

192 - NURSING CARE OF THE FAMILY WITH CONGENITAL HEART DISEASE - REVIEW ARTICLE

NEYSE PATRÍCIA DO NASCIMENTO MENDES

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neyse.paty@yahoo.com.br**INTRODUCTION**

The Family has been the focus of studies over time, since it represents the core of the social structure, which builds all human relationships, and in this sense, gaining space and prominence in the society with active participation.

In the area of health, the family is increasingly emphasized by the SUS. It is known that the model of health care, the perspective is changing to meet the individual and integrally coupled with his family, as this represents an entity of importance and without it a person can suffer from various physical and psychosocial problems.

The proposed change in patient care with one-sided focus on the family has been having thoughts about the attitude of professionals in health care, as this has broadened the vision of the psychiatric hospital, bringing critical thinking to the present model. This professional attitude favors a redirect assistance to the sick person, it does not work more individually, but for the family in its most comprehensive, covering from health promotion to the rehabilitation process.

When we refer to children with congenital heart disease and his family noticed that there is a need different care and attention in nursing, as the work in this family needs requires preparation of nursing care that occurs in a holistic manner.

Cianciarullo (2002) argues that nursing is to meet the health needs in the more comprehensive, justifying the concern of the study also direct assistance to the patient's family.

For nursing, work the family is not new and is very quiet environment in primary care, yet when we bring this look to the hospital or tertiary level, which occurs throughout the care process, we find difficulty in identifying the care system to families (WRITGHT; LEAHEEY, 2002).

In order to receive the family in the hospital through the nursing intervention aims to promote changes in relation to best fit the patient's biopsychosocial within the therapeutic process through the participation of the components of his family (WIGHT, 2002).

Petrinna (2005) discusses the importance of family structure-oriented, not only for the psychological side, but for the social side, and values the family as an important tributary of social beings, who will participate as effective members of society.

It is when the child's birth is what happens to the conformation of the family and also all usually begins a relationship of responsibility and love with the new being, bringing the social and emotional bond between parents and the child, supporting the idea of two authors.

The first years of human life require dedication of the family since the child is dependent on the total adult, for basic needs, social and psychological needs are met by the family, especially his mother or caregiver, thus increasing the bond of love between family and child.

Freud quoted Cianciarullo (2002) believes that the family is directly involved in the formation of the psychological structure of its components and involvement from the beginning of life the elements that make up the family. The psychological support is as necessary as daily food.

If for some reason is a psychological break in the bond of family, there is also an imbalance of their loved ones, and if the cause is a disease in children, the level of disruption increases and touches the feeling of helplessness of parents lost their child (ANGELO; ISIS, 2006; HOLFMAM, 2005).

If there is confirmation of serious illness in children progressing to a hospital, the family starts to experience a state of psychological trauma, where many hardships arise in the form of impotence, frustration, pain and helplessness (HOLFMA, 2005; ANGELO, ISIS 2005). Isis (2006) confirms in his study, the feelings that are touched upon due to the hospitalization of a family member. But she adds that these feelings can be alleviated with the participation of a health professional who works with a holistic and humane and that can overcome the model biopathological restricted, and thus work with children on their needs, protection, safety, comfort and self-esteem.

The process of admission of a child is a time of difficulty, making it painful and confusing not only for the patient but also for the whole family because the ICU environment is a critical site for full recovery or death (ZAGONEL, 2006).

Given the statements of the authors and the experience of living in a cardiac intensive care unit, children who received immediate postoperative corrective surgery for congenital heart disease, we could observe that the arrival in the intensive care unit of the parents receive their children, there was so anxious and fearful but full of doubts caused by ignorance of how the children would be.

In this light the study is relevant to nursing in favor of a reflection of nursing focused on families of children with congenital heart disease and so could contribute to improvement of nursing care in hospitals where the surgery is performed to correct.

The objective is to address the family of children with congenital heart disease and relate to nursing care at admission of these children.

METHODOLOGY

This article presents a literature review, held in databases BDNF, SCIELO, MEDLINE, LILACS, CAPES, using descriptors such as family, congenital heart disease and nursing.

CONGENITAL HEART DISEASE

In pediatrics among the diseases that cause hospitalization in the ICU and are most frequently from birth are congenital heart diseases, with an incidence of 10 per 1000 live births and covers 25% of all congenital malformations, 50% of deaths by congenital malformations and 15% of infant deaths.

The child who is diagnosed with Congenital heart defects in their structure has an anatomical malformation and consequent inadequate functioning of the heart was affected during pregnancy caused by failure during embryonic development in the normal or the inability to move beyond the stage of development embryo (SAMPAIO, 2004; HARRISON, 1984).

Heart diseases are recognized as Intra septal defect atrial septal defect, patent ductus arteriosus, tetralogy of fallot, coarctation of the aorta, pulmonary stenosis, aortic stenosis and complex congenital heart disease that may be of transposition of great vessels, tricuspid atresia, total anomalous pulmonary veins and anomalous origins of left coronary artery and pulmonary trunk (SILVA, 2006; RIBEIRO, 2007; SOCESP, 1994; HARRISON, 1984).

Heart diseases in children are due to congenital malformation can be detected as soon as the child is born or during intra uterus, leaving her mother in a state of greater fragility and there may be guilt by generating a child branded as not perfect (CHAGAS, 2005). Until the moment of acceptance, the family replaced by guilt, denial to absorb the idea of a child with a "heart disease" at the moment, the support offered by the health professional becomes extremely important to face the situation, order to alleviate the suffering family.

FAMILY AND CHILDREN'S CARDIOMYOPATHY

Once confirmed cardiac malformation should be accurate identification of congenital disease as early as possible, because it can cause respiratory and circulatory failure, and bring sequelae on cognitive development, psychomotor and emotional result of clinical manifestations that can be exacerbated during the life of the child (RIBEIRO, 2006).

The family, according Zagonel (2006), opposite the health status changed from one of its members, become soft and especially when the disease refers to heart, because this body symbolically the principal organ of the body and be directly represented emotional issues and love.

The treatment according ILK (1998) is almost always surgical and this behavior is due to the advances in surgical techniques, improvement and qualification of professionals involved, which contributed to the improved prognosis of patients undergoing cardiac surgery whether corrective or palliative.

The process of discovering disease in children up to the decision of surgery is usually dynamic, so that no significant cardiac decompensation and thus modify the prognosis of childhood. However the speed of decisions increases the ratio of fear of the parents before the child with congenital heart disease. The fear is exacerbated in the family with confirmation of the proposed surgery and created a sense of ambivalence, because they know that this is the only way to cure the disease and fear the risks it brings (HUERTA, 1996; ZAGONEL, 2006).

Huerta (1996) states that when a child will undergo surgery, not only her but the whole family goes through a process of uncertainty and it is essential psychological preparation for this family that may play a protective role with this small patient, in order to reduce the trauma of pain, insecurity, crises, but also to assist in the recovery phase to the total rehabilitation.

Unfortunately many times the family stays within the process of their children's disease, others the necessary information, exacerbating the anxiety and, according to Moro (2004), the more anxious parents are more anxious the child becomes, hampering their recovery in the post period.

Petergil (2005) states that the vision care of children and their families have been growing in speeches, but in practice it has been performed. This practice must occur in order to promote child development, reducing the trauma that affects her and her family during the hospitalization period, especially in the perioperative period, so you can be better nursing care in hospitals where performs heart surgery in children with congenital heart disease.

GENERAL

Nursing care of children with congenital heart disease and their families occurs most often in a non-systematic and there is a gap regarding continuous and integrated health care system, occurring only in isolated moments, allowing a dichotomy in the triad nursing, family and child, who which leads us to think of how to make a systematic organized nursing which is intended to meet all needs addressing biopsychosocial aspects in the hospital and beyond.

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NURSING CARE OF THE FAMILY WITH CONGENITAL HEART DISEASE - REVIEW ARTICLE

Study literature review, held in databases BDNF SCIELO, MEDLINE, LILACS, CAPES, using descriptors such as family, congenital heart disease and nursing. In order to address the issue on the family of children with congenital heart disease and relate to nursing care at admission of these children. The child with congenital heart surgery when he suffers and his family go through a process of insecurity and is essential to prepare psychologically for this family plays a protective role with this small patient. But often the family is now in the process of their children's disease, others the necessary information, presenting anxiety may undermine the recovery in the postoperative period. Nursing care of children with congenital heart disease and their families occurs most often in a non-systematic and there is a gap regarding continuous and integrated health care system, occurring only in isolated moments, allowing a dichotomy in the triad nursing, family and child, who which leads us to think of how to make a systematic organized nursing which is intended to meet all needs addressing biopsychosocial aspects in the hospital and beyond.

KEYWORDS: FAMILY, CHILDREN, NURSING CARE

SOINS INFIRMIERS DE LA FAMILLE ATTEINTS D'UNE CARDIOPATHIE CONGÉNITALE - ARTICLE DE REVUE

Examen des études de littérature, qui s'est tenue dans les bases de BDNF SCIELO, MEDLINE, LILACS, CAPES, en utilisant les descripteurs comme la famille, la cardiopathie congénitale et l'allaitement. Afin de répondre à la question sur la famille des enfants atteints de cardiopathie congénitale et se rapportent à des soins infirmiers à l'admission de ces enfants. L'enfant à la chirurgie cardiaque congénitale quand il souffre et sa famille passent par un processus d'insécurité et il est essentiel de se préparer psychologiquement pour cette famille joue un rôle protecteur de ce patient faible. Mais souvent, la famille est maintenant dans le processus de la maladie de leurs enfants, d'autres les informations nécessaires, de l'anxiété présentant mai saper la reprise dans la période postopératoire. Les soins infirmiers des enfants atteints de cardiopathie congénitale et de leurs familles se produit le plus souvent dans un non-systématique, et il existe un écart en ce qui concerne continu et le système intégré de soins de santé, qui a lieu uniquement dans les moments isolés, permettant ainsi une dichotomie dans les soins infirmiers triade, la famille et l'enfant, qui qui nous conduit à penser à comment faire un infirmier en place une systématique qui vise à satisfaire tous les besoins concernant les aspects bio-psycho à l'hôpital et au-delà.

Mots-clés: famille, les enfants, les soins infirmiers

CUIDADOS DE ENFERMERÍA DE LA FAMILIA CON ENFERMEDAD CARDIACA CONGÉNITA - REVISIÓN

ARTÍCULO

RESUMEN

Revisión de la literatura de estudios, que se celebró en BDNF bases de datos SciELO, MEDLINE, LILACS, CAPES, uso de descriptores como la familia, enfermedad cardíaca congénita y de enfermería. Con el fin de abordar la cuestión de la familia de los niños con cardiopatía congénita y se refieren a los cuidados de enfermería en la admisión de estos niños. El niño con cirugía cardíaca congénita cuando sufre y su familia pasan por un proceso de inseguridad y es esencial para prepararse psicológicamente para esta familia juega un papel protector de este pequeño paciente. Pero a menudo la familia está ahora en el proceso de la enfermedad de sus hijos, otros la información necesaria, la presentación de la ansiedad puede poner en peligro la recuperación en el postoperatorio. Cuidados de enfermería a niños con cardiopatías congénitas ya sus familias se presenta más frecuentemente en un no-sistemática y existe un vacío respecto a continua y sistema integrado de atención de salud, se producen sólo en momentos aislados, lo que permite una dicotomía en la tríada de enfermería, la familia y el niño, que que nos lleva a pensar en cómo hacer una enfermería organizada sistemática que tiene por objeto satisfacer todas las necesidades de abordar los aspectos biopsicosociales en el hospital y más allá.

PALABRAS CLAVE: FAMILIA, NIÑOS, CUIDADO DE ENFERMERÍA

ENFERMAGEM NA ASSISTÊNCIA DA FAMÍLIA DOS PORTADORES DE CARDIOPATIA CONGÊNITA – ARTIGO DE

REVISÃO

Estudo de revisão de literatura, realizado nos bancos de dados da BDNF, SCIELO, MEDLINE, LILACS, CAPES, utilizando como descritores família, cardiopatia congênita e enfermagem. Com o objetivo de abordar o tema sobre a família das crianças portadoras de cardiopatias congênitas e relacionar a assistência de enfermagem no momento da internação destas crianças. A criança com cardiopatia congênita quando sofre intervenção cirúrgica e sua família passam por um processo de insegurança e é indispensável o preparo psicológico desta família para desempenha papel protetor junto a este pequeno paciente. Porém muitas vezes a família está inserida no processo de doença do seu filho, alheia as informações necessárias, apresentando a ansiedade podendo prejudicar a recuperação no pós-operatório. A assistência de enfermagem as crianças portadoras de cardiopatia congênita e sua família ocorre na maioria das vezes de maneira não sistematizada existindo uma lacuna no tocante assistência integralizada e contínua, ocorrendo apenas em momentos isolados, permitindo uma dicotomia na tríade enfermagem, família e criança, que onde nos leva a reflexão do como fazer uma enfermagem sistematizada organizada que tenha a pretensão de suprir todas as necessidades abordando os aspectos biopsicosociais no ambiente hospitalar e fora dele.

PALAVRAS-CHAVE: FAMÍLIA, CRIANÇA, ASSISTÊNCIA DE ENFERMAGEM

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