

INSTRUMENT FOR DOCUMENTATION OF NURSING PROCESS DURING POSTPARTUM

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ABSTRACT

The present methodological study aimed to developing an instrument for documentation of nursing care for puerperal woman immediately. It was developed in three stages of operations. In the first stage, there was the selection of identification data and empirical indicators to compose the first two parts of the instrument. In the second stage, it was held up the content validation of the first version of the instrument, using the Delphi technique. In the third step, there were selected the affirmative diagnoses/results and nursing interventions, based on empirical indicators validated and structured in the final version of the instrument. From the results, it was possible to obtain and validate 16 items related to the identification of postpartum (1st part), 117 empirical indicators of human needs (2nd part), for the evaluation of basic human needs, 18 diagnoses/results and 52 nursing interventions for planning, prescription and evaluation of nursing (3rd part). Although the proposed objective has been achieved, it is necessary to conduct new studies aimed to operational testing and clinical validation of the instrument.

Keywords: Obstetrical Nursing. Postpartum Period. Nursing Process. Nursing Records.

INTRODUCTION

The postpartum begins with the placenta and extends up to the tenth day after birth. During this period, postpartum experiences physiological and psychological changes in order to make the mother's body return to pre-pregnancy state. The postpartum period may pass normally or being permeated by complications, such as: postpartum hemorrhage, infection, thromboembolic disorders, and depression, among others. So the woman who experiences this issue requires professional nursing care that meets their real needs, an integral perspective^(1, 2).

To professionally taking care of women in the immediate postpartum period, the nurse needs to adopt a welfare approach that encourages the organization of their actions, based on scientific knowledge about caring in nursing and normal and pathological puerperium. A widespread approach is the nursing process, whose operation allows systematizing the care provided.

It understands the Systematization of Nursing

Assistance (SAE) as means that nurses have to apply their knowledge in providing care and characterizing their professional practice. As a professional tool, organizes the work of nurses on the expediency, staff and instruments, favoring the application of the nursing process in care practice in any performance setting. This clinical process structures reasoning and decision making about the nursing care that must be implemented by the puerperal^(3, 4).

This knowledge comes from different sciences, including Nursing. This contemporary knowledge is organized into conceptual models and theories, which direct the professional action. When a nurse uses a theoretical model in practice, will become possible to explain it, describe it, predict it, showing thereby the specific knowledge of the profession. Therefore, this can only be recognized if the nurses apply theoretical models to guide the care, research and teaching⁽⁵⁾.

The care process is didactically divided into five dynamic and interrelated steps that show the method for decision making. These are: data collection, nursing diagnosis, planning, intervention and evaluation. These steps, a

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theoretical model embodied in favor SAE and thus the expression of knowledge of nursing. In addition, it features professional practice, ie that nurses do in the face of certain human needs, to produce certain results sensitive to their interventions^(3, 5, 6).

Although nursing has scientific production that points to methods and efficient tools in the care of individual, family and community, their actions are not always properly valued and/or understood, by the fragility of models through which their practices are realized. In assistance to women in postpartum period, the nursing actions to support, help and contribute to their recovery and return to pre-gravidic conditions, become invisible, due to lack of adoption of models produced by nursing and giving it identity.

The nurses' working process documentation sets essential element of care reflecting the legal responsibility for their actions and benefits for the customer, for the service and for nursing science. In addition, promotes continuity of care, communication between health and nursing professionals, improves quality of care, and its visibility. However, the record of professional practice has been neglected and regarded as merely bureaucratic activity. The nurse's judgment about the client state and its decision on the necessary assistance are not displayed, favoring the invisibility of the profession in health care^(3, 7).

Nursing care to postpartum women, although historically takes in practice, it is carried out piecemeal, punctual, without proper documentation and dependent on medical interventions. Care appears to be intuitive, unsystematic and disconnected from knowledge accumulated by Nursing Science⁽⁸⁻¹⁰⁾.

It is essential that nurses refer to instruments for recording information related to the care process. Researchers in the field have increased interest in issues related to documentation and characterization of practice in care for women at different times of pregnancy and childbirth⁽¹¹⁻¹⁴⁾. Despite the contribution of these studies, the Obstetric area still lacks oriented research for the development of instruments, whose structure favors the registration essential elements of professional practice in the immediate postpartum period; and demonstrating the benefits derived from the adoption of the nursing process as a guiding instrument care.

It is understood the importance of documentation of information characterizing the practice of midwifery and the gaps in provision and construction of instruments for the registration of this practice. Thus, this study aimed to develop a tool for documentation of nursing care to women immediately after delivery. For its development, we used three tools: the nursing process, based on the theoretical model of Basic Human Needs (BHN); the International Nursing Minimum Data Set concept (i-NMDS); and the standardized language of the International Classification for Nursing Practice (ICNP[®]).

METHOD

This is a methodological study whose design allows the investigation of methods for collecting and organizing data, from the development, validation and assessment tools that are reliable, accurate and usable by other researchers⁽¹⁵⁾.

The survey was conducted in an obstetric clinic of a teaching hospital in the city of João Pessoa, Paraíba, Brazil; after approval by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba, by CAAE No 02294712.0000.5188, opinion No. 52616, approved on 09 July 2012. Data collection took place in the period June to August 2012.

Said institution is state reference in attending high risk pregnant women. All services provided are linked to the Unified Health System (SUS) and serves preferably patients in the metropolitan area of the city of João Pessoa, Paraíba.

The construction and validation of were held in consecutive and interdependent steps: construction/validation of postpartum identification items and empirical indicators of basic human needs; selection/validation of diagnoses, results and nursing interventions; and structuring the final version of the instrument.

In the first stage, we selected those of postpartum identification data and empirical indicators of basic human needs, from previous studies⁽¹⁶⁾ and the i-NMDS items. After the initial construction of the scale items, validated the contents of these items using the Delphi technique⁽¹⁷⁾, in order to verify its theoretical connection with the concept that was intended to

measure: nursing care to postpartum women. For this type of validation, the initial items were submitted to five judges/nurses from the following inclusion criteria: minimum five years' experience in the care for women during pregnancy and childbirth; have an interest in participating in the study; not find them on vacation or on leave during the data collection period.

The Delphi technique proposes consulting a group of experts who, through their logical thinking ability, your experience and objective exchange of information, seek to reach consensus views on the displayed items⁽¹⁷⁾.

The instrument for data collection consisted of a questionnaire with the identification of items of puerperal and empirical indicators of basic human needs. As criteria for formulation, we tried to follow the guidelines of Pasquali⁽¹⁸⁾, according to which items must express a single idea (simplicity); be intelligible even to the lowest strata of the population goal (clearly); be consistent with the attribute which is to be measured (relevance); have a defined position and be distinct from the others (precision); be formulated so as not to seem ridiculous, unreasonable or infant (credibility).

There were asked to judges, judging each of the empirical indicators of basic human needs and the items the i-NMDS in light of their connection with the nursing care to postpartum women, sign the agreement or disagreement with relevance. It has been estimated, the results for each item, the level of agreement among raters. Following widely used criterion, it was established that the items of agreement between examiners would be eliminated $< 0, 80$ and, consequently, that would be retained items with index $\geq 0, 80$.

From the content validation of empirical indicators of basic human needs, we proceeded to the selection/validation of diagnoses/outcomes and nursing interventions. These steps provide the necessary items to the structuring of the final version of the instrument.

RESULTS

The sample consisted of five nurses, with a minimum age of 31 and maximum of 51 years with a mean of professional practice time of 15 years. Most of the subjects attended master (three), followed by two with family health

expert titration. Regarding occupation, four exercised the care function, and a professional care and teaching.

All items of the instrument were considered relevant, sufficient and adequate to identify the changes in satisfaction of basic needs and enable the identification of nursing diagnoses, with concordance index ranging from 0.80 to 1.00. However, it was suggested the inclusion and exclusion of some items on the instrument, validated in the second round of application of the Delphi technique.

Of the 19 items, 14 had a concordance index greater than 0.80, remaining in the instrument. Three components have not reached the minimum value established for the agreement between examiners, being eliminated. They are: number of pads, indifference to the newborn and changed lochia, the latter part listed in need of elimination, being shifted to the need for vascular regulation.

After this validation step contemplated the identification of items also forceps delivery, hospitalization of the newborn, nursery, ICU-Neo, and gestational age, as suggestions of the evaluators. In the basic needs assessment of the affected component, the items were included: intravenous hydration (hydration), aspect of urine (elimination), surgical incision/dirty episiorrhaphy (body care), hemorrhage (vascular regulation), need for neurological regulation, difficulty breastfeeding breastfed (health education) and questions about breastfeeding (health education).

The addition of the data type of breath and sweating, despite having achieved the degree of agreement established, were not accepted. The inclusion of indicators suggesting the respiratory tract of postpartum women as dyspnea, tachypnea and hypopnea was deemed unnecessary, taking into account the validation of respiratory rate element. Sweating is a phenomenon inherent in the immediate postpartum period as a means of eliminating excess accumulated net during pregnancy. Thus, there would be a need for change indicator. Excluding the category of spiritual needs was not accepted because it is important that the nursing professional visualize the recipient of their care as a whole being, with physical, social, emotional and spiritual dimensions.

The item "*feels tired after standing*" was included as an indicator of the need for sleep and rest, although fatigue in the postpartum period is an expected phenomenon and has reached only 0.40 of agreement.

After this validation step, remaining 133 items, 16 relating to the identification of postpartum women and 117 indicators of basic human needs, to compose the draft instrument.

Based on 117 empirical indicators validated, we selected 17 diagnoses/outcomes, and 52 nursing interventions proposed in previous studies (19), developed from the terms of the ICNP®. In addition, we elaborated the diagnostic statement "postpartum urinary retention," using terms axes **Focus** and **Judgment**, totaling 18 statements diagnostics/nursing results.

In this selection process, we used the diagnostic rationale for grouping of empirical indicators so that provided evidence of the specific characteristics of each selected diagnosis and substantiate the choice of appropriate nursing interventions for each case.

Based on the data and validated indicators in diagnostic/results and selected nursing interventions, structured the second version of the proposed instrument. To structure the same, we took into account the Resolution 358/2009, which calls for the formal registration: data collected; identified nursing diagnoses; actions or nursing interventions address the identified nursing diagnoses; and results achieved as a result of actions or nursing interventions⁽³⁾.

Also took into account the concept of i-NMDS, which advocates the establishment of a set of core data to describe the practice of nursing, providing information about the place/environment where professional care is provided, the professional care receiver and the results of this practice⁽⁴⁾. Thus, the final version was structured in three parts called: the postpartum identification data; assessment of basic human needs; and planning/prescription/nursing assessment. This last section presents the 18 nursing diagnoses accompanied by empirical indicators that allow their identification and 52 nursing interventions, in order to facilitate the planning of an individualized nursing care and targeted to the real needs of postpartum women.

Note that recommended by Resolution no. 358/2009 COFEN, about the formal record of the nursing process, this last section was also reserved a space to record the assessment of care, by selecting one of the following judgments: improved, worsened, unchanged and absent in each nursing diagnosis identified.

This way the final version of the instrument of structuring has didactic intention to clarify the interrelationship between data collection, diagnoses and nursing interventions. Also, enhance visualization of the indicators of each nursing diagnosis validated by the participants of the study nurses. Thus, when using the proposed instrument, the nurse can view what data support certain diagnosis and properly select individualized interventions for each client (Figures 1 and 2).

Other studies have been conducted in order to provide consistency and identity nursing as a profession and science. Study in a maternity Pernambuco proposed a tool to enable the collection of data on a drive assembly housing and facilitate the deployment of SAE in the sector⁽¹²⁾. The instrument contained identification data of postpartum and newborn, questions about breastfeeding, crying, hygiene, sleep, rest, deletions physiological and physical examination of the newborn and postpartum. It also contained a list of possible diagnoses with their interventions and a space for prescription nursing directed to the mother and child, a total of four pages.

Study developed in a rooming of mining maternity perfected two physical examination scripts of postpartum women and newborns. Because it contains a set of data related to the criteria the brain-pedal physical examination distributed in the categories of NHB, the instrument was extensive. Even after the validation process instruments were condensed into one page and a half, each⁽¹⁴⁾.

Commonly, there is great resistance from nurses in the use of instruments that allow the nursing process, often related to its extent and quantity of nurses in relation to the number of beds. In instrument validation studies the reduction of the instrument is usually suggested to make it more practical and reduce the time of its completion. However, with the excessive removal of instrument data runs the risk of reductionism, influencing the decision-making process⁽¹⁴⁾.

CLÍNICA OBSTÉTRICA HULW		SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM - PUERPÉRIO IMEDIATO -	
DATA DO ATENDIMENTO: [][]/[][]/[][][][]		ENFERMARIA: _____ LEITO: _____	
DADOS DE IDENTIFICAÇÃO DA PUÉRPERA			
Nome: _____ Idade: _____ Data de nascimento: [][]/[][]/[][][][]			
Data da admissão: [][]/[][]/[][][][]		Diagnóstico médico: _____	
Tipo de parto: [] normal [] cesariana [] fórceps		Idade gestacional: [] pré-termo [] a termo [] pós-termo	
Internação do RN: [] Alojamento conjunto [] Berçário [] UTI-Neo			
AVALIAÇÃO DAS NECESSIDADES HUMANAS BÁSICAS			
PSICOBIOLOGICAS			
Oxigenação	FR: _____ irpm [] cianose [] dor ao respirar [] ruidos adventícios [] tosse [] uso da musculatura acessória		
Hidratação	Ingestão de líquidos: _____ ml/dia [] lábios ressecados [] língua seca [] pele seca [] polidipsia [] sede [] turgor da pele diminuído [] hidratação venosa Local: _____		
Nutrição	Ruidos hidroaéreos: _____ [] alterações dentárias [] disfagia [] dispepsia [] distensão abdominal [] náuseas [] vômito [] dor epigástrica [] fome [] inapetência [] pirose [] intolerância alimentar Especificar: _____		
Eliminação	Débito urinário: _____ /dia Aspecto da urina: _____ [] dor ao urinar [] sonda vesical de demora [] Bexigoma [] abdome globoso [] hemorroidas [] dor abdominal [] dificuldade de defecação [] diminuição da frequência da defecação [] fezes duras e secas		
Sono e repouso	[] acorda várias vezes [] despertar precoce [] sonolência [] desconforto físico [] desconforto ambiental [] sente-se cansada após repouso		
Cuidado corporal	[] cabelos sujos [] caspa [] seborreia [] cerume [] falta de motivação [] halitose [] imobilidade [] mau odor [] pediculos [] unhas sujas Quantidade de banhos diários: _____ [] má higiene da incisão cirúrgica/episiorrafia		
Integridade cutâneo mucosa	[] acesso venoso periférico [] deiscência [] episiorrafia [] hematomas [] incisão cirúrgica suprapúbica [] lesão perineal [] lesões mamilares [] mamas hiperemiadas [] mucosa hipocorada [] pele hipocorada [] prurido [] sinais flogísticos Local: _____		
Regulação	Térmica: Temperatura corporal: _____ °C [] calafrio Vascular: Pulso: _____ ppm PA: _____ mmHg Ritmo cardíaco: _____ [] bulhas cardíacas alteradas [] sopros cardíacos [] varizes [] edema periférico [] sinal de Bandeira positivo [] sinal de Homan positivo [] hemorragia [] lóquios alterados Especificar: _____ Hormonal: Altura uterina: _____ [] útero atônico [] ausência de colostro Glicemia: _____ mg/dl Neurológica: [] afetada Especificar: _____		
Percepção dolorosa	[] cefaleia [] cólica [] dor nas mamas [] dor na incisão cirúrgica [] dor perineal Características: _____		
Outras	Atividade física: [] afetada Especificar: _____ Sexualidade: [] afetada Especificar: _____		
PSICOSSOCIAIS			
Segurança	[] alterações de humor [] crises de choro [] emotividade exacerbada [] insegurança [] irritabilidade [] melancolia		
Amor e aceitação	[] agressividade [] apatia [] carência afetiva [] desinteresse pelo RN [] hostilidade [] tensão		
Educação para saúde	[] dificuldade de cuidar do RN [] dificuldade de ordenhar leite materno [] dificuldade para amamentar [] dificuldade para amamentar ao seio [] dúvidas sobre amamentação [] dúvidas sobre autocuidado [] dúvidas sobre aleitamento materno Especificar: _____		
Gregária	[] evita familiares [] evita visitas [] isolamento [] sensação de abandono [] solidão		
Autoestima e autoconfiança	[] falta de confiança em si [] preocupação com a imagem corporal [] sentimento de incapacidade		
PSICOESPIRITUAIS			
Religiosidade/espiritualidade:	[] afetada Especificar: _____		

Figure 1. Obverse of the instrument for documentation of nursing care for woman's immediate puerperium.
Source: Research data. João Pessoa – PB. 2012.

PLANEJAMENTO, PRESCRIÇÃO E AVALIAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM		
DIAGNÓSTICOS DE ENFERMAGEM	INTERVENÇÕES DE ENFERMAGEM	AVALIAÇÃO
☐ Risco de desidratação/ ☐ Volume de líquidos diminuído Indicadores: Diminuição da ingestão de líquidos, lábios ressecados, língua seca, polidipsia, turgor diminuído, hidratação venosa, hemorragia, débito urinário diminuído, aspecto da urina, sudorese, aumento da temperatura corporal.	☐ Encorajar ingestão de líquidos conforme tolerado. ☐ Monitorar coloração da urina. ☐ Monitorar sinais de desidratação. ☐ Providenciar umidificação de boca e lábios.	☐ Melhorado ☐ Piorado ☐ Inalterado ☐ Resolvido
☐ Edema (grau e localização) Indicadores: Edema periférico (membros inferiores), aumento da frequência respiratória, ruídos adventícios	☐ Avaliar grau de edema periférico. ☐ Manter extremidades inferiores elevadas. ☐ Orientar uso de meia elástica compressiva.	☐ Melhorado ☐ Piorado ☐ Inalterado ☐ Resolvido
☐ Risco de constipação/ ☐ Constipação Indicadores: Abdome globoso, dificuldade de defecação, distensão abdominal, ruídos hidroaéreos alterados, dificuldade de defecação, fezes duras e secas, diminuição da frequência da defecação, lesão perineal, episiorrafia, diminuição da ingestão de líquidos.	☐ Registrar frequência e características das fezes. ☐ Orientar consumo de líquidos e de fibras. ☐ Estimular a ingestão de 1.500 a 2.000 ml de líquidos diariamente.	☐ Melhorado ☐ Piorado ☐ Inalterado ☐ Resolvido
☐ Retenção urinária pós-parto Indicadores: Bexigoma, dor ao urinar, diminuição/ausência do débito urinário.	☐ Monitorar eliminação urinária ☐ Avaliar funcionamento da sonda vesical. ☐ Estimular o reflexo de eliminação urinária ☐ Explicar complicações da retenção urinária.	☐ Melhorado ☐ Piorado ☐ Inalterado ☐ Resolvido
☐ Integridade da pele prejudicada Indicadores: Episiorrafia, incisão cirúrgica, lesão perineal, lesão mamilares.	☐ Desestimular uso de sabonetes, cremes e pomadas nos mamilos. ☐ Inspeccionar mamas quanto à presença de rachaduras e fissuras. ☐ Inspeccionar cicatrização da episiorrafia. ☐ Inspeccionar cicatrização da incisão cirúrgica.	☐ Melhorado ☐ Piorado ☐ Inalterado ☐ Resolvido
☐ Risco de hemorragia pós-parto/ ☐ Hemorragia pós-parto Indicadores: Lóquios alterados, hemorragia, útero atônico, pulso aumentado, pressão sanguínea diminuída, débito urinário diminuído, involução uterina, catálrios.	☐ Avaliar involução uterina tônus uterino. ☐ Inspeccionar características dos lóquios. ☐ Massagear o fundo uterino em contração durante período de Greenberg. ☐ Monitorar pressão arterial e pulso periférico. ☐ Orientar esvaziamento da bexiga.	☐ Melhorado ☐ Piorado ☐ Inalterado ☐ Resolvido
☐ Risco de / ☐ Perfusão tissular prejudicada Indicadores: Imobildidade, varizes, edema, diminuição ou ausência de pulso, sinal de Bandeira positivo, sinal de Homan positivo, pele hipocorada, cianose, pressão sanguínea diminuída.	☐ Ensinar sobre sinais e sintomas de trombose venosa profunda. ☐ Estimular deambulação. ☐ Monitorar coloração e temperatura dos membros inferiores ☐ Monitorar sinais de complicação pulmonar ☐ Monitorar efeitos da medicação anticoagulante.	☐ Melhorado ☐ Piorado ☐ Inalterado ☐ Resolvido
☐ Risco de infecção Indicadores: Sonda vesical de demora, sinais flogísticos, incisão cirúrgica/episiorrafia suja, lóquios alterados, lesões mamilares, mamas hiperemiadas, acesso venoso periférico, catálrio, temperatura corporal elevada.	☐ Ensinar sobre infecção perineal associada à falta de higiene local. ☐ Orientar sobre cuidados com ferida cirúrgica/episiorrafia. ☐ Monitorar temperatura corporal. ☐ Ensinar sobre cuidados com as mamas.	☐ Melhorado ☐ Piorado ☐ Inalterado ☐ Resolvido
☐ Dor aguda Indicadores: Cefaleia, cólica, dor nas mamas, dor na incisão cirúrgica, dor perineal.	☐ Aplicar compressa fria ou quente, de acordo com a necessidade. ☐ Avaliar a eficácia da medicação, após sua administração. ☐ Explicar a causa da dor, se possível. ☐ Registrar características da dor.	☐ Melhorado ☐ Piorado ☐ Inalterado ☐ Resolvido
☐ Risco/ ☐ Maternidade prejudicada ☐ Risco de vínculo mãe-filho prejudicado Indicadores: Desinteresse pelo recém-nascido, dificuldade de cuidar do recém-nascido, separação entre a mãe e o recém-nascido, insegurança, ausência de colostro, dificuldade para amamentar ao seio materno, dificuldade para amamentar.	☐ Estimular autoconfiança materna. ☐ Estimular a mãe na participação dos cuidados com recém-nascido. ☐ Estimular visitas da mãe ao recém-nascido. ☐ Incentivar amamentação exclusiva. ☐ Orientar a mãe sobre cuidados com recém-nascido.	☐ Melhorado ☐ Piorado ☐ Inalterado ☐ Resolvido
☐ Falta de conhecimento (especificar) Indicadores: Dúvidas sobre autocuidado, dúvidas sobre amamentação, dúvidas sobre aleitamento materno, dificuldade de ordenhar leite materno, dificuldade de cuidar do recém-nascido.	☐ Ensinar sobre o processo de amamentação e aleitamento materno. ☐ Ensinar sobre processo de ordenha manual e armazenamento de leite materno. ☐ Ensinar sobre posicionamento do recém-nascido durante amamentação/aleitamento materno.	☐ Melhorado ☐ Piorado ☐ Inalterado ☐ Resolvido
☐ Amamentação exclusiva prejudicada Indicadores: Ausência de colostro, dor nas mamas, mamas ingurgitadas, lesões mamilares, dificuldade para amamentar ao seio materno, separação entre a mãe e o recém-nascido.	☐ Ensinar posicionamento do recém-nascido durante amamentação. ☐ Ensinar técnicas de aleitamento materno. ☐ Supervisionar processo de amamentação. ☐ Aplicar compressa quente nas mamas ingurgitadas. ☐ Ensinar automassagem nas mamas. ☐ Estimular mamadas frequentes e regulares. ☐ Ordenhar leite materno. ☐ Orientar esvaziamento prévio da mama antes de cada mamada/uso de sutiã adequado.	☐ Melhorado ☐ Piorado ☐ Inalterado ☐ Resolvido

OBSERVAÇÕES:

Enfermeiro(a):

COREN:

Figure 2. Reverse of instrument for documentation of nursing care for woman's immediate puerperium.
 Source: Research data. João Pessoa – PB, 2012.

In many scenarios practice is observed that most of the instruments developed to record consist of a large number of data not always used to describe the performance of Nursing. In this context, there is the i-NMDS project, the International Council of Nurses (ICN) whose goal is to standardize a set of core data that allows the description, study and improvement of professional practice⁽⁴⁾.

Moreover, the construction of instruments to record one or two steps of the nursing process has contributed to this invisibility Science, because the nursing team records lack of standardization regarding the form, content and language⁽²⁰⁾. Also, do not reflect the professional performance or assistance provided, preventing the description and communication of professional practice.

The partial record of the nursing process has favored fragmentation. Its dynamic, flexible and interdependent structure allows the organization of care and shows the nurse's judgment. However, it has been envisioned as segregated steps, for which there are several forms that add a lot of data without connection to each other. For each stage there are specific instruments that do not show the interrelationship between the data collected, the identified nursing diagnoses and their interventions.

The nursing process is a nursing work organization method in decision-making about the nursing care to be implemented, however, for legal and professional purposes is required formal registration of the collected data, the nursing diagnoses, the interventions and outcomes⁽³⁾.

The structure of the proposed instrument can facilitate the registration of these elements as well as the view of the interrelationship between the data collected, the identified diagnoses and prescribed interventions to meet the needs of each postpartum. Its content reflects a set of essential data for planning of nursing care.

However, this instrument is not intended to replace clinical judgment and decision making of nurses, which are essential tools in individualized nursing care and cannot be

replaced. Tries to facilitate the registration of nursing work, based on a tried and tested knowledge, and from that, generate data enabling and informing the nursing contribution in assistance to women immediately after puerperium.

CONCLUSION

The results led to structure the instrument into three parts, called: the postpartum identification data, evaluation of basic human needs and planning/prescription/nursing assessment. The section devoted to the identification of postpartum women was based on the i-NMDS category that groups a subset of data to characterize the nursing care receivers. The component for evaluation of basic needs was based on empirical indicators found in literature and validated by nurses working in nursing for more than six years. The last part housed affirmative diagnoses and nursing interventions selected from the indicators validated using the ICNP[®].

It can be said that the proposed objective was achieved. To document the nursing care provided to women in the immediate postpartum period, the instrument should be structured according to the steps of the nursing process and the concept of i-NMDS. However, it is necessary testing its operation and validating it clinically, in an attempt to find out if it facilitates the documentation of professional practice.

It is believed that the developed instrument can foster future research and be used in the care documentation, on a trial basis. It can be used in the teaching of nursing care in undergraduate courses, in order to facilitating the vision of the interdependence between the stages of the care process. It may also help to add knowledge about the professional documentation of characteristics of professional practice in this scenario of action, giving visibility to nursing as a profession and science.

INSTRUMENTO PARA DOCUMENTAÇÃO DE PROCESSO DE ENFERMAGEM NO PERÍODO PÓS-PARTO

RESUMO

O presente estudo metodológico teve como objetivo desenvolver um instrumento para documentação de assistência de enfermagem à mulher no puerpério imediato. Foi desenvolvido em três etapas operacionais. Na primeira etapa, realizou-se a seleção de dados de identificação e indicadores empíricos para compor as duas primeiras partes do instrumento. Em seguida, validou-se o conteúdo dessa primeira versão, utilizando a técnica Delphi. Por fim, foram selecionadas as afirmativas de diagnósticos/resultados e intervenções de enfermagem, com base nos indicadores empíricos validados; e estruturada a sua versão final. A partir dos resultados, obtiveram-se 16 itens relacionados à identificação da puérpera (1ª parte), 117 indicadores empíricos de necessidades humanas (2ª parte), para a avaliação das necessidades humanas básicas; 18 diagnósticos/resultados e 52 intervenções de enfermagem, para o planejamento, prescrição e avaliação de enfermagem (3ª parte). Embora o objetivo proposto tenha sido alcançado, faz-se necessário a realização de novos estudos direcionados a testagem operacional e validação clínica do instrumento.

Palavras-chave: Enfermagem Obstétrica. Período Pós-Parto. Processos de Enfermagem. Registros de Enfermagem.

INSTRUMENTO PARA DOCUMENTACIÓN DEL PROCESO DE ENFERMERÍA EN EL PERÍODO POSPARTO

RESUMEN

Este estudio metodológico tuvo como objetivo desarrollar un instrumento para la documentación de los cuidados de enfermería a la mujer en el puerperio inmediato. Fue desarrollado en tres etapas operacionales. En la primera etapa, se produjo la selección de datos de identificación e indicadores empíricos para componer las dos primeras partes del instrumento. En la segunda, se realizó la validación del contenido de la primera versión del instrumento, utilizando la técnica Delphi. Por fin, se seleccionaron las afirmativas de diagnósticos/resultados y las intervenciones de enfermería, basadas en los indicadores empíricos validados; y estructurada su versión final. A partir de los resultados, se obtuvieron 16 ítems relacionados a la identificación de la mujer en el posparto (1ª parte), 117 indicadores empíricos de las necesidades humanas (2ª parte), para la evaluación de las necesidades humanas básicas; 18 diagnósticos/resultados y 52 intervenciones de enfermería, para la planificación, prescripción y evaluación de enfermería (3ª parte). Aunque el objetivo propuesto haya sido logrado, es necesario llevar a cabo nuevos estudios dirigidos a la verificación operacional y la validación clínica del instrumento.

Palabras clave: Enfermería Obstétrica. Período de Posparto. Procesos de Enfermería. Registros de Enfermería.

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