



RESEARCH ARTICLE

OPEN ACCESS

NURSING CARE FOR PATIENTS WITH CHRONIC RENAL DISEASE IN PERITONEAL DIALYSIS

¹Everton Luís Freitas Wanzeler, ²Felipe Natan Verde Ferreira, ³Nicélia Silva Cardoso, ⁴Valéria Aguiar e Silva Castro⁵ Fabrício Bezerra Eleres, ⁶ Maria de Lourdes Moura Guedes, ⁷ Taciane Cássia da Silva Alves, ⁸ Gyselle Moraes da Silva ⁹Thatiane Cristina da Anunciação Athaide, ¹⁰ Flávia Vyviane Barros Moraes, ¹¹ Ingrid Renny Silva Palha, ¹² Glauciane Moraes da Silva and ¹³ Daniele Melo Sardinha

¹Nursing Student from the University of Amazonia, a Member of the League of Interdisciplinary infectious Parasitic Diseases in the Amazon -LIDIPA- Belém, Pará, Brazil; ²Clinical Nurse at Hospital Municipal Dr. Silas Freitas, Member of the League of Interdisciplinary infectious parasitic diseases in the Amazon -LIDIPA- Belém, Pará, Brazil; ³Nurse the University of Amazonia Belém-PA, Pará, Brazil; ⁴Nephrologist Nurse at the Renal Diseases Center of Carajás-Marabá-PA, Pará, Brazil; ⁵Nurse, master in technology and innovation in nursing - UNIFOR-CE. Graduate in nursing teaching - College Carajás-Marabá-PA, Nurse Benefits in Hospital Municipal de Canaã dos Carajás - PA, Nurse in centre of reference on worker's health - (CEREST - Carajás-Pará)-Pará, Brazil; ⁶Coordinator of the Community Health Agents Program of the Basic Health Unit Antônio Carlos de Carvalho da Silva - Municipality of Aurora do Pará- Pará, Brazil; ⁷ Teaching nurse at the Integrated Professional Education System of Pará-SIEPA Belém, Pará, Brazil; ⁸ Nurse in Land Transport of a Patient in the Air Intensive Care Unit- Wings for Rescue, Studying postgraduate studies in Nursing Home Care at Faculdade Unyleya- Belém, Pará, Brazil; ⁹Nurse from the University of the Amazon-Belém-Pará-Brazil; ¹⁰Postgraduate Nurse in Urgency and Emergency Nursing-Belém, Pará, Brazil; ¹¹Resident Nurse of the Nephropathic Patient Care Program - Hospital das Clínicas, USP Medical School; ¹² Clinical Nurse at Hospital Municipal Dr. Silas Freitas-Pará, Brazil; ¹³Nurse, Master Student in Epidemiology and Health Surveillance, Institute Evandro Chagas - IEC. Teacher University of Amazon-UNAMA. Ananindeua, PA. Brazil

ARTICLE INFO

Article History:

Received 13th December, 2019
Received in revised form
26th January, 2020
Accepted 11th February, 2020
Published online 30th March, 2020

Key Words:

Dialysis, Nursing, Assistance.

*Corresponding author:

Everton Luís Freitas Wanzeler,

ABSTRACT

Objective: to describe nursing care for chronic renal patients in peritoneal dialysis method: This is an integrative review of the literature, based on scientific articles available in the Health Sciences Literature (LILACS) databases, and SciELO - Scientific Electronic Library Online and BDNF, the searches were carried out in October and November 2018 and resulted in the selection of 05 articles published between 2014 and 2015 result and discussion: According to the researched literature nursing assistance is given by the monitoring of vital signs, monitor patient weight before and after dialysis, examine access routes for dialysis and monitor phlogistic signs, take measures to control infections, provide emotional support, evaluate pain and administer prescribed analgesics, and perform massages for the relaxation of the patient. Conclusion: The nurse and his team should understand the clinical aspects of chronic renal disease, especially peritoneal dialysis and its complexity of treatment, especially when the modality is hemodialysis, which promotes not only physical symptoms, but significant changes in the routine of daily living and negative impact on the quality of life of patients and their families.

Copyright © 2020, Everton Luís Freitas Wanzeler et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Everton Luís Freitas Wanzeler, Felipe Natan Verde Ferreira, Nicélia Silva Cardoso et al. 2020. "Nursing care for patients with chronic renal disease in peritoneal dialysis", *International Journal of Development Research*, 10, (03), 34233-34238.

INTRODUCTION

Renal insufficiency chronic (RIC) is the final result of multiple signs and symptoms resulting from renal failure to maintain

internal homeostasis of the organism (Cardoso, 2015). In this way, it is necessary to have a treatment that replaces the kidney function. Currently available treatments are:

hemodialysis, peritoneal dialysis and kidney transplantation (Barros, 2006). Among the therapies indicated to prolong survival, peritoneal dialysis (PD) is considered an effective method to treat patients with RIC, but is still associated with a significant number of complications (Riella, 2010). Dialysis is a process used to remove liquid and uremic degradation products from the body when the kidneys are unable to do so. It can be used in the treatment of patients with incurable edema (not responsive to treatment), such as liver, hyperkalemia, hypertension and uremia. The need for dialysis may be acute or chronic (Prado, 2000 and Cardoso, 2015). Peritoneal dialysis is performed by introducing 1 to 3 liters of saline solution with dextrose in the peritoneal cavity by means of a catheter. The toxins move from the blood and surrounding tissues to the infusion dialysis solution and high filtration. Removal of residual products and excess body water occurs when the dialysate is drained. Dialysis is generally processed in three phases: infusion, permanence and drainage of the solution (Sorkin, 1991 and Cardoso, 2015).

In this sense, the nurse has the indispensable role in the assistance interventions of patient care, as it is ahead of the planning and execution of these care⁷. The nurse should be attentive and sensitive to the fragilities and feelings of the patients, such as: Denial, frustration, depression, among others. Therefore, nurses should identify these alterations and take them into consideration when planning educational actions that help cope with the disease and favor adherence to treatment (SILVA, 2015). The use of nursing care systematization (SAE) in a hemodialysis unit, by nurses and their nursing staff, allows clients undergoing hemodialysis with detailed follow-up of their basic human needs, Favoring the identification of strategies to improve patient care, improving the quality of life and its daily activities (PIRES, 2014). The systematization of this care in a hemodialysis unit is extremely important, due to the high growth in the number of people with chronic Renal insufficiency in the world, causing them to require one of the two types of dialysis existing, the peritoneal dialysis and hemodialysis, the most commonly used (BARBOSA, 2015). The care of the individual with kidney disease needs a more humane look of the nursing team and especially of the nurse (SILVA, 2017 and LEMES, 2015).

The role of nurses is essential and is based on also providing support and support. For this support to occur in the best possible way to the nursing team has a method called nursing care systematization (SAE) in which it is possible to make a concise evaluation of each patient (SILVA, 2017). Nurses who work in the area of hemodialytic therapy identify and treat phenomena that constitute a focus of clinical nursing practice, but do not always express these conditions through specialty terminologies and the nursing process that Represents a global challenge in the various areas of nursing practice (LEMES, 2015 and LEMES, 2016). In view of the importance of nursing care in peritoneal dialysis provided by the nurse against the high complexity outpatient process that is the Hemodialytic clinic, this study proposes to describe nursing care to patients Patients with chronic renal disease in peritoneal dialysis. Therefore, the study proposed here is of great relevance for nursing care in hemodialysis and the scientific community, once the increase is emerging, will soon provide discussion in the academic environment, contribute as a database for future studies and Publications, stimulating further research on patient safety in dialysis treatment.

MATERIALS AND METHODS

This is an integrative literature review study, developed in order to gather and synthesize the results of other researches on the theme of nursing care to chronic renal patients in peritoneal dialysis and thus contribute to deepen knowledge on the subject investigated. Second Polit, Beck e Hungler (POLIT, 2004), Integrative Review studies should be formulated according to the following steps: Elaboration of a question to guide the study, followed by the establishment of objectives, selection criteria, definition of the information to be collected, selection of Articles in the databases, analysis and discussion of the findings and presentation of the review. Thus, as the first stage of the study, the following research question was formulated: what is the nursing care provided to patients with chronic renal disease in peritoneal dialysis?

The research was carried out in the databases of the Virtual Health Library (BVS): Latin American and Caribbean Health Sciences Information System (LILACS) and SciELO-Scientific Electronic Library Online and BDENF. In this sense, for the survey of publications, the descriptors registered in the Health Sciences descriptors (DeCS) were used: "Hemodialysis", "Nursing Care", "Peritoneal dialysis". The crossings were made by means of the Boolean moderator "AND" with the descriptor "nursing", using the form for advanced search. The research was conducted in the months of October and November 2018. The inclusion criteria used for the selection of the articles analyzed were: Complete articles available in Portuguese, which discussed the theme in question, published in the last five years (January 2014 to October 2018). The exclusion criteria adopted were: Articles that did not contribute to answer the proposed questioning and texts in the format of editorials and letters to the editor. After the electronic search procedure in the databases mentioned, an evaluation of the articles was carried out in order to certify that they met the inclusion criteria. Thus, the publications were pre-selected based on the reading of the title and abstract, and then the full reading was performed. To extract the information from the articles, we used a spreadsheet-like instrument, elaborated by the authors to standardize the collection, facilitate the visualization and analysis of data obtained.

RESULTS

The initial sample was 15 articles, however, after the application of the established criteria, we obtained a final sample of 5 articles, 01 in the journal Uniandrade, 01 at Carpe Diem: Cultural and scientific Journal of Unifacex, 01 in the Journal of Research and Health; 01 Magazine of the Nursing network of the northeast and 01 in the Journal of Scientific Initiation – Sena Aires. In the identification of the sources for localization of the articles, we observed that one is from the BVS, two LATINDEX; A LILACS, while in REDELAYC, only one was found. To enable visualization, of the 05 scientific articles selected for study purposes, were organized according to the following variables: Authors, objective, title, periodical and year of publication, as provided in Chart 1, below.

DISCUSSION

Gradually, renal function decreases and the patient evolves to chronic renal insufficiency, presenting multiple organ failure, causing sequelae such as: Impotence and heart failure.

Table 1. Distribution of selected studies in the BVS database, LATINDEX, LILACS and REDELAYC, according to title, authors, objective, periodical and year

TITLE OF ARTICLE	AUTHORS	OBJECTIVE	MAGAZINE/YEAR
Peritoneal Dialysis: Performance of the nurse to patients undergoing home dialysis treatment	CARDOSO et al	Describe through reports of experience the performance of the nurse to patients undergoing home dialysis treatment.	Magazine UNIANDRADE, 2015
Nursing care for chronic renal patients on hemodialysis	Rafaela lúcia da Silva Freitas; Ana Elza Oliveira de Mendonça	Describe the main nursing care to patients in therapy and hemodialytic	CARPE DIEM: Cultural and scientific journal of UNIFACEX 2016
Nursing diagnosis in patients with chronic renal insufficiency undergoing haemodialysis treatment	MUNIZ, Gracielle Cordeiro, et al.	Analyzing nursing diagnoses in adults with chronic renal insufficiency undergoing hemodialysis	Health Research Journal 2015
Nursing care for chronic renal patients on hemodialysis	FARIAS, de Queiroz Frazão, Cecília Maria, et al.	To synthesize the knowledge produced in articles on nursing care to chronic renal patients undergoing hemodialysis.	Journal of the Northeast Nursing Network 2014
Nursing care aimed at the quality of life of chronic renal patients on hemodialysis	DE FREITAS, Eliane Arantes, et al.	To understand the importance of nursing care, focused on the quality of life of chronic renal patients.	Journal of Scientific Initiation and extension – Senai Aires 2018.

SOURCE: Search data, 2018.

In view of this, it becomes necessary and essential that the nurse has essential care to the patients with RIC, especially with regard to the stimulus to health self-care, to facilitate the cooperation and adherence of the patient to treatment, besides to overcome everyday changes and promote their welfare (Cardoso, 2015). Peritoneal dialysis is one of the treatment alternatives and is indicated by offering advantages to the patient, especially because it allows better biochemical control, uremia, anemia and arterial hypertension, preserving residual renal function, allowing Nutrition and ingestion of liquids with less restriction, requiring less need for blood transfusions (Cardoso, 2015 and Muniz, 2015). Despite the investments in research and considerable alteration in the patient's way of life, the various dialysis methods that modified the natural history of this disease with the repercussion of the substantial improvement in the prognosis of the patients were. When dialysis became available, the concern was almost exclusively on prolongation of survival, but currently the attentions have also been centered on the quality of this survival (Almeida, 2000). Nursing is a constantly evolving profession that develops its knowledge in terms of concepts and theories. These support their practice and implement a work process that assists professionals in decision-making (Soares, 2001). The growing concern in adding quality to the lives of individuals with chronic renal insufficiency has boosted the development of technologies that provide a more independent lifestyle to these subjects (Cardoso, 2015).

In this sense, continuous ambulatory Peritoneal dialysis (DPAC), and automatic ambulatory Peritoneal dialysis (DPAA), constitute therapeutic alternatives that rescue the freedom of action of patients and provide the most effective controls of the picture Clinical. However, still today, many patients are excluded from this modality of treatment due to different complications that, although their incidence is decreasing, still constitute the weak point of peritoneal dialysis (Jacobowski, 2005). Among the relative contraindications described in the current literature, inflammatory bowel disease or ischemia and obese patients are cited because they do not reach the dialytic adequacy (da Silva Freitas, 2016). On the absolute contraindications, the discourses indicate conformity in relation to physical or mental disability to perform dialysis in the absence of a companion (Neto Vieira, 2013). Furthermore, one nurse emphasizes that these contraindications should be evaluated individually in each case. Thus, respect for the patient's and family's lifestyle, as well as conditions to achieve dialysis adequacy, are part of the decision to treat a patient with peritoneal dialysis (Riella,

2003). Given the main complications that occur during the dialysis procedure, monitoring, detection of abnormalities and rapid intervention by the professional nurse become crucial for ensuring a safe and efficient procedure to the patient (TERRA, 2015). The most frequent complaints in patients undergoing hemodialysis are: pain and nausea, having several causes. The authors reinforce that these alterations can be potentiated by sudden modifications in the hydroelectrolytic equilibrium, which can trigger hypotension and imbalance syndrome (DALLES, 2015). Hemodialysis is considered, despite the complexity, a safe procedure in the present day. It maintains the lives of RIC carriers for long periods (da Silva Freitas, 2016). However, the risks to which they are exposed can be quite variable. Among them are the infection in double-lumen catheter, hypotension and arterial hypertension, gas embolism, fever, chills, cardiac arrhythmias, allergic reactions, hypoxemia, pruritus, headache, chest and lumbar pain, nausea, vomiting, hypothermia and cramps Muscle (Cardoso, 2015). The main cause of complications in hemodialysis is caused by infection in the temporary double-lumen catheter (CTDL), which leads to increased morbidity and mortality of patients undergoing treatment (da Silva Freitas, 2016 and TERRA, 2010). The nurse should emphasize the orientations regarding the care in maintaining body weight, in order to avoid water overload and premature death due to cardiovascular complications. In such cases, it should explain that soup, ice cream, tea, coffee, coconut water, vegetables and fruits with lots of water such as (tomato, orange, watermelon, lettuce, pineapple), should be included in the total volume of liquids ingested (SANTOS, 2015 and da Silva Freitas, 2016). The nurse needs to have a holistic view, but directed, therefore, nursing care is geared towards the evaluation of the hydroelectrolytic State, identification of possible complications, implementation of diet to ensure an adequate nutritional balance, besides guiding patients and relatives, and stimulating the ability of people to adapt positively to the follow-up of the therapies indicated (Cesarino, 1998).

In this context, the nursing team should be resolute and active in the systematic application of the nursing process to add quality to the care of chronic renal patients undergoing hemodialysis (da Silva Freitas, 2016). In the scenario of a hemodialysis unit, the nursing process, in particular, the identification of nursing diagnoses, constitutes an essential tool to guide the realization of the hemodialytic treatment in an individualized way (Muniz, 2015). The chronic renal patient should receive adequate information for the new way of life he will have to assume. Thus, it is necessary to judge the

responses of this clientele through the care of the nursing professional. This refers to the systematization of nursing Care (SAE), which contributes to organize the nurse's work and for a better relationship with the patient, thus providing a better guide to the care provided by the nurse to this Clientele (Muniz, 2015). It is noteworthy that the nursing diagnosis provides measurable criteria for evaluating the care provided; Provides support and direction to care; facilitates research and teaching; Delimits independent nursing functions; Stimulates the patient to participate in his treatment and the therapeutic plan; and contributes to the expansion of a body of knowledge proper to nursing (Jesus, 2005). The diagnosis risk of infection was confirmed based on the risk factors observed in the patients approached as: invasive procedures such as venopuncture, inadequate secondary defenses such as decreased hemoglobin and hematocrit, leukopenia and disease Chronic (Muniz, 2015). The arteriovenous fistula is the main vascular access for the patient undergoing hemodialytic treatment and its maintenance depends on the care of both nursing and the patient (da Silva Freitas, 2016)¹⁷. Although without avoiding the multiple punctures that increase the risk of infection, the nurse should monitor the installation of complications such as infections, stenosis, thrombosis, aneurysm and distal ischemia and preserve the conditions of an ideal access as a flow Adequate blood for the prescription of dialysis, long service life and low complication rate (Souza, 2007 and Muniz, 2015). The risk of electrolyte imbalance was the risk factor for renal dysfunction, observed in all studied individuals. One of the main functions of the kidneys in the body is the maintenance of the ionic composition of the extracellular volume (Na, Cl, K, Mg, Ca, etc.). Electrolytes play an important role in maintaining the homeostasis of the organism. Help regulate myocardial and neurological function, water balance, oxygen release in tissues and acid-base balance (Schor, 2002 and Muniz, 2015).

It is noteworthy to be the most common cause of electrolyte disturbance, renal insufficiency. Electrolytic disturbances may develop by the following mechanisms: excessive ingestion or reduction in the elimination of an electrolyte (K, Na, Ca, P, Mg), or excessive elimination of the same (Schor, 2002 and da Silva Freitas, 2016). The diagnosis deficient knowledge means absence or deficiency of cognitive information related to a specific topic. In this study, deficient knowledge was verbalized by most of the patients evaluated. This diagnosis was also shown in another study, with occurrence in 16.7% of the patients (Muniz, 2015 and Holanda, 2009). The self-care deficit is perceptible when the human being is limited to provide systematic self-care, requiring nursing support. Moreover, this deficit occurs when the self-care skills of the individual are insufficient to satisfy their therapeutic demands, being in this case the nurse care provider (Sousa, 2011 and Bezerra, 2012). Nurses are responsible for making the environment comfortable and suitable for personal care, as well as preparing the hemodialysis session carefully, managing the machine, mixing fluids and monitoring vital signs (Baldwin, 2009).

The second domain, security and protection, is defined as the individual being free from danger, physical injury or the damage of the immune system, and preservation against loss and protection of safety and security (Herdman, 2012). In this line of thought, the nurse should be aware that the environment in which the patient is found is favorable and thus transmitting safety, tranquility, comfort (2018). Due to venous puncture

(arteriovenous fistula or central catheter), anemia, leukopenia and other associated chronic diseases, such as arterial hypertension and diabetes, the patient is susceptible to the diagnosis of infection risk. Therefore, the professional should use correct puncture techniques, care with the hemodialysis machine and evaluate the filtration rate in order to prevent infections (de Freitas, 2018). In addition, managing the treatment from admission to discharge, constantly evaluating laboratory exams, changing dressings and observing bodily manifestations, thus promoting the safety and protection of patients on hemodialysis (Bezerra, 2012). Through the systematization of nursing Care (SAE), nurses provide an important role in helping the patient with RIC. According to the COFEN-272/2002 resolution, which was repealed by the COFEN Resolution No. 358/2009, it has on the systematization of nursing care and the practice of the nursing process in public or private environments, in which the professional care is derived of nursing, and gives other measures (Cofen, 2009).

The SAE is a specialty of the nurse, where strategies and procedures are employed, where health and disease situations are identified, collaborated for the promotion, recovery, prevention and rehabilitation of the individual's health, as is the case with the patient in Dialysis peritoneal (Cofen, 2002 and Cofen, 2009). The implementation of the SAE needs to be organized by the nurse, aiming at the data that will actually help in the care plan provided to patients undergoing hemodialysis. The quality of care provided is a proposal for the professional who intends to conduct humanized (de Freitas, 2018). The nurse is responsible for the implantation, planning, organization, execution and evaluation of the nursing process focused on the patient. It is the nurse's role to perform the nursing consultation, where the history (interview), physical examination, diagnosis, prescription and nursing evolution is understood (Cofen, 2009 and de Freitas, 2018). In the physical examination of the patient, it is used by the nurse to inspect, auscultation, palpation and percussion, and should be performed in a judicious way, where the survey of data on the patient's health status and explanation of the abnormalities Discoveries to validate the information obtained in the historical (Cofen, 2002).

In the nursing diagnosis, the nursing problems, the affected basilarly needs and the degree of dependence are identified, committing clinical weighting on the responses of the individual, family and community, to problems, life processes Current or potential (Cofen, 2002). The nursing diagnosis is considered an important tool of work provided by nurses, who, through it, these professionals develop their action plan, approaching it from their object of work through interventions before Conjectured, based on the problems detected in the patient and thus, productivity reproduces an improvement in the work process through the quality of the actions (Santos, 2008). In the nursing evolution, the evaluation of the general state of the patient is carried out comprising 24 hours of evolution (Cofen, 2002 and Cofen, 2009). In nursing planning, the results of nursing actions or interventions are verified through patient and family responses to the health and disease process (Cofen, 2009). In the implementation, actions taken in the nursing planning stage are concreted. Finally, the nursing evaluation occurs, which is the process decided which is averaged to changes in the patient and family responses, where interventions performed by the nurse are subsequently verified, achieving the desired result (Cofen, 2009). It is important that

individuals with RIC undergoing hemodialysis have adequate and quality care on the part of the nurse, thus contributing to the decrease in the high morbidity and mortality rate analyzed in this population, in addition to contributing to a Better quality of life to the patient (de Freitas, 2018). The nurse needs to be grounded for patient care in ethical principles of veridicity, adapting autonomy, prevention of potential problems and non-abandonment to the treatment of patients with acute renal failure. Thus, adherence to treatment is an important factor that should be followed by the patient (Pessini, 2014 and de Freitas, 2018). In view of the above, it is up to the nurse to stimulate the autonomy of chronic renal patients in peritoneal dialysis by means of strategies that promote self-care, constituting a relationship of trust with the team through a therapeutic link, which, when Successful, will reflect on a better quality of life for the patient.

Conclusion

The nurse and his team should understand the clinical aspects of chronic kidney disease in particular peritoneal dialysis and its complexity of treatment, especially when the therapeutic modality is hemodialysis, which promotes not only symptoms Physical, but significant changes in daily life routine and negative impact on the quality of life of patients and relatives. According to the literature researched, priority nursing care for the patient during dialysis treatment is: monitoring of vital signs every thirty minutes, monitoring the patient's weight before and after dialysis, examining access pathways for Dialysis and monitor phlogistic signs, adopt measures to control infections, provide emotional support, assess pain and administer prescribed analgesics, and massage for patient relaxation. The patient undergoing hemodialysis treatment requires humanized care, being an important technique used by the nurse, thus through care, involves attention, respect, patience, among others, being established between the patient and the Nurse interpersonal relationship, because if their treatment expectations are received, the same will be taken care of, becoming better quality of life. The work provides nursing professionals with a reflection on the importance of their care that becomes an immense contribution in the effective, humanized and holistic care to this patient who needs nursing.

REFERENCIAS

- Almeida AM, Meleiro AMAS. Depressão e insuficiência renal crônica. *J Bras Nefrol.* 2000;22(1): 21-9.
- Baldwin I, Fealy N. Nursing for Renal Replacement Therapies in the Intensive Care Unit: Historical, Educational, and Protocol Review. *Blood Purif.* 2009; 27(2):174-81.
- BARBOSA, Diôgo Amaral et al. A importância da sistematização da assistência de enfermagem (SAE) em uma unidade de hemodiálise. *Revista de Administração do Sul do Pará (REASP)-FESAR*, v. 2, n. 3, 2015.
- Barros E, Manfro RC, Thomé FS, Gonçalves LFS. *Nefrologia: rotinas, diagnóstico e tratamento.* Porto Alegre: Artmed; 2006.
- Bezerra MLR, Ribeiro PRS, Sousa AA, Costa AIS, Batista TS. Diagnósticos de enfermagem conforme a teoria do autocuidado de Orem para pacientes em tratamento hemodialítico. *Rev Ciênc Ext.* 2012; 8(1):60-81.
- Cardoso, S., Oselame, G. B., de Almeida Dutra, D., & de Oliveira, E. M. (2015). Diálise Peritoneal: atuação do enfermeiro aos pacientes em tratamento dialítico domiciliar. *Revista Uniandrade*, 16(1), 23-30.
- Cardoso, S., Oselame, G. B., de Almeida Dutra, D., & de Oliveira, E. M. (2015). Diálise Peritoneal: atuação do enfermeiro aos pacientes em tratamento dialítico domiciliar. *Revista Uniandrade*, 16(1), 23-30.
- Cesarino CB, Casagrande LDR. Paciente com insuficiência renal crônica em tratamento hemodialítico: atividade educativa do enfermeiro. *Rev Latino-am Enfermagem.* 1998;6(4):31-40.
- Cofen. Resolução COFEN nº 358/2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado profissional de Enfermagem, e dá outras providências. 2009.
- Cofen. Resolução COFEN-272/2002, Revogada pela Resolução cofen nº 358/2009. Dispõe sobre a Sistematização da Assistência de Enfermagem - SAE - nas Instituições de Saúde Brasileiras. 2002.
- da Silva Freitas, R. L., & de Mendonça, A. E. O. (2016). CUIDADOS DE ENFERMAGEM AO PACIENTE RENAL CRÔNICO EM HEMODIÁLISE. *CARPE DIEM: Revista Cultural e Científica do UNIFACEX*, 14(2), 22-35.
- DALLES, J.; LUCENA, A. F. Diagnósticos de enfermagem identificados em pacientes hospitalizados durante sessões de hemodiálise. *Revista Acta Paulista de Enfermagem*, v. 25, n. 4, p. 10-504, 2012. Disponível em: <<http://www.scielo.br/pdf/ape/v25n4/04.pdf>>. Acesso em: 25 fev.2015.
- de Freitas, E. A., de Freitas, E. A., dos Santos, M. D. F., Félix, K. C., & de Moraes Filho, I. M. (2018). Assistência de enfermagem visando a qualidade de vida dos pacientes renais crônicos na hemodiálise. *Revista de Iniciação Científica e Extensão*, 1(2), 114-121.
- Farias de Queiroz Frazão, C. M., Freire Delgado, M., de Azevedo Araújo, M. G., Batista Lima e Silva, F. B., Dantas de Sá, J., & Brandão de Carvalho Lira, A. L. (2014). Cuidados de enfermagem ao paciente renal crônico em hemodiálise. *Revista da Rede de Enfermagem do Nordeste*, 15(4).
- Herdman TH. *NANDA International Nursing Diagnoses: definitions and classification 2012-2014.* Oxford: Wiley-Blackwell; 2012.
- Holanda RH, Silva VM. Diagnósticos de enfermagem de pacientes em tratamento hemodialítico. *Rev. Rene*, 2009; 10(2): 37-44.
- Jacobowski JAD, Borella R, Lautert L. Pacientes com insuficiência renal crônica: causas de saída do programa de diálise peritoneal. *Revista Gaúcha de Enfermagem.* 2005;26(3):381.
- Jesus CAC. Evolução histórica do diagnóstico de enfermagem e sua aplicabilidade no planejamento da assistência. *Rev Saúde*, 2005; 6(1-2): 37-40.
- LEMES, Maria Madalena Del Duqui; BACHION, Maria Márcia. Hemodialysis nurses rate nursing diagnoses relevant to clinical practice. *Acta Paulista de Enfermagem*, v. 29, n. 2, p. 185-190, 2016.
- LEMES, MMDD et al. Diagnósticos, intervenções e resultados de enfermagem à pessoas em tratamento hemodialítico: validação de consenso por especialistas. 2015
- Lima E, Silva A. *Complicações da Insuficiência Renal Crônica. Manual de Urgências em Pediatria.* Rio de Janeiro: Medsi; 2003.

- Muniz, G. C., de Aquino, D. M. C., Rolim, I. L. T. P., Chaves, E. S., & de Lima Sardinha, A. H. (2015). Diagnósticos de enfermagem em pacientes com insuficiência renal crônica em tratamento hemodialítico/nursing diagnoses in patients with chronic renal failure on hemodialysis treatment. *Revista de Pesquisa em Saúde*, 16(1).
- Neto Vieira OM, Abensur H, Diálise Peritoneal. Manual Prático. São Paulo, Livraria Baleiro, 2013.
- Pessini L, Barchifontaine CP. Problemas atuais de Bioética. São Paulo: Loyola, 2014.
- PIRES, Alessandra Fontanelli et al. A UTILIZAÇÃO DA SISTEMATIZAÇÃO DA PMH_Livro_ver_41DocumentoFinalSES.pdf POLLI, Virgínia Annett et al. Abordagem Clínica de Pacientes com Necessidades Especiais. 2014.
- POLIT, D. F.; BECK, C. T.; HUNGLER, B. P. Fundamentos de pesquisa em enfermagem: métodos, avaliação e utilização. Trad. de Ana Thorelli. 5. ed. Porto Alegre: Artmed; 2004.
- Prado Filho OR, Obregon JMV, Yamada SS. Tratamento laparoscópico dos catéteres de diálise peritoneal obstruídos. *Rev Col Bras Cir*. 2000;27(3):211-2.
- Riella MC. Princípios de Nefrologia e Distúrbios Hidroeletrolíticos. Rio de Janeiro: Guanabara, koogan; 2010.
- Riella MC. Princípios de Nefrologia e Distúrbios Hidroeletrolíticos. 4º. Ed Ro de Janeiro: Guanabara, koogan; 2003.
- Santos ASR, et al. Caracterização dos diagnósticos de enfermagem identificados em portuários de idosos: um estudo retrospectivo. *Texto Contexto Enferm*. 2008;17(1): 141-9.
- SANTOS, I.; ROCHA, R. P. F.; BERARDINELLI, L.M.M. Necessidades de orientação de enfermagem para o autocuidado de clientes em terapia de hemodiálise. *Revista Brasileira de Enfermagem*, v. 64, n. 2, p. 335-342, 2011b. Disponível em: <<http://www.scielo.br/pdf/reben/v64n2/a18v64n2.pdf>>. Acesso em: 25 fev. 2015.
- Schor N, Ajzen H. Guia de nefrologia. São Paulo: Manole, 2002.
- SILVA, Camila Fialho Morais et al. Sistematização da assistência de enfermagem: percepção dos enfermeiros. *Rev. enferm. UFPI*, v. 4, n. 1, p. 47-53, 2015.
- SILVA, Marcos Barragan da et al. Percepção de enfermeiros assistenciais sobre o estabelecimento de diagnósticos de enfermagem prioritários para pacientes com problemas ortopédicos. *Simpósio do Processo de Enfermagem (8.: 2017: Porto Alegre, RS) Processo de enfermagem: estratégia para resultados seguros na prática clínica*. Porto Alegre: HCPA, 2017., 2017.
- SILVA, Mayara Santos; DE OLIVEIRA MARINI, Thais Silva; DA SILVA, Cristiana Fialho Braz. Enfermagem e suas intervenções nas principais complicações ocorridas durante a sessão de hemodiálise. *Revista Enfermagem e Saúde Coletiva-REVESC*, v. 1, n. 2, p. 45-60, 2017
- Smeltzer SC, Bare BB. Tratado de Enfermagem Médico-Cirúrgica. 10ª edição. Rio de Janeiro: Editora Guanabara Koogan; 2005.
- Soares C B, Cardoso MGP. Metodologia da assistência de enfermagem na unidade de tratamento dialítico. *ArqCien Saúde Unipar* 2001; 5(3): 249-58.
- Sorkin MI, Diaz-Buxo. Fisiologia da diálise peritoneal. In: Daugirdas JT, Ing TS. Manual de diálise. Rio de Janeiro: Medsi; 1991. 714 p.p 163-63.
- Sousa MNA, Sarmento TC, Alchieri JC. Estudo quantitativo sobre a qualidade de vida de pacientes hemodialíticos da Paraíba, Brasil. *Ver CES Psic*. 2011; 4(2):1-14.
- Souza EF, De Martino MMF, Lopes MHB de M. Diagnósticos de enfermagem em pacientes com tratamento hemodialítico utilizando o modelo teórico de Imogene King. *Rev Escola de Enfermagem da USP*, 2007; 41(4):629-635.
- TERRA, F. S. et al. As principais complicações apresentadas pelos pacientes renais crônicos durante as sessões de hemodiálise. *Revista Sociedade Brasileira de Clínica Médica*, v. 8, n. 3, p. 92-187, 2010. Disponível em: <<http://files.bvs.br/upload/S/1679-1010/2010/v8n3/a001.pdf>>. Acesso em: 25 fev. 2015.
- Vitor AF, Lopes MVO, Araujo TL. Teoria do déficit de autocuidado: análise da sua importância e aplicabilidade na prática de enfermagem. *Esc Anna Nery*. 2010; 14(3):611-6.
