77 - THE CARE DESENVOLVIMENTAL IN THE ATTENTION TO A PREMATURE ONE: TO KNO AND PRACTICES OF THE NURSE

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INTRODUCTION

The new born preterm delivery (RNPT) needs specific care, since their physiological systems are immature and thus most organ systems placed on the risk of neonatal complications. As to the physiological peculiarities, the premature babies have distinct characteristics in each stage of their development. Typically, weight loss in the first days of life is more pronounced, which implies a longer time for the acquisition of initial weight. The extremely thin, RNPT are have only a minimal layer of subcutaneous fat deposits, the skin is light pink in colour, smooth and shiny, with small blood vessels visible under a thin epidermis (HOCKENBERRY, 2006).

As for the system thermoregulator, the RNPT are physiologically immature, incompetent of maintaining his physical temperature, they present a limited capacity of excreting solutes in the urine and have bigger sensitivity to infections. The premature ones can be inactive and flabby. The extremities maintain an attitude of extension and remain in any position in which they will be put. The more premature will be the least newborn baby it is his capacity of coordinating suction deglutition and breathing (HOCKENBERRY, 2006).

Before the exposed one, it is noticed that the RNPT are responsible for a great number of admissions in Unities of Intensive Therapies Neonatal (UTINs), as soon as these neonates are in situation of risk of life, needing bigger attention to the health.

The RNPT, due to the immaturity of his organs and systems, can unleash several resultant problems of his difficulty of extrauterine adaptation. The respiratory system of the premature ones has a tendency to be adapted badly to the breathing of the surrounding air and to show a respiratory depression soon in the room of the childbirth, as well as there is a bigger sensitivity to a triggering of bronchopulmonary dysplasia, disease of the hyaline membrane and apnea of the prematurity (SILVESTRE, 2010).

So, besides promoting cares with sights to the promotion of the profit of weight, thermoregulation and prevention of infection to team of nursing must act in the promotion of the quality of life of the RNPT, offering individualized service and directed to the integral development of a newborn baby like also of his family (OLIVEIRA, 2007).

In this form, the nursing must promote adaptation of the newborn baby to the extern way, observe the clinical picture, to supply food adapted to provide the metabolic necessities of the organic systems in development, to carry out control of infections, to stimulate the newborn baby, to educate the parents, to stimulate visits of the relatives, among other activities (FONTES, 1984).

OBJECTIVE

To identify which the actions made a list to the reduction of the brightness, noise and handling are carried out in the Unities of Intensive Therapy Neonatal (UTIN) in the city of Natal, State of the Rio Grande do Norte in the optics of the professional nurse.

METHODOLOGY

It the question is a descriptive study and exploratory wrapping nurses who act in public UTIN of the local authority of Natal of the State Rio Grande do Norte. The inquiry was carried out in three Hospitals that dispose of UTIN. The sample was intentional and for convenience.

The collected data were doubly digitate in the spreadsheet Excel and subsequently analysed in the program Epinfo. The general description of the data was carried out by descriptive statistic, such as average, I divert standard and absolute and relative frequency. After the analysis, the results were substantiated in accordance with the relevant literature. The nurses were contacted in his environment of work and invited answering the questionnaire, what it will be validated by study I fly, on his knowledges made a list to the care developmental and which actions are developed in the unity in accordance with those interventions proposed by the NIDCAP. The study was subjected to the Committee of Ethics in Inquiry (CEP) obtaining favorable appearance for execution of the same thing.

RESULTS AND DISCUSSION

The sample appointed of 18 (100 %) nurses, being 16 of the feminine sex and 02 of the masculine sex, all active ones in UTIN on an average of approximately 04 years, and with time of formation varying between 01 to 30 years (average: 04 years).

Table 1: Distribution of the handling of the newborn baby in the UTIN. Natal/RN, 2011.

Handling of the Newborn baby in the UTIN	Yes		No	
	f	%	f	%
It manipulates the Rio Grande do Norte, most of the times, for the small doors of the incubator	18	100	0	0
It avoids the excessive or unnecessary handling of the RN	18	100	0	0
It uses some protocol of least handling	09	50	09	50

The data of the table 1 indicate that 100 % of the interviewed ones manipulates the Rio Grande do Norte, most times,

for the small doors of the incubator, I eat also, they avoid the excessive or unnecessary handling of the RN. On the other side, only 50 % uses some protocol of least handling.

Aucott et al., (2002) and Brazil (2002), they affirmed that the handling and the position of the premature one influence his process of development, soon, the unsuitable stimulation it can bring in a deficiency of this process, as soon as this stimulus demands an expense of energy, which with difficulty is recovered, and is frequently associate to the increase of the cardiac frequency and to the reduction of the saturation of oxygen.

Before the exposed one, the UTIN realizes the importance of the implementation of protocols of least handling in, what it shows that the nurse is sensitive and responsible for a quality care with focus in the reduction of damages to the RN.

Table 2: Distribution of the grouping of cares offered to a newborn baby. Natal/RN, 2011.

Grouping of cares offered to a newborn baby	Yes		No	
	f	%	f	%
It executes proceedings in stages in accordance with the shade of the RN	16	88,8	02	11,1
It inserts intervals of time between the proceedings	15	83,3	03	16,6
It prepares some type of projection of cares	12	66,6	06	33,3

The table 2 shows that 88,8% of the participants of the inquiry executes proceedings in stages in accordance with the shade of the Rio Grande do Norte; 83,3% inserts intervals of time between the proceedings and 66,6 % they informed that they prepare some type of projection of cares, grouping them, whereas 33,3% does not plan this action. Allen (1995) emphasizes the importance of practicing the least handling and the grouping of cares, and that these proceedings must be stimulated inside the UTIN.

Table 3: Distribution of the positioning of the newborn baby in the incubator. Natal/RN, 2011.

Positioning of the newborn baby in the incubator	Yes		No	
	f	%	f	%
He employs the use of cushions or rolinhos of cloth for support of the head, back and feet of the newborn babies in the incubators	18	100	0	0
After stance, it leaves the organized Rio Grande do Norte and in state of sleep	18	100	0	0
It respects the state behavioral of the baby: case is in deep sleep	18	100	0	0
It avoids sudden changes of posture	18	100	0	0
It checks, frequently, the position of the child to accommodate it comfortably	18	100	0	0
It promotes flexing, position intra-womb	18	100	0	0

One checked that the job of cushions or rolls of cloth for support of the head, back and feet of the newborn babies in the incubators there is a care done by all the nurses participants of the inquiry. Other conducts such as: to leave the organized RN and in state of sleep, after posturales; to respect the state behavior of the baby, case is in deep sleep; to avoid sudden changes of posture and to tally frequently, the position of the child to accommodate it comfortably, how also, to promote flexing and position intra-womb; they are executed by 100 % of the interviewed ones, as in the table 3.

The RNPT is known to face several challenges, in the extrauterine space, made a list to the necessity of dealing with the organization of his posture. He is incompetent of carrying out agreements posturales due to his bass muscle tone and the incompetence of his systems of organization. The diminished tension presented by these neonatos is not caused only by the immaturity of his nervous central system, but also by the immaturity of his muscles (BRAZIL, 2002).

Table 4: Distribution of the conducts of reduction of the noise in the UTIN. Natal/RN, 2011.

Conducts of reduction of the noise in the UTIN	Yes		No	
	f	%	f	%
It defines time -tables of silence in the handbook, respecting the cycle sleep / wakefulness of the RN	11	61,1	07	38,8
It puts posters in the UTIN to signal the necessity of reduction of noises	11	61,1	06	33,3
It controls the shade of the voice during the conversations and laughters	16	88,8	01	5,5
They orientate the relatives on the reduction of noises	16	88,8	02	11,1
It designates room special for passage of duty and medical visits	15	83,3	03	16,6
It avoids clinical discussions beside the bed	15	83,3	03	16,6
He is care ful during the handling of equipments, avoiding bumps	18	100	0	0

The table 4 presents the data made a list to the reduction of the present noise in the UTIN, in which, it are noticed that 61,1% defines time-tables of silence in the handbook, respecting the cycle sleep / wakefulness of the Rio Grande do Norte and puts posters in the UTIN to signal the necessity of reduction of noises; 88,8% controls the shade of the voice during the conversations and laughters and orientates the relatives on the reduction of noises; 83,3% designates room special for passage of duty and medical visits and avoids clinical discussions beside the bed; 100% of the nurses is careful during the handling of equipments, avoiding bumps inside the UTIN.

Scochi et al, (2001) demonstrated that the present noise in the UTIN can unleash hearing damages, physiologic alterations and behavioral in the newborn babies who are in this environment.

Table 5: Distribution of the conducts of reduction of the noise in the UTIN. Natal/RN, 2011.

I use fences in the reduction of the noise	Yes		No	
	f	%	f	%
It uses springs damping in the doors of access to the UTIN	06	33,3	12	66,6
It does use of fences of rubber in the doors and windows	09	50	09	50
It covers drawers and doors of cupboards with stickers anti-impact	0	0	17	94,4
It uses shoes with soles of rubber and without jump	15	83,3	03	16,6

In the table 5, regarding the use of fences, 33,3 % affirmed to use springs amortecedoras in the doors of access to the UTIN; 50 % does use of fences of rubber in the doors and windows; 94,4 % covers drawers and doors of cupboards with stickers anti-impact; 83,3% uses shoes with soles of rubber and without jump.

Before what it was presented on the noise in the UTIN, Glass (1999); Tamez et al, (2002) apud Ichisato (2004) that the noises damage the rest of the RN I eat also they can injure the cochlea bringing hearing loss and alteration of the physiologic parameters. As a result of that, in gaining weight, problems as fatigue, agitation, irritability, increase of the intracranial pressure, increase of the caloric consumption and difficulty can affect the neonate (TAMEZ et al, 2002).

THOUGHTS FINISH

Leaving from that, it is realized which nurse owes prioritize the projection of cares carried out to a newborn baby, aiming to minimize the excess of handling to this small patient. In this form, it is noticed that the act of stance the RN promotes comfort and contributes to the continuity of his state of sleep, soon, it is essential that the nursing employs these cares in his presence.

The data showed, that the nurses must be attentive to the situations of environmental stress, understood in those made a list ones to the equipments, as well as limited those to the multiprofessional team, driving with that the creation of healthy environments in the process of hospitalization, and with that better recuperation.

So, it is possible to infer what it maintain the environment of the ICU with devices that ease or remove the noises it starts to characterize in a measured also of care, which must be realized by the nurses.

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THE CARE DESENVOLVIMENTAL IN THE ATTENTION TO A PREMATURE ONE: TO KNOW AND PRACTICES OF THE NURSE

Abstract: premature birth is responsible for a large number of hospitalizations in Neonatal Intensive therapy Units (UTINs), since these newborns are at risk of life, requiring greater attention to health. In this context, the health team that plays in the NICU must be trained to respond to the premature and its peculiarities, with a view to promoting quality of life of this yearling, offering individualized care and directed to integral development. Among the strategies for the promotion of a great environment for growth and development has been the care development status. Thus, the goal of this study is to describe if nurses develop actions directed to the careful development status in UTINs, especially as regards reduction of luminosity, noise and handling. It is a descriptive and exploratory study involving nurses who work in public UTINs of the city of Natal, State of Rio Grande do Norte in the year 2011. The sample was intentional and for convenience. Data collection took place after contact with nurses who will be invited to answer a questionnaire about their knowledge related to developmental care and which actions are carried out in accordance with those interventions proposed by Newborn Individualized Developmental Care and Assessment Program (NIDCAP) NIDCAP. The data revealed that the nurses should pay attention to situations of environmental stress, understood in those related to equipment, as well as those restricted to multiprofessional team, driving the creation of healthy environments in

case of hospitalization, and with this better recovery. Thus, one can infer that keep the ICU environment with devices that mitigate or eliminate the noise is characterised in a measure of caution, that must also be perceived by the nurses.

DESCRIPTORS: Newly Born. Premature. Nursing.

UNE ATTENTION PARTICULIÈRE À LA DEVELOPMENTAL PRÉMATURÉE: CONNAISSANCES ET PRATIQUES DE L'INFIRMIÈRE

Résumé: Naissance prématurée est responsable d'un grand nombre d'hospitalisations dans la thérapie Intensive néonatale unités (UTINs), puisque ces nouveau-nés sont en danger de la vie, nécessitant une plus grande attention à la santé. Dans ce contexte, l'équipe de santé qui joue dans le NICU doit être formé pour répondre à la prématurée et ses particularités, en vue de promouvoir la qualité de vie de cette yearling, offrant individualisée, soins et réalisé au développement intégral. Parmi les stratégies de promotion d'un environnement de grande pour la croissance et le développement a été l'état de développement de soins. Ainsi, l'objectif de cette étude est de décrire les si les infirmières développent des actions réalisées à l'état de développement prudent dans UTINs, surtout en ce qui concerne la réduction de la luminosité, de bruit et de manutention. C'est une étude exploratoire et descriptive impliquant des infirmières qui travaillent dans les UTINs publics de la ville de Natal, État du Rio Grande Norte au cours de l'année 2011. L'échantillon était intentionnelle et par souci de commodité. La collecte de données a eu lieu après le contact avec les infirmières qui seront invités à répondre à un questionnaire sur leurs connaissances liées aux soins de développement et quelles actions sont menées conformément à ces interventions proposées par les soins de développement chez les nouveau-nés individualisés et évaluation programme (NIDCAP) NIDCAP. Les données ont révélé que les infirmières devraient accorder une attention aux situations de stress environnemental, compris dans ceux liés à l'équipement, ainsi que ceux qui ont restreint à l'équipe multiprofessionnelle, au volant de la création d'environnements sains en cas d'hospitalisation et avec cette meilleure récupération. Ainsi, on peut déduire que garder l'environnement ICU avec dispositifs atténuer ou éliminer le bruit se caractérise dans une mesure de prudence, qui doit également être perçue par les infirmières.

DESCRIPTEURS: Nouvellement né. Prématurée. Soins infirmiers.

ATENCIÓN ORIENTADA AL DESARROLLO EN LA ALERTA TEMPRANA: CONOCIMIENTO DEL ENFERMERO Y PRÁCTICAS

Resumen: El nacimiento prematuro es responsable de un gran número de admisiones en las unidades neonatales de cuidados intensivos (UTINs), ya que estos niños están en riesgo de vida, que requieren más atención de la salud. En este contexto, el equipo médico que trabaja en la UCIN debería ser capaz de cumplir con principios y sus peculiaridades, con el fin de promover la calidad de vida de este recién nacido, que ofrece servicio al cliente personalizado y dirigido a un desarrollo pleno. Entre las estrategias para la promoción de un entorno óptimo para el crecimiento y desarrollo se ha cuidado para el desarrollo. El objetivo de este estudio es describir las enfermeras para desarrollar acciones orientadas a la atención del desarrollo en la UTINs, especialmente en lo que respecta a la reducción de la luz, el ruido y la manipulación. Se trata de un estudio descriptivo, participación de las enfermeras que trabajan en la UCIN público en Natal, Rio Grande do Norte en 2011. La muestra fue intencional y por conveniencia. La recolección de datos ocurrió después del contacto con las enfermeras que serán invitados a completar un cuestionario sobre sus conocimientos relacionados con la atención orientada al desarrollo y qué acciones se desarrollan en la unidad de acuerdo con los procedimientos propuestos por el recién nacido la atención individualizada del Desarrollo y del Programa de Evaluación (NIDCAP) NIDCAP. Los datos revelaron que las enfermeras deben estar atentos a las situaciones de estrés ambiental, entendida en relación con los equipos, así como aquellos restringidos a un equipo multidisciplinario, impulsando así la creación de ambientes saludables en el proceso de hospitalización y de recuperación de lo mejor. Así, se puede inferir que mantener el ambiente de la UCI con dispositivos para mitigar o eliminar el ruido se caracteriza en una medida también de la atención, que debe ser percibida por las enfermeras.

DESCRIPTORES: Los recién nacidos. Prematuro. Enfermería

O CUIDADO DESENVOLVIMENTAL NA ATENÇÃO AO PREMATURO: SABERES E PRÁTICAS DO ENFERMEIRO

Resumo: O nascimento de prematuros é responsável por um grande número de internações em Unidades de Terapias Intensivas Neonatais (UTINs), uma vez que esses neonatos encontram-se em risco de vida, necessitando de maior atenção à saúde. Nesse contexto, a equipe de saúde que atua na UTIN deve estar capacitada para atender ao prematuro e suas peculiaridades, com vistas à promoção da qualidade de vida desse neonato, ofertando um atendimento individualizado e direcionado ao desenvolvimento integral. Entre as estratégias para a promoção de um ambiente ótimo para o crescimento e desenvolvimento tem-se o cuidado desenvolvimental. Assim, o objetivo desse estudo é descrever se os enfermeiros desenvolvem ações voltadas para o cuidado desenvolvimental nas UTINs, especialmente no que se refere à redução da luminosidade, ruído e manipulação. Trata-se de um estudo descritivo e exploratório, envolvendo enfermeiros que atuam em UTINs públicas da cidade de Natal, estado do Rio Grande do Norte no ano de 2011. A amostra foi intencional e por conveniência. A coleta de dados aconteceu após o contato com os enfermeiros os quais serão convidados a responder um questionário sobre seus conhecimentos relacionados ao cuidado desenvolvimental e quais ações são desenvolvidas na unidade de acordo com aquelas intervenções propostas pelo Newborn Individualized Developmental Care and Assessment Program (NIDCAP)NIDCAP. Os dados revelaram que os enfermeiros devem estar atentos às situações de estresse ambiental, entendido naqueles relacionados aos equipamentos, bem como aqueles restritos à equipe multiprofissional, impulsionando com isso a criação de ambientes saudáveis no processo de hospitalização, e com isso melhor recuperação. Assim, pode-se inferir que manter o ambiente da UTI com dispositivos que amenizem ou eliminem os ruídos passa a se caracterizar em uma medida também de cuidado, que deve ser percebida pelos enfermeiros.

DESCRITORES: Recém Nascido. Prematuro. Enfermagem.