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NURSING CARE TO BOTRÓPICO ACCIDENT VICTIM UNDERWENT SKIN GRAFTING

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ABSTRACT

The ophidian accidents are caused by the prick of poisonous animals, which turn in a wound with several complications due to action of the poison. Those of the type botrópico are represented by serpents' pricks. One of the complications is the tissue necrosis, in which requires surgical debridement, amputation or skin grafting. The aim of this paper is to report the experience of nursing care to a patient victim of accident botrópico that required skin grafting. This is a descriptive study, qualitative, like case studies, built from the experience of Nursing students in a reference Hospital in trauma and burn victims from Belém-PA, held in September 2018. Through the Systematization of nursing care (SAE), following all your steps. Worked with priority diagnoses, which were: damaged Skin integrity, acute pain, Self-care deficit, Impaired physical mobility and risk of infection. For coverage of the graft was used non-stick coated mesh in petrolatum, proven to be the most appropriate. The donor and receiving areas showed no signs of rejection or infection. The nurse acts fully in grafting coverage, being responsible for choosing the most suitable product, to promote the restoration, avoiding infection or rejection. The SAE provides practice based on scientific evidence, ensuring quality of services provided by nursing and patient safety.

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INTRODUCTION

The accidents caused by poisonous animals are the second notification cause epidemiologic in the centers of information and presence toxicological (CIAT). These animals have an appliance inoculator of specialized poison, in which while prickling it injects in the man or animal, which successful toxic and veined substances are a poison. The biggest causes of these accidents are: scorpions, serpents, bees, wasps, hornets and rays (Meschial *et al.*, 2013). Ophidian accident is represented by the prick of poisonous serpents, which turns in an injury, in which most times it develops a wound consequently connected to the poison of the animal. These events are commoner in tropical and subtropical countries, in rural areas, in this way it is events that need service I specify how soroterapia, and most times the access to the health services in these countries them limited (Sachett, 2017). The ophidian accidents are a serious problem of public health, for his great cases frequency and mainly for the high degree of complexity. On average the ophidian accidents reach 20.000 cases in a year in Brazil, representing incidence of 13,5 cases for each 100.000 inhabitants, however these cases climb the Amazonian region for 24 cases for 100.000 inhabitants.

The serpents of the type *Lachesis* they are known popularly as surucucu, surucucu-pico-de-jaca, surucutinga; malha-de-fogo and they make part of the sort *Lachesis muta*, with two present subspecies in Brazil: *Lachesis muta muta* and *Lachesis muta rhombeata*. Are the largest venomous snakes of the Americas, reaching up to 3.5 meters and inhabit forested areas as the Atlantic Rainforest, Amazon and a few enclaves of humid forests of the Northeast (Coutinho, Gomes and Ribeiro, 2018). The biggest numbers of ophidian accidents are represented by the serpents of the group botrópico (jararacas), in which the regions of the country are found in all. The mechanisms of action of the poison are proteolytic, when was defined as a sharp inflammation, coagulant and hemorrhagic, causing some complications as: secondary infections, abscess, necrosis, shock and sharp renal insufficiency (IRA) (Silva, Vilela and Possa, 2016). The diagnosis is carried out well-founded in the clinical alterations and laboratories of the victim and in the recognition of the serpent wrapped in the accident, the treatment of the accident botrópico the soroterapia is used and just as measures that aim at the maintenance of the normality of the vital signs and too many physiologic functions of the patient, at the control of the existent diseases, besides the prevention of the aggravation of complications resulting from the accident (Machado *et al.*, 2010).

In this way the ophidian accidents of the type botrópico represent 90 % of the cases in Brazil. The extensive necrosis, gangrene and syndrome of compartment are the complications, but frightening, other complications as: Arterial low blood pressure and Shock are rarer of happening. The poison of the serpents represents 90 % to 95 % of his dry weight, composed of toxic proteins and not toxic (Schulz *et al.*, 2016). Ophidian accidents can happen in several situations, not only in rural zones, just as in the urbane ones, and it has the possibility of several complications, being so the professional of the precise health to be prepared to carry out the first service, and to identify the serious complications and to take care. In case of necrosis of the muscular fâscia it demands treatment extended with specialized professionals (Schulz *et al.*, 2016). The complications in the long term of the poisoning for serpents include local necrosis, with necessity of desbridamento and

graft cutaneous, and injuries of deep cloths that they indicate in amputation, functional deficit and needing in long treatment the hospital level. Arthrodesis, chronic ulceration, osteomielite, malignant transformation and hemodialysis for renal insufficiency they are rarer. In sharp cases, present to him pain, edema, hemorrhages, secondary infection, rabiomíolise, renal insufficiency, respiratory insufficiency, septicemia and shock (Galli *et al.*, 2012). The cutaneous graft is a surgical proceeding indicated in different clinical situations, like traumatic wounds, defects after oncological resection, reconstruction of burns, liberation of contracture cicatricle, deficiencies from congenital skin, hair restoration, vitiligo and reconstruction aréolo-nipple (Shimizu and Kishi, 2012). The skin graft is the transfer of a segment vascularized of skin (of partial or total thickness) of a region donor for another receptor. considering the elastin and the present collagen in the derma. The surgical option in the local complications of the accidents botrópicos has to objective to avoid sequels, like amputation or functional deficit. The cutaneous graft allows the restoration of the member and his function (Galli *et al.*, 2012).

The nursing assistance is aimed at the care, thus applies its scientific evidence-based services. The Nurse uses based nursing theories that focus on the issues related to a basic human need (Silva *et al.*, 2018). For the work of nursing assistance be applied was created an instrument, the Systematization of nursing assistance (SAE), that is nothing more than a scientific method consists of five stages, the first aims to identify the problems of nursing, through the history and physical examination, the second step is to draw the nursing diagnoses based on North American Nursing Diagnosis Association (NANDA). In the third step is the time to draw the expected results, in order to achieve the goals, the fourth step is the time of planning, the prescription of care. And finally in the fifth stage evaluation of services takes place, if they were achieved, as well as performing changes to the care plan if necessary (Alvim, 2013). The nursing diagnosis is a clinical conception in relation the individual, familiar or communitarian answers on problems of health, which can be real, potential and life processes.

The nursing diagnoses provide the foundation for the selection of the interventions of similar nursing of it reach when it resulted for which the nurse is responsible (Jomar *et al.*, 2017). In this way the Nurse and basic in the assistance to a patient undergone to the graft from skin, trying to reach good results and quality during the treatment. Why is applied the plan of cares of nursing, they must establish daily priorities, carrying out necessary changes in accordance with the alterations in the picture of the patient, always carrying out the daily register of all the actions and interurrences with the assisted patient, besides looking to maintain efficient communication with the team (Almeida and Santos, 2013).

The nurse acts integrally in the dressing, of the area donor and receptor, being so needs scientific knowledge, updating regarding new products available in the market, just as results based on evidences, with the intention of reducing complications (Almeida and Santos, 2013). The objective of this work is there reports the experience in the Nursing assistance to a patient pediatric victim of ophidian accident of the type botrópico, what needed to carry out skin graft. Using like theoretical base the Systematization of the Assistance of Nursing SAE.

MATERIALS AND METHODS

This inquiry is a descriptive study, with qualitative approach, of the type report of experience, built from the experience of the academics of Nursing in the assistance, in service to an individual who suffered accident *botrópico*, what needed graft from skin, carried out in the period of supervised traineeship. Was held in September 2018, in module Pediatrics, in a large Hospital, located in the metropolitan region of Belém do Pará, in trauma and burn victims. Academics in this period were in the Pediatric Ward of the hospital, composed of 19 beds. Practice supervised in the Module Pediatrics has as providing objective to a pupil the opportunity for carrying out technical, management proceedings and assistance like the SAE, all that supported in scientific bases, methodological, ethics and legal, having like theoretical referential system the Nursing theories, mainly the theory of the Basic Human Necessities of Wanda Horta. (FAMAZ, 2013). The data collection for the realization of the SAE, took place in several stages. 1) Information's in the handbook regarding admission, historical of personal and familiar health, main complaint and through the evaluation of Nursing, carried out it shears anamneses and complete physical examination. 2) to identify the problems of Nursing based on the theories. 3) to draw the Nursing diagnoses (John Wiley & Sons, 2014). 4) Expected results. 5) preparation of the plan of cares (Johnson *et al.*, 2007). 6) evaluation.

RESULTS AND DISCUSSION

From the collected information's it was possible to identify the priority problems based on the theories of nursing. In this phase the Nurse analyses the data and detach the nursing problems, from each problem one is prepared or more Diagnosis of Nursing based on the NANDA. In the near phase there is prepared an objective, which there are the Expected Results. Already in the near phase there happens the plan of cares, the prescriptions of nursing, in accordance with each diagnosis, with definite and quite explicit time-tables. Then after that the evaluation happens daily, that depending on the result, the cares plan can be altered or not (John Wiley & Sons, 2014).

Systematization of Nursing Assistance: In accordance with the collected data it was possible to identify the next problems: Graft, pain, limited to the Bed, Peripheral Vascular Access.

1. Identified problem: Cutaneous graft

Affected Human necessity: Integrity cutaneous mucous

Nursing diagnosis: Impaired skin integrity, characterized by injury in left lower limb. Related to *botrópico* accident followed by skin grafting.

Expected results: it is expected that the graft does not present any sign of infection or rejection.

Prescription of Nursing: To carry out dressing in the area of the graft in the third day. To wash with physiologic serum, and to use mesh impregnated in Petrolatum, and to maintain in even seven days, to use bandaging in the secondary dressing, and it will exchange once in a day. In the area donor, to wash with physiologic serum, to use plate with collagen and alginate of calcium.

According to an experimental study carried out by the Department of Clinical Investigation, in Honolulu Hawaii 2013, in which it was tested six types of dressings for areas receptors and donors of the graft, noted that the mesh with petrolato, it was the most efficient, in what it had a tendency to surpass all the other dressings, providing reepithelization in three days, presenting the quickest regeneration of the cloth, easy of using and resistant to infections (Masella *et al.*, 2013).

The non-stick Fabric is a primary coverage type composed of a mesh of cellulose acetate loaded with an emulsion especially formulated petrolatum-based. Having the protection function of the regenerated tissue, reducing the trauma during the exchange of the bandage, decreases the risk of adhesion, provides the free passage of exudate to secondary coverage, preventing excess exudate and maceration of the lesion (Dutra *et al.*, 2017). It is indicated for areas receptors and donors of grafts and laceration, partial burns of 1 and 2 degree, for dry wounds or exudativas, infected or you clean, in infected wounds or in great exudation it must be exchanged frequently (Smaniotto *et al.*, 2012). In this case the mesh with petrolatum was applied in the area receptor of the graft, due to light presence of secretion, the graft without infector, without rejection signs, the dressing was carried out in the third day after the proceeding, in accordance with the evaluation of nursing and of the plastic surgery. The first dressing was carried out with all the aseptic measures, in the period of the morning. The mesh remained for six days, after the evaluation of the Nursing it was exchanged, already the secondary covering with bandaging's, they were exchanged daily. In the donor area used a plate with collagen and calcium alginate, which is indicated for wounds clean and dry, ideal for donor area. Aims to induce hemostatic action, promoting cell growth, provides a moist wound healing environment relevant to epithelialization (Ribeiro, Costa and Avelar, 2017).

2. Problem Identified: Pain

Affected human need: Comfort and well-being

Nursing diagnosis: Acute pain, characterized by the patient's account, related to skin graft procedure

Expected results: The pain is minimized by up to 2 hours.

Nursing prescription: Apply to the analog scale pain every 2 hours. Carry out the administration of painkillers prescribed doses if necessary. Investigate factors that relieve or increase the pain. Pain is an unpleasant sensory and emotional response, due to the actual or potential damage to the tissues. Is a subjective experiment, that varies from person to person, that is, each expressed in a different way from the other, and that presents variations regarding your intensity and quality, depending on the socioeconomic conditions, cultural and psychological and physiological characteristics (Lasaponari *et al.*, 2013). Pain causes disability and suffering, regardless of the disease. So the pain is classified as acute, chronic, and cancer-related pain, which depend on the time, location and cause. Acute pain is caused by injury, trauma or dysfunction, so it's a sign that something is wrong, your feature is, short duration less than three months and rises abruptly from the time that the injury is repaired the pain should disappear (Pinheiro *et al.*, 2014). The sharp pain, when not treated, induces the activation of neural pathways for a while extending the organic dysfunctions and the damaging effects like alterations of some vital signs, increasing the cardiac and respiratory frequency, caused to a reduction of the distribution

of the oxygen in the cloths, reducing the peripheric blood perfusion and reflexive muscular contraction (Bertoncello, Cavalcanti and Ilha, 2012). Thus the pain needs to be minimized and ceased, for the quality of the patient's welfare, but also for the control of the vital signs. In this case the patient reports pain mainly at the time of dressing, and in this way the pain scale was applied consistently, and administered prescribed doses of painkillers, and moments before the dressing were administered the dose if necessary.

3. Problem Identified: Restricted to Bed (generated two diagnoses)

Affected human need: Physical integrity

Nursing diagnosis: Self-care deficit for bathing and personal hygiene. Characterized by the restriction related to grafting.

Expected results: The patient is expected to return to the ability to self-care within 15 days.

Nursing Prescription: Perform bed bath once a day during the morning. Make oral hygiene with antiseptic mouthwash, intimate hygiene. Changing diapers once each turn or if necessary. Comfort massage and moisturizing of the skin. Maintain high grill, maintaining protection of calcaneus, keep mattress pyramidal.

Problem Identified: Restricted to Bed

Affected human need: Physical integrity

Nursing diagnosis: Physical Mobility harms, characterized by restriction to bed, skin grafting related

Expected results: It is expected that the return your patient ambulation capacity by up to 5 days.

Prescription of Nursing: Perform passive range of motion exercises. Request the assistance of a physical therapist. Guide the familiar on the need of passive exercises. Perform skin protection measures. Protect bony prominences. Perform change of decubitus every 2 hours. Encourage ambulation with assistance.

The restriction to the bed is a consequence of the grafting procedure, that causes pain when moving the limb. In the early days we recommend the patient to stay at home, from the fifth day if begins to stimulate the member movements which was performed the procedure, and so the patient roams with aid and after alone. Later after the grafting procedure, it was this case, the patient remained restricted to bed in the early days causing limitations of daily activities, resulting in self-care deficit. In this way the impaired physical mobility leads to another diagnosis of self-care deficit. The deficit in the self-care for bathing and personal hygiene is characterized by impaired ability to achieve or complete the activities and intimate hygiene alone, relates mainly to physical immobility that the patient is raised by a musculoskeletal injury or neuromuscular, which will prevent the ability to perform these activities of way autonomous, requiring partial or complete assistance(Bertoncello, Cavalcanti and Ilha, 2012). Thus the patient in this condition requires such care, and personal hygiene and prevent risks related to immobility, with the objective of promoting the well-being and maintain the physical integrity of the patient related to these factors.

4. Problem Identified: Peripheral venous access device

Affected Human need: Cutaneous-mucosal Integrity

Nursing diagnosis: Risk for infection related to peripheral venous access

Expected results: The patient does not present any sign of venous device-related infection.

Prescription of Nursing: Perform the washing of hands before and after handling with the patient. Rigorous attention to the signs flogisticos at the location of the device. Exchange of the device every 96 hours or when necessary (according to institutional protocol). Carry out daily disinfection of access before the manipulation. Apply the phlebitis ladder every time you administer medicines and register. Trying to the antibióticoterapia times. Use personal protection equipment necessary for the accomplishment of the bandage. The use of an intravenous device in the hospital environment and often used, with the aim of performing drug therapy, hydration, directly into her vein, vessel has the ability to receive large volumes. Is widely used in antibiotic therapies. This way is a device that provides a direct communication from the external to the intravascular and therefore is an important entrance door for pathogens, and has risks related to the use of such devices as: phlebitis, infiltration, obstruction, extravasation and accidental removal, causing a longer hospitalization and treatment costs and discomfort to the individual(Johann *et al.*, 2016). Among the factors that can cause complications include improper used for antisepsis of the skin, place of device insertion, care maintenance, length of stay, type of setting, type of medicine administered, and also the age, conditions circulatory problems, and especially the professional skill, to perform device insertion procedure (Batista *et al.*, 2014). Peripheral venous device insertion is performed by the nurse or Nursing technician with total security. And responsibility of the team of nursing and related care this device, how to prevent infections, keep your utility and ensure the physical integrity of the patient, it is possible through the nursing requirements for this diagnosis, avoid preventable complications and perform hydration therapy and medication safely (Sousa *et al.*, 2018).

Evaluation

After 15 days of the completion of the graft, the patient walks with assistance, requires no bath in bed. Without the presence of invasive devices. Donor area without coverage, showing epitalização fabric. Area of the graft in great evolution without signs of rejection or infection, sultura preserved. Patient was successful in grafting procedure, showed no infection, no skin lesions, does not require venous device, oral Pharmacology therapy, after the evaluation of plastic surgery, was discharged from hospital. The diagnoses discussed in this case studies, were only the priority, once the case presents many other nursing diagnoses, but not in this discussion, as it would require an extensive discussion.

Conclusion

The nursing care of botrónicos accident victims in need of skin grafts, aims to minimize the risk of infection or rejection on graft. Ensuring also the physical and emotional integrity of the patient, watching of holistic patient and familiar way. It was possible to describe the contributions of nurses in the care of

the patient with skin grafting, thus providing knowledge about Nursing services, as well as clarifying the roles and responsibilities of the nurse, and demonstrating your contribution to the multidisciplinary assistance to this type of patient. Nursing care through the SAE, is an instrument that allows the Nurse watch the patients based on scientific evidence and also subsidized in the theories and nursing. In this way the Nursing care is scientific, ensuring patient safety and the quality of service.

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