



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

CASE REPORT ARTICLE

MANAGEMENT OF PATIENTS WITH HEART FAILURE IN AN EMERGENCY UNIT: AN EXPERIENCE REPORT

MANEJO DO PACIENTE COM INSUFICIÊNCIA CARDÍACA EM UMA UNIDADE DE PRONTO ATENDIMENTO: RELATO DE EXPERIÊNCIA

André Luiz Silva Alvim¹

ABSTRACT

Objective: describing an experience report on compulsory traineeship about how the management of patients with heart failure is performed. **Method:** a descriptive study, type reporting experience in the training field in relation to management of the patient with decompensated congestive heart failure in an Emergency Unit. The production of the empirical data was held from 11th to 14th September 2012, using observation, and later, noting about how patient management occurred from admission to transfer to Hospital Unit. **Results:** from the hospital reception with the medical risk rating, the total time occurred in 12 minutes. In relation to nursing, it was realized that the nurse did not use the Nursing Process. The patient waited three days in the unit to get a hospital bed. **Conclusion:** it was evident that there were failures in patient management in the Unity, contradicting what is stated in the Administrative Rules. **Descriptors:** Adult Health; Heart Failure; Emergency Medical Services.

RESUMO

Objetivo: descrever um relato de experiência no estágio curricular obrigatório sobre como é realizado o manejo do paciente com Insuficiência Cardíaca. **Método:** estudo descritivo, tipo relato de experiência em campo de estágio em relação ao manejo do portador com Insuficiência Cardíaca Congestiva Descompensada em uma Unidade de Pronto Atendimento. A produção de dados empíricos foi realizada nos dias 11 a 14 de setembro de 2012, utilizando a observação e posterior, anotação sobre como ocorreu o manejo do paciente, desde a admissão à transferência para Unidade Hospitalar. **Resultados:** do acolhimento com classificação de risco ao atendimento médico, o tempo total ocorreu em 12 minutos. Em relação à assistência de enfermagem, percebeu-se que o enfermeiro não utilizou o Processo de Enfermagem. O paciente aguardou três dias na Unidade até conseguir um leito hospitalar. **Conclusão:** foi notório que houve falhas no manejo do paciente na Unidade, contradizendo o que está estabelecido nas portarias ministeriais. **Descritores:** Saúde do Adulto; Insuficiência Cardíaca; Serviços Médicos de Emergência.

RESUMEN

Objetivo: describir un relato de experiencia de pasantía obligatoria sobre cómo se realiza el manejo de pacientes con insuficiencia cardíaca. **Método:** un estudio descriptivo, tipo relato de experiencia en el campo de la formación en relación con la gestión del paciente con insuficiencia cardíaca congestiva descompensada en una unidad de emergencia. La producción de datos empíricos se celebró de 11 hasta 14 de septiembre de 2012, mediante la observación y después, nota sobre cómo se produjo el manejo del paciente a partir de la admisión a transferencia a la Unidad del Hospital. **Resultados:** del host con la calificación de riesgo al atendimento médico, el tiempo total fue de 12 minutos. En relación con la enfermería, se dio cuenta de que la enfermera no utilizó el Proceso de Enfermería. El paciente esperó tres días en la unidad para conseguir una cama de hospital. **Conclusión:** era notorio que hubo falhas en el manejo del paciente en la Unidad, en contradicción con lo que se establece en el Reglamento Administrativo. **Descritores:** Salud del Adulto; Insuficiencia Cardíaca; Servicios Médicos de Emergencia.

¹Student, Graduate in Nursing, University Center UNA. Belo Horizonte (Minas Gerais), Brazil. E-mail: andrevolts@hotmail.com

INTRODUCTION

Heart failure (HF), also known in the literature as Congestive Heart Failure (CHF), is considered a functional loss of the cardiac pump to eject blood to meet the metabolic needs of the body and has been responsible for admissions and re-admissions throughout the world and consequently, high costs for health.¹

Patients with HF are mainly in the age group above 60 years old. The morbidity and mortality rates have been increasing in recent years, in Brazil, among hospital admissions in people over 65; the HF was on the porch of cardiovascular diseases. Using comparison criteria, was responsible for more deaths than AIDS, in 2003.²⁻⁴

By being responsible for the increased incidence and prevalence of cases worldwide, the HF is gaining concern of health professionals, especially, to maintain quality of life and prevent decompensation.^{2,5} In this context, it is worth noting the importance of interdisciplinarity for continuous knowledge construction professionals for care and therapeutic activities and actions to promote health in patients with this disease patients.

Interdisciplinarity goes beyond teamwork, she is facing an interrelationship between the various disciplines to acquire further knowledge to solve problems from occurring;⁶ also realizes the importance of a multidisciplinary team in their treatment, in especially nurses. By clinical skill, technical and theoretical knowledge of the nursing process, this professional, has contributed to cost reductions related hospitalizations and HF decompensation due to planning and nursing intervention based primarily on evidence.²

During the traineeship the fifth and sixth module of Nursing at a university, students perform the technical and theoretical knowledge in the discipline Clinical Practice in Adult Health in a UPA and Hospital Unit. Apart from providing assistance under supervision is provided to students observe the flow of the unit and patients through a critical eye, comparing reality with what is established in the laws, resolutions and ministerial orders.

A specific situation that occurred in the experience of the student during compulsory internship at UPA motivated to write this experience report. The situation with regard to the handling during the admission of a patient with decompensated HF in the fixed routing to the hospital pre-hospital service by the Health Professional.

So, describing this experience report is important as a basis and example for the students and working professionals can reflect in relation to management to patient with decompensated HF, instigating assess whether it is appropriate or not, also has as a of positives, encourage action effectively for health professionals to intervene with actions that can contribute to an improvement in clinical status and beyond, also acting on the individual family and community.

OBJECTIVE

- Describing an experience report on compulsory traineeship on the management of patients with heart failure is performed.

METHOD

A descriptive study, of type reporting experience, defined as a descriptive tool that reflects on an action or set of actions that address a situation experienced in the professional interest of the scientific community.⁷

The study site was one Emergency Unit (UPA) of the region of Belo Horizonte that the students worked with the sixth module link traineeship in relation to the management of patients with decompensated congestive heart failure in order to experience through practice theoretical knowledge acquired in the classroom.

The production of empirical data was held on 11th to 14th September 2012, using observation and later note about the management of patients with heart failure occurred since the time of admission to transfer to Hospital Unit. The evaluation criteria were established by the teacher responsible for the supervision and guidance of students in the training field, namely: annotate and describe - the classification of Manchester performed by nurses, medical and nursing care in the emergency room, as was the contact to refer patients to tertiary care and time to accomplish the transfer to the hospital. Subsequently, the data were recorded in the form of reporting experience, there is no need to analyze, as this methodology does not require the technique mentioned.

Because it is a biannual interdisciplinary academic work was not needed by the Ethics in Research Committee. However, the rules were followed Ordinance n. 466 of 12 December 2012, the National Health Council (NHC), for the conduct of the study involving humans.

Once completed, was presented at the Interdisciplinary Forum on Health (FIS) in a University Center, held on December 4th, 2012

CASE STUDIES

Upon arrival to the UPA, the patient was directed to the venue of the reception with risk rating. The care given by the nurse was subsidized by the Manchester protocol.

From the main signs and symptoms evaluated: dyspnea upon exertion, respiratory rate of 37 breaths per minute and oxygen saturation of 86%, the professional used the flowchart of respiratory complaints and rated as red, immediately directing to consultation with a specialist in internal medicine.

The time host with risk rating to medical care occurred in 12 minutes. And after, he was diagnosed with decompensated CHF.

In the emergency room, was administered by nursing professionals from a prescription, micronebulization with Atrovent 20 drops and 5 drops Berotec, Carvedilol 12,5 mg orally, Isordil Sublingual 5mg held electrocardiogram (ECG), oxygen catheter offered the nasal 3L/min and collected laboratory tests in order to dose the cardiac enzymes.

In UPA described, the process of Nursing (NP) method used to deploy the professional practice of nursing theory, it is still not done by the nurse, ie, is not fulfilled what is called for in COFEN Resolution 272/2002 and 358/2009.^{8,9}

Aside from administering medications on an emergency basis, nursing care on site, verbally prescribed by nurses were conducted, aimed at stabilizing the clinical picture from the perspective of nursing after doing a quick interview, namely:

- Monitor dyspnea and events that may enlarge it or make it worse;
- Evaluate cyanosis of the extremities of 1 in 1 hour and notify the nurse if positive;
- Maintain patency of venous access with 0,9% saline solution after any intravenous administration. Before connecting the syringe with saline, pass a cotton ball soaked in 70% alcohol to reduce risk of infection in the three-way device;
- Position the patient in Fowler (30);
- Start water balance while the patient is not transferred to tertiary care. Note the relationship of infused fluids and subtract the ratio of liquid disposed;
- Keep monitoring the electrocardiogram (ECG) continuously;
- Assess oxygen saturation by continuous pulse oximetry and watching for signs of neurological changes such as confusion,

agitation, drowsiness. Report if saturation <95%.

Because it is an UPA, where demand for meeting the health needs is very high and has large turnover of patients, nursing prescriptions are not noted and little interest of the team.

Assessing the prescribed verbally care; realizing that they are only focused on pathology, excluding the psychosocial context surrounding the patient. Then it emphasizes the importance of the implementation in all pre-hospital units a tool for the EP to be done, so that through a theory, nursing professionals can consider the patient as a whole aimed at comprehensiveness and not only restricting pathology.⁹

The contact in the Central Beds by physician on duty was performed after clinical and laboratory evaluation to request a vacancy in hospital. This contact occurred concurrently while the patient's condition stabilized. After completing the three-way authorization for Hospitalization (AIH) for the same, the patient waited in the UPA for three days to be transferred.

It becomes a challenge for practitioners to follow the guidelines of the SUS. The hierarchy is weak, because they depend on a network to follow up and solving user demand, however, one realizes that the system is saturated, missing spaces in hospitals, causing the Emergency Care Units remain crowded, generating outrage and civil unrest and professionals.

CONCLUSION

It was evident that there were failures in patients with decompensated heart failure management. Host with the classification of risk transfer to hospital, it was noted above that set out in ministerial decrees time.

The nursing process was not carried out by nurses. The prescription of nursing care was conducted verbally and included only the biological context, excluding the psychosocial. Not deploying in professional practice even with mandatory implementation of PE in public or private health facilities where nursing care happens, observed. Therefore, non-adherence of nurses by the nursing process becomes the result of carelessness and obliges councils to oversee its implementation.

REFERENCES

1. Andrietta MP, Lopes MRS, Barros ALB. Plano de alta hospitalar a pacientes com insuficiência cardíaca congestiva. Rev Latino-

Alvim ALS.

Management of patients with heart failure...

Am Enfermagem [Internet]. 2011 Dec [cited 2013 Oct 20];19(6):1445-52. Available from: http://www.scielo.br/scielo.php?script=sci_arctext&pid=S0104-11692011000600023&lng=en

2. Soares DA, Toledo JAS, Santos LF, Lima RMB, Galdeano LE. Qualidade de vida de portadores de insuficiência cardíaca. Acta paul enferm [Internet]. 2008 [cited 2013 Oct 20];21(2):243-8. Available from: http://www.scielo.br/scielo.php?script=sci_arctext&pid=S0103-21002008000200002&lng=en

3. Ferreira MCS, Gallani MCBJ. Insuficiência Cardíaca: antiga síndrome, novos conceitos e a atuação do enfermeiro. Rev bras enferm [Internet]. 2005 Feb [cited 2013 Oct 20];58(1):70-3. Available from: http://www.scielo.br/scielo.php?script=sci_arctext&pid=S0034-71672005000100013&lng=en

4. Aliti GB, Rabelo ER, Domingues FB, Clausell N. Cenários de educação para o manejo de pacientes com insuficiência cardíaca. Rev Latino-Am Enfermagem [Internet]. 2007 Apr [cited 2013 Oct 20];15(2):344-9. Available from:

http://www.scielo.br/scielo.php?script=sci_arctext&pid=S0104-11692007000200023&lng=en

5. Assis CC, Barros ALBL, Ganzarolli MZ. Avaliação das intervenções e dos resultados esperados para o diagnóstico de enfermagem fadiga, em portadores de insuficiência cardíaca. Acta paul enferm [Internet]. 2007 Sept [cited 2013 Oct 20];20(3):357-61. Available from:

http://www.scielo.br/scielo.php?script=sci_arctext&pid=S0103-21002007000300019&lng=en

6. Meirelles BHS, Erdmann AL. A interdisciplinaridade como construção do conhecimento em saúde e enfermagem. Texto contexto - enferm [Internet]. 2005 Sept [cited 2013 Oct 20];14(3):411-8. Available from: http://www.scielo.br/scielo.php?script=sci_arctext&pid=S0104-07072005000300013&lng=en

7. Cavalcante B. Silva de Lima U. Relato de experiência de uma estudante de enfermagem em um consultório especializado em tratamento de feridas. Journal of Nursing and Health [Internet]. 2012 [cited 2013 Oct 20];1(2):94-103. Available from: <http://www.ufpel.edu.br/revistas/index.php/enfermagemesaude/article/view/100/138>

8. Alvim ALS. SAE: Sistematização da Assistência de Enfermagem: Guia Prático J Nurs UFPE on line [Internet]. 2012 Dec 2 [cited 2013 Oct 20];6(12):[about 5 p.]. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3546>

9. Tannure MC, Pinheiro AM. SAE: Sistematização da Assistência de Enfermagem:

Guia Prático. 2nd ed. Rio de Janeiro: Guanabara Koogan; 2011. 9-156 p

Submission: 2013/12/06

Accepted: 2014/01/05

Publishing: 2014/03/01

Corresponding Address

André Luiz Silva Alvim

Rua Tamarindos, 383

Bairro Eldorado

CEP 32310-550 – Contagem (MG), Brazil