Cuidados paliativos em enfermagem ao idoso em UTI: uma revisão integrativa

Palliative nursing care in the elderly in UCI: an integrative review

Cuidados paliativos en enfermería a adultos mayores en UCI: una revisión integrativa

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How to quote this article:

ABSTRACT

Objective: To identify key interventions and nursing actions to elderly patient in palliative care in the UCI.

Methods: This is a descriptive study with qualitative approach of the kind integrative review, which analyzed 16 articles published between the years 2005-2014, in databases Scielo, Lilacs and BDENF. For the selection and analysis of the articles was used a validated instrument.

Results: Most of the articles were published in 2013, in journals of general nursing, emerging three thematic categories: nursing in relieving pain and suffering in palliative care, communication as therapeutic treatment and multidisciplinary approach in UTI as a care strategy.

Conclusion: it is proposed that further research be conducted in an attempt to deepen and publish strategies for a good senior care in intensive care and improve the service method in the workplace.

Descriptors: Palliative Care; Elderly; Intensive Care Units.
RESUMO
Objetivo: Identificar as principais intervenções e ações da enfermagem ao paciente idoso sob cuidados paliativos em UTI. Métodos: Trata-se de um estudo descritivo com abordagem qualitativa do tipo revisão integrativa, do qual foram analisados 16 artigos publicados entre os anos de 2005 a 2014, em bases de dados Scielo, Lilacs e Bdenf. Para a seleção e análise dos artigos foi utilizado um instrumento validado. Resultados: A maioria dos artigos foram publicados no ano de 2013, em periódicos de enfermagem geral, emergindo três categorias temáticas: a Enfermagem no alívio da dor e sofrimento em cuidados paliativos, a comunicação como tratamento terapêutico e abordagem multiprofissional em UTI como estratégia de cuidado. Conclusão: Propõe-se que pesquisas posteriores sejam realizadas, na tentativa de aprofundar e publicar estratégias para um bom atendimento ao idoso sob cuidados paliativos em terapia intensiva e melhorar o método de assistência nos ambientes de trabalho.
Descritores: Cuidado Paliativo; Idoso; Unidades de Terapia Intensiva.

RESUMEN
Objetivo: Identificar las principales intervenciones y acciones de la enfermería al paciente mayor sobre los cuidados paliativos en UCI. Métodos: Se trata del estudio descriptivo con abordaje cualitativo del tipo revisión integrativa, de los cuales fueron analizados 16 artículos publicados entre los años de 2005 hasta 2014, en las bases de datos Scielo, Lilacs y Bdenf. Para la selección y análisis de los artículos fue utilizado un instrumento validado. Resultados: La mayoría de los artículos fueron publicados en el año de 2013, en periódicos de enfermería general, surgiendo tres categorías temáticas: la Enfermería en el alivio del dolor y sufrimiento en cuidados paliativos, la comunicación como tratamiento terapéutico y abordaje multiprofesional en UCI como estrategia de cuidado. Conclusión: Se propone que investigaciones posteriores sean realizadas, en la tentativa de aprofundar y publicar estrategias para un buen atendimento al adulto mayor sobre cuidados paliativos en cuidado intensivo y mejorar el método de asistencia en los ambientes de trabajo.
Descritores: Cuidado Paliativo; Adulto Mayor; Unidades de Terapia Intensiva.

INTRODUCTION
The increasing prevalence of chronic and incapacitating diseases and the increasing demand of elderly patients with dementia syndromes of varied etiologies or with severe neurological sequelae that seek care institutions and are referred to the intensive care setting have led to a greater need for services that provide palliative care, considering that this age group is the one that benefits the most and is most susceptible to palliative interventions.

Studies show that approximately 52% of ICU admissions correspond to elderly patients, with the main causes of mortality among Brazilian elderly being: diseases of the circulatory system (35%), neoplasias (19%) and diseases of the respiratory system (9%), which represents about 60% of all deaths in both sexes.3

These data directly reflect the health care that should be provided to this group, in which the health team must be qualified, seeking to offer comfort to patients undergoing palliative care, especially those who are in the Intensive Care Unit (ICU), which Need a technological apparatus and sophisticated therapeutic resources to save or improve their functional status, and it is essential to establish limits between the prolongation and the best possible quality of life.

The World Health Organization (WHO) defines Palliative Care as an approach that has the main focus of treatment the improvement of the quality of life of patients and their relatives, facing life threatening conditions, through early prevention and treatment of symptoms and physical suffering, Psychic, spiritual and social. In intensive care, palliative care is provided to all critically ill patients at risk of life and symptoms that compromise quality of life.2,3

The principles of palliative care include: reaffirming the importance of life, considering death as a natural process; To establish a care that does not accelerate the arrival of death, nor prolong it with disproportionate measures (therapeutic obstinacy); Provide relief from pain and other distressing symptoms; Integrating the psychological and spiritual aspects into the care strategy; Offer a multiprofessional approach and a family support system so that it can face the patient's illness and survive the period of mourning, as well as improve the quality of life and positively influence the course of the disease and start as soon as possible Palliative Care.3

In this context, palliative care is essential as a philosophy of care in the ICU environment, justified by the fact that it is a right of the individual and the duty of the health team to offer them, being indispensable a qualified care by the multiprofessional team, with the objective of providing holistic assistance, respecting their dignity and ensuring their well-being.4

Nurses are professionals with an essential role in the team in the palliative interventions, being the majority of the time the care drivers of these care. The professional is responsible for the direct care of the patient, which contributes to bringing all the ICU health team into active participation in this care.5

The interest in researching on the topic of Palliative Care for the Elderly in Intensive Care came from the concerns that arose during my experience as a nurse in a semi-intensive unit of the Regional Hospital Norte, in the municipality of Sobral, Ceará, after noting that a great demand of elderly patients admitted to the Adult Emergency who had co-morbidities installed and who were referred to the Red Axis for intensive treatment, even with numerous established therapies, did not evolve with improvement and as medical conduct were prescribed Palliative Care, generating questions about the main Actions that should be performed by the team, especially Nursing, in front of these patients.

Therefore, it is relevant to do a research directed to the Nursing care plan, focusing nursing assistance practice related to elderly patients under palliative care, in order to contribute to improve the care and quality of life of the patients and their relatives.

From this, in order to understand this theme, I will seek answers to the following question: What are the interventions...
and actions of nursing to the elderly patient under palliative care in ICU? The objective, therefore, is to identify, in scientific productions, the main interventions and actions of nursing to the elderly patient under palliative care in ICU.

METHODS

It is a descriptive study with a qualitative approach of the type integrative review, which includes the analysis of relevant research, allowing to synthesize the knowledge about a given context and to point out gaps that need to be filled from a defined and specific theme.6

The elaboration of this integrative review was developed following six distinct steps: 1) identification of the problem with definition of the research question; 2) establishment of criteria for inclusion and/or exclusion of studies for the search of scientific literature; 3) definition of the information to be extracted from the studies; 4) evaluation of the studies; 5) interpretation of the results and 6) presentation of the knowledge review/synthesis.6

For the study the following guiding question was formulated: in the analyzed articles, what are the nursing practices offered to the elderly patients undergoing palliative care in the ICU?

The articles search was carried out in the databases Scielo, Latin American and Caribbean Literature in Health Sciences (Lilacs) and Brazilian Database of Nursing (BDENF). The descriptors used in the databases were: Palliative Care, Elderly, ICU.

Data collection was done between February and April 2015. The inclusion criteria for the selection of the scientific articles used were: obtaining in full, with abstract and full text in the database, articles written in Portuguese, in the Period 2005-2014. Publications that did not address the topic were excluded.

The temporal cut of this research was based on the framework for both palliative care and medicine practiced in Brazil, which occurred in 2005 with the creation of the National Academy of Palliative Care (ANCP), with the objective of contributing to the teaching, Research and optimization of palliative care in the country.7

The selected articles were distributed and listed in a table created by the author, covering the following items: periodical or type of scientific production, title, authors and year of publication. Afterwards, a validated instrument was used, and a synthesis of the actions and nursing interventions found.8

Based on the principles of palliative care and considering the analysis and interpretation of the instrument, three thematic categories emerged: “Nursing in the relief of pain and suffering in palliative care”; “Communication as a therapeutic treatment in palliative care”; and “Multiprofessional approach in ICU As a care strategy”, in order to respond to the purpose of the study.

The ethical aspects were considered, referencing the authors consulted for the accomplishment of the study.

RESULTS AND DISCUSSION

Based on the search carried out in the Scielo, Bdenf and Lilacs databases, considering the inclusion criteria mentioned above, as well as the studies that fit the theme in question, 16 articles were found, of which 11 articles are from Scielo, 02 articles from Bdenf and 03 by Lilacs.
### Table 1 - Distribution of the selected articles, located in the databases: Scielo, BDENF and Lilacs, according to the published period/type of scientific production, title, authors and year. Sobral, Ceará, 2015

<table>
<thead>
<tr>
<th>Nº</th>
<th>Periodical or type of scientific production</th>
<th>Title</th>
<th>Authors</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rev Bras Ter Intensiva.</td>
<td>II Fórum do “Grupo de Estudos do Fim da Vida do Cone Sul”: definições, recomendações e ações integradas para cuidados paliativos na unidade terapia intensiva de adultos e pediátrica</td>
<td>Moritz, RD; Deicas, A; Capalbo, M; Forte, DN; Kretzer, LP; Lago, P; et al.</td>
<td>2011</td>
</tr>
<tr>
<td>2</td>
<td>Ciência &amp; Saúde Coletiva</td>
<td>Concepções da equipe multiprofissional sobre a implementação dos cuidados paliativos na unidade de terapia intensiva</td>
<td>Silva, CF; Souza, DM; Pedreira, LC; Santos, MR; Faustino, TN</td>
<td>2013</td>
</tr>
<tr>
<td>3</td>
<td>Ciência &amp; Saúde Coletiva</td>
<td>Cuidados paliativos: uma abordagem a partir das categorias profissionais de saúde</td>
<td>Hermes, HR; Lamarca, ICA</td>
<td>2013</td>
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<td>4</td>
<td>Rev. de Enferm. da UFSM</td>
<td>Cuidados paliativos na UTI: Compreensão, limites e possibilidades por enfermeiros</td>
<td>Barros, NCB; Oliveira, CDB; Alves, ERP; França, ISX; Nascimento, RM; Freire, MEM</td>
<td>2012</td>
</tr>
<tr>
<td>5</td>
<td>Rev. Gaucha de Enferm.</td>
<td>Cuidados Paliativos: a avaliação da dor na percepção de enfermeiros</td>
<td>Waterkemper, R; Reibnitz, KS.</td>
<td>2010</td>
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<tr>
<td>6</td>
<td>Acta Paul Enferm.</td>
<td>Ocorrência da dor nos pacientes oncológicos em cuidado paliativo</td>
<td>Mendes, TR; Boaventura, RP; Castro, MC; Mendonça, MA</td>
<td>2014</td>
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<td>7</td>
<td>Rev Esc Enferm USP</td>
<td>A comunicação com o paciente em cuidados paliativos: valorizando a alegria e o otimismo</td>
<td>Araujo, MMT; Silva, MJP</td>
<td>2007</td>
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<td>8</td>
<td>Ciência e saúde coletiva</td>
<td>Cuidados paliativos: a comunicação como estratégia de cuidado para o paciente em fase terminal</td>
<td>Andrade, CG; Costa, SFG; Lopes, MEL</td>
<td>2013</td>
</tr>
<tr>
<td>9</td>
<td>Rev Esc Enferm USP</td>
<td>Estratégias de comunicação utilizadas por profissionais de saúde na atenção à pacientes sob cuidados paliativos</td>
<td>Araújo, MMT; Silva, MJP</td>
<td>2012</td>
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<td>10</td>
<td>Rev. Enferm. UERJ</td>
<td>Percepção dos trabalhadores de enfermagem acerca da implementação dos cuidados paliativos</td>
<td>Vasques, TCS; LV; Silveira, RS; Gomes, GC; Lunardi Filho, WD; Pintanel, AC</td>
<td>2013</td>
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<tr>
<td>11</td>
<td>Texto Contexto Enferm</td>
<td>Cuidados Paliativos na assistência hospitalar: a vivência de uma equipe multiprofissional</td>
<td>Cardoso, DH; Muniz, RM; Schwartz, E; Arrieira, ICO</td>
<td>2013</td>
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<tr>
<td>12</td>
<td>Esc. Anna Nery</td>
<td>Atenção paliativa oncológica em Unidade de Terapia Intensiva: um estudo da produção científica da enfermagem</td>
<td>Mendonca, ACA; Moreira, M.; Carvalho, V</td>
<td>2012</td>
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<td>13</td>
<td>Acta Paul Enferm</td>
<td>Autonomia em cuidados paliativos: conceitos e percepções de uma equipe de saúde</td>
<td>Oliveira, AC; Silva, MJP</td>
<td>2010</td>
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<td>14</td>
<td>CuidArte Enfermagem</td>
<td>Cuidados paliativos em oncologia: respeito aos princípios da vida</td>
<td>Pacheco, LS; Martins, L.; Soler, VM</td>
<td>2009</td>
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<tr>
<td>15</td>
<td>Enfermagem em Foco</td>
<td>Desafios da enfermagem nos cuidados paliativos: revisão integrativa</td>
<td>Vasconcelos, EV; Santana, ME; Silva, SED</td>
<td>2012</td>
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<tr>
<td>16</td>
<td>Semina cienc. biol. saúde</td>
<td>A comunicação da equipe de enfermagem com o paciente em cuidados paliativos</td>
<td>Alves, EF</td>
<td>2013</td>
</tr>
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</table>

Source: Scielo, BDENF and Lilacs
It was verified that 06 articles were published in the year 2013, four in 2012, two in 2010 and one article in the years 2007, 2009, 2011 and 2014. It is noticed that in the last five years the quantity of publications has increased in form significant, which may be related to a greater interest of the health professionals in research on the subject, in order to improve the care provided to patients undergoing palliative care.

As for the scientific journal of publication, 12 studies were published in general nursing journals, three by the journal Ciência e Saúde Coletiva and one by the Brazilian Journal of Intensive Care. Regarding the methodology used in these studies, 09 articles have the qualitative approach, 06 are bibliographic review and 01 multicenter quantitative study.

As in other studies in the literature, we find that nursing is the category of health professionals who publishes the most about palliative care, when compared to medicine, social work and psychology.

It is worth emphasizing that palliative care should be implemented in patients who are diagnosed with a disease that cannot be cured, whether they are terminally ill or not. Thus, such care should be employed as soon as the patient becomes aware of his/her diagnosis, in an attempt to promote quality care as early as possible.

From this perspective, the assistance activities related to the nursing professional’s work in patients undergoing palliative care, considered as fundamental requirements, should be directed to the systematic evaluation of the signs and symptoms; To the assistance of the multiprofessional team, prioritizing the needs of each patient; As well as in the interaction of the family dynamics, through communication, adding the actions/orientations made by the other professionals, in order to reach the therapeutic objectives.

**Nursing in the relief of pain and suffering in palliative care**

Pain, considered the fifth vital sign, is one of the signs and symptoms that significantly affects patients’ quality of life, especially those in palliative care, and requires adequate prevention and treatment. One of the nurses’ daily concerns is their control, but in order to provide them with this care, it is important that they develop the skills and knowledge to assess and scale the complexity of pain, in order to alleviate the discomfort and suffering of patients.

A study carried out with six nurses from a palliative care unit found that pain in cancer and in palliative care is understood as total pain, which goes beyond the limits of physical, psychological and social dimensions. Context, mainly, under the biopsychosocial aspects. In this research, it was verified that these professionals do not use any specific instrument and no scale of pain evaluation in the patients in palliative care, resulting in an individualized and unsystematic evaluation and that requires the understanding and appreciation of the painful phenomenon, as a complementary form for an effective evaluation, subjectivity being the main obstacle to this type of care.

Corroborating, authors argue that effective pain relief depends on a very comprehensive assessment in order to identify physical, psychological, social and spiritual aspects, and as a basis for multidisciplinary interventions.

It is worth pointing out that the spiritual need of the critically ill patient and his relatives is more intense in the imminence of death, and their attendance is appropriate and, for this, nurses must acquire cognitive ability to identify this need and provide resolutive care measures.

In the context of intensive care, nursing plays an important role in assessing pain, since it assists the patient continuously. The methods to identify pain are through scales to measure their intensity, record in medical records and notification to the medical staff, being able to use non-pharmacological measures and / or administer analgesia according to protocols and medical prescription as nursing interventions for pain relief, Considering the clinical condition of each patient.

Other palliative actions aimed at patients undergoing palliative care in ICUs, such as hygiene, comfort, respect, interaction, communication, family involvement, among others, are possible to be performed by intensive care nurses, even though there are no established protocols.

This study shows that nurses recognize the comfort and relief of pain as possible palliative strategies to be developed within the ICU, making it indispensable that the nursing team be able to recognize the needs of patients in all their dimensions. Therefore, palliative actions to the detriment of the technological complexity of the unit, can allow this patient who is in its finitude, complete its life cycle with dignity, respect and with the least possible suffering.

**Communication as therapeutic treatment in palliative care**

In nursing care in palliative care it is essential to consider the patient as a single, complex and multidimensional being. This kind of care, integral and humanized, is only possible when the nurse makes use of communication diversities so that she perceives, understands and employs verbal and nonverbal communication.

Pain control and symptoms associated with interdisciplinary teamwork, appropriate use of communication skills, and interpersonal relationships are the basis for palliative care. Communication in palliative care is evaluated as an important attribute of attention in the process of finitude of life, either through the care with which the information is communicated, in addition to the emotional support that the communication allows to offer to the patient who suffers and as an instrument that allows the identification of Biopsychosocial needs of the patient and family.

In studies it was evidenced how much the interpersonal relationship and the verbal and non-verbal communication...
are valued by the patients who experience the process of dying, the empathic conversation being an effective way to offer support and care. Another important finding in these surveys, which differs from other studies in the literature is the way in which messages are transmitted to patients in palliative care. It is about expressing with words, postures and attitudes messages that reveal attention and care and not only the transmission of information.13,16

It is worth noting that communication goes beyond words and content, since it contemplates active listening, gaze and posture, as mentioned above, in which, its use is an appropriate and effective measure for patients in palliative care, since it minimizes their psychological stress and allows them to share suffering.13,7

A new and relevant fact for the practice of care for patients who experience the finitude of life is the optimistic and humorous focus desired for the relationship and communication with the nursing professionals, revealed in the study. The good humor between patients, family members and nursing staff provides the construction of therapeutic relationships that allow to alleviate the tension inherent in the severity of the condition and protect the dignity and values of the patient who experiences terminality.15

Communication is an active process of attention that involves establishing a link between the nurse and the patient/family under palliative care. It is observed in the study the concern of the nurses to attend to the patients’ needs, highlighting the importance of the look, the touch, the affection and the comfort, as a way to relate to the same ones.15

Therefore, this non-verbal communication used by the nursing team is a determining factor for the establishment of the trust bond on which care depends on the patient without the possibility of expressing themselves verbally. Considering these facts, it is essential the contact of the nursing team with the family, which represents the interface between the patient and the professionals.

In this perspective, the success in the communication process is closely related to the way information is understood, whether in the communication between nurses, patient and family or in cases of serious illness, which can generate communication difficulties when it is not adequately performed. Such as: emotional overload of the patient with bad news and lack of ability to communicate in a simple and accessible language.

Research shows that some nursing professionals are not aware of the importance of therapeutic techniques of communication, avoiding verbal contact with patients and relatives, moving away because they do not know how to deal with feelings in the dying process. These facts become worrying when remembering that the nurse and his / her team are the professionals of the area of health that interact more directly and constantly with the patient during their stay in a hospital institution.13,15

Of the articles selected for this research that addressed the topic of communication in palliative care, the presence of nursing in this type of care was unanimous, expressing the essence of the profession that is the art of caring and recognizing the importance of evaluating the patient as a whole, not Considering only the disease, but all the context that is inserted.

It is understood that palliative actions should aim not only to control the symptoms presented, but to value the relationship and strengthen trust between the patient and the health team, and for this, one must respect the right of autonomy of these people, being This is one of the principles that permeates palliative care.17

**Multiprofessional approach in ICU as a care strategy**

In palliative care it is important to consider the work relationship between the multiprofessional team, because it directly influences the care provided to the patient, understanding that it is fundamental that decisions allow democratic participation of all professionals, including being care, prioritizing their comfort and quality of life.7

Nursing in its care practice has stood out as an important link between the patient, other professionals and family members; Thus the understanding of this professional on the modalities of palliative care is fundamental for its insertion and direction in the care plan, as well as in the execution of palliative actions in the context of intensive care.10

Palliative care presupposes the action of a multiprofessional team, since the proposal consists of caring for the individual in all aspects, and this requires complementation of knowledge and sharing of responsibilities, considering that differentiated actions are determined in a team.7 In this perspective, it is of fundamental importance for the patient beyond therapeutic possibilities of healing that the team is very familiar with his problem, so that he can help him and contribute to his improvement.

A study of 14 health professionals, six of whom were nurses, from a public teaching hospital directly involved in the daily care of intensive care patients, found that the major obstacle to the development of palliative care in the ICU is unpreparedness Of the multiprofessional team in indicating the palliative approach, besides the many doubts of the health professionals regarding the therapy to be maintained in the patients in which the palliative care was instituted, concluding that it is of extreme importance the creation of assistance protocols, with the purpose of Directing care to be performed, seeking to prevent the suffering of the terminally ill patient and his family, promoting a dignified and peaceful death.4

Another study reveals that the nurses’ understanding of death, terminality and palliative care has not been expressive, especially in the attention to the critical patient found in an environment with highly complex technology and assistance resources.10

Given the above, these data indicate that patient care in palliative care is fragmented. This may be related to the lack
of disciplines in the curriculum that address death and the patient in palliative care in a more comprehensive way, during the training of health professionals, as well as discussions and permanent education in health work environments.

CONCLUSION

The results of this study evidenced the importance of nursing in patient care in palliative care in symptom control and pain relief, in communication with family and patient, as well as its prominence in the multidisciplinary team, in which a comprehensive care is prioritized. Encompassing the biopsychosocial aspects, in the search for a better quality of life and well being of the patient/family.

In addition, in the studies the unpreparedness, the lack of skills and the fragmented knowledge of the professionals, in front of patients under palliative care, it is recommended that disciplines be inserted during undergraduate courses dealing with this subject and that health professionals seek knowledge, through ongoing education, discussions and planning together with the multiprofessional team, to offer individualized care, guaranteeing human dignity.

This study presents limitations regarding the analysis and discussion of the results, due to the lack of research in the literature related to the care of the elderly undergoing palliative care in the ICU, and it is not possible to obtain an adequate relation about these care in the context of intensive care.

It is noteworthy that in this research the researcher analyzed the actions and general nursing interventions to the patient under palliative care, considering that these care should also be inserted in the ICU, as a form of palliative care for the elderly.

Therefore, it is proposed that further studies be carried out in an attempt to deepen the theme and publish strategies for a good care of the elderly in intensive care and improve the method of care in the work environments.
REFERENCES


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