

PROFILE OF PATIENTS DIAGNOSED WITH CHRONIC ULCER OF DIVERSE ETIOLOGY ADMITTED TO AN EMERGENCY UNIT¹

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ABSTRACT

Study aiming at identifying the profile of patients with chronic ulcer of diverse etiology admitted to an emergency unit, with Impaired Skin Integrity and Impaired Tissue Integrity Nursing Diagnoses, according to NANDA-I Taxonomy (2012-2014). Quantitative and descriptive approach of an intentional sample, which analyzed 41 medical records of patients with chronic ulcer and impaired skin integrity. Data were collected from September to December of 2013 by means of active search through the patients' records. Data were subjected to simple statistical analysis. Results evidence the predominance of patients with the following characteristics: males, elderly, impaired mobility, low education level, deficient knowledge about ulcer care, and family as main support network. It is worth highlighting the higher incidence of arterial ulcer (65.9%), followed by pressure ulcer (19.5%) and venous ulcer (14.6%). Problems related to skin integrity have a connection with increased life expectancy and the onset of chronic diseases. Learning the profile of patients with chronic ulcer contributes to the elaboration of guidelines targeting nursing care and the treatment of this health condition.

Keywords: Nursing diagnosis. Pressure Ulcer. Varicose ulcer. Hospital emergency service.

INTRODUCTION

Chronic ulcers of diverse etiology are identified by changes in the structure of skin layers, varying in size, depth, etiological factor, leading to a slow, long treatment and being represented by venous, arterial and pressure ulcers. The cicatrization process of these ulcers shows little or barely no response to the initial treatment⁽¹⁾.

Over history, skin-related problems are evident at hospital services, and nursing contributes with specific care actions to treat these ulcers, with highlight to the hospital emergency service.

Emergency units are important gateways to the provision of healthcare to the population, handling urgency and emergency acute conditions and chronic conditions that demand

specific care and hospitalization⁽²⁾.

Nurses working at health services need to identify the profile of patients with chronic ulcer in order to intervene positively in this aggravation, helping improve the quality of life of patients for whom they are caring. They also need to know the sociodemographic profile of these patients for the planning of adequate care to this population.

However, researches show that little is known about the clinical and sociodemographic profile of people with chronic ulcer of diverse etiology, especially leg ulcer. Studies in this field are relevant for being able to contribute to the development of guidelines targeting the treatment of ulcers and improving the quality of nursing care, reducing costs and treatment time⁽³⁾.

When it comes to hospital emergencies, a study conducted in the state of Rio de Janeiro

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identified that around 30% of the patients admitted to these units present acute or chronic changes in the integrity of their skin, confirming the importance of developing researches about this health condition within this environment of assistance⁽⁴⁾. Daily practice shows that, oftentimes, many of these patients present ulcers soon before hospitalization.

Given the above, this study aimed to identify the profile of patients with chronic ulcer of diverse etiology admitted to an emergency unit, with Impaired Skin Integrity and Impaired Tissue Integrity Nursing Diagnoses, according to NANDA-I Taxonomy (2012-2014)⁽⁵⁾.

METHODOLOGY

This is a quantitative and descriptive study with intentional sample involving patients with chronic ulcer of diverse etiology, such as pressure, venous or arterial ulcers, with Impaired Skin Integrity and/or Impaired Tissue Integrity Nursing Diagnoses. The patients were admitted to the adult emergency service of a university general hospital that operates exclusively through the Brazilian Unified Health System [Sistema Único de Saúde] (SUS).

Data were collected between September and December 2013 by means of active search through the medical records of 41 patients with chronic ulcer of diverse etiology. Inclusion criteria were: being over 28 years old, being hospitalized at the Emergency Service, having chronic ulcer of diverse etiology, with Impaired Skin Integrity and/or Impaired Tissue Integrity Nursing Diagnoses recorded by nurses as they filled in the nursing history, and accepting to participate in the study.

At the studied institution, nurses record the Nursing Process using as reference the Basic Human Needs theory by Wanda de Aguiar Horta, which guides the formal planning of nursing care to patients. This recording is part of the Patient's Single Medical Record, which contains information about the actions of all healthcare professionals⁽⁶⁾.

The records include Nursing History, with highlight to the patient's problems, Nursing Prescription and Evolution. The Nursing Diagnosis phase is not performed and the 'list

of problems' guides nurses in the preparation of the Nursing Prescription. Thus, the nurses were provided with instructions on the identification of Nursing Diagnoses as well as on how to compose the Nursing History.

Nine nurses that worked at the studied emergency unit and performed the Nursing Process daily acted as collaborators, inserting into the records the patients' general identification data, description of skin conditions and presence of Impaired Skin Integrity and Impaired Tissue Integrity Nursing Diagnoses, their defining characteristics and related factors⁽⁵⁾.

As for the presence of Impaired Skin Integrity Nursing Diagnosis in patients with chronic ulcer of diverse etiology, aspects assessed included: type of ulcer, time since the onset of the distress, knowledge about the primary etiology and presence of ulcers, care with one's own ulcer and products used in the treatment, previous history of tobacco smoking and alcoholism, health itinerary, reason for hospitalization, and the state of dependency of these patients in relation to health professionals and their families.

Data referring to the patients' profile and ulcer characteristics were organized on an Excel® sheet, enabling the assessment of data collected by nurses during the Nursing Process.

Data analysis used descriptive statistics (relative and absolute frequencies) for sociodemographic variables and ulcer description variables.

The analysis through medical records comprehended information referring to the sociodemographic and clinical situation of 41 patients with chronic ulcer of diverse etiology admitted to the studied Emergency Service, for which the nurses identified one or more diagnoses of Impaired Skin Integrity and Impaired Tissue Integrity. The latter were collected from the Nursing History (87.8%), which is elaborated soon when the patient is admitted. When these data were insufficient and did not exist in the history, information were sought for in the first nursing evolution (12.2%), which is performed up to 24 hours after the patient is hospitalized.

The research complied with Resolution 466/12 and was approved by the Federal

University of Santa Catarina Ethics Committee under No 19715413.90000.0121.

RESULTS AND DISCUSSION

Investigating nursing diagnoses related to skin integrity in patients with chronic ulcer of diverse etiology contributes to the planning of nursing care, in addition to providing knowledge about the sociodemographic and clinical profile of these patients, when the latter are cared for at an emergency service.

It is known that the ageing of the skin may favor the appearance of chronic ulcers of diverse etiology. This process, when associated with external factors such as hospitalizations, impaired walking, mechanical or pressure traumas, affect skin primary functions directly such as: protection, impermeabilization, thermoregulation, protection against microorganisms, and cicatrization. Besides, the ageing of the integumentary system causes changes in the number of blood vessels, hair loss and decrease in collagen, elastin and melanin, important protectors of skin layers⁽⁷⁾.

The research showed that patients with ulcer of diverse etiology problems are: predominantly elderly, older than 60 (26-63.40%), with most aged between 71 and 80 years old (13- 31.70%), and (7-17.07%) from 51 to 60 years old.

Another finding was the prevalence of ulcer of diverse etiology in men (N = 24; 58.3%), corroborating a similar profile in a study about chronic ulcer⁽¹⁾. This information thus reinforces the difficulty males have in seeking help early and accept it, even when they present limited mobility, contributing to the formation of ulcers⁽¹⁾.

It is worth noting the high number of married participants, 43.09%, data which is in line with a study about the sociodemographic profile of people with chronic ulcer⁽⁸⁾, in which 60% of the study sample made up by patients with changes in the integrity of their skin were represented by married people or individuals in stable union.

There was predominance, among the study participants, of low education level and the condition of retired when occupation was

investigated, corroborating with the findings of a similar study that characterizes patients with venous ulcer⁽⁹⁾. The low education level profile may relate to the place where the study was conducted, the public health network. About this aspect, low education level represents a worrisome data, since self-care depends partly on an individual's education^(1,9), data found in the studied population and which may be associated with deficient knowledge about one's own health condition.

Concerning ulcer type, this study shows higher incidence of arterial ulcer (65.9%) followed by pressure ulcer (19.5%) and then by venous ulcer (14.6%). Out of them, 31 patients (75.6%) were hospitalized due to the presence of ulcer (arterial, pressure or venous) and 10 (24.4%) patients were hospitalized because of other problems such as respiratory, hepatic, urinary diseases and others. It is believed that the high incidence of vascular ulcers is caused by the fact that said hospital is a reference in the state for people with vascular diseases.

Moreover, 37 (90.2%) patients presented chronic diseases such as Diabetes Mellitus (DM) and Systemic Blood Pressure (SBP), with 30 (73.17%) having both diseases associated. Patients with arterial ulcer showed greater association between DM and SBP (53.6%). Pressure ulcer are usually secondary to some previous event such as accidents that have resulted in paraplegia, tetraplegia and stroke sequels. Many patients are not aware of the connection between arterial and venous ulcers and chronic diseases. They report they do not understand the reason for the wound if they have only "hit their lower limb".

About the presence of chronic diseases such as DM and SBP, it is known that DM interferes with the cicatrization process, increasing cicatrization time and risk of infections. The presence of DM, vascular and renal insufficiency increase the likelihood of a reduction in blood supply to tissues, raising the risk of changes in skin integrity^(10,11).

Regarding the therapeutic itinerary for ulcer treatment, before resorting to the emergency of the studied hospital, 18 patients (43.9%) went to Basic Health Units, 15 (36.5%) followed a friend's, relative's advice or decided to treat themselves and 8 (19.6%) sought a doctor in

the private network and other hospitals in the region. These findings agree with a research that investigated the therapeutic itinerary of individuals with venous ulcer. The study conducted in the outpatient network showed the participation of families and friends, in addition to search for basic care and emergency services for diagnosis and treatment of venous ulcers⁽¹²⁾.

Assessing the support network of these patients, it is found that 46.3% receive occasional aid from friends, boyfriend or girlfriend, churches, or the patients themselves perform a good portion of this care. Such a finding is worrisome, especially if we consider that the presence of changes in skin integrity interferes with daily activities and prevents the individual's basic needs from being met. In this situations, family support is vital, mainly for elderly patients with some previous disease who usually have trouble understanding self-care. In this sense, it becomes imperative to found care not only on biological matters but also on the social, cultural and economic context of which these people are part, which determine their health/disease process⁽¹³⁾.

When it comes to access to health services, especially to the studied emergency unit, a considerable number of patients reached the service by means of people and relationships or were referred by the basic health network searching for specialists in vascular diseases. Most of them did not have problems that required emergency care and could be assisted outside the hospital environment, provided that they were duly instructed and ensured access to a specialist through the outpatient network, preventing the overloading of emergency units.

Such result opposes a study conducted in the city of Maringá about the profile of patients admitted to a Medical Clinic Service, since most of those patients were hemodynamically unstable⁽¹⁴⁾.

As for the state of physical dependency, 20 (48.7%) patients were bedridden and 14 (34.1%) had mobility difficulties and needed crutches, walking sticks, wheelchair, or were helped by health professionals and families to move or walk, which accounts for 82.8% of patients on a state of moderate to high level of dependency.

This study ratified the connection between

pressure ulcer and impaired mobility, confirming that the condition of bedridden is a predisposing factor for the development of pressure ulcer. However, care with the skin integrity of bedridden patients involves simple measures such as changing position with regular frequency.

In patients with arterial and venous abnormalities, the mobility issue relates to the damage of the affected area in the skin, presence of pain, with consequent difficulty to walk⁽¹¹⁾. And, in the elderly, restricted mobility is more likely to cause changes in skin integrity, since they are affected by restricted mobility and presence of chronic diseases, in addition to being subject to ageing factors⁽¹⁵⁾.

Analyzing the trajectory of these patients through health services, it is possible to observe that is vital for basic care professionals to assess the patients' skin, follow them up, planning and emphasizing prevention actions that contribute to preventing 'unnecessary hospitalizations' and search for emergency services. For this reason, the ongoing education of the multiprofessional team is essential⁽¹⁵⁾.

Furthermore, in face of the increased number of elderly individuals with skin wounds caused by restricted mobility, assistance needs to be reorganized by means of an active monitoring of these seniors within the community, with respect to both alerting caregivers about how to take care of them and the planning of healthcare in the sense of minimizing risks and damages deriving from the condition of restriction⁽¹⁶⁾.

FINAL CONSIDERATIONS

Learning about the sociodemographic profile of a population with chronic ulcer of diverse etiology and the respective Nursing Diagnoses linked to skin integrity contributes to the organization of the profession's knowledge foundation. This condition can facilitate the identification of individualized and specific actions targeting the most relevant aspects of each patient's care needs.

Although emergencies are more focused on that which is their primary role – handling situations of people with serious conditions and risk of death – chronic situations, as it is the

case of chronic ulcers of diverse etiology, are constant at these services. The prevention of skin integrity complications in this context presupposes health instruction, education, and professional support to patients and families, since the treatment of ulcers is long, onerous and demands a permanent support network for hygiene, dressing wounds, companions for medical appointments, and others. Professionals' emergency services have a fundamental role in counter-referral, as a proper

and serious referral allow patients to be followed up by the basic healthcare network.

Identifying the profile of patients with chronic ulcer of diverse etiology with Impaired Skin Integrity and Impaired Tissue Integrity Nursing Diagnoses, also enables the elaboration of guidelines and the planning of specific care actions, with the use of modern and current technologies for the treatment of wounds, when the latter is already set, as well as the adoption of preventive care actions to be planned with patients, families or support networks.

PERFIL DOS PACIENTES COM ÚLCERA CRÔNICA DE ETIOLOGIA DIVERSA, INTERNADOS EM SERVIÇO DE EMERGÊNCIA

RESUMO

Estudo com o objetivo de identificar o perfil dos pacientes com úlcera crônica de etiologia diversa internados em emergência hospitalar com Diagnóstico de Enfermagem de Integridade da Pele Prejudicada e de Integridade Tissular Prejudicada, segundo a Taxonomia da NANDA-I (2012-2014). Abordagem quantitativa, descritiva, de amostra intencional que analisou 41 prontuários de pacientes com úlcera crônica e comprometimento na integridade da pele. A coleta de dados ocorreu de setembro a Dezembro de 2013, por meio de busca ativa nos prontuários dos pacientes. Os dados foram submetidos à análise de estatística simples. Resultados apontam a predominância de pacientes do sexo masculino; idosos; com mobilidade prejudicada, baixa escolaridade, déficit de conhecimento de cuidados com a úlcera; família como principal rede de apoio. Destaca-se a incidência maior de úlcera arterial (65,9%), seguida pela úlcera por pressão (19,5%) e úlcera venosa (14,6%). Os problemas relacionados à integridade da pele têm relação com o aumento da expectativa de vida e com o desenvolvimento de doenças crônicas. Conhecer o perfil do paciente com úlcera crônica contribui para a elaboração de diretrizes para o cuidado de enfermagem e para o tratamento dessa condição de saúde.

Palavras-chave: Diagnóstico de enfermagem. Úlcera por pressão. Úlcera varicosa. Serviço hospitalar de emergência.

PERFIL DE LOS PACIENTES PORTADORES DE ÚLCERA CRÓNICA DE ETIOLOGÍA DIVERSA, INTERNADOS EN SERVICIO DE URGENCIA

RESUMEN

estudio con el objetivo de identificar el perfil de los pacientes portadores de úlcera crónica de etiología diversa internados en urgencia hospitalaria con Diagnóstico de Enfermería de Integridad de la Piel Prejudicada y de Integridad Tissular Prejudicada, según la Taxonomía NANDA-I (2012-2014). Abordaje cuantitativo, descriptivo, de muestreo intencional que analizó 41 registros médicos de pacientes con úlcera crónica y comprometimiento en la integridad de la piel. La recolección de datos ocurrió de septiembre a diciembre de 2013, por medio de búsqueda activa en los registros médicos de los pacientes. Los datos fueron sometidos al análisis de estadística simple. Los resultados señalan el predominio de pacientes de sexo masculino; ancianos; con movilidad perjudicada, baja escolaridad, déficit de conocimiento de cuidados con la úlcera; familia como principal red de apoyo. Se destaca la incidencia mayor de la úlcera arterial (65,9%), seguida por la úlcera por presión (19,5%) y úlcera venosa (14,6%). Los problemas relacionados a la integridad de la piel tienen relación con el aumento de la expectativa de vida y con el desarrollo de enfermedades crónicas. Conocer el perfil del paciente portador de úlcera crónica contribuye para la elaboración de directrices para el cuidado de enfermería y para el tratamiento de esta condición de salud.

Palabras clave: Diagnóstico de enfermería. Úlcera por presión. Úlcera varicosa. Servicio hospitalario de emergencia.

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