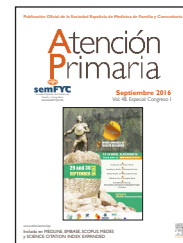




# Atención Primaria

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## PARALLEL SESSIONS: POSTERS

### 3<sup>rd</sup> World Congress of Health Research

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#### 1. ADULT HEALTH

##### BURNED PATIENT CARE AT THE EMERGENCY SERVICE

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**Introduction:** The burned patient is defined as a trauma patient, who requires multidisciplinary care, since the severity of the burns go far beyond the partial or total destruction of the skin thickness, whence, can compromise several organs and, according to its severity, may lead to multiple organ failure, therefore, an early approach imposes clinical procedures and protocols based on evidence (DGS, 2012).

**Objectives:** Standardize the interventions of burn patients in the emergency service, in order to correctly assess and proceed to prevent complications.

**Methods:** We conducted an integrative literature review of 7 scientific articles, in Portuguese language, in the last 5 years, which identified a set of interventions and recommendations, according to the criteria of the CDC/HICPAC, which categorizes them based on existing scientific data, logical reasoning, applicability and economic impact thus integrating the category IA (evidence level A, recommendation grade I).

**Results:** The first set of treatments done to the burned patient on care, not only includes the injuries originated by the causal agent, but also the maintenance of airway permeability, fluid replacement and pain control, with the purpose to decrease the complications due to trauma. The treatment is established according to the severity of injuries from exposure, type and degree of commitment.

**Conclusions:** An updated knowledge, allows the identification and prevention of subtle changes that can trigger major complications, minimizing both the mortality and morbidity rates, as the long-term injuries, helping these patients to have a satisfactory life quality allowing them a social, professional and family integration.

**Keywords:** Burns. Quality. Nursing care.

##### LIFESTYLE OF HIGHER EDUCATION STUDENTS - PROMOTING HEALTHY BEHAVIORS

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**Introduction:** Higher education students are usually found in the age group of young adults, characterized by major changes and events that influence the adoption of lifestyles. Lifestyles purchased this stage are usually kept for life. Thus universities emerge as important means of promoting healthy lifestyles.

**Objectives:** Diagnose lifestyles; Prioritize areas of intervention; Implement measures to promote healthy behaviors.

**Methods:** For the diagnosis carried out a descriptive study (2013) of higher education students in the Autonomous Region of Madeira (n = 1,304). We used the Higher Education Lifestyle Questionnaire, validated for the Portuguese population ( $\alpha = 0.810$ ) by Carvalho & Pestana (2008). The auto response instrument uses a Likert-type scale of 5 points and it consists of 36 items with a score ranging between 36 and 180. Highest score means healthier lifestyles. The Intervention "Invest in Your Health" includes conferences, health fair, meetings with experts, physical activities and website. We evaluated the intervention (2015) with the replication study done for diagnosis.

**Results:** In intervened students there was an increase of 3.2 points in total mean score (140.63 to 143.83). In prioritized fields was increased by 5.6% students always take the recommended meals and 5.1% in those who frequently and always practice demanding physical activity and decreased 11.3% in those who never or rarely control blood pressure.

**Conclusions:** The results corroborates the findings of other studies and the usefulness of this project. We suggest continuity to improve the results, also integrating activities directed to other areas not intervened.

**Keywords:** Lifestyles. Adult. Students Higher Education.

ethical principles to decision making; analyze professional person-patient relationship that is configured from the vulnerability and range of settings; characterize the decision making and quantify the information provided to users.

**Methods:** Quantitative, exploratory study conducted with a sample of 40 people with cancer. The instruments that were used: questionnaire Easy-Care, and QLQ - INFO25.

**Results:** The results indicate deficits in the appropriate information to the needs of patients and highlight the need to expand information in the fields; self-management of the disease; the use of certain services (physical therapy, psychology) and the influence of the disease/treatment in the social and family environment.

**Conclusions:** Care in order to quality of life are provided by professionals who strive to maintain the dignity of the sick person and their caregivers; They work with the strengths and limitations of the same to them to return the control and management of their own situation; maintain fairness as the ethics of access and location of resources; demonstrate respect for the patient and their caregivers/family; defend the expressed wishes of their patients, caregivers/families and communities; undertake to work for the excellence of care and support; They are accountable to patients, caregivers/families and communities.

**Keywords:** Cancer. Information. Informed consent. Health communication.

## ERRORS IN PREPARATION AND MEDICATION MANAGEMENT IN NURSING PROFESSIONALS

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**Introduction:** The preparation and administration of medications is one of the most common and relevant functions of nurses, demanding great responsibility. Incorrect administration of medication, currently constitutes a serious problem in health services, and is considered one of the main adverse effects suffered by hospitalized patients.

**Objectives:** Identify the major errors in the preparation and administration of medication by nurses in hospitals and know what factors lead to the error occurred in the preparation and administration of medication.

**Methods:** A systematic review of the literature. Defined as inclusion criteria: original scientific papers, complete, published in the period 2011 to May 2016, the SciELO and LILACS databases, performed in a hospital environment, addressing errors in preparation and administration of medication by nurses and in Portuguese language. After application of the inclusion criteria obtained a sample of 7 articles.

**Results:** The main errors identified in the preparation and administration of medication were wrong dose 71.4%, wrong time 71.4%, 57.2% dilution inadequate, incorrect selection of the patient 42.8% and 42.8% via inadequate. The factors that were most commonly reported by the nursing staff, as the cause of the error was the lack of human appeal 57.2%, inappropriate locations for the preparation of medication 57.2%, the presence of noise and low brightness in preparation location 57.2%, professionals untrained 42.8%, fatigue and stress 42.8% and inattention 42.8%.

**Conclusions:** The literature shows a high error rate in the preparation and administration of medication for various reasons, making it important that preventive measures of this occurrence are implemented.

**Keywords:** Nursing. Medication errors.

## EPIDEMIOLOGICAL CHARACTERIZATION OF AMPUTATED DIABETIC PATIENTS: INTEGRATIVE LITERATURE REVIEW

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**Introduction:** Amputations are increasingly frequent in people with Diabetes, which is becoming an important public health issue, in Portugal and in the world.

**Objectives:** Characterize the clinical profile of diabetic patients with lower-extremity major amputations and identify their incidence and prevalence rates.

**Methods:** An Integrative Literature Review was performed using MESH and DeCS terms, where 867 articles published in several databases between 1996 and 2015 were consulted. These were submitted to a process of evaluation and selection, resulting in a final 7 article sample, which was analysed with detail. The results were systemized, discussed and crossed.

**Results:** The diabetic patients being studied had an average age between 53.8 and 75.7 years old. The incidence rate of amputation oscillated between 1.3% and 51.5%. Only Izumi et al (2006) presented data about reamputation's incidence, namely an ipsilateral rate of 13.3% and a contralateral rate of 53.3%. The amputation's prevalence rate of 8.5%, found only by Ferguson et al (2013), reveals a predominance of Hispanic and male patients.

**Conclusions:** Epidemiologically, major amputation's incidence has been decreasing in diabetic patients, mainly in developed countries and regions with specialized diabetic foot care. Simultaneously, it has been verified that diabetic patients who had an amputation have a higher mortality and that features like the Hispanic race, the male gender and a longer period of time with the Diabetes' diagnosis leads to an higher risk of amputation. It is estimated still that the occurrence of comorbidities like chronic arterial failure, necrosis, neuropathies, foot infections and ulcers, and the presence of other diseases as hypertension and obesity also increase that risk.

**Keywords:** Amputation. Diabetes. Incidence. Prevalence. Morbidity.

## HOW ACUTE IS ACUTE ENOUGH? THE BEGINNING OF A CONTINUOUS QUALITY IMPROVEMENT CYCLE

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**Introduction:** Primary care units in Portugal offer a variety of consultations in order to satisfy the populations' health needs. Among those, acute care consultations are offered every day, either by the patients' own family physician or by other available doctor. The main goal of this strategy is to allow acute health issues to be resolved in a timely manner, while decreasing the use of hospital Emergency Rooms.

**Objectives:** The main goal of this study is to analyze how acute care consultations are being consumed in a primary care unit, and how adequate is that consumption according to the motives presented by the patients.

**Methods:** A retrospective analysis of the clinical registries was conducted between 13<sup>th</sup> June and 21<sup>st</sup> June 2016. The adequateness was analyzed according to the criteria defined by the primary care unit for acute care consultations: (1) health issues that could harm