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Education guidelines for nursing in neurosichelled patient hospital: a experience report

Directrices educativas para enfermérica en neurosis hospital de pacientes escalados: informe de experiencia

Orientações educativas de enfermagem na alta hospitalar de paciente neurosequelado: relato de experiência

ABSTRACT

Objective: To describe the experience with educational guidelines for hospital discharge from the perspective of a nurse inserted in the Primary Nursing model. Method: Report developed from professional experience in a medical clinic in a hospital in São Luís, Maranhão, from January to December 2020. Educational nursing guidelines occurred through training with caregivers and family members of patients, prior to discharge. Results: The information was passed on in a dialogical manner, prioritizing the family member and / or caregiver who would be most present at home, emphasizing educational nursing guidelines related to general skin care, tracheostomy care, gastrostomy or jejunostomy, administration of enteral diet and medicines. Conclusion: The planning of educational guidelines at hospital discharge are important duties of the primary nurse, promoting continuity of care and safety on the part of caregivers in providing assistance to neuroskilled patients in the home environment.

DESCRIPTORS: Patient Discharge; Health education; Primary Nursing; Stroke.

RESUMEN

Objetivo: Describir la experiencia con guías educativas para el alta hospitalaria desde la perspectiva de una enfermera insertada en el modelo de Enfermería Primaria. Método: Informe elaborado a partir de la experiencia profesional en una clínica médica en un hospital de São Luís, Maranhão, de enero a diciembre de 2020. Las pautas educativas de enfermería se dieron a través de la capacitación con los cuidadores y familiares de los pacientes, antes del alta. Resultados: La información se transmitió en un diálogo, priorizando al familiar y / o cuidador que estaría más presente en el hogar, enfatizando las pautas educativas de enfermería relacionadas con el cuidado general de la piel, el cuidado de la traqueotomía, la gastrostomía o yeyunostomía, la administración de dieta enteral y medicamentos. Conclusión: La planificación de las pautas educativas al alta hospitalaria son deberes importantes del enfermero primario, promoviendo la continuidad asistencial y la seguridad por parte de los cuidadores en la atención a los pacientes neurocapacitados en el ámbito domiciliario.

DESCRIPTORES: Alta del paciente; Educación en Salud; Enfermería Primaria; Accidente cerebrovascular.

RESUMO

Objetivo: Descrever a experiência com as orientações educativas de alta hospitalar sob a perspectiva de uma enfermeira inserida no modelo Primary Nursing. Método: Relato desenvolvido a partir da vivência profissional em uma clínica médica de unidade hospitalar em São Luís, Maranhão, de janeiro a dezembro de 2020. As orientações educativas de enfermagem ocorriam através de treinamentos com os cuidadores e familiares dos pacientes, previamente à alta. Resultados: As informações eram repassadas de forma dialogada, priorizando o familiar e/ou cuidador que seria mais presente no domicílio, enfatizando orientações educativas de enfermagem relacionadas aos cuidados gerais com a pele, cuidados com a traqueostomia, gastrostomia ou jejunostomia, administração de dieta enteral e de medicamentos. Conclusão: O planejamento das orientações educativas na alta hospitalar são atribuições importantes do enfermeiro primário, promovendo a continuidade do cuidado e segurança por parte dos cuidadores em realizar assistência aos pacientes neurosequelados no ambiente domiciliar.

DESCRIPTORES: Alta do paciente; Educação em Saúde; Enfermagem Primária; Acidente Vascular Cerebral.

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Liana Priscilla Lima de Melo

Nurse. Specialist in Medical and Surgical Clinic, UFMA. Master's student of the Graduate Program in Nursing at UFMA.
ORCID: 0000-0002-0263-1119

Jaiza Sousa Penha

Nurse. Specialist in Women's Health, UFMA. Master's student of the Graduate Program in Nursing at UFMA.
ORCID: 0000-0001-9805-3802

Ana Hélia de Lima Sardinha

Nurse. PhD Professor at the Post-Graduate Program in Nursing at UFMA.
ORCID: 0000-0002-8720-6348

Nair Portela Silva Coutinho

Nurse. PhD Professor at the Post-Graduate Program in Nursing at UFMA.
ORCID: 0000-0002-2050-026X

Lívia Maia Pascoal

Nurse. PhD Professor at the Post-Graduate Program in Nursing at UFMA
ORCID: 0000-0003-0876-3996

Adriana Gomes Nogueira Ferreira

Nurse. PhD Professor at the Post-Graduate Program in Nursing at UFMA
ORCID: 0000-0002-7107-1151

INTRODUCTION

Cerebrovascular diseases occupy the second place among those that cause more deaths in the world, second only to cardiovascular pathologies. Among these diseases, the most frequent is the Cerebral Vascular Accident (CVA), which is considered a public health problem, with high prevalence and high rate of morbidity and mortality, in addition to being related to the development of clinical signs such as focal and/or global disorders that cause cognitive and sensorimotor changes.¹

The sequels resulting from a stroke vary according to the disease subtype, location of the obstruction and extension of the brain tissue affected, which can cause hemiparesis; hemiplegia; visual changes; dysarthria; dysphagia; memory deficit and emotional changes such as irritability, forgetfulness, confusion and anxiety.^{2,3}

Thus, the demand for care required by the patient affected by a stroke is extensive and complex, and must be performed in a health institution, by a multidisciplinary team. After recovery and hospital discharge, this care must be maintained at home, by a caregiver.⁴ Generally, this caregiver is represented by a first-degree family member, female, with little or no health training, who

needs to be guided by the team to develop it properly.⁵

Therefore, hospital discharge is characterized as a stage of care, which must be organized in advance, as it consists of a transition to the continuity of care at home.⁶ It is the moment when the health education process involving the patient and their family is used, sharing information effectively, with different communication resources, making sure that doubts and problems have been clarified and solved.⁷

In addition, it must be individualized and personalized, in order to instruct patients and family members, promoting the participation of the multiprofessional team, helping and encouraging self-care, self-confidence and self-management, in a humanized way and in a welcoming environment, facilitating the understanding of the guidelines.^{8,9}

Thus, the importance of the professional nurse in this context is revealed, in his routine as an educator, transmitting content, teaching techniques, explaining, observing and evaluating the practice and the skill on the part of the caregiver in relation to the procedures. Therefore, it is necessary for nurses to assume the role of coordinating discharge, integrating the other team members, offering patients and their families the guarantee of safe, quality home care that preserves their autonomy.¹⁰

This role is also among the duties of the primary nurse (or reference nurse) inserted in the Primary Nursing (PN) care model, which emerged in mid-1968 and was described in 1970, at the University of Minnesota, by Marie Manthey. The model was developed with the objective of guaranteeing complete, individualized and continuous nursing care, performed by a primary nurse, who assumes the management of the care provided to certain patients during the entire hospitalization period.¹¹

Among the advantages, the PN allows the professional to approach the patient and his family, favoring autonomy through humanized and personalized care.¹² In addition, this model minimizes the fragmentation of the assistance provided and enhances the leadership capacity, based on technical and scientific knowledge.¹³

In this sense, considering that discharge planning is a complex process, starting with patient admission (where important information is collected, such as family support systems and the home environment), the primary nurse has a fundamental role in this phase of the hospitalization.¹⁴ When establishing a bond with the patient and family, for monitoring the entire hospitalization process, this professional has the ability to identify the skills of the

caregiver, providing security through health orientations aimed at the home, based on scientific evidence, which may allow the continuity of care.¹⁵

In view of the above, the following guiding question is obtained: what are the educational nursing guidelines aimed at hospital discharge of neuro sequelated patients?

This study aims to describe the experience of a nurse inserted in the Primary Nursing care model with educational guidelines for hospital discharge.

METHODS

Descriptive study, of the experience report type, about the experience of nursing guidelines for the discharge of neuro sequelated patients, carried out by a nurse from the medical clinic, in a hospital in São Luís, in the state of Maranhão, from January to December 2020. The professional has six years of training, with a graduate degree in Medical and Surgical Clinic and Nursing in Stomatherapy, working as a primary nurse at the institution for four years.

This hospital institution offers exclusive assistance to state public servants and has a medical clinic unit that has adopted the Primary Nursing care model since 2017, with 39 beds. The profile of the assisted clientele consists mostly of the elderly and patients with chronic diseases such as: heart disease, kidney disease, diabetic foot and neuro sequelated patients, especially after stroke.

Educational nursing guidelines were planned and took place through training with patients' caregivers and family members, prior to discharge, and prioritized four themes common to most neuro sequelated patients: general skin care, tracheostomy care, with gastrostomy or jejunostomy, administration of enteral diet and medications. All of this information was also made available in writing to families.

As this is an experience report, there was no need to use the Informed Consent Form (ICF). The ethical precepts of

the Resolution of the National Health Council nº 466/2012 were obeyed during this study and there was no disclosure of any data that would make it possible to identify the participants.

EXPERIENCE REPORT

After being informed of the discharge forecast, by the medical professional, the primary nurse started her work, informing the family about this decision, following the routine of guidelines. These were performed, preferably, one week before hospital discharge, in the infirmary, at the patient's bedside, divided into two moments.

In all orientations, the first moment was theoretical explanatory, in a dialogical approach, about the necessary care and then a practical moment, in which family members and/or caregivers were encouraged to handle the invasive devices (gastrostomy tube, etc.), so that the professional could assess the skills and safety of caregivers.

Regarding general skin care, the nurse provided guidance on the use of soaps suitable for body hygiene and moisturizers with a humectant function. Guidance on changing the position every two hours was also reinforced, even in the home environment, in order to prevent pressure injuries.

For tracheostomy care, guidance was given on how to clean the cannula, metal or plastic, and the proper way to perform tracheal aspiration. As for care with gastrostomy and jejunostomy, information was emphasized mainly on the signs of complications, such as flushing of the surrounding skin, leakage of gastric or enteric effluent, obstruction and accidental loss of this device.

Regarding the nutritional aspects of patients, the family members and caregivers received guidance on the importance of hand hygiene for preparing the diet, the types of diet that could be offered and practical training on handling gastrostomy and jejunostomy devices during administration of diets, in addition

to medications and gastric residue verification.

DISCUSSION

The active participation of the primary nurse in the patient discharge process was reinforced by the results of a systematic review, in which the evidence on the adoption of the Primary Nursing care model in health institutions was satisfactory, mainly due to the bond established, in which the primary nurse supports the coping of the patient's family members during periods of hospitalization.¹⁶

Despite this, the results presented in this experience report differ from the data found in a study that aimed to analyze the role of nurses in preparing hospital discharge for surgical patients. In the referred investigation, the guidelines related to discharge were absent, which contributed to their insecurity and anxiety¹⁷, highlighting the relevance of this information for the continuity of care.

With regard to directing educational guidelines mainly to family members and caregivers of patients, a similar finding was identified in a study with a qualitative approach on criteria for discharge in neurological patients. The authors concluded that the preparation of hospital discharge for patients with a disabling neurological injury should involve not only the client, but also the family and people significant to him, contributing to the rehabilitation process.¹⁸

The educational nursing guidelines for hospital discharge of neuro sequelated patients were directed to the four main axes that deserve special attention, corroborating with a study that aimed to build a model of discharge plan for hospitalized patients after stroke. It has been proven that this information is essential for the transfer of responsibility for care to take place safely.¹⁹

The use of teaching resources in health care promotes empowerment, emancipation of knowledge and satis-

faction of patients and family members in participating in the educational process, favoring autonomy and quality of life.²⁰ However, the absence of these support materials was identified, in addition to the lack of an institutional protocol for carrying out the procedure, in order to guide the practice of nurses, not only the primary nurse, which could facilitate and streamline this moment.

CONCLUSION

The educational guidelines at the planned hospital discharge are important attributions of the primary nurse for promoting continuity of care and providing security for caregivers in carrying out these actions with neuro sequelated patients in the home environment. Therefore, it is necessary that these professionals base their activities on updated scientific

evidence, guaranteeing the scientificity of nursing care.

The standardization of techniques and educational material resources can contribute to the success of this procedure. However, there is a need for critical evaluation by nurses and other professionals, when considering the individuality and uniqueness of the assisted subject, contributing to personalized hospital discharge. ■

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