

**Nursing teleconsultation to patients undergoing general surgery: technological innovation***Teleconsulta de enfermagem a pacientes submetidos a cirurgia geral: inovação tecnológica**Teleconsulta de enfermagem ao paciente submetido à cirurgia geral: inovação tecnológica***Laura Dantas Jacome<sup>1</sup>**

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**Submission:** 05-05-2022**Approval:** 05-31-2022**Abstract**

The aim was to describe the elaboration of the protocol for nursing teleconsultation for patients undergoing elective general surgery. Description of an innovative technological protocol developed in a reference outpatient clinic for general surgery, in Rio de Janeiro - RJ, Brazil. The steps involved in the construction of the protocol consisted of structuring the theoretical content and defining the form of operation. The theoretical framework of the protocol was developed based on the Safe Surgery Protocol, adapted to the needs of the chosen site. The principle of innovation is guided by the nursing teleconsultation for patients undergoing general surgery, which consists of telephone calls, with the aim of guiding and monitoring patients with surgical procedures according to their pathological condition, whether curative, diagnostic or palliative. A step-by-step infographic was made available to the patient, informing steps for scheduling their nursing teleconsultation with guidelines related to their perioperative period. The use of a protocol focused on educational actions represents an important initiative for the field of nursing teleconsultation in Brazil, offering important subsidies that will assist nurses in carrying out teleconsultation, proving to be an important guiding tool for the care of surgical patients.

**Descriptors:** Nursing Care; Nursing Protocols; Teleconsultation; Health Education; Monitoring.

**Resumen**

El objetivo fue describir la elaboración del protocolo de teleconsulta de enfermería para pacientes sometidos a cirugía general electiva. Descripción de un protocolo tecnológico innovador desarrollado en un ambulatorio de referencia para cirugía general, en Rio de Janeiro - RJ, Brasil. Los pasos involucrados en la construcción del protocolo consistieron en estructurar el contenido teórico y definir la forma de operación. El marco teórico del protocolo se desarrolló en base al Protocolo de Cirugía Segura, adaptado a las necesidades del sitio elegido. El principio de innovación está orientado por la teleconsulta de enfermería para pacientes sometidos a cirugía general, que consiste en llamadas telefónicas, con el objetivo de orientar y acompañar a los pacientes con procedimientos quirúrgicos de acuerdo a su condición patológica, ya sea curativa, diagnóstica o paliativa. Se puso a disposición del paciente una infografía paso a paso, informando los pasos para programar su teleconsulta de enfermería con lineamientos para su perioperatorio. El uso de un protocolo enfocado en acciones educativas representa una importante iniciativa para el campo de la teleconsulta de enfermería en Brasil, ofreciendo importantes subsidios que ayudarán a los enfermeros en la realización de la teleconsulta, demostrando ser una importante herramienta de orientación para el cuidado de los pacientes quirúrgicos.

**Descriptorios:** Cuidado de Enfermería; Protocolos de Enfermería; Teleconsulta; Educación para la Salud; Vigilancia.

**Resumo**

Objetivou-se descrever a elaboração do protocolo para teleconsulta de enfermagem para pacientes submetidos a cirurgia geral eletiva. Descrição de protocolo inovador tecnológico desenvolvido em ambulatorio de referência para cirurgia geral, no Rio de Janeiro - RJ, Brasil. As etapas envolvidas na construção do protocolo consistiram na estruturação do conteúdo teórico e definição da forma de operacionalização. O arcabouço teórico do protocolo foi elaborado com base no Protocolo de cirurgia segura, adaptado para as necessidades do local escolhido. O princípio da inovação norteia-se na Teleconsulta de enfermagem ao paciente submetido a cirurgia geral que consiste em ligações telefônicas, com o objetivo de orientar e acompanhar os pacientes com conduta cirúrgica conforme sua condição patológica, seja ela curativa, diagnóstica ou paliativa. Elaborou-se um infográfico de passo a passo disponibilizado para o paciente informando etapas para o agendamento de sua teleconsulta de enfermagem com as orientações relativas ao seu período perioperatório. O uso de um protocolo focado em ações educativas representa uma iniciativa importante para o campo da teleconsulta de enfermagem no Brasil, oferecendo subsídios importantes e que auxiliará o enfermeiro na realização da teleconsulta mostrando-se uma importante ferramenta norteadora ao cuidado de pacientes cirúrgicos.

**Descriptorios:** Cuidados de Enfermagem; Protocolos de Enfermagem; Teleconsulta; Educação em Saúde; Monitoramento.



## Introduction

The definition of telemedicine has been formulated by different entities and according to the World Health Organization (WHO) "it is the provision of services related to health care, in cases where distance is a critical factor"<sup>1</sup>. It should be noted that this type of communication aims not only to offer assistance to professionals to identify situations of risk to health, but also to promote the educational process aimed at this clientele, as well as to encourage scientific research. That said, information and communication technologies (ICT) have been allied and made possible the exchange of information between users and professionals of the health system<sup>2</sup>. Telemedicine can also be seen as a means of using telecommunication technologies to provide and/or perform health-related activities and services remotely, including interaction to enable consultation and, consequently, a diagnosis<sup>3</sup>. It is observed, therefore, how the distance between the interlocutor and his target audience has permeated the definitions associated with Telemedicine.

A broader concept involving, including health professionals from Nursing, Physiotherapy, Psychology, who have successfully developed their activities, was associated with the concept of Telehealth. The adoption of a broader concept defined telehealth as the use of information and communication technologies (ICT) to deliver health services at a distance and to share information and knowledge<sup>4</sup>. Thus, incorporating a broad scope of health-related activities, including patient education. It is understood that the applicability of telehealth takes place through teleconsultation performed by professionals.

For Nursing, teleconsultation emerged as a tool to support the family health strategy in geographically isolated regions, being established as an extension to the telemedicine service<sup>5</sup>. In Brazil, in March 2020, the Federal Nursing Council (COFEn) authorized nursing teleconsultation<sup>6</sup>, as a strategy to combat the pandemic caused by the new coronavirus SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) responsible for COVID-19 (Coronavirus Disease 2019). The nursing teleconsultation was intended to promote clarification, referrals and guidelines for users of the health system. That said, it should be noted that since January 30, 2020, the notion of the COVID-19 outbreak as a public health emergency was held, based on the growth of notification rates in China and other countries, as stated by the Committee of WHO emergencies<sup>7</sup>.

Faced with the need for social distancing, the importance of using strategies to contact different patients regarding their specificities was observed. Considering the elective surgical patient, for example, possible benefits arising from this resolution are highlighted<sup>8</sup>, because, according to the document in question, nursing teleconsultation can be used for guidance. Therefore, it is possible to use it in the perioperative period as a strategy to work on individualized care with patients who will undergo a surgical intervention.

Regarding the nursing consultation in the face of multidisciplinary care for the surgical patient, it is essential

before any elective surgery. It is believed that the implementation of interventions planned by nurses should offer quality and safety to patients. This fact is associated with the protocol regarding safety in surgical procedures indicated by the WHO, in the second global challenge, through the safety checklist<sup>8</sup>. Thus, the perioperative nursing consultation needs to be based on good practices, based on evidence and requires the elaboration and implementation of a protocol in order to prioritize and organize the guidelines<sup>9</sup>. In addition, through adequate theoretical support, it tends to favor quick, effective and individualized professional decision-making.

Protocols organize and streamline health services, establishing flows and need to be developed within the principles of evidence-based practice and respect for the ethical precepts of the profession, and their development can occur together with nurses and other professionals of interest. This collective construction enables the acquisition and advancement of knowledge, integrating competence and quality in the provision of care<sup>10</sup>. The need to establish a step-by-step guide that objectively guides the health professional in their care practice is emphasized, thus, in the present study, the term protocol will be assumed.

Thus, the present study aims to describe the elaboration of a perioperative nursing teleconsultation protocol associated with a general surgery outpatient clinic in a university hospital.

## Methodology

This is the elaboration of a technological innovation product, namely, a perioperative nursing teleconsultation protocol, carried out between March 2021 and March 2022. Innovation is understood as "introduction of novelty or improvement in the productive or social environment that results in new products, processes or services"<sup>10</sup>, it is clear that it involves much more than simple changes in technology. Innovation "involves connections, interactions and influences of many and varying degrees - including relationships between companies and companies, between companies and research centers, and between companies and government"<sup>11</sup>.

The scenario considered was a general surgery outpatient clinic of a university hospital, located in the city of Rio de Janeiro, and the elaboration of the protocol in question took place in three stages: 1) identification of indicators on perioperative guidance at an outpatient level in the pertinent literature; 2) perception of the most common deficits and doubts of patients in this period demonstrated during medical consultations and free demands of patients and companions throughout the perioperative period; 3) structuring the guidance protocol for the perioperative nursing teleconsultation with the patient. Based on outpatient demand, the following types of general surgery were defined: thyroidectomy (total or partial); hernioplasties (incisional, inguinal umbilical and inguinoscrotal) and cholecystectomy (open or by videolaparoscopy). It should be noted that, however, after its validation, it is intended to propose the protocol to other outpatient clinics that have surgical patients such as



gynecology, orthopedics, otorhinolaryngology, among others.

In order to comply with Resolution No. 426/12 of the National Health Council, the project was submitted to the Research Ethics Committee of the Gafrée e Guinle University Hospital of the Federal University of the State of Rio de Janeiro (CEP/HUGG/UNIRIO) with Certificate of Ethical Assessment Presentation (CAAE) 40801520.1.0000.5285 and opinion number 4,471,262. All

participants were informed about the objectives of the study and signed the Free and Informed Consent Term, agreeing to participate in the study.

### Results

The protocol proposed for the perioperative nursing teleconsultation was structured to consider the moments described in Chart 1.

**Chart 1.** Considerations regarding the application of perioperative nursing teleconsultation. Rio de Janeiro, RJ, Brazil, 2021-2022

1	Patient receives a card with guidelines for scheduling his nursing teleconsultation at the reception of the outpatient clinic.
2	Patient calls the outpatient clinic and schedules, according to their availability and the nurse's schedule, their teleconsultation. The nurse will contact and perform the nursing teleconsultation with perioperative guidelines.
3	The patient after the perioperative nursing teleconsultation is inserted in the list of surgeries and this consultation will be registered in the Hospital's own computer program. This evolution will be filed at the Internal Regulation Nucleus (NIR) and will be attached to the Hospital Admission Authorization (AIH) on the day of the patient's hospitalization for the surgery.
4	After hospital admission, the patient will go to the ward where, at the time of admission, the nurse from the surgical clinic will know the guidelines given through teleconsultation and perceive early possible special perioperative needs, such as confirmation of suspension of specific drugs such as anticoagulants, use of prostheses, mobility difficulties, among others.
5	Patients after undergoing the surgical procedure may have the following outcomes: - Cure: case closed following for archiving or; - New surgical approach: will follow the same nursing teleconsultation guidance or; - Referral to other specialties: outpatient follow-up according to specific frequency, according to your case.

Chart 2 shows the items that make up the Perioperative Nursing Teleconsultation protocol. The initial part focuses on the structure of the protocol, with regard to human and material resources, in addition to the expected outcome, which will be monitored in the format of care

indicators. Chart 3 brings the actions contained in the guiding protocol of the Perioperative Nursing Teleconsultation and the justification of the actions described, which were based on scientific evidence referenced in the chart.

**Chart 2.** Initial part and component items of the Perioperative Nursing Teleconsultation protocol. Rio de Janeiro, RJ, Brazil, 2021-2022

<b>Definition</b>	It is the nursing consultation performed by telephone for patient guidance in the perioperative period.
<b>Objective</b>	Provide guidance on the main recommendations on the perioperative preparation of general surgeries, aiming to meet the patient's needs in a qualified, humanized and systematized way.
<b>Recommendation</b>	Patients who will undergo surgery for: thyroidectomy (total or partial); hernioplasties (incisional, inguinal umbilical and inguinoscrotal) and cholecystectomy (open or by videolaparoscopy).
<b>Responsible professional</b>	Nurse.
<b>Material resources</b>	Printed with preoperative nursing teleconsultation protocol; Pen; Computer connected to the internet and intranet network Empresa Brasileira de Serviços Hospitalares - Management Application for University Hospitals (Ebserh – AGHU); Telephone; Table; Chair; Printer.
<b>Expected results</b>	Patient's understanding of the guidelines provided; Decreased number of surgical suspensions; Decreased risk of infection.

**Chart 3.** Guiding protocol for perioperative nursing teleconsultation regarding the period and justified actions of the nurse. Rio de Janeiro, RJ, Brazil, 2021-2022

Nurse's actions	Discussion
<b>Guidelines regarding hospitalization, personal documentation and hospital routines</b>	
Make telephone contact on the scheduled day and time, identifying and confirming the patient's personal data, such as: full name; birth date; Individual Taxpayer Registration (CPF) and medical record number/National Health Card (CNS).	Improvement of the nurse's planning regarding her outpatient appointment schedule and equalization of time; Convenience for the patient to make the appointment according to their availability; Demonstrates credibility by making contact on the scheduled day and time; Confidentiality of any and all information, with the guarantee of professional secrecy, as long as it does not pose a risk to third parties or public health; Confirmation of patient data corroborates the ANVISA <sup>8</sup> safe surgery protocol, as well as enabling its neurological assessment for guidance.
Provide guidance on the NIR/Inpatient Center: physical location and access; specific window to carry out the hospitalization.	Unnecessary displacements of the patient and his companion, minimizing the risk of falling <sup>12</sup> , access to restricted areas, reducing time for the hospitalization process and thus delays in his admission and beginning of the surgery.
Refer to documents necessary for hospitalization: identity; CPF; medical record/CNS.	Identification of the patient by full name and date of birth and to be treated by his name and not generically, or by the name of his disease, number, code or any other disrespectful or prejudiced way <sup>8</sup> ; Patient safety regarding their correct identification <sup>8</sup> , as well as updating possible registration data.
Confirm the preoperative exams and advise on the need to take them during hospitalization.	Verification of requested exams and their validity, if necessary, consult and compare them <sup>8</sup> .
Report the personal belongings necessary for the period of hospitalization, such as: materials for body and oral hygiene. Report that the trousseau will be provided by the hospital.	List of necessary and unnecessary items, avoiding forgetting volumes that do not match the physical space available in the hospital for patient accommodation.
Report the available accommodations such as bed and bedside table, not being possible large volumes, and advise the patient to bring cash, as the hospital does not have a safe.	Information about the institution's policies regarding the protection of your personal belongings, hospital rules and regulations, and the need to care for and be responsible for the institution's facilities.
Describe hospital routines: admission to the ward; nutritional visit; pre-anesthetic evaluation; referral to the operating room and post anesthetic recovery unit; return to bed in the ward or intensive care unit; feeding return; fall prevention; and about activating the nursing team whenever necessary.	Institution placed at your disposal <sup>13</sup> ; Respect for the rights of other patients, employees and service providers of the institution, treating them with civility and courtesy, contributing to the control of noise, number and behavior of its visitors <sup>13</sup> .
Provide guidance on the presence of the companion in the cases provided for by law: under 18 years old and over 60 years old, or according to special needs, with prior authorization.	If it is a child or adolescent, its rights must also be observed in the Statute of Children and Adolescents <sup>14</sup> , the list of companions must be attached to their medical records; If the patient is elderly, all rights provided for in the Elderly Statute <sup>15</sup> must also be observed. If the patient has mental disorders, their rights must also be observed <sup>16</sup> .
Carry out collection of blood donors and inform the place of reference for donation: Hemorio - Rua Frei Caneca 8, Centro, Rio de Janeiro - RJ in accordance with the partnership of the Hospital's Transfusion Agency.	Encourage blood donation.
Question the presence of pacemaker.	Safe Surgery Protocol <sup>8</sup> .
List medications for continuous use and the need for suspension close to the surgery period and time according to medical advice.	Main recommendations in preoperative care, evaluation of drug interaction and checking of unrestricted medication use in the period <sup>8</sup> .
Ask about allergies and special needs such as hearing, motor, social identity.	Patient Safety Aspects; And patient rights and duties <sup>8</sup> .
Clarify possible doubts during the guidelines according to the patient's need.	Need for communication in the surgical patient <sup>8</sup> .
Ask about religiosity	Ethical and legal aspects in the patient's refusal to receive blood transfusion <sup>23</sup> .



Guidelines regarding the in-hospital period	
Advise on fasting on the eve of surgery, determining the time and specific cases of fasting abbreviation as needed.	Prevention of postoperative complications and minimize inform benefits of abbreviation of preoperative fasting with carbohydrate and protein solution <sup>17</sup> .
Clarify the need to remove adornments such as earrings, rings, strings, ribbons of a religious nature, contact lenses, glasses, mobile prostheses (dental, hearing aids) clothing, including underwear, in addition to contact lens adornments, before going to the operating room , as well as the surgical suit, preserving your privacy.	Minimization of the risk of accidents in patients with metallic adornments, and patient cooperation in accident prevention measures <sup>8</sup> .
Clarify about marking the surgery site when possible with an appropriate pen.	Assurance of the correct surgical site as demarcation of laterality (distinction between right and left), multiple structures (fingers and toes, ribs) and multiple levels (spinal column) are crucial for patient safety <sup>18</sup> .
Clarify the referral to the post anesthetic recovery unit at the end of the surgery and then return to the ward or intensive care unit as needed.	Immediate care and prevention of postoperative complications <sup>19</sup> .
Clarify the possible collection of tissue/organ/bone samples as needed and their submission to the pathology anatomy and withdrawal of the report by the patient/legal guardian after 30 days.	Effective communication and authorization of anatomopathological study.
Request assistance from a member of the nursing team to lift and whenever necessary.	Decreased risk of falls <sup>12</sup> .
Walking early after surgery.	Prevention of postoperative venous thrombosis and risk of pneumonia, as it reflects a better global functional capacity, association of gait training with greater ventilation stimulus, increased pulmonary perfusion, displacement of secretion and improved oxygenation <sup>20</sup> .
Guidelines for hospital discharge	
Perform correct cleaning of the surgical wound with drinking water and soap and dry with gauze or clean cloth; Keep the surgical wound always clean and with drainage, keep it closed with gauze and tape and record the color, appearance, quantity and odor; Pay attention to signs of wound infection; Advice on the use of drains: appearance and amount of drainage, do not pull it, keep the reservoir below the level of the drain outlet, in case of accidental exit, perform compression and return to service as soon as possible.	Prevention of postoperative complications such as infection, suture dehiscence, sepsis <sup>8,18-21</sup> .
Advise on the criteria for hospital discharge.	Possibility of returning the patient to their daily activities, with or without assistance, upon prescription and medication guidance and clarification of other doubts and return to the outpatient clinic scheduled by the surgical team.
Provide guidance on the progressive return to daily activities and work as recommended by a physician; Practice healthy eating with fruits, vegetables, low in salt, sugars and fats.	Guidance on beneficial health practice in the postoperative period <sup>22</sup> .
Provide the telephone contact of the outpatient clinic and available hours for clarification of future doubts.	Creation of a referral service in the perioperative period.

It is believed that the protocol can help with the best convenience for the patient to make appointments according to their availability, avoiding the unnecessary and often high cost of travel, in the face of not understood guidelines.

It is also pointed out that, through the protocol in question, the patient can be able to receive clear, simple and understandable information from the team that assists him, adapted to his cultural condition, regarding his diagnosis, therapeutic options and risks involved. It also emphasizes the need to provide guidance to patients about their rights to receive: information about medicines; origin of blood and blood products; consent or refuse diagnostic or therapeutic

procedures, freely and voluntarily. If the patient is unable to express his will, consent must be given, in writing, by his family or guardians.

The protocol presented makes nurses effectively appropriate their role, in order to conduct the nursing teleconsultation with clarity and quality and not just a replicator of information. Its potential is observed as a relevant device for the systematization of nursing care to be implemented in the service, allowing to promote a better integration between professional-patient and contemplating the subjects in all their dimensions.

It is expected that this protocol can guide the development of Perioperative Nursing teleconsultation for



other surgical specialties, which may contribute to improve decision-making involving guidelines on the surgical procedure in the various sectors of the institution.

## Conclusion

The protocol proposed in this study is considered a powerful remote resource to guide nurses in planning their perioperative care, from the outpatient phase to the hospital discharge of elective surgical patients. We can also admit it as an instrument for patient education, aiming at self-care,

being extremely useful in their recovery and return to daily activities.

It should also be emphasized that the construction process of the Perioperative Nursing Teleconsultation Protocol does not end in this study and that it will be an element for the development of new research. The present protocol, after its appearance and content validation, can collaborate with the production of knowledge and research related to surgical nursing care.

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