

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

RESEARCH

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## NURSING PROCESS DIRECTED TO PATIENTS WITH COVID-19: RECORD OF THE STAGES

*Processo de enfermagem direcionado a pacientes com COVID-19: registro de suas etapas*

*Proceso de enfermería dirigido a pacientes con COVID-19: registro de sus etapas*

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### ABSTRACT

**Objective:** to identify the record of the stages of the Nursing Process directed to patients with COVID-19. **Method:** descriptive and documentary research, with analysis of 37 medical records. **Results:** 83.8% of the medical records presented a record of Nursing Data Collection; 56.8%, from the Nursing Assessment; and, 51.4%, of Implementation. However, no records were identified involving the stage of Nursing Diagnosis and Nursing Planning. **Conclusion:** the registration has occurred in an insipient and discontinuous way; however, it is an analysis carried out in a pandemic scenario, in which the professional's overload and feelings of helplessness and insecurity must be considered. Therefore, it is suggested that research be carried out to assess the impact of the pandemic in the context of nursing, thus enabling subsidies for the development of strategies that aim to support the registration of the Nursing Process by the professional.

**DESCRIPTORS:** Nursing process; Nursing records; Pandemics.

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## RESUMO

**Objetivo:** identificar o registro das etapas do Processo de Enfermagem direcionado a pacientes com COVID-19. **Método:** pesquisa descritiva e documental, com análise de 37 prontuários. **Resultados:** 83,8% dos prontuários apresentaram registro da Coleta de Dados de Enfermagem; 56,8%, da Avaliação de Enfermagem; e, 51,4%, da Implementação. Contudo, não foram identificados registros envolvendo a etapa de Diagnóstico de Enfermagem e do Planejamento de Enfermagem. **Conclusão:** os achados revelam que o registro das etapas do Processo de Enfermagem direcionado a pacientes com COVID-19 tem ocorrido de forma insipiente e descontínua; contudo, trata-se uma análise realizada em um cenário pandêmico, em que a sobrecarga e os sentimentos de impotência e insegurança do profissional devem ser considerados. Sugere-se, portanto, a realização de pesquisas que avaliem o impacto da pandemia no contexto da enfermagem, possibilitando assim, subsídios para o desenvolvimento de estratégias que visem amparar o registro do Processo de Enfermagem pelo profissional.

**DESCRITORES:** Processo de enfermagem; Registros de enfermagem; Pandemias.

## RESUMEN

**Objetivo:** identificar el registro de las etapas del Proceso de Enfermería dirigido a pacientes con COVID-19. **Método:** investigación descriptiva y documental, con análisis de 37 historias clínicas. **Resultados:** el 83,8% de las historias clínicas presentó un registro de Recolección de Datos de Enfermería; 56,8%, de la Evaluación de Enfermería; y, 51,4%, de Implementación. Sin embargo, no se identificaron registros relacionados con la etapa de Diagnóstico y Planificación de Enfermería. **Conclusión:** el registro se ha producido de forma insipiente y discontinua; sin embargo, se trata de un análisis realizado en un escenario pandémico, en el que se debe considerar la sobrecarga del profesional y los sentimientos de impotencia e inseguridad. Sugiere que se realicen investigaciones para evaluar el impacto de la pandemia en el contexto de la enfermería, posibilitando así subsidios para el desarrollo de estrategias que tengan como objetivo apoyar el registro del Proceso de Enfermería por parte del profesional.

**DESCRIPTORES:** Proceso de enfermería; Registros de enfermería; Pandemias.

## INTRODUCTION

The year 2020 was marked by the pandemic of COVID-19, an infectious disease caused by a coronavirus (SARS-CoV-2) and which started in Wuhan city, Hubei province in China.<sup>1</sup>

Transmission of the virus occurs through droplet and aerosol contact with the mucous membranes – of the eyes, nose and mouth. Because it remains on inanimate surfaces and is easily mutated, there has been mass contamination of the virus. With the advancing number of cases in more than 200 countries, the World Health Organization issued, on January 30, 2020, the Declaration of Public Health Emergency of International Importance.<sup>2</sup>

The manifestation of the disease may begin with a dry cough, upper airway congestion, headache, hypoxia, myalgia or arthralgia, fever, dyspnea, anosmia, and aging sickness. Compromised respiratory status is the main factor for disease severity and is associated with the worst outcomes.<sup>1</sup>

In February 2020, the first case of the disease was confirmed in Brazil, specifically in the city of São Paulo. The patient, a 61-year-old man, returned to Brazil after a trip to Italy, one of the main affected regions. From that moment on, the country initiated sanitary measures in an attempt to control the spread of the virus.<sup>3</sup>

Faced with the confirmation of cases of COVID-19 in the country, the Federal Council of Nursing, aiming to support the assistance, published guidelines for the Systematization of Nursing Care (SAE) for this population.<sup>4</sup>

The SAE is configured as a care management methodology, based on theoretical references and scientific evidence. This operationalization presents guiding elements: the detection of situations related to the health-disease process, the planning of care for the diagnosed situation, and the support of the interventions performed and the results achieved.<sup>4</sup>

When it comes to the SNA method, the Nursing Process (NP) stands out. Considered a means of grounding and structuring nursing actions, the NP guides the care of nurses and their teams, assisting in the detection of health problems and the development of practices aimed at patient well-being.<sup>5</sup>

According to COFEN resolution 358/2009, the NP is organized into five steps, namely Nursing Data Collection, which aims to obtain subjective and objective data about the individual, family or community; Nursing Diagnosis, which consists of the interpretation and judgment of the collected data; Nursing Planning, aimed at defining the expected results and the interventions to be performed; Implementation, characterized by the execution of the determined actions; and, Nursing Evaluation, which is configured as a systematic and continuous evaluation process of the individual, family or community, with the verification of the achievement of the expected results. That said, nurses are responsible for recording each of the steps that make up the NP.<sup>6</sup>

The execution of the NP, as well as its registration, should occur in all settings in which nursing care is offered, whether public or private.<sup>6</sup> This registration, when properly performed, favors the continuity of care with a focus on quality, besides being an indispensable tool for issues related to service management.<sup>7</sup>

Therefore, considering the current pandemic context by COVID-19, the EP record becomes essential for nursing care. Thus, this study aimed to identify the registration of the steps of the Nursing Process directed to patients with COVID-19.

## METHODS

This is a descriptive and documental research, carried out at a General Hospital in Rio de Janeiro.

The Hospital has approximately 250 beds and serves the population in need of medium and high complexity care, with outpatient care, hospitalizations, exams and surgeries.

The data were collected in January 2021, through the analysis of medical records of hospitalized patients with COVID-19, diagnosed by detection of the SARS-CoV 2 virus in nasopharyngeal swabs.

Documentary analysis took place from February to March 2021. As inclusion criteria, we selected medical records from February 26, the day of the first confirmation of COVID-19 in Brazil, to April 26, 2020. It is noteworthy that the records were selected regardless of the outcome of hospitalization (discharge, transfer to another unit or death), Figure 1.

To transcribe the information collected, we used a form – developed exclusively for this study – with free access, in Google

Forms, provided by Google®. This had 13 items, the first four related to the profile of patients (gender, age, ethnicity and marital status) and the others related to the identification of the stages of NP. The descriptive data analysis was performed using the Excell® software.

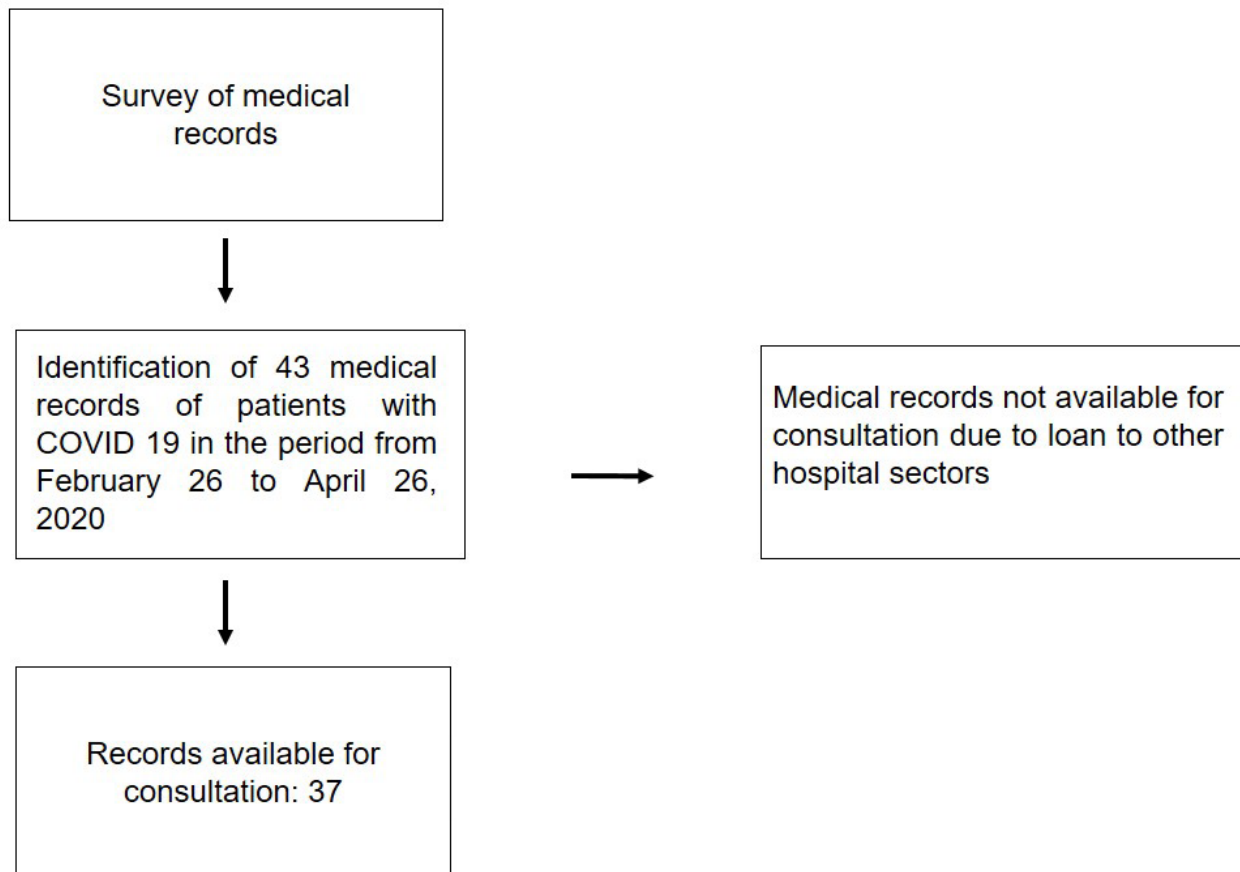
It is noteworthy that this study took into account the ethical aspects contained in Resolution No. 466/12 of the National Health Council that regulates research with human beings, in force in the country, being approved by the Ethics and Research Committee of the Federal University of the State of Rio de Janeiro, on November 27, 2020, with consubstantiated opinion: 4.425.610 and under CAAE No. 40011620.8.0000.5285.

## RESULTS

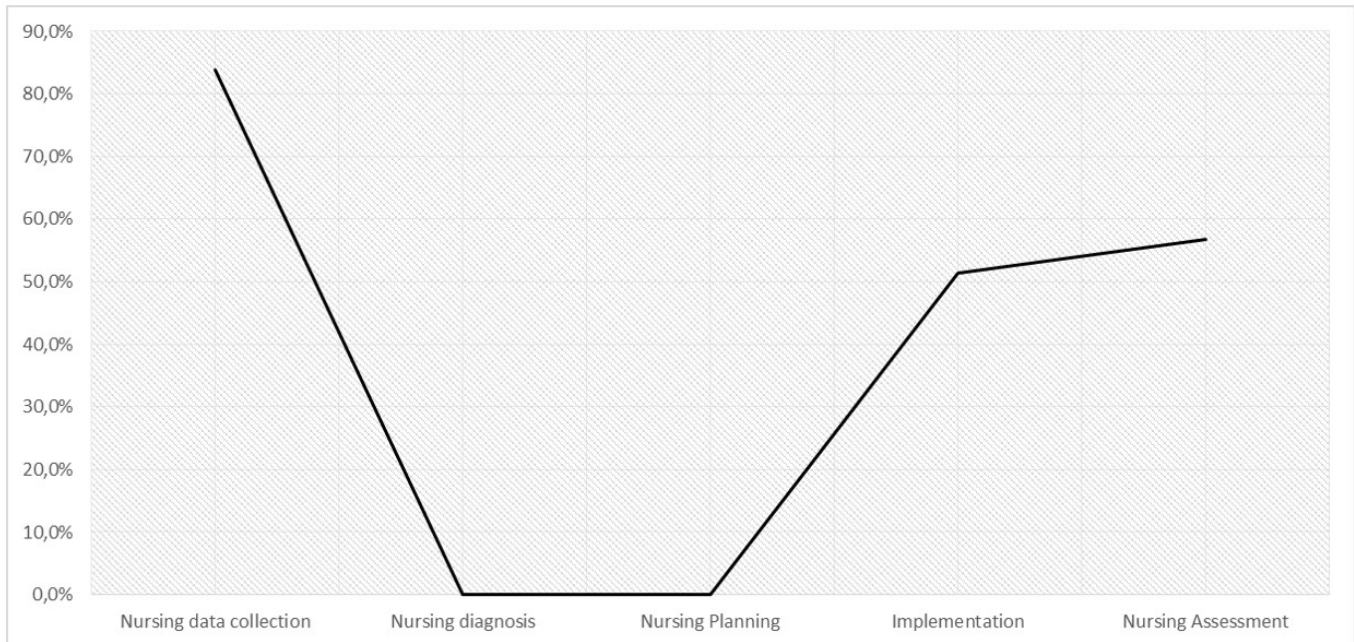
Of the 37 medical records analyzed, 20 (54.0%) were female, and 22 (59.5%) were 60 years old or older. Five (13.5%) were single and 28 (75.7%) did not have this data recorded in their medical records, as well as regarding color, in which 25 (67.6%) of the records did not present such information.

Regarding the identification of the EP record, it was observed that 34 (91.9%) records had at least one of the EP stages registered.

Regarding the first stage of the NP, Nursing Data Collection, this record was identified in 31 (83.8%) of the records. Figure 2.



**Figure 1** – Flowchart of data collection. Rio de Janeiro, RJ, Brazil, 2021.



**Figure 2** – Registration of the steps of the Nursing Process in medical records of patients with COVID-19. Rio de Janeiro, RJ, Brazil, 2021.

Regarding the second and third stages of the NP, Nursing Diagnosis and Nursing Planning, no records were identified.

The record of Implementation, the fourth stage, covered 51.4% ( $n = 19$ ) of the records. This stage was identified through the notes of the procedures performed, which involved direct and indirect care actions, such as spray baths, diet administration, dressing changes, decubitus changes, among others.

Regarding the Nursing Evaluation stage, the fifth and last stage of the NP, although the expected results had not been identified in the Planning stage, which makes it impossible to evaluate the reach of these results in that stage, it was observed the presence of daily evolutions of the nurse in 21 records (56.8%). Such evolutions contained information related to the evaluation of the general condition of patients and description of intercurrents.

## DISCUSSION

The high number of medical records belonging to women is in agreement with the results of studies developed in the Midwest<sup>8</sup> and Northeast of the country;<sup>9</sup> diverging, however, from a study carried out in China,<sup>10</sup> where most patients diagnosed with COVID-19 were men.

Regarding age, the data diverge from the aforementioned study in China, in which the mean age of patients with COVID-19 comprised 47 years.<sup>10</sup>

Regarding the registration of the stages of the NP, it is noteworthy that the most registered stage was the Nursing Data

Collection, being the stages of Nursing Diagnosis and Nursing Planning those that did not present records. Unlike the findings of this proposal, a study developed in southeastern Brazil sought to evaluate the general nursing records in public health institutions and the results indicated that the stage of Nursing Data Collection was one of the least documented. In this same study, Nursing Diagnosis was also poorly documented, coinciding with the results presented here.<sup>11</sup>

As exposed, gaps were detected in the recording of the EP in the analyzed medical records. However, the literature attributes such gaps to the work overload to which the nursing team is constantly exposed and the lack of updates that reinforce the importance of recording the NP in care practice, among others.<sup>12</sup>

In a pandemic context, in which hospitals serve at maximum capacity and with a reduced number of professionals, with consequent labor and psychological overload, the nursing work process is impacted.<sup>13</sup> Moreover, nursing care to patients with COVID-19 has undergone several transitions since December 2019, when the first case was reported; therefore, the insecurity of professionals facing the unknown must also be considered.<sup>14</sup>

It should, however, be noted that failures involving the registration of the steps of the NP can generate false interpretations about the continuity of care, which exposes the professionals involved. The record of the Nursing Diagnosis, for example, is fundamental for the nurse's autonomy in care management, while the record of the Nursing Planning is essential to evaluate the implemented actions.<sup>15</sup>

The limitations of this study were considered to be: the time frame for Nursing Data Collection, which may have restricted the number of records analyzed and the interpretations of the findings; and the absence of an institutional instrument that would make it possible to evaluate the quality of the records.

## CONCLUSION

The present study aimed to identify the registration of the steps of the EP directed to patients with COVID-19, which was fully achieved. Thirty-seven records were analyzed; of these, most presented records of Nursing Data Collection (1st Step of the NP), Implementation (3rd Step of the NP), and Nursing Assessment (5th Step of the NP). However, no records related to the stages of Nursing Diagnosis (2nd Stage of the NP) and Nursing Planning (3rd Stage of the NP) were identified.

These findings reveal that the registration of the steps of the NP directed to patients with COVID-19 has occurred insipiently and discontinuously, which deserves emphasis, given that it is a legal and private requirement of nurses.

However, this is an analysis carried out in a pandemic scenario, in which the overload and the feelings of impotence and insecurity of the professional must be considered.

Therefore, it is suggested that research be conducted to evaluate the impact of the pandemic by COVID-19 in the nursing context, thus enabling subsidies for the development of strategies aimed at supporting the NP registration by the professional. It is also added the need to encourage training in the workplace, such as those related to Continuing Education, aimed at raising awareness about the nursing record.

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