EXPERIENCE REPORT

The preoperative nursing visit at a university hospital during the SARS-CoV-2 pandemic

La visita preoperatoria de enfermería en un hospital universitario durante la pandemia del SARS-CoV-2

A visita pré-operatória de enfermagem em um hospital universitário durante a pandemia de SARS-CoV-2

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How to cite this article:
Chourabi LF, Figueira SHS, Matias EP. The preoperative nursing visit at a university hospital during the SARS-CoV-2 pandemic. Glob Acad Nurs. 2022;3(Spe.1):e231. https://dx.doi.org/10.5935/2675-5602.20200231

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Submission: 02-18-2022
Approval: 03-08-2022

Abstract

The aim was to report the experience of nurses from a surgical center in carrying out the preoperative visit during the SARS-CoV-2 pandemic period. Descriptive study, experience report type, based on a preoperative visit at a university hospital in Rio de Janeiro, RJ. The preoperative patient who received a visit from the nurse is better informed about the surgical procedures and care related to the new coronavirus. The fact that most of them were not with a family member/companion, this moment brought a reassuring component to the patient, which facilitated the work of the nursing team in the trans and postoperative periods. The visits provide the operating room nurse with greater knowledge about the patient's clinical status, in addition to encouraging the multidisciplinary team to perform adequate perioperative care for safe surgery.

Descriptors: Perioperative Assistance; Surgery Center; COVID-19; Patient Safety; Perioperative Nursing.

Resumén

El objetivo fue relatar la experiencia de enfermeras de un centro quirúrgico en la realización de la visita preoperatoria durante el período de pandemia por SARS-CoV-2. Estudio descriptivo, tipo relato de experiencia, basado en una visita preoperatoria en un hospital universitario de Rio de Janeiro, RJ. El paciente preoperatorio que recibió la visita de la enfermera está mejor informado sobre los procedimientos quirúrgicos y cuidados relacionados con el nuevo coronavirus. El hecho de que la mayoría de ellos no estuvieran con un familiar/acompañante, ese momento trajo un componente tranquilizador para el paciente, lo que facilitó el trabajo del equipo de enfermería en los períodos trans y postoperatorio. Las visitas brindan a la enfermera de quirófano un mayor conocimiento sobre el estado clínico del paciente, además de incentivar al equipo multidisciplinario a realizar los cuidados perioperatorios adecuados para una cirugía segura.

Descriptores: Asistencia Perioperatoria; Centro Cirúrgico; Coronavírus; Seguridad del Paciente; Enfermería Perioperatoria.

Resumo

Objetivou-se relatar a experiência de enfermeiras de um centro cirúrgico na realização da visita pré-operatória no período de pandemia de SARS-CoV-2. Estudo descritivo, tipo relato de experiência, baseado na realização de visita pré-operatória em um hospital universitário do Rio de Janeiro, RJ. O paciente pré-operatório que recebeu a visita da enfermeira é melhor informado quanto aos procedimentos cirúrgicos e os cuidados referentes ao novo coronavírus. Fato da maior parte não estar com familiar/acompanhante este momento trouxe um componente tranquilizador para o paciente, e que facilitou o trabalho da equipe de enfermagem do trans e pós-operatório. A realização das visitas propicia a enfermeira de centro cirúrgico um conhecimento maior sobre o estado clínico do paciente, além de fomentar na equipe multiprofissional a realização dos cuidados perioperatórios adequados para a cirurgia segura.

Descritores: Assistência Perioperatória; Centro Cirúrgico; COVID-19; Segurança do Paciente; Enfermagem Perioperatória.

Introduction

The World Health Organization (WHO) in 2008, with the objective of reducing the occurrence of damage to the surgical patient, launched a campaign for the application of safe surgeries with the following slogan "Safe Surgery Saves Lives", which aims to establish safety standards in health facilities that perform surgeries[1].

One of the steps of these safety standards is the Preoperative Nursing Visit to patients who will undergo elective surgery. The realization of these visits constitutes an activity to be carried out by the nurse, as stated in the Law of Professional Practice in Nursing No. 7.498/86, which, in the eleventh article, determines that "the consultation and prescription of nursing care are attributions , under the exclusive responsibility of the nurse"[2].

The definition of the preoperative period ranges from the day before the surgery (24 hours before) until the moment the patient is admitted to the operating room. At this stage, the nurse from the surgical center can travel to the patient's inpatient unit, thus having the opportunity to meet him, starting the entire process of Systematization of Perioperative Nursing Care (SAEP), enabling the planning of nursing actions with efficiency and effectiveness. This procedure is called a Preoperative Nursing Visit (VPOE)[3].

With the global crisis caused by the SARS-CoV-2 pandemic having its first case in Brazil on February 26, 2020, the impact on the care of surgical patients was drastic, initially with the suspension of elective procedures and the prioritization of urgency and emergency. And the professionals working in the Surgical Center were also affected as many were directed to the care of patients with COVID-19 in various regions of Brazil[4].

Due to the pandemic, contingency plans were implemented at the national level, such as: surveillance and data management of infected patients and professionals; elaboration and implementation of clinical protocols and workflows (screening of suspected and infected patients and professionals, removal and return to work of professionals who tested positive for COVID-19, among others); internal communication for all the institution's professionals; training and dissemination of protocols, flows and proper use of protective equipment[4].

The context of our experience at the university hospital where VPOE was implemented began in April 2021 when all health professionals were already vaccinated against COVID-19, and the reestablishment of elective surgeries was with partial return. . We realized that during the pandemic, health education processes were impacted due to the restrictions imposed. In the literature, authors report the importance of the multiprofessional team including the nurse as an agent for the construction of practices and knowledge of health promotion and education. One of the parts of the health education process depends, fundamentally, on the communication developed between nurse and patient[3-5].

Effective communication is a sine quo non condition for the health education process, carried out through VPOE, to be able to provide the patient with skills that encourage him to be an active agent of his post-surgical recovery. The intention is to carry out a user-centered action to identify cultural, social, psychological, biological factors that may be possible impediments to recovery, as well as to identify the meanings that the patient attributes to the disease, hospitalization and surgical treatment. The explanation of care related to surgery, anesthesia, post anesthetic recovery helps in the psychological and physical preparation of the patient. Therefore, the role of nurses in VPOE has the prerogative of directing their care not only to instrumental or technical actions, but to expressive actions, that is, related to subjectivity and even intervening in problems or changes related to the patient's biopsychosocial-spiritual aspects that may interfere directly on the expected result of the surgery. In this way, POV fits within the criteria of safe surgery, as care for surgical patients must be planned, systematized and individualized[6-9].

The VPOE has as general objectives to clarify possible doubts that both the patient and their families may have, reducing their anxieties and fears, thus providing a better nursing care. By ensuring their individuality and promoting the continuity of nursing care, it favors the interaction between the nurse and the patient, a considerably important factor during this period[10].

The experience place where VPOE takes place in a university hospital in Rio de Janeiro, which has seven operating rooms (OR), and in July 2021, when VPOE started, only five ORs were in operation, due to the contingency caused by the COVID-19 pandemic. The contingency at this hospital started in March 2020, before we had an average of 300 surgeries per month.

Quadro 1. Surgeries performed in March/December 2020 and January/July 2021, Rio de Janeiro, RJ, Brazil, 2021

2020		2021	
Month	**Performed**	**Month**	**Performed**
March	234	January	142
April	29	February	159
May	29	March	250
June	66	April	200
July	170	May	271
August	197	June	267
September	232	July	307
October	234	**Total**	**1596**
November	195		
December	149		
Total	**1535**		

The chart above shows the reduction from month to month as the pandemic evolved, and in July 2020, the procedures restarted, but still at a reduced pace, prioritizing oncological surgeries.

A gradual increase can be seen from this year, with July having the same average found before the pandemic in the number of surgeries. Upon admission of patients to the operating room, many structural failures were observed, as the patient presented the C-reactive Protein (CRP) exam with an expiration date outside the seven days stipulated by the institutional protocol to perform the surgery, in addition to incomplete surgical risk which led to the suspension of the surgery. Allied to this, the preparation of the preoperative patient, presented many irregularities such as absence of identification bracelet, non-removal of dental prosthesis and underwear, inadequate fasting, bringing inconvenience of delays in procedures.

Due to these facts, there was also a total lack of knowledge on the part of the patient about his surgery and a fear of being contaminated with COVID-19, which had direct consequences for the care of that patient.

Due to these situations, this study aims to report the experience of nurses from a surgical center in carrying out the preoperative visit during the SARS-CoV-2 pandemic period.

Methodology

This is a descriptive, exploratory research, with a qualitative approach, of the experience report type, carried out from April to July 2021, in a university hospital in Rio de Janeiro during the COVID-19 pandemic. The report was based on the experience of nurses at the Surgical Center in carrying out the preoperative visit to patients hospitalized in the surgical wards. The research followed the guidelines of Resolution No. 466/12 of the National Health Council, which regulates the protocols for research with human beings in the Health Areas[11].

Experience Report

How the VPOE process started

The nurses at the Surgical Center had no previous contact with these patients, as the conduct of the shift revolved around the tasks related to the management of the service. In this way, firstly to resolve the issues caused by an out-of-date RT-PCR test, we held meetings with the inpatient service (NIR) and it was stipulated that the RT-PCR test would be linked to the Hospital Admission Authorization (AIH) valid for up to seven days at the time of admission of the surgical patient, in addition to the availability, at this moment, of the identification bracelet for the patient. Subsequently, the implementation of the Safe Surgery Protocol began, which is in the testing phase, through the checklist divided into three moments: Sign in (patient entry into the operating room), Time out (surgical pause) and Sign out (patient leaving the operating room), in collaboration with the hospital's patient safety and continuing education service. We included the VPOE instrument in the protocol, taking into account the factors that are part of the criteria for safe surgery and patient orientation, in addition to the factors that most caused the suspension of surgeries. The inclusion of VPOE in the safe surgery protocol form, in addition to giving visibility to this action by the multiprofessional team, facilitating the work process. The Safe Surgery Protocol is a systematic instrument to identify potential adverse events, with information centralized only in one document[12].

After that, we instituted a 24-hour shift for the nurses, by mutual agreement, so that at night, this VPOE action could be developed, since the surgical admissions occurred in the afternoon.

Due to the COVID-19 pandemic, only the first patients were hospitalized the day before the surgical procedure. In possession of the surgical map, at night, we went to the unit where the patient was hospitalized and first checked the presence of laboratory tests, imaging tests, electrocardiograms, as well as the presence of the consent form about the surgery procedure and the anesthetic act.

Subsequently, we initiated contact with patients, starting preferably with the elderly, pediatrics, major surgeries and patients who needed to remain in the intensive care unit in the postoperative period. After our initial presentation and explanation of the reasons for our visit, we began our approach with the patient, we observed that most family members were not present, due to the institutional requirement of being tested for SARS-CoV-2 and remaining in the hospital while their relative is hospitalized, a fact that made it impossible for the majority to follow up. So, this is a factor that generates more anxiety in the patient because there is no family member/companion in a moment of vulnerability in which they find themselves making this VPOE action even more important. Patients bring their personal and cultural stories with them, demanding a free judgmental attitude from nurses.

Conducting the preoperative nursing visit

At the first moment of the visit, we read the medical record to verify what was already captured by other health professionals in relation to their health history. We check, items related to patient safety, such as comorbidities, allergies, previous surgeries, complications with previous anesthesia, presence of dental and/or hearing aids and continuous use of medication, problems related to the patient or their family members[12]. In the second moment, we go to the patient's bed to clarify what doubts he has about the surgical procedure, anesthesia and to confirm the information that is described in the medical record. Finally, we clarify the final doubts and reinforce the specific guidelines for each type of surgery and general guidelines, such as fasting; removal of dentures; approximate duration of surgery; permanence in the post-anesthetic recovery unit; and main care in the immediate postoperative period. Due to the COVID-19 pandemic period, information about hygiene care and the use of a mask.

At the end of the contact with the patient, we recorded in the VPOE instrument the data obtained in the interview, the guidelines provided, as well as the interviewers' impressions regarding the patient's knowledge about the surgery and about the expression of his feelings. At this stage, we identify all pending issues and possible

failures that could make the surgery difficult or delay, such as lack of exams, hair implants, surgical risk, among others.

The visits do not follow a predetermined time as it depends on the degree of cognition, the health status of each patient and especially their interest in their surgery. Therapeutic communication is essential so that the patient can freely express their doubts and put an end to the erroneous ideas they may have about the procedure, thus becoming the basis for nursing care.

A survey that aimed to compare patients' perceptions of nursing guidelines in the preoperative period of cardiac surgery with those who did not receive it showed that patients who received nursing guidelines felt more confident and secure in relation to the procedure than those who were not guided[13].

Final Considerations

We believe that VPOE is a crucial moment for both the patient and the nurse, complementing the work in a multidisciplinary team[14]. The main objective is to provide the patient with access to a set of information that will make the perioperative period less anxious and safer. Promoting better management for the service by reducing the suspension of surgeries, delays in starting the procedure and all kinds of inconvenience caused by the idleness of operating rooms. In addition to being a university hospital, we have undergraduate and graduate students in the surgical center and, in particular, in the preoperative period who can participate in this action, developing a rich moment of learning, qualifying the student as a critical and qualified professional for an integral technical-scientific training.

Finally, we can say that VPOE is being an extremely necessary experience in hospital practice that deserves to be implemented in surgical centers, especially university ones, due to its characteristic of training in health. Because most patients were not with a family member/companion due to the COVID-19 pandemic, this moment brought a reassuring component to the patient and that facilitated the work of the nursing team in the trans and postoperative period. We hope that this work can help nurses to implement VPOE in their work processes, in order to provide comprehensive and unique care in the perioperative period. The SARS-CoV-2 pandemic has had impacts that reflect on the way care is provided, but this is no reason why we cannot adopt practices that make it possible to plan comprehensive care for surgical patients in a safe and effective way.

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