



CHARACTERIZATION OF PATIENTS WITH WOUNDS OF A REFERENCE HEALTH UNIT IN CAMPO GRANDE- MS

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ABSTRACT

Wounds cause enormous expenses to the public coffers due to delayed treatment, difficulty in healing, deficits in human and material resources, old age, basic diseases, low self-esteem and a decrease in quality of life. Although "wounds" are the subject of several researches developed worldwide, there are still few studies in Brazil that characterize patients and their wounds. The purpose of this manuscript was to characterize patients with wounds treated at a reference health unit in the city of Campo Grande - MS- Brazil. A descriptive study was carried out involving 87 patients who spontaneously sought the curative rooms of the study field. The mean age of the patients was 60.5 years and there was a similar distribution between the sexes. 50.5% of these had a companion, 50.5% were illiterate and 59.7% catholic. All of them lived in Campo Grande / MS. 72.4% of the patients had diseases associated with the wound, 24.1% were hypertension and 12.7% had Diabetes Mellitus. The most prevalent wounds were those that affected the right lower limb (59.8%), on the other hand, 62.06% were superficial and 40.2% traumatic etiology. The average existence of all types of wounds was 7.9 years. This study contributes to the identification and characterization of patients with wounds. In addition, it is revealed the need for improvements as regards the attendance to this clientele in terms of the human and material resources, as well as the need for consultation with nursing diagnosis, prescription, registration and evaluation.

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INTRODUCTION

The skin is only a few millimeters thick and forms a barrier between internal organs and external environment, it also participates in several vital bodily functions. It is composed of three layers: epidermis, dermis and subcutaneous tissue (Smeltzer; Bare, 2011). It is subject to suffer aggressions due to intrinsic and / or extrinsic factors that may cause changes in its constitution, such as skin wounds (Morais; Oliveira; Soares, 2008).

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Wounds, regardless of cause, severely damage the skin and underlying tissues, cause problems such as permanent pain, suffering, incapacity, loss of self-esteem, social isolation, financial expenses, work withdrawal, psychosocial changes of its bearers and family group, requiring specialized service (Nunes, 2006; Abreu, Renaud, Oliveira, 2013). According to Declair and Pinheiro (1998), the wounds have a huge prominence in nursing research publications. However, the same does not occur in medical publications. Such information refers us to reflect that this activity has been attributed to the nurse, who must evaluate the wound, prescribe the treatment and also supervise the nursing staff in the management of dressings (Ferreira; Bogamil; Tormena, 2008; Maciel, 2008). A study on the clinical management of venous ulcers based on

the user's vision in Primary Health Care highlights the need for ongoing training of health professionals in order to raise the awareness of the management of health services so that they can do so approach to scientific evidence (Silva *et al.*, 2012). From the etiology, when the characteristics of the lesions and local, situational or systemic risk factors are identified, it is possible to implement health education interventions and techniques for caregivers and patients (Gomes *et al.*, 2013). In fact, the quality of care for patients with wounds should be based on diagnosis, planning, implementation, and evaluation of actions; and, on the basis of this, to generate conduits for an adequate treatment, as well as its prevention (Torres 2006; Borges, 2008). In view of the above, it is necessary to conduct research that addresses this issue, since it allows contact and knowledge of the complexity of what is the patient with wounds and the repercussion of this in their routine. It is also worth noting that the importance of knowledge production in the health area not only benefits the patient, but also allows for lower financial expenses and better quality in health services (Oliveira, Lima, Araujo, 2008; Brito, Sousa, Sousa *et al.*, 2013). In Brazil, in the outpatient setting and in health reference centers, there are few epidemiological studies that address "wounds" (Martins; Souza, 2007; Martins, 2008). Wounds can be considered the second cause of withdrawal from work activities in the country (Ereno, 2007). It is worth noting the lack of scientific studies with the theme in the Center-West region and the greater concentration of research in the state of São Paulo (Brito, Sousa, Sousa *et al.*, 2013). The sociodemographic and clinical data found can contribute to direct actions in the nursing consultation and other health professionals, providing individualized assistance to each patient and, collectively, would reveal a profile of the clientele served. Such contributions would be useful in planning strategies such as treatment, prevention and education. It can also contribute significantly to the nursing staff and other professionals. It is fundamental to develop studies on the characterization of patients with wounds from a reference unit in Campo Grande - MS, Brazil. The results of the characterization of these patients can demonstrate the fragility of the system such as gaps in the work of health personnel and public service. In view of the above, the project should contribute to the elaboration of a Commission for the Treatment of Injured Patients and subsequent formulation of a Protocol of Care. The research has as an interdisciplinary perspective culminate in the improvement of the planning and assistance provided to patients with this health problem that seek the health services.

MATERIALS AND METHODS

A cross-sectional study with a quantitative approach was performed in the dressing rooms of the reference unit for the treatment of wounds in the municipal public healthcare system of Campo Grande - MS, Brazil. The study was conducted at the Center of Medical Specialties (CEM), in the Reference Sector in Diabetes (SEREDI), from 2012, called the Reference Service in treatment of peripheral vascular lesions and belonging to the Municipal Department of Health of city of Campo Grande-MS. The wound referral service has support to attend patients with wounds sent from different health units (Family Health Strategy (ESF), Basic Health Unit (UBS), Family Health Support Center (NASF), among others). Faced with this demand, it accommodates many patients with wounds in the state of MatoGrosso do Sul, Brazil. In the wound reference service, consultations and dressing changes

are carried out by a multiprofessional team consisting of 1 stomaterapist nurse (responsible for the wounds sector and the stomatherapy sector), 7 nursing technicians and 1 vascular doctor. In other departments of the Center of Medical Specialties (CEM), patients can be referred to other specialties and / or perform examinations, such as nutritionist, dermatology, endocrinology, X-rays, ultrasonography etc. Patient referrals are performed via the Regulation System (SISREG). However, patients with more complex wounds are referred by the medical professional or nurse of the health units by telephone. Approximately 30 patients are scheduled in the morning and 15 afternoon. The physical structure includes 4 rooms, each of which contains 2 stretchers. The service has approximately 120 registered patients. In the first patient consultation, the nurse makes the first evaluation and prescribes the treatment on a small follow-up card given to each patient. If the patient has to use any medication, the doctor is asked to prescribe it. After the first evaluation, the nursing technicians follow the prescription of treatment as noted on the card and, in case of doubt or change of board, they call the nurse to perform the reevaluation. Each nursing technician is responsible for changing a patient's dressing. Patients are scheduled every 30 minutes. The population consists of patients with wounds in which they were attended as spontaneous demand in the dressing rooms of the reference unit of Campo Grande - MS. The care of patients with wounds occurred in the months of May to July 2013, from Monday to Friday in the hours of 7am to 11am and from 1pm to 5pm.

In this research was adopted as inclusion criteria the age from 18 years; patients who have at least one wound, lasting more than or equal to three months, which characterizes it as chronic (HARDING *et al.*, 2002); evaluation of the wound with the longest evolution and patients who are being followed up at the wound reference center. On the other hand, we excluded patients who presented some intercurrent that made it impossible to end the data collection, such as death, patients who did not return to the consultation and / or abandoned treatment, patients with mental disorder or disability. Two pre-tests were performed in April 2013, one in one ESF and the other in the place of study. In total, seven patients were evaluated, which resulted in the structured form and small modifications (insertion of the chart, religion, origin), aiming at its better applicability and adequacy to the purposes of the study. In addition, a second data collection took place in an ESF, in the month of April, to better delineate the research. The patients were interviewed following a structured script according to an instrument validated by specialists in the area and standardized by Martins (2008). However, an adaptation was made by the authors, following the variables of interest previously described. The interviews were conducted using a script containing questions about the characterization of patients with wounds. Included in this script the economic class, which is evaluated by the Brazilian Association of Research Companies (ABEP). The variables on the characterization of the patients were grouped in the item socioeconomic demographic identification/data, which contained the patient's name, gender, age, marital status, religion, number of children, social class, current occupation, family income, sanitation, place of residence. Baseline diseases were also collected, as well as experience with the treatment of the lesion, that is to say: place where the dressing is performed, home dressing, training for the exchange of dressing, professionals who accompany the dressing at home,

coverages and medicines used. In addition to the proposed project, data on allergic processes during the use of some medication, data on mobility, wound characterization (number of lesions, time of injury, location, measure, extent of damage, presence or absence of exudate and its characteristics, adjacent skin conditions, skin aspects, edge conditions, wound classification). After the examinations and in the possession of the patient, exams were presented for the diagnosis, such as duplex scan, ultrasonography, arteriography etc. This project was approved by the Research Ethics Committee of the Federal University of MatoGrosso do Sul, nº 136.832 / 2012 and CAAE: 02654212.0.0000.0021, on November 8, 2012. We also obtained an authorization signed by the Municipal Secretary of Health, management 2012, allowing the accomplishment of the research in the place of study. In order to comply with Resolution No. 196/96 of the CNS, the Patients' Consent Form was presented to the patients. All participants were requested, as long as they consented, the photographic registry of the wounds, in compliance with Resolution 196/96 of the National Health Council (BRAZIL, 1996). In the case of typing the data, to prevent errors, double typing was performed, and then tabulation. Descriptive statistics of the individual data of the patients participating in the study were made through frequency measures for the qualitative variables, position measures and variability for the quantitative variables. The data was saved in Microsoft Excel software version 2010. Statistical analysis was performed using three statistical tests: the mean differences test (t-student), the Chi-square test (χ^2), the variance test (F). All tests were applied with 95% confidence (significant value of $p < 0.05$). Statistical analyzes of the data were performed using the Statistical Package for Social Science for Windows (SPSS), version 15.0.

RESULTS

The sample consisted of 87 patients with wounds. From the results, it was observed that it is common for the patients to seek the Reference Unit, although they are not referred from a UBS / UBSF. The search for other health units probably occurs because some patients believe they would have a more complete treatment, since certain health units do not have curative materials or medicines available. Some of the peculiarities that have occurred in this research is the fact that nursing technicians, in the majority of the time and knowing the patients, write in a summary form in their accompanying cards only the material used, not noting the characteristics of the wounds. It is also performed the registration in the Electronic System of Records (Hygia) only the accomplishment of the dressing, without data of materials or the evolution of the lesion. The nurse divides her work schedule between follow-up and dressing, as well as bureaucratic services and the ostomized sector. counter reference is rarely done, mainly because the UBS / UBSF do not have multi professional teams trained to follow up patients with complex wounds. Of the patients treated, 87.3% (n = 76) were from Campo Grande / MS, 8 (9.2%) patients were from other cities located in the state of MatoGrosso do Sul, in which 1 patient was from Sidrolândia, 1 of Maracaju, 1 of Rio Verde of MatoGrosso, 1 of Ponta Porã, 1 of Guia Lopes da Laguna, 1 of Corumbá and 2 patients of Anastácio. However, there were patients from other Brazilian states, 1 patient from Rondônia, 1 from MatoGrosso and 1 from São Paulo. Of the total sample, 44 (50.5%) of the patients were female and 43 (49.5%) were male. Regarding the marital situation, 44 (50.5%) lived with a

partner and 43 (49.5) were alone. In terms of educational level, 44 (50.57%) were illiterate, 24 (27.58%) had basic education and 19 (21.83%) had high school. Regarding the social class of the study patients, 45 (51.7%) belonged to class B or C, 42 (48.3%) to class D. However, it was noteworthy that no class A and E patients were found. As for religion, the Catholic religion predominated with 52 (59.77%), followed by evangelicals with 21 (24.13%), 12 (13.79%) without religion and only 2 (2.29%) Spiritist. When considering basic sanitation items, 87 (100%) have access to treated water, electricity and garbage collection. However, only 53 (60.91%) received a sewage system. However in the absence of sewage network, it was considered as incomplete sanitation. Of the total number of participants, 52 (60%) were retired, 21 (24%) were working, 8 (9.2%) in the private sector, 4 (4.6%) in the public sector, 9 in the informal sector and 14 (16%) were unemployed. It was observed that of the 87 patients, 24 (27.6%) did not have comorbidities and 63 (72.4%) had comorbidities, predominantly hypertension (24.1%); hypertension and diabetes (31%), diabetes (12.7%) and other chronic diseases (4.6%), such as epilepsy, cancer, lupus and heart disease. The wounds classified by etiology as chronic predominated with 46 (52.9%) and those with acute etiology corresponded to 41 (47.1%). In the group of patients with wounds classified with acute etiology, 35 (40.2%) patients with wounds of traumatic etiology were noted.

On the other hand, in patients with wounds classified as chronic, leg ulcer was among the most frequent with 31 (35.6%). In addition, 35 (40.2%) were traumatic ulcers, 31 (35.6%) leg ulcers, 13 (14.9%) undetermined cause, 4 (4.6%) surgical, 2 (2.3%) burn and 2 (2.3%) pressure ulcers. For statistical ratios, the etiologies were grouped into: traumatic, leg ulcers and other (pressure ulcers (2), surgical (4), burns (2) and undetermined causes (13)). Regarding the patients' experiences, 72 (82.75%) performed their dressings at the Reference Unit, while 15 (17.24%) performed at both the UBS / UBSF and at the Reference Unit. Regarding the accomplishment of the dressing at home, 72 (82.75%) answered that they performed it, but 15 (17.24%) did not perform it. Regarding the characterization of the wounds using photographs, 59 (67.8%) of the patients allowed their lesion to be photographed, and only 28 (32.2%) did not allow it. Predominant superficial wounds (epidermis / dermis / tissue) with 54 (62%) and 33 (38%) with medium and deep wounds (subcutaneous, fascia, muscle tissue, tendon, bone). An amount of 53 (60.9%) of the wounds had no exudate, but 34 (39.1%) presented it. Of the total of 87 patients, 51 (58.6%) presented alterations (dry, scaly, thin / fragile, smooth, rough) on the adjacent skin aspect and 36 (41.4%) did not present. There was a predominance of patients with edema, 58 (66.6%), compared to 29 (33.4%) who did not. Regarding the conditions of the hospital beds, only 36 (41.4%) presented bright / red granulation and 51 (58.6%) friable, discolored granulation, shedding or necrosis. However, 46 (52.9%) of the wounds had alterations in adjacent skin color (bleached, pale, hyperemic) and 41 (47.1%) had normal coloration. The adjacent skin color was statistically significant as to the type of wound ($p = 0.042$).

As to the width of the wound, the ulcers had a greater width than the trauma, which in turn were larger than the others. The width of the wound was statistically significant ($p = 0.018$) as to the type of wound. Regarding the length of wound, the ulcers presented on average greater length in relation to the others, in which they are statistically significant ($p = 0.015$). In

relation to the area of the wound, the ulcers presented on average greater area compared to the others, being statistically significant ($p = 0.017$).

Final Considerations

This study of 87 patients with wounds, which was performed at a Reference Unit in the city of Campo Grande / MS, revealed that wounds occur in both sexes and with a mean age of 60.5 years. The study identified low-income middle-class patients who have a partner, are retired, have basic sanitation, are Catholic, and have one or more underlying diseases. Regarding the experience of wound treatment, the majority of the patients performed the dressings in the Reference Unit. Regarding the patients who performed dressing at home, most of the dressings were done by themselves, in this case the nurse provided most of the training for the exchange of dressing at home and the product most used was the AGE. In fact, it was observed that of the enormous variety of products in the market, the frequent use of the AGE stands out, probably due to its low cost and easy access. From these findings in this study, it is believed that the nurse contributed to the selection of products / therapies, suggesting the treatment in order to curb the empirical use of topical therapies. The most significant aspects of the patients' wounds were the presence of single lesions in the legs or feet and superficial wounds, mostly in the MID. The wounds of ulcer etiology presented larger size. The average duration of the wound was 7.9 years, prevailing the chronic evolution (mean of 9.57 years with DP = 18.66). Although the characterization of patients with wound was performed in a punctual way, it was extremely important to assess the profile of the clientele in order to create proposals for better conduct, considering that there are no health policies with targets to combat them. Advanced studies on the treatment of wounds have allowed the integrality of the care aiming at the autonomy of the patient and / or user, with emphasis on the quality of care, which can favor cost and benefit. The scarcity of studies in this area of health limits a variety of authors, mainly due to the different methodologies that make it difficult to compare the data. Other limitations include the lack of an integrated research network on the subject, verified by isolated studies in some regions of the country, mainly in large research centers, generally located in metropolises. This study contributed to the identification of clients with wounds and their characterization in the Municipal Reference Unit. Some changes have occurred since data collection. Among them, we highlight the inclusion of one more technique of nursing and the adoption of a sheet of evaluation of the patient with wound. There was the inclusion of a nurse at the place where this research was carried out, which results in a greater frequency in the care of patients with wounds and the other patients with stomies, in this case the bureaucratic service is divided among them. The diagnosis of the situation of how the nursing process occurs in relation to the treatment and follow-up of patients with wounds makes evident the need for care to occur holistically and to provide a systematized and specialized assistance. It is based on protocols to be followed by the whole multiprofessional team, with records in the medical record, evaluations and evolution of the wounds. In fact, the success of the treatment of patients with wounds depends on their adherence, the quality and determination of the multiprofessional team involved, especially the nurse. To conclude this study, some obstacles had to be transposed such as lack of financial resources and release of the researcher by the Health Department to collect

data and fulfill the master's credits. However, such obstacles were circumvented by adjusting the work of the principal researcher. These constraints served to make us reflect on nurses' activities and their immense potential in the face of an inconsistent work structure, in which the shortage of materials and human resources stand out.

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