60 - NURSING CARE PATIENT BEDRIDDEN IN HOUSEHOLD: A SYSTEMATIC REVIEW

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INTRODUCTION

The care provided to people at home are not a new method. The Family Health, since its implementation, program proposes the organization of health practices family oriented, emphasizing health promotion and prevention through home visits. This gives the team the Family Health introduction in daily patient identifying favorable and unfavorable factors in your stay at home (ARAUJO et al, 2000).

The home health care is a practice that dates back to the very existence of the family as the unit of social organization. Numerous situations of dependency chronically assumed by families were not even included in the home care initiatives organized by the Brazilian health system. The theme "home care", therefore, concerns only the part of the home care practices, particularly those involving interaction between healthcare professionals and family caregivers (BRAZIL, 2012).

Home care is an alternative to hospital care, with the possibility of resuming the home as a space for the production of care and as a "device for the production of deinstitutionalization of care and new technological arrangements in health work" and bringing great innovation potential (FEUERWERKE; MERHY, 2013).

Professional teams of the Family Health, with emphasis on nursing staff to follow up the patient bedridden at home, are faced with changes in family dynamics presented in the country; the presence of a bedridden patient changes the lives of everyone who is right or indirectly related to the care provided to him. It is understood as a bedridden patient who is unable to perform self-care in a partial or full form, needing help (CARVALHO, 2009).

Nursing has, in its body of knowledge, care that can help the organization to caring for the sick at home. The process of care refers to the set of actions and behaviors to promote, maintain or improve the process of living and dying, providing patients with physical, emotional and spiritual comfort (PINTO, 2012).

Recognize what is required for bedridden patients is essential for assessing the home, as well factor attention, it is essential to identify the care performed by the nurse. The presence and activities of qualified professionals is critical to the deployment of an effective care condition. It is worth mentioning the importance of partnership in multidisciplinary care process by ensuring the development of a participatory network that privileges the social space as a place to practice protective actions and health maintenance.

At home, the family plays an essential role in caring for since their participation or may not outline how the efficacy and the evolution of care and quality of life of the patient. The Family Health Team's mission is to approach the family to create links, display the context of the home and seek a singular expanded clinic, involving not only the patient but the caregivers and family members. In familiarity of care in the home, the patient receives constant support from the environment that surrounds and your family should receive support from staff to cope with the changes in the routine of the household (FEUERWERKE; MERHY, 2013).

Given the above, emerged the following question: "What care performed by nurses of the Family Health Strategy with the patient bedridden at home?".

The triad of home care (family / patient / staff) is a complex, subjective and constant transformations universe. All components of this triad intertwine in search of a single common goal, ie, the "caring" through barriers that must be overcome at all times.

Therefore, this study aims to identify the care performed by nurses of the Family Health Strategy with the patient bedridden at home.

METHOD

This is a systematic review, which raises research evidence related to a specific intervention strategy with the application of explicit methods and systematic search, critical appraisal and synthesis of selected information. This evidence is integrated into a set of studies conducted separately on specific therapeutic / intervention that may have conflicting and / or overlapping results, and identify topics requiring evidence indicating avenues for future research (GALVÃO; SAWADA; TREVIZAN, 2004).

A systematic review should follow six steps: identification of the subject and selection of the research question; establishment of criteria for inclusion and exclusion clear and objective; identification of pre-screened and selected studies; categorizing selected to summarize and document the information obtained in previous stages studies; analysis and interpretation of results; presentation of the review / synthesis of knowledge (LILACS, 2012).

The study was conducted from July 2013 to February 2014, based on the following descriptors in health sciences (DeCS): nursing care; bedridden patients; home care services; Family Health Strategy. The searches involved the following databases: Literature Latin American and Caribbean Health Sciences (LILACS); Scientific Electronic Library Online (SciELO); National Library of Medicine (NLM); and Cochrane Library.

Inclusion criteria were: available in full article, published between 2000 and 2013, of free access, with the presence of at least one DeCS indicated in the title. Already exclusion criteria were: repeated publications, papers available only in abstract form and articles whose topics were not relevant to the study, in addition to theses, monographs and dissertations.

All the results for the descriptor nursing care, at all levels, was 34 887 full texts of which 33 967 were articles, theses 576, 110 project documents, 206 jobs and 224 congress and conference papers; already in relation to the title was 308 full texts, with 297 articles, 8 theses, monographs 3, 3 of congress and conference papers and one project document.

As for the bedridden patient descriptor, in all indices, there were 5 full texts, all articles; already in relation to the title there was no full text.

With home care services, in all indices, there were 1,842 full texts of which 1,748 were articles, 60 dissertations, 29 monographs, 10 papers in conference and congress, 21 project documents, 5 unconventional work and one audio; The title was

already 37 complete texts with 34 articles, 1 monograph, 1 thesis, 1 project document and work unconventional one.

Finally, with the FHS was 2,967 full texts of which 2,556 were articles, 85 monographs, 304 theses, 8 congress and conference papers, project documents 105, 19 unconventional work and audios 7; The title was already 586 full texts, with 502 articles, monographs 9, 64 theses and 5 of congress and conference papers.

Notes a plethora of publications with DeCS isolated, however, in order to systematize the work available, it was necessary to conduct a cross between them, using the terms nursing and bedridden patients in all indices, where there were six complete texts , with five articles and one thesis.

With the intersection between the terms nursing and home care services, in all indices, there were 2,967 full texts, and 2,556 articles and 304 theses.

Regarding the terms nursing care and the Family Health Strategy, in all indices, there were 334 full texts, with 299 articles and 31 dissertations.

With nursing care and home care services and the Family Health Strategy, in all indices, there were 29 full texts, 27 articles and two dissertations.

Through the association of other MeSH, nursing and bedridden patients and home care services, in all indices, there were no full text. With nursing care and bedridden and Family Health Strategy, in all indices, patient there was no full text. With nursing care and bedridden patients and home care services and the Family Health Strategy, in all indices, there were no full text.

32 articles were identified by crossing the MeSH; of these, only 10 articles met the inclusion criteria of the study (Table 1).

Table 1 - Characterization of the articles selected for review.

Author/year	Objectives	Results
Giacomozzi CM, Lacerda MR (2006).	Check how the home health care is provided in the basic health unit in the Family Health Strategy.	This type of assistance is recognized in its importance and in its m any dimensions by professionals who exercise to seek the integration and continuity of their previous actions.
Marques GQM, Freitas IBA (2009).	Describe the development of a pilot project to assist the elderly bedridden.	Pointed to continued home care, requiring adjustments in your organization, to extend the range and increase the quality of care.
Tulio EC, Stefanelli MC, Centa ML (2000).	Describe how experienced the home visit by members of the multidisciplinary team in a health facility in Curitiba.	The team has a vital role with the family regarding the approach to be used in each situation.
Lacerda MR, Zagonel IPS, Martins SK (2006).	Theoretical reflection on the interface of the patterns of nursing knowledge.	Possibility, importance and relevance to nursing and in particular for the home health care as a practice that gives a unique customer care inserted into your home.
Feuerwerker LCM, Merhy EE (2008).	Identify the state of the art home care within the public health system in Brazil, analyzing the ir potential to innovate the comprehensiveness and the humanization of care, and identify areas for its expansion.	Palliative care, care to AIDS patients, care for people with wounds and skin lesions, premature infant, bedridden patient, and supplemental i ntravenous antibiotic therapy for acute infections: The following types of home care were identified.
Costa AD, Costa MED (2011).	Identify the assistance of the nurse in the Family Health Strategy Colonel Fabriciano (MG) to people disabled by stroke.	Nurses develop a care -based health education, including the subject and the family group.
Lacerda MR, Giacomozzi CM, Oliniski SR, Truppel TC (2006).	Identify the existing literature on conceptions of terms, attention, care, hospitalization and home visits.	Home care is the broadest form. The service is the direct execution of any professional activity on the health of individuals, while home care is more intensive and complex practice at home and a home visit is a form of assessment of individuals, the family and the household.
Freitas IBA, Meneghel SN (2008).	Analyze the construction of care in Home Care Program for the Bedridden a basic health unit in Porto Alegre.	The seats for the comfort of the patient at home and nasoenteric probe were identified as expr essions of power in relationships of caregivers.
Fonseca JVC, Rebelo T (2011).	Identify needs for nursing care of the caregiver of the person in their care and terminal nursing stage.	The needs of the caregiver of the person in the terminal phase are: communication; trust and safety; recognition and operation of desires; preparation for mourning; information needs; training; involvement in care; emotional, and spiritual needs rest.
Pinto EA, Silva DDA, Santos RM, Trezza MCSF (2011).	Identify care needs ex pressed by the family with a person bedridden in his home and analyze which of them are nursing.	The family expresses care needs of bedridden family; family expresses their own needs to take care of the family; family expressed needs professional care for bedridden.

RESULTS AND DISCUSSION

Articles by analyzing and considering the purpose of this study, it is observed that, for the realization of home health care, most authors point home visits as an appropriate tool. We highlight a range of care linked to nurses and intended for bedridden patients; well, after reading, it was possible to identify and group three obvious categories: home care; basic human needs; and instrumental care.

Category 1: Home Care

Home care involves complex actions requiring technical and schedule for healthcare team, according to the evidenced needs (MARQUES; FREITAS, 2009). The main goal is to break the menu ready. Professionals, though unsecured,

had the desire to change and sought a humanized hard and citizen care, however, to do so, had to break with the existing rigid structures.

The family health teams face a significant degree of tension during the home visit, they face major technical difficulties, for not having specific preparation for certain situations; materials, it is not always the basic network has all required materials in certain situations of home care; and especially of time (FEUERWERKE; MERHY, 2013).

A home visit is essential as an enabling strategy, establishes a link between the user and the staff of Family Health, seeking to expand their activities beyond the difficulties and seeking, the most secure families the care required (COSTA; COSTA, 2011). This is the action that allows the health professional to be closer to the everyday life of families to know, interpret and experience the environment where they live, thus identifying the various problems faced (TULIO; STEFANELLI; CENTA, 2000).

The home visit is considered a tool for the support of families, because, when the professional is inserted into the nuclear family, interacts effectively and get to know the health care and home care process. The monitoring visit by increases their effectiveness, since it identifies the real needs of the family (FERNANDES, 2010).

The nurses use educational activities for the implementation of a care plan and guidelines on home visits. It is understood that the home care involves educational, guidance, demonstration of technical procedures to be delegated to the patient or their caregiver, and performing these procedures by the multidisciplinary team at home (LACERDA et al, 2006).

The insertion of the nurse in the home context requires improvement and knowledge that drives their practice beyond the technical quality and redemption essence; educational activities should facilitate differentiated, committed and caring, especially restoring healthy ways of life of the patient and his family (LACERDA; ZAGONEL; MARTINS, 2006).

Regarding the results identified in the studies, it was found that in all the selected items are no immediate concern not only with the bedridden patient, but their family as well as the person responsible for the care, caregiver called.

The family understands that, alone, can not adequately care for, needing support, participation and guidance (PINTO et al, 2012).

The provider inserts to develop actions and interactions with family, avoiding only consider the problems presented by the patient. So it's up to him, in his interdisciplinary work, attend to all issues and work toward comprehensive care (GIACOMOZZI; LACERDA, 2006).

Nurses should develop initiatives that address the family / caregivers, which are key elements in the improvement of these patients process by COAST and COAST (2011), and recognize the coping mechanisms of the family who may be shaken physically and emotionally, necessitating support and guidance.

Category 2: Basic Human Needs

It was found that the disease affecting the patient in bed is just one of the factors required for their treatment and possible cure. The man is motivated by their basic human needs, which manifest themselves in degrees of importance in which the physiological and those are the initials of personal accomplishment are final. It is critical that nurses watch the most of all of these needs, providing a systematic and humane care of fact (REGIS; PORTO, 2011).

The bedridden patient has different needs and the nurse should try to recognize them and satisfy them based on a trust; to help in the search for better quality of life for the patient, it is up to this professional promote moments of relaxation, emotional support and spiritual care (FONSECA; REBELO, 2011).

Attention should be paid to housing conditions, affective relationships, and social factors, the resources available in the home, conditions of hygiene and safety, the degree of enlightenment of the family and their living conditions, in economic, cultural and family (GIACOMOZZI; LACERDA, 2006).

The nurse can assist in the organization of care for a bedridden patient, with emphasis on basic human needs, such as guidance on diet and hygiene, decubitus alternating comfort and pain control (PINTO et al, 2012).

The nurse should care program aimed at the prevention of complications related to disabilities, acting preventively, educational way to approach the patient / caregiver (COSTA, COSTA, 2011) binomial. It is necessary to provide the patient conditions so you can achieve maximum independence possible, to improve physical mobility, communication and integrity of the skin, and aid for self-care and the restoration of the family context.

Category 3: instrumental Care

The nurse who takes care of bedridden patients at home dealing with various situations; in some, there is the prospect of expanding the autonomy of the patient; in others, the prospect of building autonomy is the caregiver regarding health teams. However, usually these situations generate long follow-up processes that require strategies for technical care (FEUERWERKER; MERHY, 2008).

Among the most requested in the care of bedridden patients instrumental activities of nurses are caring for enteral and bladder tubes, tracheostomy, surgical dressings for wounds, skin lesions caused by pressure ulcers and medication administration (MARQUES; FREITAS, 2009).

Because it is invasive procedures, however, low complexity, nurses must be able to teach / supervise the family / caregivers to perform, always assisting as needed. Proves fundamental knowledge about changes that may occur during treatment of bedridden patients at home, so the help from a professional is of paramount importance in the promotion and restoration of health of the family and the patient.

CONCLUSIONS

This article identified the care performed by nurses of the Family Health Strategy with the bedridden patient at home, with categorization of selected studies; it was found that there are few studies on the subject by crossing the DeCS adopted.

The home health care has increasingly inserted in the organization of the health system and the nurse becomes critical piece accordingly. Given the above and considering the relevance of the issue for nursing, is expected to contribute to the reflection on the work of nurses of the Family Health Strategy, based on home visits through preventative, educational and adapt to daily life focused not only to the bedridden patient, but also to his family.

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NURSING CARE PATIENT BEDRIDDEN IN HOUSEHOLD: A SYSTEMATIC REVIEW

ABSTRACT

Aimed to identify the care performed by nurses of the Family Health Strategy in relation to the patient bedridden at home. Through a systematic review on the basis of Latin American Literature data and Caribbean Health Sciences (LILACS) Scientific Electronic Library Online (SciELO), National Library of Medicine (NLM) and the Cochrane Library, with the inclusion of articles published between 2000 and 2013 are available in full and free access. Articles analyzed in the following caveats were identified: home visits and educational activities; activities related probes, tracheostomy, skin lesions, dressings; guidance regarding the organization of the home environment, nutrition and hygiene; medication administration and activities focused on comfort and pain control. It is concluded that the studies showed that the nurse performs various care related to the adaptation of the patient and their family to a new condition of life.

KEYWORDS: nursing care; bedridden patients; Family Health Strategy.

SOINS INFIRMIERS PATIENT ALITÉ À LA MAISON: UN EXAMEN SYSTÉMATIQUE

RÉSUMÉ

Visait à identifier les soins effectués par les infirmières de la stratégie de santé de la famille en ce qui concerne le patient alité à la maison. Grâce à un examen systématique sur la base de données de littérature latino-américaine et des Caraïbes sciences de la santé (LILACS) Bibliothèque électronique scientifique en ligne (SciELO), National Library of Medicine (NLM) et la Bibliothèque Cochrane, avec l'inclusion d'articles publiés entre 2000 et 2013 sont disponibles en libre accès. Articles analysés dans les mises en garde suivantes ont été identifiées: les visites à domicile et des activités éducatives; activités liées sondes, trachéotomie, lésions de la peau, pansements; des conseils sur l'organisation de l'environnement de la maison, de la nutrition et de l'hygiène; l'administration et les activités axées sur les médicaments de confort et de contrôle de la douleur. Il est conclu que les études ont montré que l'infirmière effectue divers soins liés à l'adaptation du patient et sa famille à une nouvelle condition de vie.

MOTS-CLÉS: soins infirmiers; patients alités; Stratégie pour la santé de la famille.

CUIDADOS DE ENFERMERÍA AL PACIENTE EN EL HOGAR POSTRADO EN CAMA: UNA REVISIÓN SISTEMÁTICA

RESUMEN

Tuvo como objetivo identificar el cuidado realizado por las enfermeras de la Estrategia Salud de la Familia en relación con el paciente postrado en cama en su casa. A través de una revisión sistemática sobre la base de datos Literatura Latinoamericana y Ciencias de la Salud del Caribe (LILACS) Scientific Electronic Library Online (SciELO), Biblioteca Nacional

de Medicina (NLM) y la Cochrane Library, con la inclusión de los artículos publicados entre 2000 y 2013 están disponibles en el acceso pleno y libre. Se identificaron los artículos analizados en las siguientes salvedades: las visitas domiciliarias y las actividades educativas; Actividades relacionadas con las sondas, traqueotomía, lesiones cutáneas, apósitos; orientación con respecto a la organización del entorno familiar, la nutrición y la higiene; administración y actividades de la medicación se centraron en la comodidad y el control del dolor. Se concluye que los estudios mostraron que la enfermera realiza varias atención relacionada con la adaptación del paciente y su familia a una nueva condición de vida.

PALABRAS CLAVE: cuidados de enfermería; pacientes postrados en cama; Estrategia Salud de la Familia

ASSISTÊNCIA DE ENFERMAGEM AO PACIENTE ACAMADO EM DOMICÍLIO: UMA REVISÃO SISTEMÁTICA

RESUMO

Objetivou-se Identificar os cuidados executados pelo enfermeiro da Estratégia Saúde da Família em relação ao paciente acamado em domicílio. Através de uma revisão sistemática realizada nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde (Lilacs), Scientific Electronic Library Online (SciELO), National Library of Medicine (NLM) e Biblioteca Cochrane, com inclusão de artigos publicados entre 2000 e 2013, disponíveis na íntegra e com acesso livre e gratuito. Nos artigos analisados foram identificados os seguintes cuidados: visita domiciliar e ações educativas; atividades relacionadas a sondas, traqueostomia, lesão de pele, curativos; orientação quanto à organização do ambiente doméstico, alimentação e higiene; administração de medicamentos e atividades voltadas ao conforto e controle da dor. Conclui-se que os estudos demonstraram que o enfermeiro executa diversos cuidados relativos à adaptação do paciente e de seus familiares a uma nova condição de vida.

PALAVRAS-CHAVES: cuidados de enfermagem; paciente acamado; Estratégia Saúde da Família.