16 - EVALUATION OF ASSISTANCE PROTOCOLS TO VENOUS ULCERS PATIENTS: A BIBLIOGRAPHIC REVISION

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INTRODUCTION

Venous ulcers, that are chronic wounds, are recurrent, incapacitating and they reflect in a severe way on patients walking. They are about 80 to 90% of the wounds found at the lower limbs, and they can result in chronic venous insufficiency in people of different ages. But, senior citizens form the group of about 85% of all persons who suffer this kind of wound (FRADE et al., 2005; MAFFEI, 2002).

It is estimated that almost 3% of the Brazilian population has venous ulcers; it grows to 10% for diabetic patients and around four million people have some kind of chronic wound or some problem in the wound cicatrization process (BORGES, 2005; CASTILLO et al., 2004; BRASIL, 2002).

Venous ulcers have been a great problem in the whole world, and they have been responsible for a considerable economic impact because of the high rates and the prevalence of those chronic wounds. In Brazil, those wounds become a serious problem in public health, because of the elevated number of persons who carry them, although the lack of data of those consultations, they contribute to raise government expenses at Sistema Único de Saúde (SUS), and also those wounds interfere on the day-by-day of the patients and their relatives, making deep alterations regarding their socio-economic-psychosocial life, with significant contribution for deterioration of their life quality CASTILLO et al., 2004; BRASIL, 2002).

The venous ulcers treatment is long lasting and complex, it requires a multidisciplinary team, the adoption of a systematized protocol of assistance, specific knowledge, technical ability, good articulation among the different levels of complexity care and also the active participation of the patients and their relatives, accomplishing a holist perspective (BORGES, 2005; CASTILLO et al., 2004).

We consider as necessary in the evaluation of the quality of the care to venous ulcers patients to adopt a systematized care protocol based on the early diagnostic; planning for an adequate treatment; implementation of the care plan; evolution on the re-evaluation of conducts and treatment, and also a continuing education plan for the health team, will bring as result an effective clinic evolution for venous ulcers cicatrization. But this evaluation comes to be a problem because of the lack of care and evaluation instruments.

In this way, to review the available instruments for evaluation, shows the importance of this research, which was our motivation to review in available literature the protocols used to evaluate the quality of the care given to patients who have venous ulcers, in the international context.

METHODOLOGY

This is a bibliographic revision that was done from articles published in indexed nursing magazines in English language about this matter in scientific data bases. The research was developed during May and June, 2007. It was done a bibliographic search in the data bases Biblioteca Virtual em Saúde (BVS), PubMed and Web of Knowledge. It was limited to a five years period between January 2002 and December 2006, using the descriptors “venous ulcers evaluation in nursing”, “'ulcera venosa” and “avaliação da assistência”.

Besides the selection standards already cited, also were used as selection standards for articles, the accessibility to the full article directly at the data base and, that focused directly the care evaluation to venous ulcers patients.

The articles were read and classified according to the aspects that can better evaluate the quality of the nursing care given to the venous ulcers patients.

RESULTS

Some authors researches (SMITH, 2006; BOLTON et al., 2004; KOZELL et al., 2004;), it is shown a lack of publications with protocols suggestions for the assistance given to venous ulcers patients in an international level. Some did not get any revision for over five years.

After the protocols analysis, it was found that they approached the following steps for evaluation:

·Clinical investigations undertaken by heath care professionals trained and experienced in leg ulcer management; (BOLTON et al., 2006; SMITH, 2006; KOZELL et al., 2004; LORIMER et al., 2003);

·Clinical history and physical examination that includes ulcer history and its treatment; medications; pain; nutrition; allergies; psychosocial, functional, cognitive and emotional status; and ability for self-care (BOLTON et al., 2004; KOZELL et al., 2004);

·The assessment to an ulcer should include measurement of the wound; amount and quality of exudate; wound bed appearance; condition of the wound edge; infection; presence or absence of the patient (SMITH, 2006; BOLTON et al., 2004; KOZELL et al., 2004; LORIMER et al., 2003);

·Pain assessment (KJAER et al., 2005; LORIMER et al., 2003; KOZELL et al., 2004);

·The treatment should be developed from clinical history, evidences and a specialist oppinion(BOLTON et al., 2006; KOZELL et al., 2004);

·And for the wound, specifically, the authors Bolton et al., 2006; Smith, 2006; Kjaer et al., 2005; Bolton et al., 2004; Kjaer et al., 2004; Kozell et al., 2004; Lorimer et al., 2003 recommend:

·Local wound bed preparation to remove cicatrization barriers;

·Simple cleansing with warm tap water or saline solution;

·Dressings must be simple, low adherent, and cost-effective;

·Avoid products that can cause skin sensitivity;

·Maintain the humidity of the wounds to allow a good cellular migration;

·Venous surgery followed by graduated compression hosiery is an option in patients with superficial venous insuficiency;

·Assess for signs and symptoms of infection and care of the infection;
·Uncomplicated venous ulcers should be treated with graduated compression and exercises;
·Patients reevaluation every six months;
·Teach patient preventive measures after cicatrization;
·Offer special education programs for the health team, community, patients, relatives and caregivers.

DISCUSSION

Authors as Smith (2006), Kjaer et al. (2005), Bolton et al. (2004) and Lorimer et. al. (2003), make references to the protocols application at the clinic and home context. The protocols following as Kjaer et al. (2005) and Lorimer et. al. (2003) in their researches showed that this procedure saves material, that the training and actualizations of the health team give more ability, security and time saving during the care; that the offered care by well trained people decrease the daily need of home visits and decreases the cicatrization time of chronic ulcers, so the patients don't get exposed to a long time risk of pain and infection.

There is an accordance among the authors Smith (2006), Kjaer et al. (2005), Bolton et al. (2004) e Lorimer et. al. (2003), that the evaluation strategy for quality care given to venous leg ulcers is possible and reliable.

The evaluation of the quality of the care given as it is on Smith (2006) research, was done obeying a protocol follow up, comparing the evolution since the beginning of the ulcer treatment. It was seen in this study that the confidence of the clinic indicators of quality of the assistance depends upon: 1) agreement at the indicators interpretation; 2) training of the data collectors; 3) available time for evaluation and 4) professional education of the collectors.

CONCLUSION

There is an accordance among the analyzed articles that the evaluation's strategy of the quality of the care given to venous ulcers with the use of protocols is possible and reliable, since it is done by well trained people.

The elaboration of a protocol for assistance to venous ulcers patients, it is required the involvement of the whole team, in a multidisciplinary perspective and should enclose the quality of assistance, decrease the costs; promote the health team and community education, decrease the treatment time and improve the patient's life quality.

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EVALUATION OF ASSISTANCE PROTOCOLS TO VENOUS ULCERS PATIENTS: A BIBLIOGRAPHIC REVISION

ABSTRACT

Objective: to revise in the literature the protocols used to evaluate the quality of the care given to venous ulcers patients at international context. Method: literature revision in nursing magazines at the scientific electronic sites BVS, PubMed and Web of Knowledge, from 2002 to 2006. Results: There were found articles with protocols and experiences of protocols use for care and evaluation of the nursing care given to patients with venous leg ulcers, showing that those protocols application result in better care, saves material and speed the wound cicatrization process. Conclusion: the protocol must be prepared by a multidisciplinary team, its use in care improves this care in all levels and it is useful in the evaluation of the quality of assistance given.

KEY-WORDS: venous ulcers, protocols, quality evaluation.

ÉVALUATION DES PROTOCOLES D'ASSISTANCE PRÊTÉE AUX PORTEURS D'ULCÈRES VEINEUX: REVISION BIBLIOGRAPHIQUE

RESUMÉ

Objectif: réviser dans la littérature les protocoles utilisés pour évaluer la qualité de l'assistance prêtée aux malades porteurs d'ulcères veineux dans le contexte international. Méthode : Révision de la littérature en périodiques d'infirmière indexés dans les bases scientifiques de données électroniques BVS (Bireme), Web of Knowledge et PubMed pour les bases Scielo et Medline, dans la période de 2002 à 2006. Résultats : Il y a été trouvé des articles avec des protocoles et d'expériences de l'usage des protocoles pour l'assistance et évaluation de la qualité de l'assistance d'infirmière prêtées aux porteurs d'ulcères veineux de

jambe, démontrant que l'applications de ces protocoles améliorent l'assistance, épargnent du matériel et accélèrent le procès de cicatrisation des blessures. Conclusion : Le protocole doit être élaboré par une équipe multidisciplinaire, son usage dans l'assistance améliore cette assistance dans tous ces niveaux et serve à évaluer la qualité de l'assistance prêtée.

MOTS-CLES: ulcères veineux, protocoles, évaluation de la qualité.

EVALUACIÓN DE LOS PROTOCOLOS DE LA AYUDA DADA A LOS PORTADORES DE LAS ÚLCERAS VENOSAS: REVISIÓN BIBLIOGRÁFICA.

RESUMEN

Objetivo: Revisar en la literatura los protocolos usados para evaluar la calidad de la ayuda dada a los pacientes que tienen úlceras venosas en el contexto internacional. Método: Revisión de la literatura en periódicos de enfermería encontrados en las bases científicas de los datos electrónicos BVS (Bireme), Web of Knowledge y PubMed para las bases Scielo y Medline, en el período de 2002 el 2006. Resultados: Los artículos con protocolos fueron encontrados y las experiencias del uso de los protocolos para la ayuda y evaluación de la calidad de la asistencia dada a el cuidado de los portadores de úlceras venosas en la pierna, demuestra que el uso de estos protocolos mejora la ayuda, ahorra material y acelera el proceso de cicatrización de las heridas. Conclusión: El protocolo se debe elaborar por un equipo interdisciplinar, su uso en la asistencia mejora esta ayuda en todos los niveles y sirve para evaluar la calidad de la ayuda ofrecida.

PALABRAS CLAVES: úlceras venosas, protocolo, evaluación de La calidad.

AVALIAÇÃO DOS PROTOCOLOS DE ASSISTÊNCIA PRESTADA A PORTADORES DE ÚLCERAS VENOSAS: REVISÃO BIBLIOGRÁFICA

RESUMO

Objetivo: revisar na literatura os protocolos utilizados para avaliar a qualidade da assistência prestada aos pacientes portadores de úlceras venosas no contexto internacional. Método: Revisão de literatura em periódicos de enfermagem indexados nas bases científicas de dados eletrônicos BVS (Bireme), Web of Knowledge e PubMed para as bases Scielo e Medline, no período de 2002 a 2006. Resultados: Foram encontrados artigos com protocolos e experiências do uso dos protocolos para assistência e avaliação da qualidade da assistência de enfermagem prestada a portadores de úlceras venosas de perna, mostrando que a aplicação desses protocolos melhora a assistência, economiza material e acelera p processo de cicatrização das feridas. Conclusão: O protocolo deve ser elaborado por uma equipe multidisciplinar, seu uso na assistência melhora essa assistência em todos os níveis e serve para avaliar a qualidade da assistência prestada.

PALAVRAS CHAVES**:** úlceras venosas, protocolo, valiação da qualidade.