



SYSTEMATIZATION OF NURSING ASSISTANCE: NURSING ACTIVITIES IN UTERINE INVERSION

¹Maria Aparecida Silva Santos Macedo, ^{2,*}Raira Piágio Silva, ³ThaináEmí Barreto Gomes, ⁴Olguimar Pereira Ivo and ⁵Vanderléa Alves de Oliveira

^{1,2,3}Undergraduate Nursing Faculty Northeast Independent (FAINOR)Vitoria da Conquista, Bahia, Brazil

⁴Degree in Nursing State University of Bahia (UESB), Master in Ethics and Management, professor Of the courses of Nursing and Physiotherapy, Faculty Northeast Independent (FTC), Vitória da Conquista, Bahia, Brazil

⁵Graduate Nursing Faculty of Science and Technology (FTC), Vitoria da Conquista

ARTICLE INFO

Article History:

Received 22nd September, 2017

Received in revised form

20th October, 2017

Accepted 26th November, 2017

Published online 29th December, 2017

Key Words:

Rare Pathology,
Nursing Systems,
Uterine Inversion.

ABSTRACT

The systematization the Nursing Care - (SAE) is valuable tool in the treatment of women with uterine inversion, rare disease, defined as introversion in the uterus glove finger and takes place on the 3rd stage of labor, accompanied by bleeding, which may lead death or affect a woman's fertility. This is a descriptive study with qualitative approach of a case study, developed by fitness dêmicos nursing during practical activities of the discipline supervised II, in September 2017, in a general hospital in a southwest Bahia municipality. The data were collected from the records of the medical records followed by clinical evaluation and judgment. The study followed the ethical precepts, was approved by the Research Ethics Committee of the Faculty Northeast Independent with opinion n°. 2,261,860. MSNS, c asada, age 33, G3P3 attended with severe hypovolemic shock, held pathology correction, successfully, however patient developed worsening of symptoms, requiring hysterectomy and perform splenectomy. The medical record presented evidence of the SAE application. Uterine inversion is a pathology with the potential to progress to death, so early identification and immediate intervention is necessary. Thus, SAE can help early identification of scientific evidence of pathology.

Copyright ©2017, Maria Aparecida Silva Santos Macedo et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Maria Aparecida Silva Santos Macedo, Raira Piágio Silva, Thaina Barreto Gomes, Vanderlea de Oliveira and Olguimar Pereira Ivo, 2017. "Systematization of nursing assistance: nursing activities in uterine inversion", *International Journal of Development Research*, 7, (12), 17591-17593.

INTRODUCTION

The systematization nursing- Assistance (SNA) which it is a process that exploits and, consequently, defines nursing care provided by the framework (Casafus,2013). It is a valuable tool in the treatment of women in the immediate postpartum period (Silva, 2012) May be combining with nursing practice based on evidencePBE that is the method in which the clinical choices are made based on the best available scientific evidence (Pereira, 2015). It is understood that the best scientific evidence is relevant clinical research, with the patient as the center, to analyze diagnostic evaluation of accuracy, and efficiency and security of the employed therapeutic interference (Dias, 2016).

*** Corresponding author: Raira Piágio Silva,**

Undergraduate Nursing Faculty Northeast Independent (FAINOR), Vitória da Conquista, Bahia, Brazil.

It is extremely important exercise in scientific evidence-based care, as it represents the link between research and professional practice, thus allowing the acquisition and legitimation of knowledge (Pedrolo, Edivane, 2009). About everythingwhen hovering over the profession thecircumstantial paradigm of the nursing be seen as art than a science (Figueiredo, 2014).In this context the present study aims to describe a case study which was carried out systematization of nursing assistance (SNA), in which the female patient, admitted to the intensive care unit, with the corrected uterine inversion situation, rare disease defined as introversion in the uterus glove finger and occurs in the third stage of labor childbirth (Neves, 2006), And it is usually accompanied by bleeding, which may lead to death or affect female fertility (Vieira, 2015).

METHODOLOGY

This is a descriptive study with qualitative approach of a case developed by nursing students during the practical activities of the discipline supervised II, in September 2017, in a general hospital in a southwest Bahia municipality. Data were collected from medical records of followed by assessment and clinical judgment. The study followed the ethical precepts, was approved by the Research Ethics Committee of the Faculty Northeast Independent with opinion No.2261860. Where nursing students signaled the best ways of establishing nursing diagnosis, search and selection of articles in order to be elected to the best scientific evidence which provided more effective interventions against the clinical evolution of the patient.

RESULTS

MSNS, married, Age 33, G3P3 performed correction of uterine inversion successfully, however the patient presented with severe hypovolemic shock. It was carried out to stabilize the patient with red cell concentrate and volemic expansion as reported in medical records.

The patient presented an increase in the amount of sodium in the blood (Hypernatremia) due to dehydration was corrected with hypotonic solution. Withdrawing liquid held in the abdominal cavity by paracentesis of relief due to abdominal distention caused by frame ascetic fluid (transudate). The cerebral computed tomography showed decreased or disrupted of blood supply to spleen, kidney, Ringer edema, bilateral pleural effusion and the presence of heterogeneous material into the uterus. The record presented evidence of the application of SAE, during hospitalization of the patient, and with main diagnoses and nursing care applied as shown below:

DISCUSSION

We explain a case of a multiparous that after childbirth and the postpartum evolved into uterine inversion unresponsive to treatment and subsequently the patient progresses. With worsening of symptoms, requiring hysterectomy and perform splenectomy. Obstetric emergencies are rare events and as always unexpected, yet each decision can be crucial to ensure the survival of mothers. Thus, nursing care in uterine inversion situation must be quickly and effectively, minimizing the risks, enables solve and control problems (Andrade, 2015).

Table. Key nursing diagnoses and conduct adopted

Domain	Nursing diagnosis	nursing action
Nutrition	-Unbalanced-nutrition, less than body requirements.	-See glycemic protocol.
	-Unstable blood glucose -risk.	-Maintaining SOG probe: Solid.
	-Risk of electrolyte imbalance.	-Wash 20ml water with probe after diet and / or drug delivery.
	-Volume excessive liquid.	-Change of the orogastric probe attachment
Elimination and Exchange	-Exchange impaired gas (perfusion and exchange).	-Register diuresis (FCS): frequency, volume and appearance.
		-Register stools (via diaper): frequency, volume and appearance.
		-Check peripheral perfusion.
		- Observe and record breathing patterns / peripheral oxygenation.
Activity and Rest	-Perfusion ineffective peripheral tissue. -Standard respiratory ineffective. -Dysfunctional-response to weaning. -Impaired spontaneous -Ventilation. -Deficit self-care (for bathing, personal hygiene). -Impaired physical-Mobility. -Heart -Debit decreased. -Risk inefficient perfusion (heart).	-Mobilize orotracheal tube.
		-Change fixing orotracheal tube.
		-Bath: the bed.
		-Hygiene with oral antiseptic.
		-Hygiene eyepiece with 0.9% saline.
		-Hygiene intimate.
		-Wash the hair.
		-Trim the hair intimate region.
Perception / Cognition	-Risk acute confusion.	-Maintaining on bed rest.
		-Keep the head: 45.
		-Change of position
		-Perform decompression.
Security / Protection	-Risk drop.	-Monitored level of consciousness.
		-Communicate altered level of consciousness.
		-Monitored pupils.
		-Apply FOUR scales.
		-Apply protocol for risk of falling.
		-Perform mechanical restraint.

Font: medical record

Referred to the General Hospital where he was admitted to the ICU, rapidly hypovolemic shock, unresponsive to drugs increased to a maximum dose and take blood gas analysis showed severe metabolic acidosis as reported in the evolution of nursing. As According medical records of the patient, the conducts were made: blood transfusion, stabilization with vasoactive drugs was performed where weaning and with hemodialysis resolvability of Acute Renal Failure. However, the patient presented with of intestinal bleeding, which had its resolution with the use of plasma and omeprazole. The examination of upper gastrointestinal endoscopy (UGE) and colonoscopy for clinical / surgical follow-up was required.

From this perspective, Vieira and Da Silva (2015), believes that to achieve quality care and comprehensive it is essential an effective surveillance. Nursing interventions in childbirth and postpartum are necessary for the identification, prevention and reduction of maternal mortality rates. The Federal Council of Nursing (COFEN) (Nursing, 2010), On RESOLUTION No. 358/2009, which provides for the Systematization of Nursing Assistance (SNA), says that the nursing process includes five steps: data collection, nursing diagnosis, planning, establishment of results, intervention and evaluation. The resolution also established that the nursing diagnosis, second

stage is the foundation for choosing actions or interventions to be carried out in the face of the person answers, family or human community at a given time of the health and disease, with which it aims to achieve the expected results.

Conclusion

Uterine inversion is a condition with the potential to end in death, so it is necessary to identify it early and intervene. Thus, the SAE can help with early prevention and identification through scientific evidence. It is believed that the results of this study will contribute to the improvement of nursing care provided to patients with uterine inversion, and thus prevent the condition from becoming worse.

REFERENCES

- Andrade, 2015. Maria Salome. Nursing Care in the Immediate Postpartum Hemorrhage. 2015. Work Completion of course.
- Casafus, KCU, Dell'acqua MCQ, Bocchi, SCM 2013. Between success and frustration with the systematization of nursing assistance. Rev. Esc. Enferm. Anna Nery. v. 17, no. 2, p. 313-21.
- Nursing, Federal Council. 2009. COFEN Resolution No. 358/2009. It provides for the systematization of nursing assistance and the implementation of the Nursing Process in environments, public or private, that is professional care nursing, and other measures. Brasilia (Brazil): Federal Nursing Council (COFEN).
- Days, Rosangela, Dias, 2006. Correa John Mark Domingues. Evidence-Based Practice: Methodology for the Best Physical Therapy Practice. Fisioterapiaem Movimento, Curitiba, v.19, n.1, p. 11-16, jan./mar.
- Figueiredo, Maria do Livramento Fortes, Silva, Marcia Helena Rodrigues da, Mendes de Carvalho Walkiria. 2014. Systematic review: a way for evidence in the scientific production of nursing. Health Focus, Teresina, v. 1, no. 1, p.72-81, July.
- Neves, J. et al. 2006. uterine inversion. Gynecology and Obstetrics. Hospital Santa Maria. Lisbon; Medport Acta 19: 181-184.
- Pedrolo, Edivane et al. 2009. The evidence-based practice as a tool for professional nursing practice. CogitareEnferm, Curitiba, p.760-773 18 November
- Pereira, Pedro Rui Gomes et al. 2015. Validation of the Portuguese version of the Evidence-Based Practice Questionnaire. Latin American Journal of Nursing, [sl], v. 23, no. 2, p.345-351, April Fap UNIFESP .. (Sci ELO). <http://dx.doi.org/10.1590/0104-1169.0367.2561>.
- Silva, Aline of Franco et al. Instrument for documentation of nursing care to women in the immediate postpartum period. 2012.
- Vieira, Larissa Almeida, DA Silva, Eliane Moura. 2015. uterine inversion and the implications in nursing care: experience report, December.
