

Nursing Diagnoses for Bedridden Elderly: Proposal of a Terminological

Diagnósticos de Enfermagem para Idosos Acamados: Proposta de Subconjunto Terminológico
Diagnósticos de Enfermería para Ancianos Encamados: Propuesta de Subconjunto Terminológico

RESUMO

Objetivo: identificar os diagnósticos de enfermagem que estão relacionados ao processo de saúde-doença da pessoa idosa acamada em domicílio, resultando na elaboração de um Subconjunto Terminológico Classificação Internacional para a Prática de Enfermagem. **Métodos:** Revisão Integrativa de Literatura, foi conduzida nas bases Biblioteca Virtual em Saúde (BVS), Biblioteca Virtual em Saúde - Enfermagem, Banco de Teses Capes, PubMed, SciELO e Medline, considerando publicações entre 2010 e 2024. **Resultados:** foram encontrados dez estudos que contemplaram os critérios de inclusão da pesquisa, evidenciando 178 diagnósticos de enfermagem, organizados segundo a Teoria das Necessidades Humanas Básicas, sendo 125 no eixo psicobiológico, 46 no eixo psicossocial e 7 no eixo psicoespiritual. **Conclusão:** Subconjunto Terminológico Classificação Internacional para a Prática de Enfermagem elaborado pode representar um importante avanço para a assistência de enfermagem ao idoso acamado no domicílio, fornecendo um referencial estruturado para a prática profissional.

DESCRIPTORES: Idoso; Sistematização da Assistência de Enfermagem; Enfermeiro; Classificação Internacional para Prática de Enfermagem (CIPE); Educação Permanente.

ABSTRACT

Objective: To identify the nursing diagnoses related to the health-disease process of bedridden older adults at home, resulting in the development of a Terminological Subset of the International Classification for Nursing Practice. **Methods:** An Integrative Literature Review was conducted in the databases Virtual Health Library (VHL), Virtual Health Library - Nursing, Capes Thesis Bank, PubMed, SciELO, and Medline, considering publications between 2010 and 2019. **Results:** Ten studies met the inclusion criteria, identifying 178 nursing diagnoses organized according to the Theory of Basic Human Needs: 125 in the psychobiological domain, 46 in the psychosocial domain, and 7 in the psycho-spiritual domain. **Conclusion:** The developed Terminological Subset of the International Classification for Nursing Practice represents a crucial advancement for home nursing care of bedridden older adults, providing a structured framework for professional practice.

DESCRIPTORS: Elderly; Nursing care systematization; nurse; International classification for nursing practice (icnp); Continuing education.

RESUMEN

Objetivo: Identificar los diagnósticos de enfermería relacionados con el proceso de salud-enfermedad de la persona mayor encamada en el domicilio, resultando en la elaboración de un Subconjunto Terminológico de la Clasificación Internacional para la Práctica de Enfermería. **Métodos:** Revisión Integrativa de la Literatura, realizada en las bases de datos Biblioteca Virtual en Salud (BVS), Biblioteca Virtual en Salud - Enfermería, Banco de Tesis Capes, PubMed, SciELO y Medline, considerando publicaciones entre 2010 y 2019. **Resultados:** Se encontraron diez estudios que cumplieron con los criterios de inclusión, identificando 178 diagnósticos de enfermería organizados según la Teoría de las Necesidades Humanas Básicas: 125 en el eje psicobiológico, 46 en el eje psicossocial y 7 en el eje psicoespiritual. **Conclusión:** El Subconjunto Terminológico de la Clasificación Internacional para la Práctica de Enfermería elaborado puede representar un avance decisivo

para la atención de enfermería al anciano encamado en el domicilio, proporcionando un marco estructurado para la práctica profesional.

DESCRIPTORES: Anciano; Sistematización de la asistencia de enfermería; Enfermero; Clasificación internacional para la práctica de enfermería (cipe); Educación permanente.

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INTRODUCTION

In Brazil, an individual aged 60 or older is considered an older adult, as established by the Ministry of Health through the Statute of Older Adults (Brazil, 2003)¹. This population has been growing significantly in recent decades. The most recent data from the Brazilian Institute of Geography and Statistics indicate that the country has approximately 35.2 million people aged 60 or older, corresponding to about 16.6% of the Brazilian population in 2025 (IBGE, 2025)².

The rapid growth of the elderly population is reshaping the demographic landscape, bringing significant effects on society—particularly in public health—and, consequently, on healthcare professionals, requiring ongoing professional development and excellence in caring for this age group. According to the authors, this shift also demands changes in public health policies and in policies regarding the social integration of the elderly. A greater and better supply of health services directly affects this population's quality of life³.

According to Medeiros⁴, the aging process is related to an individual's context and is therefore influenced by various conditioning factors and determinants. Thus, aging is a complex and heterogeneous process, and there is no guarantee that all individuals will grow old as healthy and active seniors.

Limited access to health services and preventive measures, demographic and epidemiological factors, cultural and historical issues, social factors such as family and economic status, and psychological aspects are some of the factors that influence the aging process⁵.

There are many older adults living in deplorable social conditions, with low levels of education, suffering from the aftereffects of occupational diseases, and experiencing complications from cardiovascular diseases—including amputations. As a result, many older adults become bedridden at home and dependent on care to sustain their lives, thus becoming more fragile and vulnerable, losing their autonomy, and requiring care from their families and healthcare teams⁶. A bedridden older adult is an

individual who requires comprehensive care, depending—even if only temporarily—on assistance and special care for all daily activities, as they are more vulnerable to complications related to decreased muscle strength, muscle tone, and mobility⁷.

Elderly individuals who are bedridden at home live in situations of extreme frailty and dependence and, as a result, are unable to perform routine activities. Consequently, they become highly dependent on family members, caregivers, and nursing staff to ensure that their basic needs are met⁶.

This situation, in which older adults may become dependent and lose their autonomy, underscores the importance of professional nurses who work alongside multidisciplinary healthcare teams to ensure dignity in the aging process⁷. Nurses provide care to bedridden older adults at home by planning and implementing interventions that emphasize comprehensive care, building relationships with the older adult, the caregiver, and the family, and providing interactive education in the home⁶.

In this regard, the Nursing Process (NP) is essential in the routine of health services and in the care of this population. Federal Nursing Council Resolution No. 736/2024 provides for the implementation of the NP, establishing that it must be carried out in a deliberate and systematic manner in all contexts where nursing care is provided, organizing the nurse's work with regard to the tools, human resources, and methods necessary for its execution. Based on the PE, nurses collect data, formulate nursing diagnoses, plan care, implement prescribed interventions, and assess the progress of the individuals under their care; this process is grounded in a nursing theory that supports the development of these stages⁸. The Systematization of Nursing Care (SAE) is an essential tool for the development of care, especially for patients with greater care needs. Its application contributes to improving the quality of care provided, enhances nurses' professional practice, strengthens their autonomy, and highlights the essence of their professional role.⁹

Studies on SAE for the care of older adults are still in their infancy, and this has led to a decline in the quality of nursing care for bedridden older adults. The assessment of nursing diagnoses (NDs) applied to this population contributes to resolving the problems they experience in their homes and allows for reflection on humanized care strategies grounded in ethical and scientific principles⁽¹⁰⁾.

Nursing diagnoses are developed based on taxonomies that facilitate specialized language among nursing professionals, thereby supporting an understanding of the aspects of health, illness, and care being provided. A notable taxonomy is the International Classification for Nursing Practice, which was developed at the International Nursing Congress (INC) in Seoul, South Korea, with the aim

of standardizing nursing terminology worldwide¹¹.

The CIPE^{®12} states that nursing diagnoses represent the label that a nurse assigns to a phenomenon that will be the focus of interventions planned and implemented in a scientific, ethical, and collaborative manner. It is believed that the correct and timely definition of nursing diagnoses can ensure the quality of nursing care and, consequently, improve the quality of life of bedridden older adults, as well as that of their family members and caregivers.

To this end, the study aims to identify nursing diagnoses related to the health-disease process of bedridden older adults living at home, resulting in the development of a Terminological Subset of the International Classification for Nursing Practice.

METHODS

This study is an Integrative Literature Review (ILR), a method that allows for the synthesis of knowledge and the incorporation of scientific evidence into clinical practice, contributing to the consolidation of guidelines and the improvement of nursing practices¹³. An integrative review enables a critical and comprehensive analysis of the available scientific literature on a given phenomenon, in addition to identifying gaps in the literature and proposing new approaches to care.

The study was conducted with the objective of identifying and systematizing nursing diagnoses and interventions applicable to the care of bedridden older adults at home, based on the International Classification for Nursing Practice¹². To ensure methodological rigor, the six stages of the Integrative Review were followed, as described by Mendes, Silveira, and Galvão¹³: (1) identification of the problem and definition of the guiding question; (2) establishment of

inclusion and exclusion criteria; (3) selection of databases and search strategy; (4) screening and selection of studies; (5) analysis and categorization of data; and (6) synthesis and interpretation of results.

The guiding question was formulated according to the PICO (Patient, Intervention, Comparison, Outcome) strategy, ensuring greater precision in the search for studies. The question that guided this review was: "What are the nursing diagnoses described in the literature for bedridden older adults at home?"

The controlled descriptors used were extracted from the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH), ensuring terminological standardization of the search. The selected terms were: "Nursing Diagnosis," "Systematization of Nursing Care," and "Bedridden Elderly," combined using the Boolean operators AND and OR.

Strict inclusion and exclusion criteria were established to select studies consistent with the research objective. Inclusion criteria: publications from 2010 to 2019, available in full online, that addressed nursing diagnoses and interventions in bedridden older adults, using the CIPE^{®12}, and written in Portuguese, English, or Spanish. Exclusion criteria included: studies on institutionalized or hospitalized older adults without a home-based focus; research on geriatric nursing without nursing diagnoses; narrative reviews; opinion pieces; theoretical essays without a methodology; and duplicate studies (retaining the most recent and complete one).

The application of these criteria ensured methodological rigor and alignment with the objectives, with searches conducted in the BVS, BVS Nursing, CAPES Thesis Database, and SciELO databases.

The selection of studies was conducted in accordance with the PRISMA (Preferred Reporting Items for

Systematic Reviews and Meta-Analyses) guidelines and is illustrated in the PRISMA Flowchart (Figure 1), detailing the application of the criteria and the screening stages.

The selected studies underwent a detailed analysis using a data extraction tool, ensuring standardization and reliability in the synthesis of the findings. The articles were analyzed according to the following categories:

- **Study identification:** author(s), title, year of publication, and country of origin.
- **Study objective:** description of the research question.
- **Methodology:** type of study, sample, and methods of data collection and analysis.
- **Identified nursing diagnoses:** categorization according to the Theory of Basic Human Needs¹⁴.

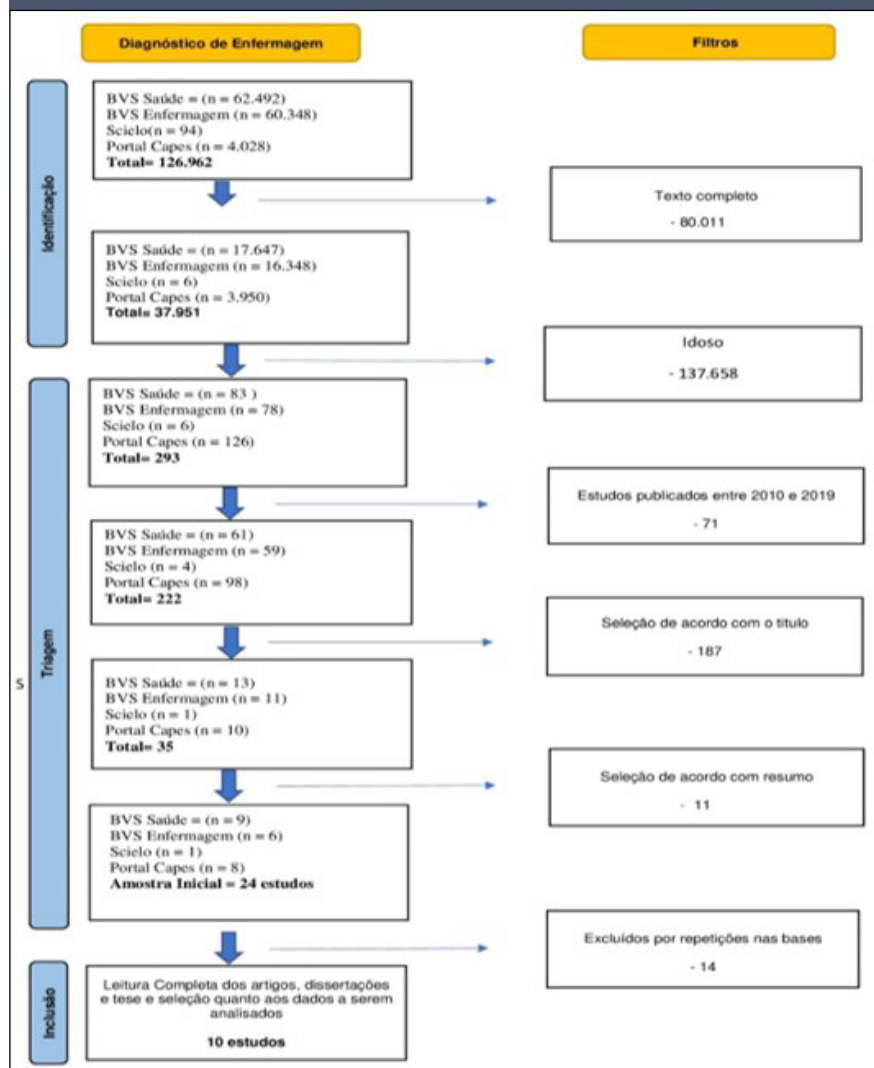
The diagnoses were organized according to the three pillars of the Theory of Basic Human Needs: Psychobiological Needs; Psychosocial Needs; Psychospiritual Needs.

Data categorization was performed independently by two researchers, ensuring the reliability of the analysis. In cases of disagreement, discrepancies were resolved by consensus. The study selection process is described in Figure 1.

RESULTS

During the integrative literature review, ten studies were identified that met the study's inclusion criteria; from these, the diagnoses were extracted and categorized according to the Theory of Basic Human Needs¹⁴, organized into three major subcategories: seven (7) diagnoses in the psychospiritual domain, forty-six (46) diagnoses in the psychosocial domain, and one hundred twenty-five (125) diagnoses in the psychobiological domain. The flowchart is presented below in Figure 1:

Figure 1: Flowchart of the search and selection criteria for the sample of studies on the CIPE®¹²



DISCUSSION

The Theory of Basic Human Needs, proposed by Wanda de Aguiar Horta¹⁴, constitutes one of the main theoretical frameworks in Brazilian nursing and underpins care practice based on a holistic understanding of the human being. Inspired by Maslow's theory of human motivation, Horta¹⁴ adapted the concept of human needs to the context of nursing, organizing them into three major interrelated dimensions: psychobiological, psychosocial, and psychospir-

itual needs. Psychobiological needs refer to the physiological processes essential for sustaining life, such as oxygenation, nutrition, elimination, and physical integrity; psychosocial needs involve aspects of social interaction, communication, emotional security, learning, and self-esteem; while psychospiritual needs pertain to the individual's values, beliefs, spirituality, and sense of life. From this perspective, the theory proposes that nurses identify the patient's affected needs and develop systematic interventions that promote the restoration, main-

tenance, or promotion of health, contributing to comprehensive, humanized, and scientifically grounded care¹⁴.

In this regard, this study proposed the development of a CIPE® Terminological Subset for Bedridden Elderly Individuals, the first in Brazil to be developed and organized according to Wanda Horta's Theory of Basic Human Needs¹⁴. Based on the psychobiological, psychosocial, and psychospiritual subcategories mentioned above. This strategy aims to develop nursing interventions in an individualized, organized, and humanized

manner.

To this end, an organizational table of nursing diagnoses was constructed and systematized, strictly adhering to the division into the psychobiological, psychosocial, and psychospiritual axes, as well as their respective subcategories. This structure was intentionally adopted to optimize the presentation of information, promoting a clearer, more logical, and more integrated view of the data, while also facilitating its application in clinical practice. By grouping diagnoses according to fundamental human needs, the table enables nursing

professionals to identify the needs of bedridden older adults at home more quickly and systematically, reducing information fragmentation and contributing to more assertive decision-making. Furthermore, this organization strengthens the Systematization of Nursing Care (SAE) by aligning findings with a well-established theoretical framework, promoting individualized care planning, continuity of care, and the quality of care provided, in accordance with the principles of comprehensiveness and humanization¹⁴.

Table 1 – Systematization of Basic Human Needs (Horta)

BASIC HUMAN NEEDS	
1. Psychobiological Needs	
Subcategory:	Nursing Diagnoses
Oxygenation	Ineffective breathing pattern; improved breathing; impaired breathing; dry cough; productive cough
Hydration	Adequate hydration; alcohol intake; impaired fluid intake; risk of hypovolemia
Nutrition	Adherence to dietary regimen; improved appetite; impaired swallowing; impaired dentition; insufficient food intake; impaired food intake; unbalanced nutrition (excessive relative to body needs); unbalanced nutrition (insufficient relative to body needs); risk of unbalanced nutrition (excessive relative to body needs); lack of adherence to dietary regimen; risk of liver dysfunction
Elimination	Constipation; dysuria; adequate urinary elimination; impaired urinary elimination; improved bowel elimination; improved urinary elimination; urinary incontinence; fecal incontinence; urge urinary incontinence; incontinence related to loss of sphincter control; urinary retention; risk of constipation; diarrhea; improved bowel movement; improved urination
Sleep and Rest	Improved sleep; impaired sleep; fatigue; altered sleep patterns related to aging
Exercise and Physical Activity	Intolerance to physical activity; non-adherence to physical exercise; risk of disuse syndrome; sedentary lifestyle
Sexuality	Impaired sexual performance; sexual dysfunction
Housing	Impaired family functioning; satisfactory family functioning
Body Mechanics	Excess weight; impaired physical mobility; appropriate body weight; increased body weight; decreased body weight
Personal Care	Impaired ability to dress; impaired ability to groom; impaired self-care ability; impaired oral hygiene ability; effective oral hygiene ability; impaired ability to bathe; impaired ability to use the toilet; improved willingness to maintain health; self-care deficit; self-care deficit in dressing; deficit in self-care for bathing; deficit in self-care for personal hygiene; deficit in self-care for eating; deficit in self-care related to weakness/fatigue/physical limitation; inability to improve self-care
Skin Integrity	Impaired tissue integrity; impaired skin integrity; impaired oral mucosa; intact skin; dry skin; risk of impaired skin integrity; risk of injury; risk of pressure ulcer; risk of trauma; altered sensitivity; pressure ulcer; venous ulcer
Physical Integrity	Evident frailty
Thermoregulation	Fever; hyperthermia; hypothermia; normal body temperature
Hormonal Regulation	Hypoglycemia; hyperglycemia; risk of unstable blood glucose

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Fluid and Electrolyte Regulation	Peripheral edema; improved peripheral edema
Electrolyte Regulation	Risk of electrolyte imbalance
Neurological Regulation	Acute confusion; chronic confusion; confusion related to dementia; memory impairment; progressive cognitive impairment; depression; intact memory; impaired memory; impaired memory related to neurological disorders; risk of depression; chronic sadness; tobacco use
Vascular Regulation	Altered blood pressure; normal blood pressure; abnormal blood pressure; decreased cardiac output
Mobility	Impaired transfer ability; risk of falls; impairment related to diminished mental status
Perception	Low visual acuity; decreased hearing; effective pain management; ineffective pain management; knowledge of pain management; pain; acute pain; chronic pain; pain from chronic arthritis; pain related to osteoarticular conditions; fever; altered sensitivity
Environment	Polluted environment; impaired living conditions; dysfunctional stress due to a change in environment
Therapy	Acceptance of health status; acceptance of impaired health status; adherence to treatment regimen; impaired ability to manage treatment regimen; poor knowledge of treatment regimen; poor knowledge of health status
2. Psychosocial Needs	
Subcategory:	Nursing Diagnoses:
Emotional Security	Anxiety; death-related anxiety; improved anxiety; anxiety related to physical/mental illness; hopelessness; fear; dysfunctional stress due to environmental change; fear of death; risk for depression; risk for falls; risk for stress due to environmental change; risk due to lack of safety in the physical environment; risk for loneliness; risk of loneliness; risk for domestic violence; risk for violence directed at others; chronic sadness; chronic sadness related to illness; loneliness; evident domestic violence
Communication	Impaired verbal communication; improved willingness to communicate
Learning (Health Education)	Caregiver's deficient knowledge of care; deficient knowledge of the treatment regimen; lack of understanding of the health/disease process; caregiver's lack of knowledge; risk of caregiver burnout; caregiver burnout; impaired health maintenance
Social	Effective family support; lack of family support; impaired social interaction; satisfactory family relationships; impaired family relationships
Time and Space Orientation	Impaired concentration; effective temporal and spatial orientation; impaired temporal and spatial orientation
Self-Esteem	Activities of daily living managed; activities of daily living impaired; low self-esteem
Acceptance and Freedom	Acceptance of health status; impaired acceptance; impaired access to health care; impaired social interaction; social isolation; insufficient social income
Attention	Impaired access to health care; insufficient personal income
3. Psychospiritual Needs	
Subcategory:	Nursing Diagnoses:
Spirituality / Religiosity	Conflicting religious beliefs; openness to supportive religious beliefs; risk of conflicting religious beliefs
Spiritual Suffering	Spiritual distress; suffering
Grief Process	Anticipatory grief; dysfunctional grief

Source: compiled by the author

In light of the above, organizing diagnoses according to Basic Human Needs highlights the complexity of caring for bedridden older adults, while also offering practical guidance for nurses working in the home setting. The distribution across the psychobiological, psychosocial, and psychospiritual dimensions reinforces the need for a comprehensive approach that goes beyond exclusively clinical aspects and incorporates the

subjective and social dimensions of the health-disease process. In this sense, the systematized set of diagnoses not only broadens the understanding of this population's needs but also supports a care practice that is more sensitive to the individual's unique characteristics, contributing to the quality of care and the strengthening of a holistic approach to care¹⁴.

CONCLUSION

The aging process is inevitable for human beings, and its consequences depend on each person's lifestyle, medical conditions, and living environment. In more severe situations, such as those involving bedridden older adults, the individual is at the mercy of family members and caregivers, requiring qualified care or health education for those serving as caregivers. Consequently, nursing professionals must be prepared to provide qualified nursing care.

Thus, the proposal for this research arose from the recognition of the need to systematize nursing care for bedridden older adults, resulting in the creation of a terminological subset of the ^{CIPE} Catalogs ¹² CIPE® Subset ¹², as it incorporates the nursing diagnoses found in the literature, thereby serving as a resource to enhance the care process for these individuals.

Thus, following the research and implementation of the proposal, it was found that the objectives proposed by the integrative review study were achieved, resulting in the development of diagnoses and their classification according to the Theory of Basic Human Needs (Horta, 1979). There were seven (7) diagnoses in the psychospiritual domain, 46 diagnoses in the psychosocial domain, and 125

diagnoses in the psychobiological domain, for a total of 178 nursing diagnoses.

Thus, it is hoped that this material will contribute to improving the quality of nursing care for bedridden older adults in their homes. It is also expected to contribute to the Municipal Commission for the Systematization of Nursing (SAE) in the municipality of Dourados, MS.

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