80 - NURSING CONSULTATION TO DIABETES PATIENT IN A MILITARY HOSPITAL: A PRACTICE IN FRONT OF A PARADIGM CHANGING

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INTRODUCTION

The diabetes mellitus (DM) is a syndrome of multiple etiology, arising from a lack of insulin and / or the inability to properly exercise its effects. It is characterized by chronic hyperglycemia, often accompanied by dyslipidemia, hypertension and endothelial dysfunction (Sociedade Brasileira de Diabetes, 2002). It has been recognized globally as a public health problem, compared with the rates of morbidity and mortality related to the disease, but also the costs involved in its control and treatment of its complications (ORTIZ; ZANETTI, 2000). The Pan American Health data shows that show there is about 30 million diabetics in the Americas. In Brazil, it is estimated that there are 5 million diabetics, half of them know the diagnosis (PITTA et al., 2005).

Because this is a disease that requires continuous treatment and control, the participation of the bearer of the DM and their families is essential, both part of an educational process that will last throughout his life. The approach of the disease should be made by a multidisciplinary team, in which the nurse is a fundamental element (RODRIGUEZ; FAJARDO, 1998), performing a series of activities to the patient in order to reduce the morbidity and mortality from this disease, as advocates the Plan of Reorganization and attention to high blood pressure (hypertension) and diabetes mellitus (DM), Ministry of Health (BRASIL, 2001).

As the DM and HA important factors for cardiovascular morbidity, the Ministry of Health established in 2000, the Plan of Reorganization and attention to the Hypertension and diabetes mellitus in Brazil, which aims to establish guidelines and targets for reorganization System Unified Health (SUS), which ensures systematic monitoring of individuals with DM and hypertension, the development of actions for the promotion of health and the prevention of chronic non-transmissible diseases (BRASIL, 2001).

SUS, as a model of health law implemented in Brazil, is going through many changes, it is still much to play for this stock based on the Flexneri model of health. In a single health system, we see the influences of the clinical model, biological, and the social model, public health. And in this context inserted dubious, is a nurse, health professional responsible for the care, which often repeats actions of the Flexneri model, observing his client (individual, family or community) so compacted - a wound, a surgery, etc. - as being a core of social exclusion. However, when you view your client as a social being, which has beliefs, values, culture itself, the nurse during the consultation of Nursing (EC), running Case of Nursing, playing actions of a model of health based on the paradigm of social production health.

The problem

A Military Hospital in Natal, is around 3900 queries per month in his clinic, and included, until March 2005, only attendance of medical specialties, with no activity for outpatient nursing, other than the vaccination. The population served, mostly, it is individuals in the 3rd age. When seen during the medical consultation, discover be carriers of hypertension and / or diabetes mellitus. There is a large number of admissions of people with diabetes customers due to the appearance of complications associated with such chronic-degenerative disease. Thus, it was urgent the deployment of a program of health care back to the individual bearer of DM, the outpatient level, which is all this demand. However, there were professional enough to compose a team, a basic condition for developing the program aiming at a full care of this individual, and standardize our model of health, SUS.

At the end of 2004, were admitted some health professionals, through public tender. Among these professionals, was admitted 01 medical endocrinologist. Earlier this year, were admitted most other health professionals, including 01 nurses now, 01 nutritionist, 01 psychologists and 01 vascular surgeon. Thus, before the formation of a team, came the need for implementation of the program for health care back to the individual bearer of DM.

The deployment began with the conquest of an office, where they could perform the EC. As the first step, preliminary readings were made on the organization of the program, which is regulated by the Ministry of Health, through the Plan of Reorganization and attention to the Hypertension and diabetes mellitus in Brazil (BRAZIL, 2001), and discussed with endocrinologist, psychologist and nutritionist. Was the instrument for directing the EC and agreed that the demand would come both from referrals from professionals as the spontaneous demand. Once-started the EC in people with diabetes mellitus and the response is positive about the acceptability of customers.

The implementation of the EC in the program for diabetes, under military, precisely in this military hospital, is an unusual activity. Despite the military hospital is inserted into a model of health public health in the SUS, the activities in this hospital tend to reflect a Flexnerian model, returned to practice healing, biology, compartmentalized. Reinforces that idea, the existence of their own regiments in which address the issue of health programs, where such procedures aimed, mostly for the medical professional, not considering the multidisciplinary team.

Faced with this problem, the need arose to conduct a review Integrative Research on the consultation of Nursing to the individual patient to find out how this activity is being carried out by professional nurses: repeating actions or watered the curative model reflecting their practice from SUS viewpoint?

METHODOLOGY

This study is an Integrative Research Review, which "is a method that aims to summarize achievements in research on a defined theme or issue, so systematic and orderly, with the objective of contributing to the knowledge of the topic or issue" (ROMAN; FRIEDLANDER, 1998).

For data collection was used the Internet, using the Databases: Regular CAPES, LILACS and BIREME, launching the descriptors Nursing, Diabetes, Consultation of Nursing and SUS. The selection of articles, which happened during the months of September and October 2005, was made considering the criteria of scientific article, thesis or dissertation available online and free. The sample showed 09 scientific articles Brazilians, 01 scientific article Cuban and 02 theses concerning the issue,

considering publications of the last 20 years.

RESULTS AND DISCUSSION

Change of paradigms

With the completion of the VIII National Health Conference in 1986 and the promulgation of the Brazilian Constitution in 1988, a new model of health care called the Unified Health System (SUS). Until then, the model clinical / biological / Flexnerian was the paradigm of health officially accepted, historically marked by the predominance of individual and curative medical care and understanding of health as the absence of health. SUS is the result of a process of many debates and struggles for better conditions of health, emerging as a new paradigm in health care, whose principles and guidelines break with the Flexneri paradigm clinical, see the health as a condition of citizenship (SCHERER; MARINO; RAMOS, 2005).

Since the beginning of the twentieth century, training of health professionals has been based on fragmented and biological model. From the '70s, this model - Flexneri - if showing was inadequate, failing to fully meet the health needs of the Brazilian population (VILELA; MENDES, 2003). He began to be a concern regarding the training of health professionals. Thus the paradigm of social production of health has been introduced in training institutions such professionals and replaced in practice.

The change from curative care model, and the doctor figure as central to public health care model, stimulates ideas and changes on the process of working in health, in which the client and the professional should be both subject and producers of health care. The vision of the health-disease only in the biological aspect must be overcome. For the construction of new paradigms in education and health practice is necessary to develop interdisciplinary activities in primary care and multidisciplinary practice (SCHERER; MARINO; RAMOS, 2005).

The team is a unit operating in SUS and is advocated in the various programs for health care of the Brazilian population. In a team, each business has its role to develop. A group of professionals can only be set as a team when it operates in cooperative mode, converging their goals, so that there is complementarity, not the sum or overlays of knowledge (TEIXEIRA, 2003).

The Nursing Consultation to diabetic

Melittus, diabetes is a disease that requires full attention, completely transforms the life of the bearer and demand the participation of affected and their families. The importance of team assistance with diabetes is essential. The complexity of the risk factors of DM requires a multidisciplinary approach to have membership of the scheme therapeutic drug and not medicated (CRUZ, 1989). Its membership is possible with an educational environment. For the nurse, when acting on the actions of basic health care, its activities include the strong educational aspect, which turns into a key actor in assisting in diabetes.

The nurse has a vital role in the detection, treatment and control of chronic degenerative diseases, like diabetes. When at the clinic, running the Nursing Consultation (EC), the nurse has the opportunity to develop a lasting relationship of support, allowing participation in the care of the customer.

The Consultation of Nursing is considered an activity that uses a procedure, based on the process of Nursing, through which the nurse establishing a relationship with the customer, with a view to the prevention and control of deviations from health (CRUZ, 1989). According to Law No. 7498, to June 25 1986, and by determining the Federal Council of Nursing, the EC is one of the activities unique to nurse. It presents itself as directive stock dispensed to the customer, based on scientific actions undertaken. It consists of phases included in the Case of Nursing: History (interview, physical examination and laboratory), diagnosis, prescription, interventions and progress of actions relating to the problems encountered (MACIEL; ARAÚJO, 2003).

During the EC professional nurse develops its activities directed to education in diabetes, aiming at self control of the DM and changes in lifestyle. The proposal must include educational activities and activities of individual coverage for collective thus achieve greater coverage and resolution (TEIXEIRA, 2003). As a strategy, the EC is to reflect on the speeches and educational assistance. It is an opportunity to think about the current ways of intervening in health as opposed to the fragmentation of the full proposals of biological dominant model (LOPES; SILVA, 2004).

Thus, we find that there is a trend in the practice of nursing assistance to the individual patient to follow the guidelines imposed by SUS: caring human being in a fully under a biopsychosocial perspective, and use strategies that include actions to promote health, prevention of complications and curative care.

CONCLUSION

After analysis of publications, it appears that the practice of nursing front of the individual people with diabetes mellitus is in the process of adapting the model of health prevailing in the country: the model of social production of health - SUS. This process is happening in such a way that the nurse to carry out the consultation of Nursing is no longer the only professional to the doctor and yes, with a multidisciplinary team. The approach of the customer in question includes family and the approach is based on continuing education in order to minimize the complications of chronic-degenerative disease.

In fact a military hospital for Christmas, the health care the patient still follows the Flexnerian model, with the actions of health focused on the medical professional. However, with the deployment of the EC in diabetic subjects, such assistance meets with sections dedicated to the direction of SUS, including preventive actions, within education, with the patient and his family being approached by several professionals, in order to reduce higher the number of admissions of individuals with diabetes with advanced complications.

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ABSTRACT

This is a integrative literature search, which were analyzed 12 articles concerning the consultation of Nursing to diabetic and the model of health existing in the country. Data were collected via the Internet, worked on databases of periodicals CAPES, LILACS and MEDLINE, using the descriptors Nursing, Diabetes, Consultation of Nursing and SUS. The objective was to make a reference survey to find out how the nurses are performing the practice of consultation with the nursing diabetic (based on Flexnerian paradigm or the paradigm of social production of health?) And use the result in the deployment of this practice in a military hospital. After reading the articles and analysis, it was found that the practice of consultation of nursing developed to people with diabetes is targeted to follow the paradigm of social production of health, education based on the individual and his family, in order to reduce complications associated with such chronic-degenerative disease.

Keywords: paradigm; nursing consultation; diabetes.

INSPECTION DES SOINS INFIRMIERS À CERTAINS DIABÈTE DANS UN HÔPITAL MILITAIRE: UNE PRATIQUE AVANT UN CHANGEMENT DE PARADIGME.

Il s'agit d'une recherche documentaire intégration, qui ont été analysés 12 articles concernant la consultation des diabétiques de soins infirmiers et le modèle de santé existant dans le pays. Les données ont été recueillies par le biais d'Internet, a travaillé sur de bases de données de périodiques CAPES, et LILACS MEDLINE, en utilisant les descripteurs de soins infirmiers, du diabète, de consultation et de soins infirmiers de SUS. L'objectif était de procéder à une enquête de référence pour savoir comment les infirmières exercent la pratique de la consultation avec les infirmières diabétiques (sur la base du paradigme Flexnerian ou le paradigme de la production sociale de la santé?) Et utiliser le résultat dans le déploiement de cette pratique dans un hôpital militaire. Après la lecture d'articles et de compte, il a été constaté que la pratique des soins infirmiers de consultation mis au point pour les personnes atteintes de diabète vise à suivre le paradigme de la production sociale de la santé, l'éducation fondée sur l'individu et sa famille, afin de réduire complications associées à ces chroniques-maladie dégénérative. **Mots-clés**: paradigme; consultation de soins infirmiers; diabète.

INSPECCIÓN DE ENFERMERÍA A DETERMINADOS DIABÉTICAS EN UN HOSPITAL MILITAR: FRENTE A LA PRÁCTICA UN CAMBIO DE PARADIGMA.

Esta es una literatura de búsqueda de integración, que se analizaron 12 artículos relativos a la consulta de Enfermería a la diabetes y el modelo de salud existente en el país. Los datos fueron recolectados a través de Internet, trabajó en las bases de datos de publicaciones periódicas CAPES, LILACS y MEDLINE, utilizando los descriptores Enfermería, diabetes, consulta de Enfermería y SUS. El objetivo era hacer un estudio de referencia para averiguar cómo las enfermeras están realizando la práctica de la consulta de enfermería con la diabetes (sobre la base de Flexnerian paradigma o el paradigma de la producción social de la salud?) Y utilizar el resultado en el despliegue de esta práctica en un hospital militar. Después de leer los artículos y análisis, se constató que la práctica de la consulta de enfermería para las personas con diabetes está dirigida a seguir el paradigma de la producción social de la salud, la educación basada en el individuo y su familia, a fin de reducir las complicaciones asociadas con este tipo crónico-degenerativas enfermedad.

Palabras clave: paradigma; consulta de enfermería; diabetes.

CONSULTA DE ENFERMAGEM AO INDIVÍDUO DIABÉTICO EM UM HOSPITAL MILITAR: A PRÁTICA FRENTE UMA MUDANÇA PARADIGMÁTICA.

RESUMO

Trata-se de uma pesquisa bibliográfica integrativa, na qual foram analisados 12 artigos referentes à Consulta de Enfermagem ao diabético e ao modelo de saúde vigente no país. Os dados foram coletados pela Internet, explorados nas Bases de Dados do Periódicos CAPES, LILACS e MEDLINE, usando os descritores Enfermagem, Diabetes, Consulta de Enfermagem e SUS. O objetivo do trabalho foi fazer um levantamento bibliográfico para descobrir como os enfermeiros estão realizando a prática da consulta de enfermagem ao diabético (baseando-se no paradigma flexneriano ou no paradigma de produção social da saúde?) e utilizar o resultado na implantação desta prática em um hospital militar. Após leitura e análise dos artigos, constatou-se que a prática da consulta de enfermagem desenvolvida ao portador de diabetes está direcionada a seguir o paradigma de produção social da saúde, baseando-se na educação deste indivíduo e de sua família, num intuito de diminuir as complicações inerentes a essa doença crônico-degenerativa.

Palavras- chave: paradigmas; consulta de enfermagem; diabetes.