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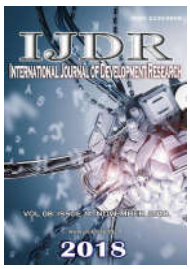

ORIGINAL RESEARCH ARTICLE OPEN ACCESS

MAPEAMENTO DOS PRINCIPAIS DIAGNÓSTICOS DE ENFERMAGEM E O DESFECHO DE PACIENTES COM TRAUMA EM UNIDADE DE TERAPIA INTENSIVA

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ABSTRACT

Introduction: The ICU aims to care for critically ill patients who require continuous and effective care. The implementation of SAE guarantees success in care. Objective: To identify and map the nursing diagnoses in patients with ICU trauma and the clinical evolution of these patients. **Methodology:** This is a retrospective documentary study conducted in the period from November 2016 to February 2017 in a tertiary hospital of the public network of Fortaleza. **Results:** The main diagnoses of the patients hospitalized in the ICU and the fate of these patients were collected. The importance of systematized care to the vitally trauma patient was evidenced. **Conclusion:** The study allowed to highlight the mapping of trauma patients and the clinical evolution of these patients.

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INTRODUCTION

Trauma is defined as a damaging and damaging episode that occurs when energy is released from an external force into the body or when there are obstacles that impede energetic flow (NAYDUCH, 2011; NAEMT, 2017). Trauma is a serious public health problem in Brazil, representing one of the main causes of morbidity and mortality in the world and exerting a strong impact on the economy and on the lives of its victims (ESTUMANO *et al*., 2015).

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The Intensive Care Unit (ICU) is defined as an inpatient service for critically ill patients requiring constant and specialized care (FERREIRA *et al*., 2016). When experiencing care practice in institutions that care for clinical patients, the complexity of nursing care for clinical patients is noticeable, besides the importance of nursing to reconcile so many functions, therefore, it is necessary to systematize these care and apply them in daily practice through the Systematization of Nursing Assistance (SAE), where it enables the professional to identify, describe, understand care plans and map nursing interventions, providing a better quality of care, increasing nursing satisfaction and growth, allowing the application of

Table 1. Distribution of the Nursing Diagnostics to the patient with trauma in the Intensive Care Unit. Fortaleza-CE, 2017

N	Nursing Diagnosis	P	A	R	P[1]	f	%
1	Deficit of self-care for hygiene related to cognitive impairment, environmental barriers.	47	0	3	P	47	94,0
2	Decreased intracranial adaptive capacity related to brain lesions, decreased cerebral perfusion.	38	1	11	P	36	76,0
3	Ineffective respiratory pattern / impaired gas exchange related to pain, anxiety, trauma, infection.	28	0	22	P	28	56,0
4	Ineffective airway clearance related to retained secretion, bronchospasm, presence of artificial airway, neuromuscular dysfunction.	41	0	9	P	41	82,0
5	Impaired skin integrity related to physical immobilization, moist skin, unbalanced nutrition, impaired sensations	35	0	15	P	35	70,0
6	Mobility in the impaired bed related to musculoskeletal injury use of equipment for treatments or immobilizers, pain, discomfort.	38	2	10	P	38	76,0
7	Ineffective tissue perfusion: cerebral, renal, gastrointestinal, cardiopulmonary, peripheral related to altered metabolic and / or circulatory states.	18	2	30	R	30	60,0
8	Unbalanced nutrition less than the bodily needs related to physiological and economic factors, trauma, surgical.	28	4	18	P	28	56,0
9	Diarrhea / constipation related to adverse drug effect, probe feeding, immobility in bed.	11	8	31	R	31	62,0
10	Volume of fluid deficient / excessive related to compromised regulatory mechanism.	16	2	31	R	31	62,0
11	Hyperthermia / hypothermia related to disease, dehydration, trauma, malnutrition, aging, inactivity	23	6	20	P	23	46,0
12	Risk of infection related to invasive procedures, extreme age.	35	6	9	P	35	70,0
13	Risk of disuse syndrome related to severe pain, mechanical immobilization, altered consciousness level, paralysis	32	7	11	P	32	64,0
14	Risk of Allergic Response Related to Allergy History	7	38	3	A	38	76,0
15	Risk of aspiration related to reduced level of consciousness, use of endotracheal tube, presence of tracheostomy, increased gastric residue.	35	7	7	P	35	70,0

P - Present; A - Absent; R - Risk; P1 - Predominance in the study; f - absolute frequency; % - Relative Frequency.

theoretical knowledge in practice, strengthening it as a science, making it more precise and efficient (FERREIRA *et al*., 2016). It is estimated that every year between 200 and 300 thousand Brazilian individuals survive the occurrence of trauma. The trauma is configured with a contemporary pandemic, accounting for one in six hospital admissions, annually in the world approximately 60 million individuals present some type of trauma (BRAGA *et al*. SANTOS *et al*., 2016). Patients with trauma may require extensive treatment and specialized care, depending on their severity, the intensive care unit is characterized as a hospital sector that best meets their needs. According to the second Brazilian sense of ICUs, 7.4% of patients admitted to ICUs are victims of trauma. Among the causes of hospitalization in the ICU, traumatic brain injury (TBI) is the main cause of hospitalization (PONTE *et al*., 2017). Knowing this, when performing the SAE is done effectively, building correct Nursing Diagnoses, elaborating a plan of care directed to the needs of the patient, it is noticeable that the gains are multidirectional in the scope of the client, institution and professional. In view of the presented, the interest arose to map the main nursing diagnoses and the outcome of patients admitted to the intensive care unit.

METHODS

This is a retrospective, documentary study, conducted from November 2016 to January 2017, in a tertiary hospital of the public network of the city of Fortaleza - CE. The study population consisted of all the medical records of patients treated in the Intensive Care Unit, victims of trauma, in the year 2015, totaling 276 patients. The selection of this year for the study was due to the fact that it was the most recent year in which the medical records were available in the hospital's archive. The sample was of the probabilistic and systematic type, calculated based on the formula for finite populations, which is indicated for the calculation of the sample for cross-sectional studies (HULLEY *et al* ., 2015). Therefore, a sample size equal to 160 charts was obtained. Regarding the prevalence of the Nursing Diagnoses to the trauma patient in the Intensive Care Unit, a partial sample was calculated, since this analysis requires a long time, therefore, 50 patient files. In addition, about the clinical evolution of the patients it was possible to raise about the 160 charts of the study. At the time of collection, all 276 medical records were separated and kept in order.

Therefore, the determination of the sampling interval was divided by 276 (population) by 160 (sample), obtaining 1.71, so that to operationalize the collection, that number was rounded to two. Patients who met the following inclusion criteria participated in the study: having been admitted to one of the hospital's intensive care units for at least 12 hours and the medical record was not illegible. To do so, the data were immediately typed in the SPSS program version 22.0 and the analysis was performed in a descriptive way, by means of the calculation of absolute and relative frequencies. The information obtained was presented in tables and analyzed according to pertinent literature. The research project was submitted to the Research Ethics Committee of the University of Fortaleza, and was approved under protocol number 1,525-270. All the ethical and legal precepts of Resolution 466/12 (BRAZIL, 2012) were respected.

RESULTS

The nursing diagnoses to the patient with trauma hospitalized in intensive care were expressed in table 1. According to Table 1, it can be seen that the main nursing diagnosis applied to the ICU trauma patient was: Self-care deficit for hygiene related to cognitive impairment, environmental barriers (n = 47, 94%), followed by ED: Ineffective airway clearance related to secreted retention, bronchospasm, presence of artificial airway, neuromuscular dysfunction (n = 41; 82%) and the least applied to the patient was o DE: Risk of allergic response related to history of allergy. (n = 38; 76%). Corroborating with the findings of this study, other studies show that the main DE found in intensive care unit patients is the Self-care Hygiene Deficit (SALGADOS, 2011; SANTOS, 2015). In this study, only 15 formulated nursing diagnoses were used, since the same ones come from the SAE of the hospital being investigated. Only 4 of these were diagnosed at risk, two of them being identified in the majority of patients, namely risk of infection and risk for aspiration. The actual diagnoses describe responses that are already present in the patients, and the risk diagnoses describe responses that can be developed. The reason that most of the diagnoses are classified as real reflects the evidence that the nursing care in the ICU is centered in the recovery of health, in addition to that the risk also shows the concern of the nurses about the preventive aspects in the care to the health of the patient.

Table 2. Clinical evolution of trauma patient in Intensive Care Unit. Fortaleza-CE, 2017

Valid		f	%
	Discharge from hospital	86	53,8
	Nursery	34	21,3
	Death	39	24,4
	NHR	1	,6
	Total	160	100,0

The mapping of the primary diagnoses allows to trace the profile of a critical patient, thus allowing a better delimitation of the interventions (CABRAL *et al* ., 2017). In Table 1, we can observe the patient's clinical evolution, it is noticed that, despite the severe trauma to which these patients were affected, the survival rate is admirable. It can be noticed that 53.8% of these patients were discharged from hospital due to an improvement in their clinical status and that 21.3% were able to progress satisfactorily from the ICU to the infirmary. On the other hand, the deaths corresponded to 24.4% of the total population of the study, this data can show that although the patient has the same systematization as the others there are cases that the clinical evolution is independent of medical and nursing care.

Conclusion

This study allowed to map the most frequent nursing diagnoses in patients admitted to an ICU. It is worth mentioning that the diagnoses were repeated for hospitalized patients, emphasizing amore holistic care assistance in order to minimize the damage to health. Among the nursing diagnosis titles, the diagnosis of infection risk, self-care deficit for bath / hygiene and risk of aspiration were identified by nurses for almost all patients. Most of the nursing diagnosis titles identified in this study were also found in the literature, confirming that they are common to the clinical practice of the nurse in the ICU. In addition, it was possible to analyze the clinical evolution of these patients, realizing that despite the great traumas, the survival rate is satisfactory.

As nursing seeks to provide care focused on integral care, it is suggested that similar studies in ICUs, from other locations and different contexts / specialties, be conducted in order to follow the evolution of nursing diagnoses and prescriptions in relation to the identification and care for intensive care patients.

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