

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

The art of caring for patients with heart failure at hospital discharge: considerations for nursing healthcare practice

A arte de cuidar em pacientes com insuficiência cardíaca na alta hospitalar: considerações para a prática assistencial na enfermagem

El arte de cuidar en pacientes con insuficiencia cardíaca en el alta hospitalaria: consideraciones para la práctica asistencial en enfermería

Patrícia Maria Barreto Bellot de Souza ¹, Gisella de Carvalho Queluci ²

ABSTRACT

Objective: To analyze the nursing care provided to patients with heart failure at hospital discharge reported by the nurses. **Method:** Qualitative and descriptive study conducted in a university hospital with assistant nurses as subjects of the research. The data were obtained through interviews with the nurses and for the analysis we used the method of content analysis according to Bardin, through which we analyzed the art of nursing care provided to patients with heart failure at hospital discharge. The research was based on Ordinance 196/96 of the National Health Council, and approved by the Ethics Committee under Opinion 310/11. **Results:** The following aspects of the art of caring stood out: pharmacological therapy in patients with heart failure; guidelines on symptoms of decompensation of the disease; and stimulus for autonomy and self-care. **Conclusion:** we emphasize that nurses must perform nursing actions aiming at achieving full and effective care, so that patients with heart failure can continue performing their daily activities with quality and balance. **Descriptors:** Nursing care, Heart failure, Hospital discharge, Nursing.

RESUMO

Objetivo: Analisar os cuidados de enfermagem aos pacientes com insuficiência cardíaca na alta hospitalar relatados pelos enfermeiros. **Método:** Estudo descritivo qualitativo, realizado em um hospital universitário, tendo como sujeitos enfermeiros assistenciais. Os dados foram obtidos por meio de entrevistas com os enfermeiros e para análise utilizou-se o método de análise de conteúdo conforme Bardin, no qual analisamos a arte de cuidar de enfermagem ao paciente hospitalizado com insuficiência cardíaca na alta hospitalar. A pesquisa fundamentou-se na Resolução 196/96 do Conselho Nacional de Saúde, com aprovação do Comitê de Ética sob parecer 310/11. **Resultados:** Na arte de atuar da enfermagem destacaram-se aspectos sobre: terapia farmacológica dos pacientes com insuficiência cardíaca; orientações sobre sintomas de descompensação da doença; e estímulo para autonomia e autocuidado. **Conclusão:** Enfatizamos que os enfermeiros devem realizar ações de enfermagem visando uma assistência integral e eficaz, para que os pacientes com insuficiência cardíaca continuem realizando suas atividades diárias com qualidade e equilíbrio. **Descritores:** Cuidados de enfermagem, Insuficiência cardíaca, Alta hospitalar, Enfermagem.

RESUMEN

Objetivo: Analizar la atención de enfermería en pacientes con insuficiencia cardíaca en el alta hospitalaria informada por los enfermeros. **Método:** Estudio descriptivo y cualitativo, realizado en un hospital universitario, siendo los enfermeros asistentes los sujetos de la investigación. Los datos fueron obtenidos a través de entrevistas con los enfermeros y para el análisis fue utilizado el método de análisis de contenido según Bardin, en el que se analiza el arte de la atención de enfermería a los pacientes con insuficiencia cardíaca en el alta hospitalaria. La investigación se basó en la Resolución 196/96 del Consejo Nacional de Salud, con la aprobación del Comité de Ética, Dictamen 310/11. **Resultados:** En el arte de actuar de la enfermería se destacaron los siguientes aspectos: tratamiento farmacológico de los pacientes con insuficiencia cardíaca; directrices sobre los síntomas de descompensación de la enfermedad; y estímulo para la autonomía y el autocuidado. **Conclusión:** Hacemos hincapié en que los enfermeros deben realizar acciones de enfermería objetivando una asistencia integral y eficaz, para que los pacientes con insuficiencia cardíaca continúen realizando sus actividades diarias con calidad y equilibrio. **Descriptor:** Enfermería, Insuficiencia cardíaca, Alta hospitalaria, Enfermería.

¹Nurse, Master's holding in Nursing, substitute teacher at the Department of Nursing and Administration Fundamentals (MFE), Aurora de Afonso Costa Nursing School, Fluminense Federal University (UFF), Niterói, Rio de Janeiro, Brazil. E-mail: pbellot@ig.com.br. ² PhD in Nursing, adjunct professor at the Department of Nursing and Administration Fundamentals (MFE), Aurora de Afonso Costa Nursing School, Fluminense Federal University (UFF), Niterói, Rio de Janeiro, Brazil. E-mail: Email: gisellaqueluci@yahoo.com.br.

INTRODUCTION

Currently, due to technological advances and numerous innovations in the area of health, nurses need to focus their actions on scientific principles and systematize nursing care in order to legitimize knowledge and produce evidence that subsidize their practical implementation in caring practice. Thereby, these professionals can recommend the most appropriate interventions for specific care.¹

It is worth noting that hospital discharge constitutes the moment in which patients' care—a priori admitted—is transferred and must receive continuous care in the extra-hospital environment and/or at outpatient level. Thus, careful assessment of the clinical state of the patients becomes necessary in order to avoid readmissions.

In view of such considerations, planning of nursing care provided to patients who are in the verge of hospital discharge is essential. This will be possible by establishing a clear and objective care plan to present the actions of nurses and guidelines that meet their core needs, as well as allowing caregivers and family members to continue the pre-established therapy at home.

With respect to patients with heart failure (HF), the guidelines for the discharge process are essential, since it consists of a complex syndrome that has high prevalence, mainly in people over 65 years of age. It is said that approximately 10% of patients with HF evolve to more severe forms of the disease, because despite the clinical treatment implemented, these patients continue with evidence of disease progression, unacceptable quality of life and high mortality rate in a year.²

In the literature, there is evidence that HF becomes increasingly a problem of public health, whose current prevalence varies from 1 to 2% of the population in some developed countries. About 23 million people in the world suffer from HF and about two million new cases are diagnosed annually. It is the fastest growing syndrome in the United States due to the increase of the older adult population and the elevation of survival rates of people who exhibit acute myocardial infarction and systemic arterial hypertension.³

In Spain, from 15 to 65% of readmission cases of patients with HF occur due to bad fulfillment of the therapeutic measures. Such a situation arises as a result of lack of knowledge about the disease, lack of motivation and support from family members, high amount of medicines to be administered and lack of control over them, as well as patients' cognitive deficit and the presence of depression, due to the limiting effects of the cardiovascular disease.³

In Brazil, HF is the leading cause of admissions in the Unified Health System (SUS) after 60 years of age. It corresponds to 30% of admissions related to the cardiovascular system generating an annual cost of 200 million reais (*Brazilian currency equivalent to around 80 million US dollars*).⁴ This way, guidance provided to patients on the

pharmacological and non-pharmacological treatment of the disease is imperative and it should occur from admission to discharge.

Therefore, nurses have a fundamental role in this whole process. General and specific care that must occur during discharge still deserve attention, due to the need for specialized professionals on the management of patients with IHF; since, after discharge, patients will need to be followed up by a multidisciplinary team for outpatient consultations.

It is worth noting that the high cost of admissions has helped minimize the length of patients' hospital stay, as well as making hospital discharge planning more efficient. These are the main concerns to ensure continuity of treatments. However, some studies indicate that readmissions mainly occur by patients and family members' unawareness about care actions to be performed at home.⁵

In view of such considerations, as early hospital discharge is currently encouraged by health institutions in order to minimize the high costs of treatments, as well as to prevent infections, the commitment of continuing treatments tends to rest on patients, family members or caregivers.

In order to contribute to this issue, the World Health Organization (WHO) emphasizes that patients' discharge planning must be carried out immediately after admission, in order to allow a safe transfer to patients' homes, minimizing possible difficulties, readmissions and also to have greater control on the high costs of a prolonged and unnecessary hospital stay.⁶ However, hospital discharge needs planning with emphasis on multidisciplinary, in which teamwork will represent the difference in care provided to HF patients.

In view of such considerations, this research has the planning of nursing care provided to patients with HF at hospital discharge as object of study. From the above reflections, the question that has guided this study was: How is nursing care performed by nurses, for the planning of hospital discharge of HF patients?

On the basis of such questioning, it was possible to draw the following objective: to analyze nursing care provided to HF patients at hospital discharge as reported by the nurses. It is worth noting that nursing care must be directed to the promotion, maintenance and restoration of health, and prevention of diseases. Thus, it will be possible to contribute to patients and family members in the rehabilitation of the residual effects of these diseases and promote self-care, since educational measures, with the provision of appropriate guidelines, will ensure the comfort and well-being of patients.⁷

METHODOLOGY

This is a descriptive study with a qualitative approach, carried out at the Antônio Pedro University Hospital, in the Male Medical Ward and Female Medical Ward sectors in the Cardiology Ward, located on the sixth and seventh floor of this institution, respectively.

The subjects of this study were 11 nurses working at the male or female medical wards of that institution. For collection of nurses' data, we used the semi-structured interview technique accomplished through recordings by using an audio recorder. We highlight that the secrecy of identity and confidentiality of information was guaranteed in the dissemination of the results and the nurses were called with names of flowers. We emphasize that the subjects signed an informed consent form.

As for the semi-structured interview with the nurses, we elaborated an instrument containing an open question related to the description of nursing healthcare and/or guidelines provided by nurses to HF patients at hospital discharge.

It is worth mentioning that a semi-structured interview is originated from certain basic questions which are of interest to the research, offering a wide field of questionings, fruit of new hypotheses that arise while receiving the informants' answers. In this way, the subjects, following their line of thought spontaneously within the main focus placed by the researcher, begin to participate actively in the elaboration of the survey content.⁸ After the interviews, the data were transcribed and typed, being the trustworthiness of this information preserved and the secrecy and confidentiality of the subjects maintained in the dissemination of the research results.

With respect to the inclusion criteria for the preparation of this study, we selected the nurses that were working at the female or male medical wards during day or night shifts and that also had availability to participate in the study, both male and female nurses. Regarding the exclusion criteria, we excluded nurses who were on sick leave or vacation.

As theoretical framework we used Florence Nightingale and Virginia Henderson's principles of basic care and for the analysis and interpretation of data, we used the method of content analysis proposed by Laurence Bardin.

As for the ethical aspects that guided this study, they is based on Resolution 196/96 of the National Health Council with respect to the Guidelines and Regulatory Norms for Research Involving Humans. The research project was submitted to the Research Ethics Committee of the institution, which approved the start of data collection in November 2011, under Opinion No. 310/11.

In view of the goal related to the analysis of nursing care provided to HF patients at hospital discharge reported by the nurses, we established a thematic category in order to understand the content of nurses' statements. Based on the method of analysis proposed by Bardin, the thematic category refers to the art of nursing care provided to patients admitted with HF at hospital discharge and for the analysis of the data in this category we described the basic nursing care provided by nurses to these patients.

To proceed to the description of the results and analysis of the data, we prepared a chart in which we included: the code of the nurses interviewed; the content of the information from the interviews; the composition of the knowledge for reflecting on the findings; and the meaning of the content of the information, which referred to the following question:

"How do you, nurse of the Male/Female Medical Ward, perform the nursing guidelines/care for HF patients at hospital discharge?"

RESULTS AND DISCUSSION

Regarding the art of caring, it is reported that it corresponds to one of the aspects that constitutes the design of nursing in its entirety, constituting the basic principles of nursing care, such as helping patients breath, feed, have proper liquid intake and personal hygiene, in addition to perform patient observation, among others, which is an indispensable element to what we understand as the 'fundamental art of nursing'.⁹

In addition, it is worth noting that the provision of basic nursing care is performed to any clientele and in any scenario, institutionalized or not. As for the art of caring, this relates to and consolidates in what nurses are devoted to at the time of meeting their patients, which constitutes the basic care provided to people and human groups.⁹

According to the nurses' testimonies, we emphasize that they presented knowledge and interest in the subject in question by properly describing the nursing care that they performed with HF patients. In addition, they mentioned some other relevant considerations regarding the nursing care provided by them and they also commented the dynamics and functioning of the sector.

The most relevant and concerning item for providing care to HF patients referred to medicines. For this item, the nurses reported that:

They are basic guidelines such as: follow correctly the use of medicines, you know [...] do not skip the schedule. (Daisy). (*ipsis litteris*)

[...] as he is going to make use of medicines at home. The importance of regularity in the timetables of the medications. (White Tulip). (*ipsis litteris*)

He has to keep a routine at the time of the medicine [...] he has to be careful with the timetables of the medicine, that he can't be exchanging and mixing. (Tulips). (*ipsis litteris*)

We explain, sometimes there are some medicines that cause some reactions [...] and providing some guidelines to him, so not to think that the medicine is harming him. (Sunflower). (*ipsis litteris*)

According to the pharmacological treatment set out in the therapeutic plan for HF patients in the medical wards, the importance of regularity in the use and times of medicines was emphasized. Regarding the pharmacological therapy, it was informed that due to the degree of limitation and morbimortality in the advanced forms of HF, as well as the progressive increase of symptoms, the establishment of adequate medication treatment for these patients represented an important mechanism for reducing the capacity of heart work, the effects of HF decompensation and the reduction of sudden death, with the

consequent increase of patients' survival. The use of medicines, such as beta-blockers, angiotensin-converting enzyme inhibitors (ACE), angiotensin receptor blockers (ARBs), and aldosterone antagonists was also highlighted, since these drugs have been effectively reducing HF mortality rates in recent years.¹⁰

Aiming at assessing the quality of the approach to patients and the comparison with international records on the establishment of pharmacological therapy for discharge of HF patients, based on the guidelines of the American Heart Association, the American College of Cardiology, and the Joint Commission on Accreditation of Healthcare Organization, it is recommended: assessment of ventricular function during hospitalization; the use of ACE, ARBs and spironolactone, as well as anticoagulants, in patients with atrial fibrillation, and the use of ACE, ARBs, beta-blockers and spironolactone is indicated only for patients with systolic dysfunction, with left ventricular ejection fraction <40%.¹¹

We observed that the nurses' knowledge about pharmacological therapy is of fundamental importance, besides being inserted in the main nursing care procedures for the preparation of the patient to hospital discharge, mainly because of the risk of side and unwanted adverse effects occurrence, as well as the concomitant emergence of signs of HF decompensation.

We highlight that the guidelines should be based on the prescription proposed, emphasizing the correct name of the medicines, proper dosage, regular schedule and the proper administration route, reinforcing, when necessary, the possible adverse and side effects that may occur, such as:

1. Captopril (Capoten): cough, hypotension and tachycardia; hypotension, especially when in concomitant use with other anti-hypertensive, anti-arrhythmic, and diuretic drugs;
2. Carvedilol: dizziness, headache, fatigue, visual changes and bradycardia;
3. Furosemide (Lasix®): depletion of potassium, calcium and magnesium; electrolyte imbalances and thrombosis by severe depletion of fluids;
4. Spironolactone (Aldactone): hyperkalemia; cramps in the lower limbs; dizziness; and nausea;
5. Digoxin: pay attention to the effects of digitalis intoxication, such as: appearance of nausea, vomiting, weakness, cold sweating, disorientation, seizures, severe hypotension, acute bradycardia, cardiopulmonary arrest, and death; assess serum digoxin levels every two weeks in case of severe renal insufficiency, due to changes in creatinine clearance; avoid concomitant use with diuretics that lead to depression of potassium, and pay attention to the concomitant use with other anti-hypertensive and anti-arrhythmic drugs.^{10,12}

Then, according to the main assignments of nurses as regards to general nursing care with drug therapy, patients—preferably in conjunction with family members—should be oriented to:

- follow properly and regularly schedules prescribed for medications;
- explain to the patient that they must not make use of anti-hypertensive, anti-arrhythmic, diuretic, and digitalis drugs at the same time, in order not to enhance the effects of these drugs;

- reinforce the regularity of the use of medicines and the importance of following the prescribed therapeutic plan properly;
- highlight the non use of medicines without prior prescription and health team guidelines;
- Reinforce the explanation to patients for not making use of alcoholic beverages in conjunction with pharmacologic therapy prescribed and/or not to stop using the medicines in order to have alcoholic beverages.

Given the above, nursing care means zeal, solicitude, diligence, and attention, in order to maintain and restore the physical and psychosocial well-being of individuals, expanding their ability to live and thrive, revealing itself in the caring practice as a set of actions and values, procedures and events with the purpose of assuring the basis for a healthy life.¹³

In this way, both Nightingale and Henderson highlight the importance of observational skills that nurses must have regarding their patients, as well as to effectively identify the signs and symptoms of their illness and the recognition of decompensation signs and worsening, seeking to provide a full nursing care with relevant guidelines provided to patients.^{14,5}

In addition to the concern about the pharmacological therapy, it was possible to identify guidelines for the recognition of major HF signs and symptoms in some nurses' statements, being highlighted the signs of worsening and decompensation of the disease, for which it is recommended the provision of simplified, clear and objective guidelines in order to facilitate patients' understanding about their disease. Nurses guided HF patients mainly on:

Not to make great efforts at home and observe any change in the overall health condition ... Observe edema ... the appearance of edema. (Daisy). (*ipsis litteris*)

If there is much edema... shortness of breath... we talk about all these... If he has good information, we complement it, if he hasn't... we explain a little about his illness... the symptoms... and how he can improve those symptoms that end up bringing him anguish... the shortness of breath... sometimes the swelling And this way we follow it up during the period in which he is hospitalized. (Sunflower). (*ipsis litteris*)

Guidance for discharge... I think I would be care... be attentive to signs of decompensation. (Violet). (*ipsis litteris*)

Henderson also points out that the nursing care that individuals require vary with age, cultural environment, emotional balance and physical and intellectual capacity.¹⁵

In order to assess chronic health conditions, nurses should be aware of patients' characteristics, observing and recognizing their lifestyle and the way they act and face the changes that are imposed by the disease, because any injury to health, as imperceptible as it might be, causes changes in lifestyle. The difference between any disease and a chronic one is that in the latter, the changes are usually permanent.¹⁶

With respect to the relevant aspects in the context of hospital discharge and care provided to patients by the nurses, what differentiates nursing care from other forms of

care is that the first represents a moment of therapeutic interaction. This requires not only the technical competence of nurses, but their sensitivity to minimize a state of discomfort or pain. At this moment of caring, nurses and patients are the main subjects that act as partners in the caring process and nurses are facilitators in this relationship.¹⁷

To that end, the nursing guidelines provided to HF patients should be carried out in a clear way, with simple language, so that the information can reach all levels of education presented by HF patients. In this way, understanding will be satisfactory to all. In nurses' statements, it was highlighted that:

Mostly, we provide guidance [...] so that he can understand too... still we have this concern... and with a language that he can understand. (Tulips) (*ipsis litteris*)

Because then, you talk to him... you are willing to clarify any doubt he may have... There are many patients here that have difficulty in understanding. (Sunflower). (*ipsis litteris*)

He is approached by the nursing, when he is admitted... in relation to the structure of the hospital, the employee of the hospital... the medications he will take, the timetables... sometimes what they are for... The other patients at discharge... we guide them on how to prevent pressure ulcers at home... patients' food... it is more in this sense of the direct patient's care. (Glass of milk). (*ipsis litteris*)

In addition to recommended quality guidelines, which should be clearly and objectively provided to patients, they may also cover their caregivers or family members. Both must also receive preparation for hospital discharge, being informed about relevant issues regarding the care provided to the patients, in order to ensure maintenance of the preset care at home.

Due to the specific characteristics of patients admitted with HF with respect to the limitations of daily activities, in general terms they suffer modifications in their patterns of normal life due to the inability to perform certain daily tasks as a result of the signs and symptoms of HF, such as precordial pain or discomfort, dyspnea, orthopnea, fatigue and edema. Therefore, nurses should be prepared to provide assistance in order to meet not only the biological needs of patients, but also the psychosocial ones, leading them to overcome limitations and acquire coping mechanisms.¹⁸

We can state then that hospital readmissions are related to two main factors, failures in the hospital system and behavioral factors. The lack of adherence to medication, difficulty in modifying the lifestyle, delay in getting regular care in outpatient consultations when signs of clinical picture worsening are recognized, lack of planning for the treatment, and impairment of life quality predict hospital readmissions within 30 to 60 days.¹⁹

At the same time, other external factors are also related to the lack of treatment continuity after hospital discharge. Among these are: stability of body weight; early detection of worsening clinical condition; social support; health education; and lack of ability to identify individual risks of hospital readmission due to lack of adherence to therapeutic treatments.¹⁹

Regarding the aspects described in the Update of the Brazilian Guideline for Chronic Heart Failure - 2012, with regard to non pharmacological treatments, the importance of the work of nurses trained in chronic disease programs was highlighted, specifically with respect to HF, associated with health education and monitoring of patients, resulting in better treatment adherence, minimization of hospital stay and admissions, improvement in quality of life and increased patients' knowledge about their disease and self-care.¹⁰

Therefore, nurses must constantly deepen their knowledge about the patients they care for, with the reliable recognition of their needs, capabilities, limitations and difficulties. In this way, patients will be led to engage as active actors in self-care and autonomy during the rehabilitation process and not just as mere spectators, directing them towards the promotion and maintenance of life, well-being and health integrity.²⁰

Regarding the other aspects that must be reinforced to HF patients, nurses will contribute by making relevant comments on nutrition, liquids intake, sleep, rest and self-care. With respect to these aspects, nurses told patients to:

Observe the renal function... whether they are urinating according to what they have been drinking... The question of diet. (Tulips). (*ipsis litteris*)

Regularity of meals, of the diet recommended to that patient that he/she has to follow... that he/she needs to have a little caloric diet, rich in fiber... and needs to decrease fluids intake. (White Tulip). (*ipsis litteris*)

About water intake that must be reduced... the medication, not to stop taking it... not to drink water beyond the necessary... observe the urine. (Purple Orchid). (*ipsis litteris*)

Self-care, pay attention to the food, rest and signs of decompensation. (Violet). (*ipsis litteris*)

[...] outpatient consultations continuity... These are the basic guidelines we comment to them... and in any case... they can come back here and we will clarify any doubt. (Daisy). (*ipsis litteris*)

Since HF is a syndrome of high care complexity, we have observed that it is necessary to prepare patients for hospital discharge in an individualized, permanent and integral manner from the very moment of admission. The goal is to provide care holistically, emphasizing educational activities, in which nurses have a fundamental role. Complementing this reflection, it was stated:

[...] I think that all patients, especially the older adults, need to be oriented for hospital discharge... and in every sense. (Purple Orchid). (*ipsis litteris*)

Reinforcing the importance of non-pharmacological therapy cited by the nurses, it has proven useful to assist in the management of symptoms, reduction of the number of readmissions and improvement of the life quality of HF patients. Among the elements

associated with the development and progression of HF, inappropriate eating habits, excessive water intake and nutritional status of patients also deserve special attention. It is pointed out that broader understanding of the risk factors involved in HF can improve treatment outcomes, minimize complications and ensure greater adherence to the therapeutic measures proposed.²¹

In order to contribute to the quality of nursing care provided, we highlight the importance of preparing nursing diagnoses right after the admission of HF patients, which should be identified from the clinical trial and the basic care needs. It is important to note that nursing diagnosis is the determination of the nature and extent of the problems present in nursing situations, in which nurses perform their activities with the goal of relieving symptoms, meeting patients' care needs and controlling specific factors that contribute to the emergence of nursing problems. The appropriate methodology for the systematization of these problems comes from knowledge and experience of professional practice, especially during provision of nursing care.²²

In addition, the North American Nursing Association (ANA) states that, among the standards of nursing professional practice, quality of care is highlighted, describing it as the responsibility of the nurses to systematically assess the quality and effectiveness of care provided. ANA complements stating that, as art and not absolute science, nursing is currently trying to show results that lead to highlight the importance of care in health assistance, searching for improvements in healthcare practice.²³

With respect to the care process that nurses must follow when caring for their patients, it is emphasized that these professionals have to develop their actions from the technical and scientific background, experience, intuition, and critical thinking. Nursing care should advocate integral care provided to patients, in order to allow the return of the biopsychosocial, spiritual and intellectual balance, constituting a process of evolution for both the patients and their families.²⁴

Reinforcing this conception, it is instructed that HF constitutes one of the major public health problems in the world despite the clinical and technological advances in this area in recent decades. There is high rate of admissions as well as the increase of readmissions that have been attributed to non-adherence to pharmacological treatment and non-pharmacological measures. The purpose of care includes education strategies to support greater treatment adherence and consequent well-being and quality of life, allowing the minimization of patients' readmissions.^{25,6}

In this way, we strengthen that guidance to patients and their families about the pharmacological and non-pharmacological treatments of the disease must occur from the admission to hospital discharge. Nurses have therefore a fundamental role throughout this process, as it has already been discussed throughout this research.

Therefore, in the approach of non-pharmacological actions for the treatment of HF patients, it is important to provide guidance with respect to a diet rich in nutrients and the usual intake of macro and micronutrients, in order to minimize the effects of the hypercatabolism, which is characteristic of this disease.²⁷

It is pointed out that a diet with reduced sodium and water intake is widely advocated in the handling of HF during the 24 hours, in order to minimize the appearance of edema and pulmonary congestion in these patients. However, it is also recommended that

the appropriate and necessary amount of salt (hyposodic diet) per day could contribute to the occurrence of malnutrition, because in addition to the fact that patients lose appetite due to the use of digitalis, they are still subjected to unattractive diets.²⁸

Important general guidelines for HF patients are: adherence to medicines treatment; water restriction of 1.0 to 1.5 L/day; salt restriction of 2 to 3 g/day; daily weight control in the morning; encourage the abandonment of smoking and alcohol in case of consumption; not to take medicines without prior prescription and team orientation; recognition of signs and symptoms of decompensation and worsening of the disease; anti-influenza and pneumococcal vaccination; and permanent control of blood pressure and diabetes mellitus.

In view of such considerations, we strengthen that proper planning of nursing care provided to patients in the verge of hospital discharge is essential, elaborating a discharge plan with guidelines described clearly and objectively, directed to the situation-problem of each patient and aiming at adherence to treatment.

The provision of information is the basic intervention in the preparation of hospital discharge for patients and their families. They must be able to identify their main information requirements and be encouraged to perform self-care. However, the way the educational measures are carried out and the resources used represent the differential in the apprehension of the content offered to patients and their family members, favoring better results in the implementation of the necessary care for the well-being, achieving the expected quality of life.²⁹

Continuing education provided to patients and family members, with focus on multidisciplinary actions, is important to guarantee their comfort and well-being. It is known that one of the reasons for readmissions is the lack of adequate preparation of patients and family members for hospital discharge. Thus, it is imperative that care is rethought in an organized and multidisciplinary manner involving this preparation in order to minimize the needs and expectations of patients and their family members with respect to care being held at home.

According to scholars, the distance between planning and the hospital discharge process carried out in a non-systematic way influences negatively on the quality of care provided. Nurses, therefore, have a fundamental role in the coordination of the planning for hospital discharge, with the purpose of making patients independent for their care.³⁰

It is also highlighted that nursing actions should be carried out throughout the hospital stay. At the time of discharge, it should not be forgotten that the patients are in a phase of recovering and that they must be allowed to reflect on their understanding about the necessary care in the post-discharge period, so that they can engage properly in the planning of carrying out the necessary actions for their recovery, maintenance and promotion of health, always with the help of nurses.³¹

CONCLUSION

We emphasize that all the actions implemented by nurses in conjunction with the multidisciplinary team should be focused on the safety and well-being of HF patients. All the care provided must include guidelines of relevance to the ongoing preparation, suitable and effective for hospital discharge. We highlight that these guidelines, when appropriate, should be carried out together with patients' family members, in a clear and objective manner. This will allow understanding with quality and efficacy about the main basic and integral care recommended for the success and continuation of treatment in the home environment, mainly with incentive to changes in lifestyle, based on the autonomy and stimulus for managing self-care.

In view of such considerations, we strengthen that planning of nursing care provided to HF patients must occur from admission to hospital discharge. The main guidelines proposed must be related to: dietary restrictions; recommended physical activities; correct use and regular schedule of medicines; weight control; and the recognition of worsening signs and symptoms of the disease. These guidelines should be provided to patients or family members by the professional of the multidisciplinary team, under the coordination of nurses during hospital stay.

Given the above, we also emphasize that the continuing training of teams on fundamental aspects for the care provided to HF patients at hospital discharge must be encouraged. At the same time, health institutions should encourage the provision of care to admitted patients in the process of hospital discharge in an integral way, with active participation of the multidisciplinary team and always in search of positive results for the well-being of patients and their family members.

We are aware that the process of illness and the required hospitalization do not often represent a pleasant moment for patients and their families. In this sense, as health professionals interested in providing a quality nursing care, we have to be aware of basic nursing care and the real needs of HF patients, in order to provide a full and effective care to them. Thus, the restoration of patients' health will be satisfactory and they will be able to continue performing their daily life activities with quality and balance.

Therefore, we emphasize the necessity of performing hospital discharge planning in a systematic, integral, organized and flexible way, highlighting the actions of the multidisciplinary team, with the nurses' coordination of care, and that this planning should start at the time of patients' admission, lasting throughout hospital stay and, if necessary, continuing in the family context.

REFERENCES

1. Pedrolo E, Danski MTR, Migorance P, Lazzari LSM. A prática baseada em evidências como para prática profissional do enfermeiro. *Revista Cogitare* [Internet] 2009 Oct [cited 2010 Oct 28]; 14(4): 760-63. Available from: URL: <http://ojs.c3sl.ufpr.br>
2. Yoshimoril DY, Jr GC, Mairl V, Branco JNR, Buffolo E. Avaliação e seguimento em médio prazo em candidatos a transplante cardíaco submetidos a exercício de baixa intensidade. *Revista Brasileira de Cirurgia Cardiovascular* [Internet] 2010 July/ Sept [cited 2011 Apr 26]; 25(3): 1-9. Available from: URL: <http://www.rbccv.org.br>
3. Correa LA, Santos I, Albuquerque DC. Nursing assessment: Research/Care through the sensible listening in the heart failure clinic. *Online Brazilian Journal of Nursing* [Internet] 2008 July [cited 2011 Sept 14]; 7(1). Available from: URL: <http://www.objnursing.uff.br>
4. Malta DC, Cezário AC, Moura L, Neto OLM, Jr JBS. A construção da vigilância e prevenção das doenças não transmissíveis no contexto do Sistema Único de Saúde. *Epidemiologia e Serviços de Saúde* [Internet] 2006 July [cited 2011 Apr 14]; 15(3): 47-65. Available from: URL: <http://portal.saude.gov.br>
5. Pereira APS, Tessarini MM, Pinto MH, Oliveira VDC. Alta hospitalar: visão de um grupo de enfermeiras. *Rev Enferm Uerj* [Internet] 2007 Jan/ Mar [cited 2010 Nov 28]; 15(1): 40-5. Available from: URL: <http://www.facenf.uerj.br>
6. Ganzella M, Zago MMF. A alta hospitalar na avaliação do paciente e cuidadores: uma revisão integrativa da literatura. *Acta Paulista de Enfermagem* [Internet] 2008 Apr [cited 2010 Nov 1]; 21(2): 351-55. Available from: URL: <http://www.scielo.br>
7. Smeltzer SC, Bare BG, Hinkle JL e Cheever KH. *Brunner & Suddart - tratado de enfermagem médico - cirúrgica*. Rio de Janeiro: Guanabara Koogan; Vol. 1; 2009. p. 9-12.
8. Triviños ALS. *Introdução à pesquisa em ciências sociais: a pesquisa qualitativa em educação*. São Paulo: Atlas; 1994.p. 137.
9. Carvalho V. Enfermagem fundamental - predicativos e implicações. *Revista Latino-Americana de Enfermagem* [Internet] 2003 Sept/ Oct [cited 2012 Nov 6]; 11(5): 664-71. Available from: URL: <http://www.scielo.br>
10. Bocchi EA, Marcondes-Braga FG, Bacal F, Ferraz AS, Albuquerque D, Rodrigues D, et al. Sociedade Brasileira de Cardiologia. Atualização da Diretriz Brasileira de Insuficiência Cardíaca Crônica - 2012. *Arq Bras Cardiol* 2012; 98(1 supl. 1): 1-33.
11. Iso MA, Haffner PMA, Garcia MI, Sales ALF, Costa TAR, Coloma M et al. Qualidade da abordagem diagnóstica e terapêutica da Insuficiência Cardíaca Descompensada em uma série consecutiva de pacientes internados em Hospital Universitário. *Revista da SOCERJ* [Internet] 2008 Nov/ Dec [cited 2011 May 2]; 21(6): 382-86. Available from: URL: <http://sociedades.cardiol.br/socerj/revista>
12. Bocchi EA, Marcondes-Braga FG, Ayub-Ferreira SM, Rohde LE, Oliveira WA, Almeida DR, e cols. III Diretriz Brasileira de IC Crônica da Sociedade Brasileira de Cardiologia 2009

- Arquivo Brasileiro de Cardiologia [Internet] 2009 [cited 2011 Oct 28]; 93 (supl.1): 1-71. Available from: URL: <http://lahad.wordpress.com>
13. Souza ML, Sartor VVB, Padilha MICS, Prado ML. Cuidado em Enfermagem - Uma aproximação teórica. Revista Texto Contexto Enfermagem [Internet] 2005 Apr/ June [cited 2012 Nov 7]; 14(2): 266-70. Available from: URL: <http://www.scielo.br>
14. Nightingale F. Notas sobre enfermagem - O que é e o que não é. Tradução de Amália Correa de Carvalho. São Paulo: Cortez; 1989. p 4-6.
15. Henderson V. Princípios básicos sobre cuidados de enfermagem. Rio de Janeiro: ABEN; 1962. p 21-2.
16. Felix AP, Martins AP, Dyniewicz AM. Capacitação de cuidadores de pacientes em alta hospitalar. Cogitare Enfermagem [Internet] 2008 Jan/ Mar [cited 2012 Nov 6]; 13(1): 124-31. Available from: URL: <http://132.248.9.1:8991/hevila/Cogitareenfermagem>
17. Espírito Santo FH, Setenta Porto I. De Florence Nightingale às perspectivas atuais sobre o cuidado de enfermagem: evolução de um saber/ fazer. Revista da Escola de Enfermagem Anna Nery [Internet] 2006 Dec [cited 2012 Nov 6]; 10(3): 539-46. Available from: URL: <http://www.scielo.br>
18. Soares DA, Toledo JAS, Santos LF, Lima RMB, Galdeano LA. Qualidade de vida de portadores de insuficiência cardíaca. Acta Paulista de Enfermagem [Internet] 2008 [cited 2012 Nov 6]; 21(2): 243-8. Available from: URL: <http://www.scielo.br>
19. Margoto G, Colombo RCR, Gallani CBJ. Características clínicas e psicossociais do paciente com insuficiência cardíaca que interna por descompensação clínica. Revista da Escola de Enfermagem da USP [Internet] 2009 Mar [cited 2012 Nov 6]; 43(1): 44-53. Available from: URL: <http://www.scielo.br>
20. Silva LMG. Breve reflexão sobre autocuidado no planejamento de alta hospitalar pós-transplante de medula óssea (TMO): relato de caso. Revista Latino-Americana de Enfermagem [Internet] 2001 July [cited 2012 Nov 6]; 9(4): 75-82. Available from: URL: <http://www.scielo.br>
21. Lourenço BH, Vieira LP, Macedo A, Nakasato M, Marucci MFN, Bocchi EA. Estado nutricional e adequação da ingestão de energia e nutrientes em pacientes com insuficiência cardíaca. Arquivos Brasileiros de Cardiologia [Internet] 2009 [cited 2012 Nov 6]; 93(5): 541-48. Available from: URL: <http://www.scielo.br>
22. Carvalho V. A problemática do diagnóstico de enfermagem. REBEN - Revista Brasileira de Enfermagem 1972 Jan/ Apr; Ano XXV (1) (2): 114-125.
23. Bork AMT. Enfermagem de excelência: da visão à ação. Rio de Janeiro: Guanabara Koogan; 2011. p 91.
24. Waldow VR. O Cuidado na Saúde - As relações entre o eu, o outro e o cosmos. Porto Alegre: Vozes; 2004. p 159.
25. Cavalcanti ACD, Correia DMS e Queluci GC. A implantação da consulta de enfermagem ao paciente com insuficiência cardíaca. Revista Eletrônica de Enfermagem [Internet] 2009 [cited 2011 May 2]; 11(1): 194-99. Available from: URL: <http://www.fen.ufg.br>
26. Ferreira MCS; Gallani MCBJ. Insuficiência cardíaca: antiga síndrome, novos conceitos e a atuação do enfermeiro. Revista Brasileira de Enfermagem [Internet] 2005 Jan [cited 2011 May 2]; 58 (1): 70-3. Available from: URL: <http://www.scielo.br>

27. Bento VFR; Brofman PRS. Impacto da consulta de enfermagem na frequência de internações em pacientes com insuficiência cardíaca em Curitiba - Paraná. *Arquivo Brasileiro de Cardiologia* [Internet] 2009 June [cited 2011 May 2]; 92(6): 490-96. Available from: URL: <http://www.scielo.br>
28. Lourenço BH; Vieira LP; Macedo A; Nakasato M; Marucci MFN; Bocchi EA. Estado nutricional e adequação da ingestão de energia e nutrientes em pacientes com insuficiência cardíaca. *Arquivo Brasileiro de Cardiologia* [Internet] 2009 Nov [cited 2011 May 2]; 93(5): 501-48. Available from: URL: <http://www.scielo.br>
29. Latado AL. Prescrição de dieta na insuficiência cardíaca crônica: por que não fazemos? *Arquivo Brasileiro de Cardiologia* [Internet] 2009 Nov [cited 2011 May 2]; 93(5): 421-55. Available from: URL: <http://www.scielo.br>
30. Barreto LCL, Cardoso MHCA, Villar MAM, Gilbert ACB. Percepções dos profissionais de uma unidade de internação pediátrica sobre a alta de crianças ostomizadas. *Revista Gaúcha de Enfermagem* [Internet] 2008 Sept [cited 2011 Dec 28]; 29(3) 438-45. Available from: URL: <http://seer.ufrgs.br>
31. Santos WL, Nakatani AYK, Santana RF, Bachion MM. Diagnósticos de enfermagem identificados na alta hospitalar de idosos. *Revista Cogitare* [Internet] 2009 Apr/ June [cited 2011 Dec 28]; 14(2) 304-10. Available from: URL: <http://ojs.c3sl.ufpr.br>

Received on: 14/12/2012
Required for review: 21/06/2013
Approved on: 03/10/2013
Published on: 01/01/2014

Contact of the corresponding author:
Patrícia Maria Barreto Bellot de Souza
Rua Presidente Domiciano, 52 - apto 802. Ingá - Niterói
Rio de Janeiro - Brasil. CEP: 24210-271 - Email: pbellot@ig.com.br