

Nursing Diagnosis in the ICU: the beginning of an implantation

Diagnóstico de Enfermagem em UTI: o início de uma implantação

Diagnóstico de enfermería en la UCI: el inicio de una implantación

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REVISA

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RESUMO

Objetivo: Essa pesquisa busca analisar as propostas de implantação da SAE em unidade de terapia intensiva (UTI). **Método:** Trata-se de uma revisão de literatura. Realizado os seguintes procedimentos: levantamento e análise da documentação bibliográfica do período de 2002 a 2019, através da busca, seleção e leitura analítica dos títulos. Adotou-se como fonte a Biblioteca Virtual em Saúde (BVS), utilizando-se os descritores: processo de enfermagem, cuidados de enfermagem e unidade de terapia intensiva. Dessa forma, possibilitou relatar a importância do processo de enfermagem, acerca de sua implementação. **Resultados:** para tanto, as etapas sequenciais da implementação da SAE serão descritas mediante revisão integrativa, com níveis de evidências de estudos descritivos, vivenciadas na implementação do diagnóstico tais como: adequação à rotina da unidade, tempo disponível do enfermeiro para a execução das etapas do processo, impressos indisponíveis, resistência do enfermeiro à utilização e desvalorização do método. **Conclusão:** o resultado obtido por meio da revisão foi significativo, pois, verificou a execução do processo de enfermagem, visando melhorar a qualidade na assistência prestada ao ser humano e consequente crescimento profissional, valorização e autonomia à enfermagem.

Descritores: Processo de Enfermagem; Cuidados de Enfermagem; Unidade de Terapia Intensiva.

ABSTRACT

Objective: to analyze the proposals for the implementation of SAE in an intensive care unit. **Method:** This is a literature review. Performed the following procedures: survey and analysis of the bibliographic documentation from 2002 to 2019, through the search, selection and analytical reading of the titles. The Virtual Health Library (VHL) was adopted as the source, using the descriptors: nursing process, nursing care and intensive care unit. Thus, it made it possible to report the importance of the nursing process, about its implementation. **Results:** to this end, the sequential stages of the implementation of NCS will be described through integrative review, with levels of evidence of descriptive studies, experienced in the implementation of the diagnosis such as: adequacy to the routine of the unit, available time of the nurse for the execution of the process steps, unavailable printed, resistance of the nurse to the use and devaluation of the method. **Conclusion:** the result obtained through the review was significant, because it verified the execution of the nursing process, aiming to improve the quality of care provided to human beings and consequent professional growth, valorization and autonomy to nursing.

Descriptors: Nursing Process; Nursing care; Intensive Care Unit.

RESUMEN

Objetivo: analizar las propuestas de implantación del SAE en una unidad de cuidados intensivos. **Método:** Esta es una revisión de la literatura. Realizó los siguientes procedimientos: encuesta y análisis de la documentación bibliográfica de 2002 a 2019, a través de la búsqueda, selección y lectura analítica de los títulos. La Biblioteca Virtual de Salud (VHL) se adoptó como fuente, utilizando los descriptores: proceso de enfermería, cuidados de enfermería y unidad de cuidados intensivos. Así, ha hecho posible informar de la importancia del proceso de enfermería, sobre su aplicación. **Resultados:** con este fin, las etapas secuenciales de la implementación de NCS se describirán a través de la revisión integrativa, con niveles de evidencia de estudios descriptivos, experimentados en la implementación del diagnóstico tales como: adecuación a la rutina de la unidad, tiempo disponible de la enfermera para la ejecución de los pasos del proceso, impresión no disponible, resistencia de la enfermera al uso y devaluación del método. **Conclusión:** el resultado obtenido a través de la revisión fue significativo, ya que verificó la ejecución del proceso de enfermería, con el objetivo de mejorar la calidad de la atención prestada a los seres humanos y el consiguiente crecimiento profesional, la valorización y la autonomía a la enfermería.

Descriptores: Proceso de enfermería; Cuidado de Enfermería; Unidad de Cuidados Intensivos.

REVISÃO

Introduction

The area of Nursing, characterized as Science, is related to an extensive theoretical and methodological structure applied to practice, through the integrated process of the nursing team (NP), which has been gradually described by nurses, students and educators as something Extremely necessary. However, it is still desirable that the process is conducted and traced by a nursing theory, making the results of the care provided to patients in the current hospital context more functional and accurate.¹

Nursing contributes significantly to the systematization of Assistance as a whole in this area, characterized in five sequential and interrelated phases: data collection, diagnosis, planning, implementation and evaluation, which is a work method, which are aspects that involve involves the consultation, nursing, history, physical examination, nursing diagnosis (partial), nursing prescription, nursing evolution, physical nursing exams, highlighting that these actions must be performed within 24 hours of care, as well as, the progressive evolution of the patient.²

It should be emphasized that the introduction of SAE is an indispensable factor, because it improves the quality of nursing care in this area.²

Through resolution 358/2009 the (COFEN) Federal Council of Nursing, recommends in its guidelines, systematized nursing care and basically institute the nursing process (NP).⁴

Nurses can use SAE to determine satisfactory results, thereby seeking to contribute data to increase knowledge and quality of care and also record important and accurate nursing information. And fundamentally, contributing to expand the bond between nurses and patients.⁴⁻⁵

It is necessary to highlight that for the SAE to be introduced in the hospital routine, it is necessary to have a permanent education and based on effective methodological instruments so that nurses can sequentially implement the steps recommended in the NP (nursing process) in practice.⁵⁻⁶

It appears that the systematized organization of technical nursing knowledge has been evolving since 1950, with the increase in the organization of theoretical nursing models. But it was only in the mid-1960s, with the studies of Horta (1979), that there was a direction for SAE Through the garden in this scope, assistance planning stood out, with the purpose of intervening, of making it a free profession and also conceptualizes it as a science through SAE.^{6,7}

At the end of the 1980s, the law of professional practice was regulated, under the decree law 94406/87, which characterized nursing as a private activity for nurses, with the proper preparation of the nursing prescription, among others, becoming incorporated the SAE, the practice of nurses, thereby increasing the records of experiences. With the implementation of this systematized organization, with new research and commitment to the NP, it should be properly implemented in the care practice.⁶⁻⁷

Therefore, SAE provides safety to patients and its proper implementation fundamentally requires clinical judgment on the part of nurses, favoring care practice, based on scientific knowledge, thinking and accurate clinical decision making with theoretical and methodological support of empirical scientific

evidence, based on subjective and objective data of the individual, family and community.⁹⁻¹⁰

In the current context, there is an increasing need for knowledge about the nursing theories and methodologies of the NP (nursing process), semiology, physiology, pathology without forgetting the skills for managing care. Since this whole set is possible to directly assist and impact the patient, family and community, obtaining accurate data and indicators, through medical records, which also seeks to evaluate the quality of the services provided and measure the contribution of professionals in improving the service. clinical picture of your patient.⁴⁻¹⁰

Thus, the nursing diagnosis According to the North American Nursing Diagnosis Association – NANDA [...]

NANDA (2006) conceptualizes the diagnosis as "a clinical judgment about the individual, family or community's responses to vital processes, or to current or potential health problems, which provides the basis for the selection of nursing prescriptions, and for the establishment of results, for which the nurse is responsible ", therefore, it is an essential instrument for the development of care, confirming the need for the formulation of clinical studies and applied in hospitals, Basic Health Units, Programs and Secretariats of health, not only by nurses linked to teaching. The diagnostic stage presents its importance for the nursing process. However, their greatest contribution depends on the joining of efforts, being necessary to involve the team so that the work has a continuity and is not lost in the random attempts of a single person. Every nursing process must be based on a theory that gives it support and that enables nurses to act with foresight and coherence. In Brazil, the theoretical framework for the nursing process is represented by Wanda de Aguiar Horta, who defined this method as "dynamics of systematized and interrelated actions, aimed at assisting human beings".^{11-12,15}

The Nursing process is characterized by a systematization composed of stages: data collection, Nursing diagnosis, planning, implementation and evaluation, which focus on the individualization of care, adopting an approach that seeks to solve problems in the sectors where they operate. It is noteworthy that it is a phase that needs to use a critical evaluation in its decision-making.⁶

Nursing should aim to comply with the Federal Nursing Council's resolution - COFEN nº 272/2002, which in its guidelines establishes that "the implementation of SAE must occur without fail in every health institution, whether public or private and must always be formally registered in the patient / client / user medical record, comprising: Nursing history, Physical examination, Nursing diagnosis, Nursing prescription and evolution and Nursing report".⁶⁻⁸

Therefore, in addition to the aspects mentioned above, it is important to emphasize the importance of the implementation and systematization of SAE in health institutions in the current context of health, as part of this process - in order to identify the focus of nursing care and also, learning of nurses.⁹⁻¹¹

Health institutions are increasingly adapting to the demands of the market where the human aspect is considered a differential. Special care for clients improves well-being and enhances treatment and for that to happen, we need management concerned with humanization in the ICU. Nowadays patients/

clients are in need of a more welcoming service and be in a humanized environment because they are more and more enlightened and demanding.¹¹⁻¹³

Humanization is a change in the management of health systems and their services, where the way users and workers do not interact with each other will change. The hospital manager needs to know how to coordinate activities, promote training for professionals and promote the motivation of employees to obtain positive results and the return of quality work.^{3,10,15}

Hospitals depend on specialized and competent professionals to guarantee excellence in care, it is also necessary to establish quality standards and criteria, in addition to performance indicators. Quality standards and criteria can be based on International Organization for Standardization (ISO) 9000 certification standards or on Hospital Accreditation (AH) standards. Accreditation considers a specific concept of quality that integrates the themes of safety, professional ethics, responsibility and quality of care. We can also mention the Hospital Quality Program (CHQ), the Health Management Award (PNGS), Joint Commission International (JCI) and Accreditation Canada International (ACI).¹⁰⁻¹⁵⁻¹⁶

In this sense, the objective of the study was to analyze the proposals for the implementation of SAE in an intensive care unit.

Method

This is a study of literature review with a qualitative approach, adopting the following procedures: survey and analysis of bibliographic documentation from 2002 to 2019, through the search, selection and analytical reading of the titles. The Virtual Health Library (VHL) collection was adopted as a source, where literary productions were sought through the descriptors: intensive care, nursing processes, intensive care units¹⁴.

After collecting the bibliographic data, based on the selected descriptors, a targeted, exploratory and selective reading of the results was carried out, a step of great value, as it determined specific purposes and, at this moment, through thorough analysis, the last step was constituted. location of the material to be selected in order to compose the potential bibliography. After this stage, the inclusion and exclusion criteria were applied. The inclusion criteria were the articles that justified the Nursing Care Systematization in the Intensive Care Unit environment. The exclusion criterion was based on articles that did not fit in this period and those that did not address the use of the SAE stages, as well as those that justified their use in other hospital sectors not related to intensive care for the patient.¹⁴

When analyzing each of the studies separately, it was also verified the existence of a high number of publications, however only a small amount met the research objectives. After using the filter and applying the inclusion and exclusion criteria, publications were selected for the construction of this study on the detailed description of the stages of systematization in intensive care.¹⁴

The study sought to understand this proposal from the perspective of its application as a guiding line for the reorientation of the nursing process to professional nurses, it can be of great relevance. In other words, the approach to the theme is justified, because, due to the contribution it can offer to produce

changes in practices and care management, it is fundamental to problematize daily the practice of care in nursing diagnosis.

Results and Discussion

This is a qualitative research, descriptive and bibliographic in nature, which, according to Severino (2007), is based on the available record, resulting from previous research, in printed documents such as books, articles, theses, etc. Theoretical data or categories used by other researchers and duly registered are used.

The researcher works from the contributions of the authors of the analytical studies contained in the texts.

According to Lima and Mito (2007), bibliographic research goes beyond the simple observation of data contained in the researched sources, because it prints on them the theory, the critical understanding of the meaning existing in them. Working with bibliographic research means making a tireless movement of apprehending the objectives, observing the stages of reading, questioning and critical interlocution with the bibliographic material.

The data were obtained from a survey carried out between the months of November 2020 and February 2021 in the bibliographic productions indexed in databases in electronic format.

The search was performed using the search form of the Virtual Health Library (VHL). The descriptors of this research were used: Nursing Process; Nursing care; Intensive care unit. The search was performed using the terms simultaneously.

The inclusion criteria for selecting the research were: complete scientific articles in Portuguese relevant to the theme and with year of publication between 2003 to 2019. Likewise, as exclusion criteria: articles that did not present full texts, in a foreign language and that were published in more than one database, as this would imply duplication of the total number of articles. Applying all the criteria, 7 articles were selected (Table 1).

Table 1- Synoptic table of the studies included in the review.

Origin	Title of the article	Considerations / Theme
ALBUQUERQUE, Julia. Journal of Nursing Electronics. 2014.	Humanization in Nursing Care for Patients in Urgency and Emergency Units.	Reports the humanized work of Nursing in urgency and emergency
KLOCK, Luciana Lúcio; GALVÃO, Claudia Raff; CHANES, Marcelo Edições Loyola	The focus of strategic planning in hospital management.	It describes the planning approach in the hospital context.
LEMOS, Vanda Márcia Ferri; ROCHA, Marcius Hollanda Pereira. VIII Congresso Nacional de Excelência Nacional em Gestão. 2011	The Management of Hospital Organizations and Their Complexities.	Reports the work of hospital management.

LOUZADA, Schenia Soraya Soares; STANG, Francynne; CALABREZ, Maristela. Administrar e Humanizar no Hospital. Rev.Integrative. 2012.	Nursing diagnoses in the ICU:	Focuses on ICU diagnoses and nursing work.
NANDA, 2006 NORTH AMERICAN Nursing Diagnosis Association (NANDA).	Diagnostics of NANDA Nursing: Definitions and Classification. 2005-2006.	It addresses the nursing diagnoses and classification in the years of 2005-2006.
SOUZA, Antonio Arthur et al	Management Control in Hospital Organizations	Characterizes management control in hospitals
MARTINS et al, 2018	Nursing diagnosis	Reports the diagnosis made by the nursing team.

In view of the analysis observed, many nurses fail to make the nursing diagnosis and, with this, start to fragment the patient's care and problems, failing to see them as a whole. Often prescribing care that is unrelated to the problems encountered, as it is in this sense that the nursing diagnosis becomes essential to describe the help relationship in care practice.^{8,12-13}

The ICU allows us to affirm that these units have their own characteristics, such as: the daily contact of professionals and sick subjects with risk situations; the emphasis on technical-scientific knowledge and technology for care with a view to keeping the human being alive is of paramount importance to understand the care process in order to attend to adversities and promptly assist a critical patient.^{6-7,13.}

In relation to the human dimension, it became necessary to draw the profile of the professionals to know how their unique identity is presented, with what values they are working, their perception about the practice of the nursing process, and how this tool is being produced in the daily work of health professionals.^{1,11}

Another fundamental point was the knowledge of the factors and the political-administrative and technical dimensions that regulate, modify and qualify health care. In view of the difficulties established by the professionals in using the technologies that favor sharing problematizations of health practices, I consider it opportune to create mechanisms through which the actions of implantation and use of the nursing diagnosis can be strengthened.¹²⁻¹³

Conclusion

After analyzing the research that reports Nursing Diagnostics classified by NANDA, it is clear the need for nursing professionals to constantly improve themselves, in the hospital context, in the ICU, as they know how to handle NANDA properly so that there are no mistakes in closing the diagnosis and with this, to be able to improve interventions according to the specific needs of each patient. Being able to verify that the teaching-learning process occurs since the

academic formation, where they will be able to improve the intervention techniques and after the formation, to be able to improve the skills in the care.

The implementation of this proposal presupposes a growing and continuous involvement of health professionals, able to implement the nursing diagnosis in health institutions.

Finally, the aim of this study is to expand the training of human resources and ensure the active circulation of learning to learn, improving the quality of health care, democratizing work spaces.

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