenino; las afirmativas correctas sobre evaluación y prevención de las úlceras por presión fueron respectivamente de 77.5% y 100.0. Conclusión: se verificó discrepancia entre los conocimientos demostrados en los índices de aciertos en la prevención y sus acciones reveladas para las actividades prácticas realizadas en el cotidiano. Palabras clave: Enfermería; Medidas Preventivas; Úlcera por Presión; Terapia Intensiva.
INTRODUCTION

Pressure ulcers are among the most costly injuries of a hospitalization. They are preventable and, as such, various health agencies, including the National Advisory Panel on Pressure Ulcer (NPUAP-National Pressure Ulcer Advisory Panel) and the Agency for Health Care Policy and Research (AHCPR), published guidelines to develop a common language and/or guideline that aim the prevention and treatment of pressure ulcers.1,2

This type of injury may develop in a few hours and take months to heal, showing morbidity and mortality associated with high importance.1 Certain conditions are associated with high prevalence, reaching 68.3% in bedridden patients with spinal cord injury with ten days of hospitalization.3 It is appropriate to point out that the immobility, the impairment of sensory perception or cognition, decreased tissue perfusion the decrease in nutritional status, friction, tractor forces, increased moisture and age-related changes are factors that contribute to the development of pressure ulcers.

The areas more prone to develop this type of complication in the client include the areas of bony prominences more evident, following the example of the sacrum and the coccyx, the ischial tuberosities (especially in people or who have inadequate positions jumble for prolonged periods), compressing the great trochanter, calcaneus, knee, elbows, scapula, malleolus, among others.5

The prevention of pressure ulcers is performed by the distribution of tissue loads for reduced friction, pressure and friction; optimization of the humidity and temperature, using appropriate techniques for positioning and for use of appropriate support surfaces.6 Despite technological advances in the area of health is a major achievement the ideal is to associate them to the care of nursing holistically in order to reduce the risks resulting from a lengthy hospital stay, especially with regard to prevention of pressure ulcer.

Waterlow scale is little known in Brazil. Created by Judy Waterlow, in 1985, is most widely used in the United Kingdom. Works as a guide for the evaluation of patients at risk for pressure ulcer development and shows the preventive and therapeutic pipelines they may need. This scale was designed to be easy to use, through bars that nursing would use after answering a questionnaire in the form of graduated card in points, where the higher the score, the greater the risk.4,6

Risk instruments include the following factors: change in mobility/activity, incontinence and change in nutrition. Change in level of consciousness or sensory perception is also identified as a risk factor in most evaluation instruments. The identification of individual risk factors is useful to direct care and treatment.

It is hoped that this study will contribute to a better understanding of the effect exerted by nurses with regard to assessments and preventive measures of pressure ulcer. However, the aim is to improve the quality of assistance provided to patients and the nursing process stand out, between patient, nurse and institution. In relation to the scientific field, the study will contribute to the upgrading and improvement of nurses’ knowledge and serve as a tool for nursing, in order to provide a quality service, with the most consistent possible on its realization for decision-making on preventative measures of pressure ulcer. The nurse needs teach-learn about compromise, be critical and reflective, in addition to the need to define your own ways of knowing, produce and validate knowledge. In this perspective, the study’s objectives are:

- To identify the profile of nurses in Intensive Care Center
- To investigate the nurses’ knowledge about the evaluations and preventive measures for pressure ulcer in inpatients in Intensive Care Centre.

METHODOLOGY

Original article drawn from the dissertation entitled “preventive measures to pressure ulcers in intensive care center: knowledge and practice of nurses”, presented at Programa de Pós-Graduação em Nursing from Federal University of Paraíba-UFPB. João Pessoa-PB, Brazil.

This is a survey of exploratory type field. To elucidate the issues relating to evaluations and preventive measures for pressure ulcer, quantitative approach has been implemented. It was used a questionnaire to the basement of the study from the empirical data collected the responses of 40 nurses who work in intensive care Centre. The survey was conducted in the city of João Pessoa - Paraíba-developed in four hospitals of the spheres of Government (municipal, State and federal). The interest in these institutions was based on the following criteria: they are medium and large hospitals, have the population at the level of high complexity, have adult patients receiving Intensive Care in
critical condition. The population of the survey was composed of 41 (100.0%) intensives nurses. As a result of the refusal of the fill of the instrument by a nurse, the sample consisted of 40 nurses, reaching a percentage of 97.6% of the total population.

The inclusion criteria included being a nurse of the ICU, find themselves in hospital in assistance activities during the period of application of the instrument, take participate in the research and signed a free and informed consent (TFCC).

For achieving the objectives of the study, two questionnaires were constructed. The first consisted of variables relating to the characterization of hospital institutions, where the study was developed, which included: guiding source, the size of the hospital, drive type, number of beds of the CTI, the type of clientele, seaside bed monitoring, central monitoring and the proportion of nurses towards patients. All were filled by the coordinators of the CTI.

The second instrument was applied by the nurses in practical activity in the plants investigated, which consisted of two parts: the first was constructed from the variables identified as relevant to characterize how demographic data sample of nurses (sex, age group, occupation, length of time in intensive care, vocational training, with the titles of Nursing Licensure, specialization, masters and doctorate); the second part was composed of 41 items related to nurses ' knowledge about the pressure ulcers regarding evaluation, staging and prevention, however, in this article about alternatives assessment and prevention are highlighted. This portion consisted of surveyed variables in studies7-8, whose instruments were built to assess the “effects of educational interventions in the knowledge and practice of nursing professionals and the incidence of pressure ulcers in intensive care Center”, and “preventive measures to Pressure Ulcers in intensive care Center: knowledge and practice of nurses”, respectively.

The data were collected from January to April 2008, by applying the instruments at nurses. The collection was initiated only after approval of the project by the Research Ethics Committee of the University Hospital Lauro Wanderley, CEP/HULW protocol number 03/2008.

The data relating to the characterization of the hospitals, the identification of nurses and nurses ' knowledge-related data on pressure ulcer assessment and preventative measures have been stored in the program Windows Excel 2007 and the results were tabulated and presented in the form of tables. Statistical analysis has been applied from descriptive techniques, demonstrated through absolute frequencies and percentages.

RESULTS AND DISCUSSION

In this study, we evaluated four hospitals in the Government sphere situated in the city of João Pessoa-PB, being a public hall, two State and one federal public, only one was large. To reserve the anonymity of the institutions, we call them Hospital "A"; Hospital "B"; Hospital "C" and Hospital "D". We got the characteristics of CTI in relation to the type: they were all general hospitals, the number of beds: three of these hospitals had five to ten beds, and one hospital had to 11 to 15 beds; the clientele was composed of clinical, surgical, chronic patients, adults and adolescents; virtually all patients had beachfront bed monitoring, since only one had central monitoring; the nurse/patient ratio was in the hospital a nurse to six patients at the hospital B 01/07, Hospital C 02 /10 and Hospital D 03/12 patients.

Table 01 characterizes the demographic profile of nurses of ICU, and the prevalence was female, with 33 (82.5%); 77.5% are aged 26 to 45 years, and 15.0% with age range between 41 to 45 years; considering this young population, reaffirming this question on estud9, featuring 25 nurses, most female (96.0%), sampling was 14 nurses, with bigger index ranging in age between 31 to 40 years (56.0%). This fact shows that more than 50.0% of workers had less than ten years of experience. We emphasize that, in estud7 involving nurses of ICU, approximately 43.0% of nurses had up to six years of profession and 43.0% between seven and 12 years. Whereas, in pesquisa8, of the 25 participants, 12 (48.0%) had one to five years of graduates. Is expressive the number of professionals who had little experience in that unit. The percentage reaches more than 70.0% of sampled with less than ten years, different from estud7 where its population was 71.4% nurses operating in ICU for less than six years.

With regard to vocational training, 28 (70.0%) reported not present nursing licensure, 39 (97.5%) of nurses who work in intensive care do not have the title of master, and only one (2.5%) nurses claimed to possess a master degree in public health.

It was showed a relatively small number (25.0%) who performed a specialization in intensive care, area that provides a preparation for role of the nurse in the area object of study. We point out that 5% of the nurses chose their qualification in related,
urgent and emergency area. The percentage of 37.5% focused on those who did not graduate any kind and with 32.5% of nurses who have expertise in other areas.

To act on ICU Professional requires theoretical and practical knowledge involving situations of high complexity, these aspects disregarded by the nurses and, above all, by the leaders of the health units in that the institutions should have to admit and prepare their nurses for the performance of assistance activities with competence and quality.

We believe that the knowledge acquired by the nurses from a specialization in the area, in which, besides the theoretical foundations, develop practical skills in order to perform and plan nursing actions of the highest quality, thus avoiding situations which might lead to the clumsiness and recklessness.

The study presented a very low number, only four (16.0%) nurses with specialization. Reports the importance of access to scientific information and that the courses are real. Furthermore, the support of the institution be present in order to allow, in addition to the specific knowledge, cohesion of ideas, professional and personal growth of the worker, developing a standardized outreach process, complying with the technical and scientific standards, contributing to the reduction of burden and institutional growth, in addition to providing a better quality of attention and assistance to customers.

We will present tables referring to the nurses’ knowledge about Pressure Ulcer, relating to the evaluation and preventive measures. The affirmative investigated 41 study were grouped, taking into consideration the following categories: evaluation (two issues), staging (six issues) and prevention (33 issues). In this article, we highlight the issues about assessment and prevention of pressure ulcers.

As for the nurses’ knowledge, in relation to the assessment and prevention of pressure ulcers, in the 35 objective issues of the instrument, were analyzed and highlighted the following results: the lowest score of setting the instrument was of 24 (58.5%), while the highest score was 36 (87.8%). In relation to questions answered wrongly, we had a minimum score of 4 (9.8%) and a maximum of 16 (39.0%). We can even identify that seven (17.1%) nurses felt that they couldn’t answer some questions in focus in relation to variables concerning the evaluation and prevention of UP. It is obvious that the global knowledge of nurses, who work in intensive care, 58.5% ranges from 87.8% with the totality of the issues.
The data reveal that, faced with two questions about the evaluation indexes of hits were superior to 72.0%, demonstrating a relatively high index. The study obtained in both issues, an index of 71.0%, whereas in study, the first question setting index was too high, totaling 22 (88.0%) nurses, and on Monday was 23 (92.0%) nurses.

In relation to study, along with nurses from a private hospital, about knowledge and practices for the prevention and treatment of pressure ulcers, highlights that the average of hits was 71.1%; in the category of staging, of 67.2% and, in the category of evaluation was 80.0%. It is worth to note that this study was hampered by the low adhesion of the nurses, being a limitation found by the voluntary nature of participation.

According to reports, systematic evaluation study of the sick with UP is essential for the development of a care plan. This initial assessment should be exhaustive and essential to set a baseline which can later be compared because it allows making the differential diagnosis provides information about the local situation of the lesion and allows a lookahead to other professionals.

Some authors cite that reinforce the idea that it is essential an accurate assessment of injury, carefully identifying the stage of the healing process and taking the decision on the basis of this assessment, which must be systematically and periodically performed with well-established criteria and evaluation protocols.

It is extremely important the nurse be doctor in pressure ulcer, detaining the greater responsibility on multidisciplinary team. It is through him that reflect clearly its practical assistance to the patient’s perception with pressure ulcer, as this patient needs care not only to their physiological problems, but also social and psychic, requiring the expertise of a professional in an integrated manner capable and committed to the quality of the assistance, thus free of damage due to clumsiness, recklessness and negligence.

According to authors, in their study on “therapeutic approach of pressure ulcers - evidence-based interventions”, the therapeutic strategy remains largely dependent on the personal experience, diverging between different centers and lacking the necessary scientific proof.

It should take into consideration that the intensive care unit is a unit of high complexity, whose hospitalization is high severity issues, requiring the patient to the restricted residence for an extended period of time, so that the data found in the research in focus demonstrated a low level of knowledge of nurses in intensive care with regard to pressure ulcer assessment. On the other hand, 11 (27.5%) of nurses, unaware that the scar tissue as a result of a UP has greater ease of being injured than the skin integrity. Nine other (22.5%) nurses have stated erroneously that the pressure ulcers are barren.

Therefore, it is believed that the greater the ignorance of nurses about the evaluation, the greater the number of preventive interventions for UP cease to be implemented, possibly increasing the risk of these patients develop this type of injury.

The table highlights the 33 03 variables related to nurses’ knowledge about the preventive measures to pressure ulcer in critical patients of ICU.

Table 2- Indexes of knowledge (success/error/I don't know) of nurses (n = 40) on issues related to pressure ulcer assessment. João Pessoa - PB, 2008.
Table 3. Indexes of knowledge (success/error/I don't know) of nurses (n = 40) on issues related to measures of prevention of pressure ulcer. João Pessoa - PB, 2008.

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Success</th>
<th>Errors</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>07- All individuals should be assessed on admission at the hospital about the risk for pressure ulcer development. (T)</td>
<td>40</td>
<td>100,0</td>
<td>00</td>
</tr>
<tr>
<td>12- A scale with tolerances of decubitus change should be written for each patient. (T)</td>
<td>40</td>
<td>100,0</td>
<td>00</td>
</tr>
<tr>
<td>24- The mobilization and transfer of patients totally dependent must be made by two or more people (T)</td>
<td>40</td>
<td>100,0</td>
<td>00</td>
</tr>
<tr>
<td>26- Every patient admitted into intensive care center shall be subjected to the evaluation of risk for pressure ulcer development. (T)</td>
<td>40</td>
<td>100,0</td>
<td>00</td>
</tr>
<tr>
<td>28- The bony prominences may be in direct contact with each other. (F)</td>
<td>40</td>
<td>100,0</td>
<td>00</td>
</tr>
<tr>
<td>40- Educational programs can reduce the incidence of pressure ulcer. (T)</td>
<td>40</td>
<td>100,0</td>
<td>00</td>
</tr>
<tr>
<td>27- Patients and families should be instructed as to the causes and risk factors for the development of pressure ulcers. (T)</td>
<td>39</td>
<td>97,5</td>
<td>01</td>
</tr>
<tr>
<td>37- Friction can occur when moving the person on the bed. (T)</td>
<td>39</td>
<td>97,5</td>
<td>00</td>
</tr>
<tr>
<td>39- For people who have incontinence, skin cleaning must occur at the moment to get dry and in routine intervals. (T)</td>
<td>39</td>
<td>97,5</td>
<td>00</td>
</tr>
<tr>
<td>21- The skin must remain clean and dry. (T)</td>
<td>38</td>
<td>95,0</td>
<td>02</td>
</tr>
<tr>
<td>22- Prevention measures need not be used to prevent new injuries, when the patient has pressure ulcer. (F)</td>
<td>38</td>
<td>95,0</td>
<td>02</td>
</tr>
<tr>
<td>25- Rehabilitation should be instituted, if the general condition of the patient allows. (T)</td>
<td>38</td>
<td>95,0</td>
<td>02</td>
</tr>
<tr>
<td>29- Every person assessed as at risk for developing pressure ulcer should be placed in pressure-reducing mattress (ex.: mattress, water mattress, etc.) (T)</td>
<td>38</td>
<td>95,0</td>
<td>02</td>
</tr>
<tr>
<td>35- All care administered to prevent or treat pressure ulcers do not need to be documented. (F)</td>
<td>38</td>
<td>95,0</td>
<td>02</td>
</tr>
<tr>
<td>41- Hospitalized patients need to be evaluated as to the risk for pressure ulcer only once. (F)</td>
<td>37</td>
<td>92,5</td>
<td>03</td>
</tr>
<tr>
<td>23- Mobile sheet or liner shall be used to transfer or move patients. (T)</td>
<td>36</td>
<td>90,0</td>
<td>02</td>
</tr>
<tr>
<td>30- Macerated skin by moisture gets damaged more easily. (T)</td>
<td>35</td>
<td>87,5</td>
<td>03</td>
</tr>
<tr>
<td>10- An adequate dietary intake of protein and calories should be maintained during the disease. (T)</td>
<td>34</td>
<td>85,0</td>
<td>04</td>
</tr>
<tr>
<td>19- People who remain in the Chair should have a cushion for protection. (T)</td>
<td>33</td>
<td>82,5</td>
<td>05</td>
</tr>
<tr>
<td>34- A good way to lessen the pressure on heel bones is raising them from bed. (T)</td>
<td>29</td>
<td>72,5</td>
<td>10</td>
</tr>
<tr>
<td>08- Contraindicated dressings and transparent dressings and hydrocolloids do not protect against the effects of friction. (F)</td>
<td>27</td>
<td>67,5</td>
<td>04</td>
</tr>
<tr>
<td>15- In lateral position, the client must be at an angle of 30 degrees with the bed. (T)</td>
<td>26</td>
<td>65,0</td>
<td>01</td>
</tr>
<tr>
<td>36- Is the shear force that occurs when the skin sticks to a surface and the body slides. (T)</td>
<td>25</td>
<td>62,5</td>
<td>14</td>
</tr>
<tr>
<td>03- All individuals at risk for pressure ulcer should have a systematic inspection of the skin at least once per week. (F)</td>
<td>23</td>
<td>57,5</td>
<td>13</td>
</tr>
<tr>
<td>04- Hot water and soap can dry the skin and increase the risk for pressure ulcer. (T)</td>
<td>20</td>
<td>50,0</td>
<td>19</td>
</tr>
<tr>
<td>05- It is important to massage the bony prominences, if they are hyperemidas. (F)</td>
<td>20</td>
<td>50,0</td>
<td>17</td>
</tr>
<tr>
<td>16- The headboard should be kept in a low degree of elevation (preferably no bigger than an angle of thirty degrees) conscious with medical conditions. (T)</td>
<td>19</td>
<td>47,5</td>
<td>10</td>
</tr>
<tr>
<td>18- People who can learn must be directed to change their weight every 15 minutes while sitting on the Chair. (T)</td>
<td>16</td>
<td>40,0</td>
<td>23</td>
</tr>
<tr>
<td>13- Heel Bone protectors, such as gloves, relieve water pressure from calcaneus. (F)</td>
<td>11</td>
<td>27,5</td>
<td>29</td>
</tr>
<tr>
<td>02- Are risk factors for development of pressure ulcer: mobility, incontinence, inadequate nutrition and change in level of consciousness. (F)</td>
<td>11</td>
<td>27,5</td>
<td>29</td>
</tr>
<tr>
<td>11- People who only stay in bed should be repositioned every three hours. (F)</td>
<td>10</td>
<td>25,0</td>
<td>28</td>
</tr>
<tr>
<td>14- Wheels-waterline or ring type pads aid in pressure ulcer prevention. (F)</td>
<td>10</td>
<td>25,0</td>
<td>25</td>
</tr>
<tr>
<td>17- A person who can't move must be repositioned, while sitting in the Chair every two hours. (F)</td>
<td>10</td>
<td>25,0</td>
<td>25</td>
</tr>
</tbody>
</table>

T = (True)  F = (False)

It is worth pointing out that, of the 33 questions regarding pressure ulcer prevention presented in Table 03, one realizes that the index hit nurses per question ranged from 25.0% to 100.0%.

Only six issues related to pressure ulcer prevention successes achieved in its entirety. These questions concern the assessment on admission at the hospital as to the risk of developing UP, individualized decubitus changes schedule for each patient, mobilization and transfer performed by two or more people, avoid contact of the bony prominences and importance of educational programs in reducing the incidence of UP.

Only three issues were 97.5% hits indices for the variables relating to guidance to patients and their families about the risk factors for the development of UP in which the movement can cause friction, compared to estudo7, which pointed 48.5%; in the estudo9, only in six issues of 100.0% hit there.

The issues relating to preventive behaviors to UP as the hygiene of the skin, the patient's rehabilitation, the use of pressure-reducing mattresses and the need of preventive care registry obtained 38 indexes (95.0%).

It is observed that 29 (72.5%) nurses agreed with the statement of the question two: "Are risk factors for development of pressure ulcer: mobility, incontinence, inadequate nutrition
and change in level of consciousness”, however, this issue is bogus; just 11 (27.5%) nurses identified as incorrect, not considering that, instead of the word “mobility”, should contain the word immobility. That fact demonstrated a significant degree of ignorance about one factor that contributes significantly to the development of UP.

The issues concerning the proper positioning of the patient, the risk factors for development of preventive measures and how to massage and guards had hit indexes below 67.5%. In relation to the calcaneus protectors, as water sleeve, as a measure of relief to the pressure of heel bone, only 16 (40.0%) nurses responded correctly to the question in focus, that is, such a measure is not recommended as justifies the study13 because it impairs circulation and lymphatic drainage, favoring the formation of UP. In addition, the natural or synthetic Sheepskin does not redistribute the pressure; Crown-shaped equipment such as foam, water wheels, and gel or silicone can promote UP.

As to the question 17 “Repositioning of a person who can’t move while sitting in a wheelchair every two hours”, was considered correct by 25 (62.5%) nurses, showing ignorance regarding the optimum time to relief of the areas of pressure. Added to those who claimed not to know answer to question 05 (12.5%), this index reaches the 75.0%. This ignorance is reinforced when, in issue 18 (52.5%), claimed to be false the following affirmative “people who can learn must be directed to change your weight every 15 minutes, while sitting in a wheelchair”.

For positioning in bed, Chair or wheelchair, should be considered: postural alignment, reducing the pressure on vulnerable areas, balance and stability. If the lateral decubitus is part of the care plan and consistent with the clinical conditions, one should keep the headboard high up to 30 degrees, avoiding direct pressure on the trochanter. At angles greater than 30 degrees, the body of the patient tends to slip, causing friction and shear. The permanence in Chair shall not exceed two hours, during which they should switch the pressure points at least every hour.14

It is important to register that 29 (72.5%) nurses agreed with the statement that “people who just get in bed should be repositioned every three hours”, answered correctly by 11 (27.5%) nurses. Several authors claim that the greatest effectiveness in relieving pressure areas occurs when change is performed every two hours.9,14,15

The importance of nursing staff in the implementation of routine and systematic prevention strategies of patients with such compromises was checked in estudo16, assisting them in change of position, putting support surfaces for pressure reduction and standardized schedules of changes of position.

We analyzed two groups of patients hemiplégicos15, whose strategies to avoid the collapse are proper positioning cutaneous patient in bed or in a Chair, and regular assistance to enable the patient to move periodically every two hours, highlighted the importance of teamwork, with physiotherapeutic intervention, aiming at improvement of ICU patients.

The current panorama, worrying with regard to pressure ulcers, can only be changed if there is a greater investment in prevention and early treatment. The development and application of risk assessment protocols to develop pressure ulcer and therapeutic performance protocols will allow an improvement of survival, as well as the quality of life of patients and their caregivers, allowing optimizing care and rationalizing costs.10

Whereas an index of 35 (87.5%) nurses, they stated that the macerated skin by moisture gets damaged more easily. Therefore, we have an index of 26 (65%) nurses who agreed that the shear stress is the force that occurs when the skin sticks to a surface and the body slides. This care was descrito14 as the main factor related, and urinary incontinence is that leads to persistent skin moisture that raises the risk of maceration, friction and shear forces. The fundamental aspect of nursing care is the effective management of incontinence, for the maintenance of the integrity of the skin, of dignity and personal comfort. The control must be individualized and should not be performed at intervals pre-set routine.

CONCLUSION

Initially, socio-demographic characteristics are presented in the study population who work in intensive care Centre, in the period from January to April 2008, the four hospitals of the city of João Pessoa-PB. Among these, only one was characterized for being large.

The 40 nurses studied were aged 26 to 50 years old, mostly ranging in age from 26 to 45 years; greater predominance was female 33 (82.5%), with the 15 years between a degree and experience in intensive care with less than ten years.
With regard to vocational training, some have the title of Nursing Licensure; most claimed to possess the title of expert, but few were those who were in intensive care, ten (25.0%), area that provides a preparation for role of the nurse in the area object of study. The lowest score of setting the instrument was of 24 (58.5%) and the highest score was 36 (87.8%). The scores of questions answered wrongly was of 4 (9.8%) to the minimum and 16 (39.0%) for maximum. We can even identify that seven (17.1%) nurses felt that they couldn’t answer some questions in focus in relation to evaluation-related variables, staging and prevention of UP. The global knowledge of nurses, who work in intensive care, ranged from 58.0% to 87.8% in relation to the totality of the issues.

With regard to the nurses ’ knowledge about preventive measures for pressure ulcer in inpatients in intensive care Centre, were investigated aspects relating to the evaluation, staging and pressure ulcer prevention. The results showed that, on items relating to the evaluation, the knowledge deficit of nurses was in relation to the greater fragility of the skin after the occurrence of the cicatricule process, that is, the vulnerability to the development of a new injury. We highlight, also, a significant number of nurses who claimed that the ulcers are sores sterile.

The erroneous knowledge of variables in focus demonstrates the necessity of these professionals seek updates regarding the assessment of UP. For the staging and prevention-related variables, the results showed that the nurses showed greater knowledge in relation to items concerning the prevention of pressure ulcer than to staging items. The indexes were significantly high for prevention, above 85.0%, and for staging, below 60.0%, confirming the need to be planned and implemented actions directed specifically to aspects of evaluation.

It is worth noting that scientific knowledge is of great importance to the role of nurses in relation to preventive measures to UP in intensive care, the tireless and continuous search to improve the quality of nursing care, in their professional practice, seeking authority to the performance of a strategic role and to results based on practical routines, in evidence, playing with responsibility and autonomy without involving the professional life and without aggravating the clinical state of the patient.

The nursing team professionals are not only mere receivers of information, but rather active agents and processors of its reality. Added be imperative that preventive measures be systematized and institutional character with involvement of the entire nursing staff.17

As for the action of nurses regarding the care provided for the prevention of UP in patients at risk, there was some discrepancy between the knowledge demonstrated in the indices of hits on prevention and their actions revealed for the practical activities carried out on a daily basis to meet preventive measures for UP did not record necessarily condition for these professionals effectively adopt systematically actions that could minimize the risk of development of lesions.

In the meantime, it’s worth pointing out that these professionals have certain knowledge in relation to preventive measures for development of UP in intensive care Center, but need an incentive through hospital institutions in that act as nurses, assistance being encouraged through development of permanent education, trainings and the initiative upon entry into graduate courses.

It is obvious that, for some specific procedure regarding the UP, it is necessary to have a prior knowledge on the part of nurses, as we noted in this survey, being the primary motivation for the action performed is put into practice within the framework of intensive therapy. Improve knowledge of nurses working in intensive care is essential to minimize the risk for the development of UP. In this way, it becomes essential to motivate nurses to improve their knowledge in relation to the assessment of pressure ulcer staging.

Nursing intervention should advance the limits of ritualistic practice and routine in order to build a model of assistance that focuses the real need of the customer, while agent end of its legal and ethical strategy process of systematization of nursing care (SAE), in order to individualize the care and achieve better results for this population, in partnership with the other members of the multidisciplinary team.18

The study points out that the incorporation in practice will occur if there is a propagation and dissemination of results of research that can generate new questions and accession on the part of the professionals who are in the practical field. The same author reveals that nurses from clinical practice acquire knowledge about the search results by publications, participation in scientific events, educational programs and other professional observation that utilize innovative procedures.
The UP is a complication that occurs both in the hospital environment and in its exterior, and can be avoided through the adoption of preventive measures by health professionals, mainly by the nursing staff, which is responsible for direct assistance to customers. The estudio20 made it possible to identify what the nurses’ perception about preventive measures of UP is still deficient, since most professionals possess knowledge beyond this. Considering the multiple causes of pressure ulcers, there must be an effort of the entire health team involved in the process of adoption of innovations for the prevention of ulcers.

Given the above, the nurse is able to assess the risks and benefits of a patient intensive care, critical with regard to pressure ulcer, for the positioning in bed, whose procedure prevents injuries, complications and provides comfort. This movement is a priority and that technique should be considered significant, which makes it a challenge before the highly complex and technological environment of an intensive care Unit. Thus, this professional must stop the theoretical-practical knowledge and ability to apply it in their daily practice.

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