NURSING SUPPORT FOR PATIENTS WITH PALLIATIVE CRITERIA IN THE INTENSIVE CARE UNIT

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ABSTRACT
Objective: to describe the support provided by nurses to patients with palliative care criteria admitted to an intensive care unit. Method: this is a literature review on the Virtual Health Library and PubMed databases. Results: there are criteria for palliative care for patients in intensive care units, and nursing provides comfort and respect for the patient, taking care not only of the body, but also of the psychosocial aspects and those of their families. Conclusion: palliative care has proven to be a comprehensive care for people with terminal illnesses, with emphasis on the physical, psychosocial and spiritual aspects of the individual and the family; quality of life; care based on a humanistic approach; priority of care over cure and bereavement support. Nursing is the one who always supports the patient and provides the care to be taken to improve their quality of life.

DESCRIPTORS: Patients; Palliative care; Intensive care units.

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**INTRODUCTION**

The World Health Organization (WHO) defines Palliative Care (PC) as an approach that promotes quality of life by preventing and relieving suffering in patients and their families facing illnesses that threaten the continuity of life.\(^1\) However, it is known that if the process were effectively implemented, most patients would continue to receive no palliative care because of the lack of professionals and services to care for this population.

Intensive Care Units (ICUs) provide sophisticated therapies for critically ill patients. Patients with chronic diseases, who are exposed to exacerbations during their disease, are living longer, but with worse living conditions, due to the additions available to their respective treatments.\(^2\)

The assistentialist model generally adopted in these units is based on intervention and cure and does not allow for care in all its dimensions.\(^3\) In addition to the inadequate training of health professionals and the difficulty of understanding that they no longer have the ability to work toward a cure, there is also the difficulty of dealing with impotence in the face of inevitable death.\(^1\)

There are still several barriers to the effective delivery of PC, especially in intensive care. However, based on good medical practice and evidence-based medicine, science has turned to PC.\(^2\) In addition to their technical responsibilities, nurses play a critical role as a liaison between the team and the family.\(^3\)

It is believed that an integral and adequate approach to the end of life requires effective preparation in palliativism or the practice of the art of caring for the dying, thus combining scientific knowledge with the alleviation of suffering. It should be developed in parallel or complementary to the biomedical paradigm of curing and extending life.\(^4\)

In this process, the nurse assumes a primary role in anticipating and providing the resources necessary for care, as well as in assessing the needs of each patient, in planning and implementing actions that allow the individual to pass through the end of life without suffering. In short, to offer palliative care in nursing is to experience and share moments of faith, love and compassion, understanding that it is possible to die with dignity, accompanied by professionals, family members and spiritual support.\(^4\)

The conditions listed as chronic do not initially require ICU care, although the care that such patients require is intensive in the sense of close proximity to the professional. On the other hand, patients who meet the criteria for intensive care can evolve into an irreversible situation and need to have their pain alleviated.\(^2\) Therefore, the study aims to describe the assistance of the nursing professional to patients with palliative criteria admitted to the ICU.

**METHOD**

This is a literature review. The selection of articles was carried out in the databases of the Virtual Health Library (BVS) and PubMed, for those that deal with the care of patients with palliative criteria admitted to an intensive care unit (ICU) in the period between 2011 and 2021. A total of 12 articles and 1 manual were selected, referenced by the descriptors: Patients AND Palliative Care AND Intensive care units.

The inclusion criteria are related to those that met the cited descriptors, as well as full articles, in Portuguese, English and Spanish, published between 2011 and 2021.
RESULTS

The articles present different characteristics in terms of the listed points of view, the people involved, and the methodological design. These characteristics are shown in Chart 1 below.

Chart 1 - Characterization of the scientific production on the palliative care of patients in ICU.

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Key results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santos, RJLL et al / Brazil / 2019</td>
<td>O enfermeiro e os cuidados paliativos proporcionados ao idoso terminal internado em UTI [The nurse and the palliative care provided to the terminally ill elderly who are hospitalized in the intensive care unit]</td>
<td>As a result, the authors found that nursing professionals need to provide humanized care to patients, using strategies recommended by the Systematization of Nursing Care (SNC).</td>
</tr>
<tr>
<td>Luiz MM et al / Brazil / 2018</td>
<td>Cuidados paliativos em enfermagem ao idoso em UTI [Palliative Care for the Elderly in the ICU]</td>
<td>In their studies, the authors identified as results the main nursing interventions and actions for elderly patients under PC in the ICU, but emphasized that it is essential to create new strategies to improve the care of such patients.</td>
</tr>
<tr>
<td>Zeferino MGM et al / Brazil / 2019</td>
<td>Cuidados Paliativos: Percepção de enfermeiros que atuam em Unidade de Terapia Intensiva [Palliative care: Perception of nurses working in the ICU]</td>
<td>The authors identified as results the main nursing interventions and actions for elderly patients under PC in the ICU, but emphasized that it is essential to create new strategies to improve the care of such patients.</td>
</tr>
<tr>
<td>Silva, TM / Brazil / 2014</td>
<td>Cuidados paliativos em UTI: elaboração de cartilha para a orientação para a prática de enfermeiros no cuidado a pacientes com DCNT [Palliative Care in the Intensive Care Unit: Development of a Practice Guide for Nurses Caring for Patients with CNCD]</td>
<td>The author created a booklet to help the ICU nurses of a given hospital to identify and admit patients with chronic non-communicable diseases, in terminal conditions, under PC. Generating as a result the confirmation that it is extremely difficult to follow a single standard of care due to the requirement of mobilization of the multidisciplinary team.</td>
</tr>
<tr>
<td>Santana, JCB / Brazil / 2012</td>
<td>Cuidados paliativos nas unidades de terapia intensiva: implicações na assistência de enfermagem [Palliative Care in the Intensive Care Unit: Implications for Nursing Practice]</td>
<td>The author discussed the importance of the role of the nurse in PC for patients hospitalized in the ICU, highlighting the effectiveness of the role of this professional who must be constantly updated in theory and practice, without losing the essence of humanized treatment to patients.</td>
</tr>
<tr>
<td>ANCP / Brazil / 2012</td>
<td>Manual de Cuidados Paliativos ANCP [ANCP Palliative Care Handbook]</td>
<td>Guidelines for PC therapy were found in its different areas, with emphasis on the respective criteria for patients in the ICU.</td>
</tr>
</tbody>
</table>

nary aspiration with no effective response to speech therapy interventions.\textsuperscript{3, p. 88}

Patients with dementia: If there is confirmation of Alzheimer’s disease and other related diseases, if some structural changes and functional impairments are identified, in addition to comorbidities, they will serve as the basis for intervention and PC planning. Ultimately, in the terminal phase of the disease, the combined effects of Alzheimer’s disease (FAST stage 7) and any other comorbid or secondary condition (delirium, pressure ulcers, aspiration pneumonia) should be such as to characterize a prognosis of 6 months or less.\textsuperscript{2, p. 68}

Patients with ALS: Decreased respiratory capacity according to criteria: 1. Vital capacity less than 30% of normal; 2. Significant dyspnea at rest; 3. Need for supplemental oxygen at rest; and 4. Patient refuses mechanical ventilation. B. Other Criteria for Indication of PC: 1. Progression to wheelchair-dependent ambulation; 2. Speech difficulty: unintelligible or unintelligible speech; 3. Progression from normal to pasty diet; 4. Progression to death in most or all major activities of daily living (ADLs) or need for assistance with all ADLs. C. Critical Nutritional Impairment: 1. Insufficient intake of nutrients and fluids to sustain life; 2. Progressive weight loss; 3. Dehydration or hypovolemia; and 4. Absence of artificial feeding methods. D. Life-threatening complications: 1. Recurrent aspiration pneumonia; 2. Upper urinary tract infection; 3. Sepsis; 4. Recurrent fever after antibiotic therapy.\textsuperscript{2, p. 69}

\section*{DISCUSSION}

The International Council of Nurses (ICN) states that early assessment, identification and management of pain and physical, social, psychological, spiritual and cultural needs can reduce suffering and improve the quality of life for patients with PC and their families.\textsuperscript{2}

It reflects that PC does not bring a cure to the patient, but should be provided by professionals with comfort and respect to make the patient's life as bearable and meaningful as possible without hastening death. The care is not only focused on the care of the body, but also the psychosocial aspects of the patients and their families, as well as the emotional pain, anguish and psychological malaise experienced by the patient.\textsuperscript{10}

For many health professionals, the impossibility of cure is a justification for providing limited care, which is contrary to the principles of PC, which should offer a support system that allows the patient to live as actively as possible until the moment of death, and a system that helps family members.\textsuperscript{10}

In this sense, it is necessary for multidisciplinary teams to make decisions together with the patient and his family, respecting the autonomy of the individual and the principle of non-maleficence.\textsuperscript{11} However, the literature still reports difficulties in making the decision to switch from curative treatment to PC.\textsuperscript{12}

Adequate communication between professionals, patients and families should be prioritized, as it is one of the main barriers that generate conflicts in the care of terminally ill patients.\textsuperscript{11} And this difficulty is also reflected in the communication with the family and the patient.\textsuperscript{12}

Communication is mainly between physicians and families, and is usually delayed and fragmented. When meeting with families, physicians often do not have time to share their perspective on the patient’s goals and values or to express their own concerns. This results in missed opportunities for empathetic responses and leaves families too distressed to absorb or integrate the information they need to make a decision.\textsuperscript{13}

Because of the complex, multidimensional, and dynamic nature of the disease, palliative care is a therapeutic approach that necessarily requires a multidisciplinary team.\textsuperscript{11} To organize and guide this team, it is necessary to implement PC protocols in the ICU environment, which are important for reducing suffering and improving the quality of care offered to the terminally ill.\textsuperscript{11}

This protocol will help professionals to decide how to deal with users who do not wish to be treated with extraordinary measures. It also aims to establish criteria for more systematized care during the dying process, which is necessary to make care more human and of higher quality.\textsuperscript{7}

Systematized practice favors the identification of care needs expressed and/or indicated by patients and families, allowing the caregiver and the person being cared for to face this phase of life together, making use of appropriate strategies and resources.\textsuperscript{4} Systematization brings a methodical and scientific approach to the care of people with PC and their families by collecting data, identifying problems, planning, implementing and evaluating interventions (pharmacological and non-pharmacological), and proposing changes based on evaluations.\textsuperscript{5}

Another aspect identified in the literature is the daily barriers faced by ICU patients that prevent optimal care. The lack of consensus on the goals of each member of the team is highlighted. The nurse is concerned about the patient’s well-being because he or she has a more holistic view, being the one at the bedside.\textsuperscript{12} It is widely accepted in the literature that every critically ill patient in the ICU should be the focus of PC and that it is the responsibility of the entire team: to ensure comfort at the end of life; the decision to allow death to occur naturally should be made by the team, the patient, and the family.\textsuperscript{3}

The principles that guide the practice of PC require specific training, as they are not yet transversal to the content and paradigms with which health professionals are taught. In the ICU environment, where patients at the end of life are usually found, these principles should be widely worked and disseminated\textsuperscript{3}, so that the care of palliative patients is always done in a humanized way.
CONCLUSION

Finally, the care of patients with PC who are beyond therapeutic cure is important, with the care process as a priority in the treatment process. It is clear that the results have contributed to the improvement of the care provided by the nurse to the patient with PC, at the same time as providing scientific evidence that can be put into daily practice.

As well as, in a comprehensive way, to be tested through the NCS and its relationship in the respective categories and subcategories of the Model of Care for the Preservation of Dignity (MCPD), including exploring the subsidies of nursing practice to promote a dignified death.

It was also noted that the valorization of life and the understanding of death as a natural condition, centered on the individual and the family, has a multidisciplinary character, with the aim of containing and alleviating not only the physical, but also the psychosocial and spiritual suffering of the patient, with the intention of achieving comprehensive care, guided by ethical principles of human rights.

BIBLIOGRAPHIC REFERENCES


