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INTEGRATIVE REVIEW OF THE LITERATURE

Diagnósticos, intervenções e resultados de enfermagem para criança com cardiopatia congênita: revisão integrativa

Diagnoses, interventions and nursing results for child with congenital heart disease: integrative revision

Diagnosticos, intervenciones y resultados de enfermería para ninô con cardiopatía congénita: revision integratíva

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ABSTRACT

Objective: correlate the diagnoses, intervention and nursing results standardization before the knowledge produced in the literature, as a way to express the actions interrelated and systematized to the child with congenital heart disease**. Method**: the integrative revision was used as methodology, realized in the data bases: Lilacs, PubMed, Bdenf and Cuiden**. Results**: were selected 19 articles; being 4 about nursing diagnoses; 01 about nursing outcomes; 11 about nursing interventions and 3 about nursing diagnoses, interventions and outcomes in children with congenital heart disease**. Conclusions**: it was verified that few studies showed the steps of the interrelated nursing process. It is necessary to increase the researches in the nursing area in pediatric cardiology to deepen the knowledge and, consequently, improve the practice. **Descriptions:** nursing process, children, congenital heart disease.

RESUMO

Objetivo: correlacionar à padronização de diagnósticos, intervenções e resultados de enfermagem frente ao conhecimento produzido na literatura, como forma de expressar as ações inter-relacionadas e sistematizadas à criança com cardiopatia congênita. **Método**: foi utilizada como metodologia a revisão integrativa, realizada nas bases de dados: Lilacs, PubMed, Bdenf e Cuiden. **Resultados**: foram selecionados 19 artigos, sendo 04 sobre diagnósticos de enfermagem; 01 sobre resultados de enfermagem; 11 sobre intervenções de enfermagem e 03 sobre diagnósticos, intervenções e resultados de enfermagem em crianças com cardiopatias congênitas. **Conclusão**: verificou-se que poucos estudos demonstraram as etapas do processo de enfermagem inter-relacionadas. É necessário aumentar as pesquisas na área de assistência de enfermagem em cardiologia pediátrica para aprofundar o conhecimento e, conseqüentemente, melhorar a prática. **Descritores:** processos de enfermagem, crianças, cardiopatias congênitas.

RESUMEN

Objetivo: correlacionar la padronización de diagnósticos, intervenciones y resultados de enfermería frente al conocimiento producido en la literatura, como forma de expresar las acciones interrelacionadas y sistematizadas al niño con cardiopatía congénita. **Método**: se ha utilizada como metodología la revisión integratíva, realizada en las bases de datos: Lilacs, PubMed, Bdenf y Cuiden. **Resultados**: fueron seleccionados 19 artículos, siendo 04 sobre los diagnósticos de enfermería, 01 sobre resultados de enfermería; 11 sobre intervenciones de enfermería y 03 sobre diagnósticos, intervenciones y resultados de enfermería en niños con cardiopatías congénitas**. Conclusión**: se ha verificado que pocos estudios demostraron las etapas del proceso de enfermería interrelacionadas. Es necesario aumentar las pesquisas en el área de asistencia de enfermería en cardiología pediátrica profundizar el conocimiento y, consecuentemente, mejorar la práctica. **Descriptores:** procesos de enfermería, niños, cardiopatías congénitas.

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INTRODUCTION

The heart defect is the most common congenital anomaly alone is responsible for 3% to 5% of deaths in the neonatal period. Its recognition as early as possible is critical given the prognostic implications due to rapid clinical deterioration and high mortality. About 20-30% of children die in their first month of life, heart failure or acute hypoxia.[1] Therefore, the nursing care provided to a child with heart disease should be established and implemented as soon as the diagnosis is suspected congenital heart.[2]

The field of nursing in pediatric cardiology is differentiated and specific, since the child with heart disease has different care needs of low or high complexity that signal maintenance and monitoring of cardiac function, fluid accumulation and sodium needs cardiac oxygenation and tissue oxygen consumption.[3] To this end, nurses are guided by the nursing process which is the dynamics of actions systematized and interrelated, aiming to assist the human being.[4]

The resolution of COFEN 358/2009 provides for the systematization of nursing care and the implementation of the Nursing Process in environments, public or private, in which occurs the professional care nursing. For the implementation of the NCS, it is necessary to use the following phases: historical data gathering nursing or nursing, nursing diagnosis, nursing planning, implementation and evaluation of nursing.[5]

For the development of the history of nursing is a broad survey of essential information about the child and his family, primarily designed to evaluate cardiac function and detection of characteristic signs and symptoms of complications of underlying heart disease.[3]

The nursing diagnosis is the nurse's judgment about the child's responses to heart diseases and other disorders established they may need nursing care and need to evaluate the results.[5]

The nursing planning is the delineation of the results expected to be achieved before the nursing interventions implemented compared to responses of the child and family identified in step diagnostics.[5]

Implementation is the realization of certain actions or interventions in step Planning Nursing. And the evaluation of Nursing is the continuous process of checking changes in the responses of the child and family to determine whether nursing interventions achieved the expected outcome, and the perceived need for changes or adjustments in steps of nursing process.[5]

Globalization affecting the world today and with increasing speed of information, technological change, the need to leverage resources, reduce costs and improve quality of care, nursing require improvement through the development of research in their area of expertise, the which requires information record your practice.[6]

Using a terminology for a particular field of knowledge, firm and requires the existence of a science, and contribute to the development of a new conceptualization. Thus, the existence of a body of knowledge specific defines and characterizes a profession and instrumentalized to act in a social reality and organized.[7]

It is therefore required that nursing develop their knowledge to formulate proposals for compliance with technical and scientific knowledge. In this perspective, knowledge building, transformation of the practice, there is an accelerated advance to get a better delineation of the driving role of the professional. To this end, efforts have been made about the direction of professional practice, to guide the standardization of actions of this practice, driving to the production of a specific language used in profession.[8-9]

In Brazil, there is still little use standardized nursing terminology in everyday practice, despite its benefits. However, what is observed is that the records are held, but without the adoption of a uniform system, based on a rating. So, make the diagnosis, intervention and evaluation of nursing, the nursing process steps, but not that they be described and recorded in a standardized manner.[6]

Despite the difficulties of using standardized language for the implementation of the nursing process in care practice with children with heart diseases, nurses, in daily use clinical reasoning to implement care. However, by not using a standard for diagnoses, interventions and outcomes, do not provide visibility to the answers of these children nor therapy implemented, making decision-making, as well as planning and evaluation.

In this context, the proposed article aims to:

- Correlate the standardization of diagnoses, interventions and nursing outcomes against the knowledge produced in the literature as a way to express the interrelated actions and systematized the child with heart disease.

Given the importance of standardization of nursing to guide the customer care pediatric cardiology, it was deemed appropriate to conduct a study to identify the different types of languages used to standardize this nursing care. From the dissemination of results from research, there will be an incentive for nursing proposals perfect assistance to this population, which will benefit the binomial client-nurse.[2]

METHOD

It is a study of integrative review, searched the following databases: the site of the Virtual Library - LILACS - Latin American and Caribbean BDENF - includes research produced in Brazil or written by Brazilian authors and published in other countries. PUBMED - Research Service of the National Library of Medicine and National Institute of the United States of North America and the Foundation Index in the database CUIDEN composing nursing research Iberoamerican and Spanish. Was held during April and May 2012.[10]

The integrative review includes analysis of relevant research that support for decision-making and improve clinical practice, allowing the synthesis of state art of a

particular subject, while identifying knowledge gaps that need to be filled with new studies.[11]

The drafting of Article toured the methodological approach to be described:

- First step: identification of the subject and the construction of question:

How nurses systematize nursing care of children with heart disease?

- Second step: establishment of criteria for inclusion / exclusion and literature search: we included scientific articles published in the last 10 years, that addressed nursing performance to children under 12 years of age with congenital heart defects, available in Portuguese, Spanish and English in databases and full-text query through the Descriptors in Health Sciences (MeSH), MESH - Medical Subject Headings and keywords chave.12-3 were excluded repeated articles in databases and discussion outside the theme proposed in this study.

Third step: after careful reading, there was a selection of studies according to the selected theme, objectives, methodology and the definition of the information to be extracted from selected studies and categorizing them.

The descriptors used in the combined database Lilacs and Bdenf were: nursing, congenital heart disease. The terms used in PubMed mesh were: congenital heart disease, pediatric nursing; and based on the keywords CUIDEN nursing, congenital heart disease.

A number of studies found is shown in Figure 1.

In PubMed combination of terms congenital heart disease and nursing gave a total of 354 items with most of the proposed subject studies off. From this assumption, we performed a small change in the combination of terms for congenital heart disease and pediatric nursing, to make the search more accurate. Thus was obtained 116 articles, with a selection of 4 articles were excluded studies that refer to adolescents, focusing on the biomedical model and epidemiological profile without mentioning the role of the nurse.

The bibliography includes potential scientific articles, theses and dissertations totaling 19 publications.

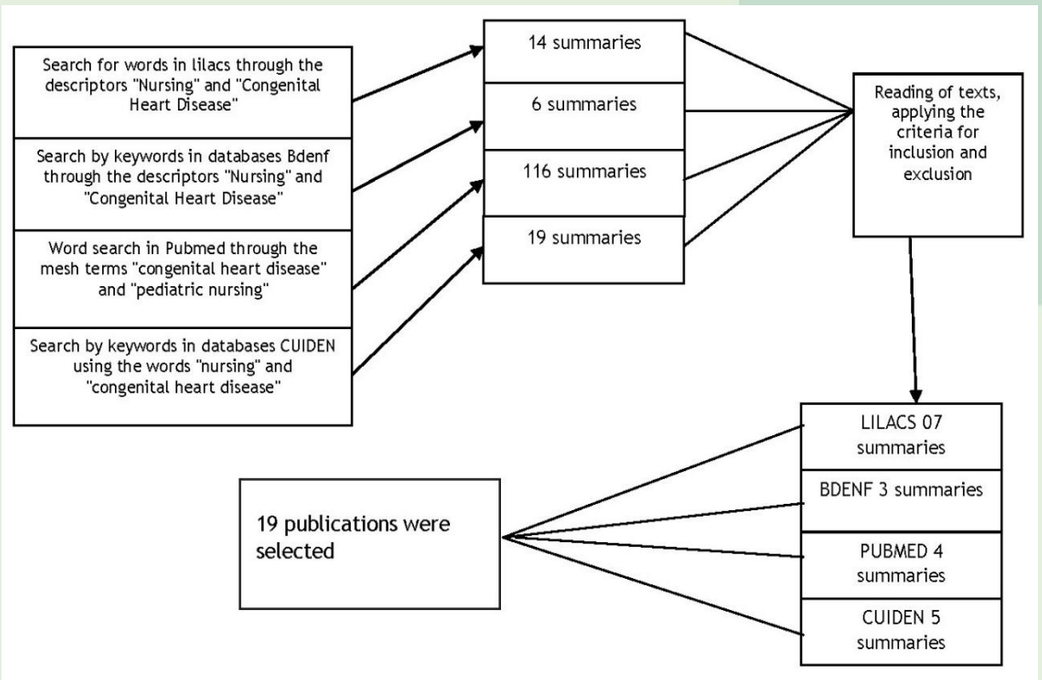
Fourth step: evaluation was made of the studies included in the review and integrative analysis by correlating them.

Fifth step: there was the interpretation and discussion of the main results, highlighting the steps of the nursing process in the care of children with heart disease described in scientific papers selected.

Sixth step: the last procedure was the presentation of the review and synthesis of the knowledge produced about the different proposals for nursing care in pediatric cardiology.

In Figure 1, the presentation of the flowchart of search performed on databases.

Figure 1 - Flowchart of the integrative review, selection of articles in the databases. Rio de Janeiro, 2012.



RESULTS AND DISCUSSION

Figure 2 shows the articles selected for the correlation of standardization diagnoses, interventions and nursing outcomes against the knowledge produced in the literature, according to title / journal / authors, type of research and main results of the study.

Figure 2 - Articles selected for the study. Rio de Janeiro, 2012.

Identification	Type of Research	Main Results
1. Analysis of the nursing diagnosis. Ineffective breathing pattern in children with congenital heart disease. Enfermería en Cardiología Silva VM; Lopes Araújo TL; Lee, MVO, EC 2006	Quantitative field study	Respiratory and hemodynamic changes caused by the disease can produce a severe respiratory presentation.
2. Children's nursing diagnoses in the first postoperative period of cardiac surgery. Acta Paul Nurse Guerriero ALS, Almeida, Guimaraes HCQCP FA, 2003 SP	Quali-quantitative document analysis	6 nursing real diagnoses were identified: pain, impaired skin integrity; deficit for self-care; sleep pattern hindered; breaking off family ties and physical mobility impaired.
3. Human answers of a child with congenital cardiopathy. Mexican Magazine of cardiologic Nursing. Silva VM; Lopes Araújo MYO, 2007 CE	Quantitative field study	Important associations: heart failure-impaired gas exchange, ineffective breathing pattern, activity intolerance, delay in growth and development and decreased cardiac output; hypoxemia-impaired gas exchange, activity intolerance, delay in growth and development, ineffective tissue perfusion and decreased cardiac output.
4. Evolution of the nursing diagnoses of children with congenital heart disease Rev Lat Am nursing; Jul.Aug. Scott VM; Lopes Araújo TL; Lee, MVO, EC 2006	Quantitative field study	Six diagnoses had higher occurrence: ineffective breathing pattern, activity intolerance, ineffective airway clearance, hyperthermia, disturbed sleep pattern and risk of activity intolerance.
5. Ineffective breathing pattern in children with congenital heart disease: validation of an instrument for the evaluation of the results of nursing. Final project for obtaining the degree of doctor. Silva VM; 2007 EC	Quantitative field study	Indicators that showed greater significance in all activities of the study: symmetric chest expansion, difficulty breathing, abnormal breathing noises and cyanosis.
6. Evaluation of nutritional status of children with congenital heart disease under the optics of Pender Rev Nurse UERJ; Monteiro FPM; Oliveira CJ; Vitor AF; Araujo TL; Ximenes lb. 2009 CE.	Quantity Theory of nursing	It is necessary to improve the nutritional conditions of these children in their medical records, favoring the health care review.
7. Nursing and the Integrated Treatment for a Newborn with congenital heart disease: a report case Online braz j nurs; Batista JFC, Silva ACSS, Azeredo AN, Moura SM, Mattos VZ.2005 RJ	Qualitative field study	Main interventions: maintenance of mechanical ventilatory support, arterial pressure monitoring, protection of the surgical incision and pacemaker wire, monitoring pulse oximetry and heart rate.
8. Diagnostics of nurses in the care of children with heart failure in critical situation Enferm Magazine IMSS, Barrios MMC, Ramos MRS del Socorro, Ceferino MCS, Piñeiro RR, MC Corchado, Ayala GC.2005 Mexico.	Qualitative field study	Impaired gas exchange; Decreased cardiac output; excess fluid volume and activity intolerance.
9. Plan of care in pediatric patient with single ventricle congenital cyanotic Heart Enfermería Mexican Magazine. Lopez LMC, Palomino GM, Mexico 2006	Qualitative field study	Attendance to children with cyanotic heart disease should be a priority serious and appropriate, to prevent the worsening of the disease and even death. The anxiety of parents due to the complexity of heart disease should be reduced.
10 Plan of care to the child with congenital heart disease: using NANDA, NIC, and NOC. Nursing in cardiology. Fernandez SA, Elvira MTR.2008 - Espanha.	Qualitative field study/nursing Theory	Nursing diagnoses: parental anxiety, risk of falling, risk of imbalance of body temperature and risk of impaired skin integrity. Speakers: increase the coping, risk identification, prevention of falls, temperature control and prevention of pressure ulcers. Results: coping problems, prevention of falls, thermo-regulation and tissue integrity.
11. Management of the pediatric postoperative cardiac surgery patient Crit Care Nurs Clin N Am. Beke DM, Braudis NJ, Lincoln P.2005 EUA	Qualitative literature review	A cardiac hemodynamic evaluation and a review of the major organ systems are essential for intervention in postoperative patient.

12. The role of the nurse practitioner in congenital heart surgery. Pediatric Cardiol; O´Brien P.2007 EUA	Qualitative literature review	Collaborative practice in the management of a service of cardiac surgery brings benefits to patients, their families and to the team.
13. the nursing care to children hospitalized for congenital heart disease	Qualitative systematic review	The panorama found in little covered areas: care points during decompensated heart failure crisis of hypoxemia, procedures and diagnostic tests and hospital discharge planning.
14. Profile of children with congenital heart disease who used the aero medical removal service. Acta Paul Enf; Gentil RC, Kings CF, Samezima J, CMH Saliki, 2003 SP	Quali-Quantitative field Study	Enables custom, individualized care to family members to reach the lost balance.
15. A conceptual framework for the care of the child's family with congenital heart disease in the light of the theory of Roy Cogitare Nurse Brandalize DL, Z IPS. 2006 PR	Qualitative Theory of nursing	Enables custom, individualized care to family members to reach the lost balance.
16.Parent education after newborn congenital heart surgery.Adv Neonatal Care; Pye S, Green A.2003 EUA	Qualitative field study	Parents need to learn about the care of the incision, nutritional support and, as drug delivery and emergency care.
17. information needs to parents of children with congenital heart disease Desenvolv.Hum.Damas BGB Rev.Bras.Crescimento, CA Branches; Raj MA. 2009 SP.	Qualitative systematic review	The analysis of the work points to the parent knowledge deficit regardless of the economic position of the country of origin of the study.
18. the ratio of nursing staff with the child and the family in the immediate postoperative period of congenital Arq Health Abstract; Souza P, Scatolin BE, Ferreira DLM, Croti Au; 2008 SP	Qualitative field study	It is necessary to the preparation and implementation of a program of attention to the family.
19. Evaluation of pulse oximetry screening in Middle Tennessee: cases for consideration before universal screening. J Perinatol.Walsh W; 2011 EUA	Quantitative/Field study	Prenatal diagnosis with physical examination contributed to the identification of critical coronary disease.

According to the table, the papers presented were classified according to the approach of each step of the nursing process, which emerged three categories for discussion: Articles 1,2,3,4 discuss nursing diagnoses presented by children with heart disease, the Article 5 discusses the results in relation to a particular nursing diagnosis and Articles 6, 7, 9, 11, 12, 14, 15,16, 17,18, and 19 discuss nursing interventions. Since, Articles 8, 10, 13 address the nursing diagnoses, outcomes and interventions. We clarify that the history of nursing was included in step nursing diagnoses for the classification of categories, since for their identification is needed for gathering information from the patient and his family.

NURSING DIAGNOSIS

The structural components of the nursing diagnoses are: title, related factors, defining characteristics and risk factors.[14]

The title provides a name for the diagnosis, a term or phrase that explains the meaning. Among the 14 articles that studied nursing diagnoses, an article considered a title of great expression in congenital heart disease that is diagnosed ineffective breathing pattern. Stands out because it includes a condition directly related to a congenital heart defect and the high incidence diseases under discussion.[15]

The related factor is the cause of the problem may be physiological in nature, psychological, socio-cultural, environmental and spiritual appear to demonstrate some kind of relationship with the standardized nursing diagnosis.[14]

Nursing diagnoses are based both on real issues (current - present) potential problems (future risk) and health promotion (motivation to well-being), replies may be dysfunction of physiological, behavioral, psychosocial and spiritual.[14,16] We found a study that identified nursing diagnoses in the immediate postoperative period of cardiac surgery, and the current pain, impaired skin integrity, deficits for self-care, sleep pattern disturbance, disruption of family ties . And the risk: To change the temperature, for / deficit fluid volume, for / decrease in cardiac output, for / infection, for / inappetence, for / alteration in glucose metabolism, for / respiratory changes; for / impaired skin integrity and for / constipation. These diagnoses identified were a causal factor central surgical treatment.[17]

The defining characteristics are the clinical manifestations, the evidence that led the professional to conclude that the problem exists.[14] Another study suggests that the pathophysiology of the underlying disease causes changes that contribute to the establishment of human responses (defining characteristics) related to the increased flow, decreased cardiac output, blood stasis and pulmonary edema in children with congenital heart disease.[18]

It is noteworthy that the diagnosis should be identified and listed in order of priority, based on grade level of well-being of the client, thus providing a central focus for the subsequent steps.[14] One study reveals that the temporal evolution of the responses of individual is related to hemodynamic changes that occur early and in high proportion, leading to greater attention by the nursing staff to the real needs of the customer.[2]

The age groups with the highest expression in the articles were newborns and infants, the focus of discussion at this age, whether the importance of early recognition of these heart diseases to avoid commitment and improve the prognosis of these children.

RESULTS OF NURSING

The use of the results of standardized patients to assess the health care, began when Florence Nightingale recorded and analyzed the conditions of health care and patient outcomes in the Crimean War.[19]

The planning of nursing care consists of an action plan to achieve the results set with the customer in relation to a nursing diagnosis, if possible in order to correct, minimize or avoid problems.[19]

In relation to a current concern with the costs and quality of care, it is clear that the costs continue to rise while the quality is still a major issue. As a result, it has been developing a variety of assessment tools to measure the outcomes of health care.[19]

The study proposed the construction and validation of an instrument for assessing outcome relates to the operationalization of a language system, can contribute to building a more accurate clinical reasoning, enabling the optimization of nursing care. Besides allowing more effective communication between professionals and give greater visibility to the professional nurse.[20]

NURSING INTERVENTIONS

Is any treatment, focusing on clinical judgment and knowledge, which is performed by a nurse to improve client outcomes. Nursing interventions can be both

direct and indirect assistance, those that focus on individuals, families and communities, and the treatments that are initiated by nurses, physicians or other providers.[21]

The intervention assistance direct reference nursing actions physiological and psychosocial care and more.[21]This intervention was evidenced in studies by assessing the nutritional conditions; integrated care to children with cyanotic postoperatively, the child with heart failure care plans for children with cyanotic and acyanotic, assessment of cardiac hemodynamics; management care, nursing care during hospitalization and standardization of procedures in emergency transport from the practical experiences.[21-9]

The language that touches the daily work of nurses involves symbols and meanings derived from the practice, which are part of the situations experienced by this group. These symbols and meanings are known as truths and are constituted through interaction with social actors who participate in this practice results.[30]

The intervention consists of indirect assistance actions taken apart (s) of patient (s) for the benefit of the same. 21 The discussion of this subject in the studies presented highlighted in relation to the allowance for professionals to meet the challenge individually and systematically mother and child through the approach of personalized care to family members, what parents need to know, information needs of parents , the ratio of nursing staff with the child and family.[31-4]

Community intervention is directed to the promotion, maintenance of health and prevention of diseases in the population.[21] Was found only an international study focusing on prevention and early detection of critical congenital heart disease.[35]

The data presented demonstrate that the nursing process provides order and direction to nursing care by enabling individualized care nurse-child/family and enabling therapeutic relationship can provide care goals, health education and prescription of nursing procedures.[14,36]

CONCLUSION

This study discussed the standardization of diagnoses, interventions and nursing outcomes regarding knowledge produced 19 publications in the literature on the interrelated actions and systematized the child with heart disease.

The studies presented various proposals for the nursing care of children with heart disease, in general it was found that there is concern in uniform and standardize nursing care to this population; being through the adoption of a particular classification of nursing,

Nursing Theories application in the development of care or from a construction produced by the acquired knowledge with practical technical and scientific background.

But few studies have demonstrated the steps of the nursing process interrelated. The integration of nursing languages in daily practice is useful and promotes the strengthening and expansion of nursing practice.

Among the initiatives of standardization of care described in the studies, the primary care setting requires discussions with targeted approach to the field of pediatric cardiology, as regards intervention health / disease.

It was also detected that there are important issues unexplored, for example, the care in cyanotic episodes. It is necessary to improve the quality of nursing practice in pediatric cardiology, deepening knowledge and expanding research on systematization of nursing care.

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