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Elaboration of a nursing consultation instrument for suspected and cases of COVID-19 and/or Influenza

Elaboración de un instrumento de consulta de enfermería para casos y sospechas de COVID-19 y/o Influenza

Elaboração de um instrumento de consulta de enfermagem para suspeita e casos de COVID-19 e/ou Influenza

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Abstract

The aim was to build a facilitating tool for nursing consultation, aimed at caring for patients with suspected or confirmed cases of COVID-19 and/or Influenza in Primary Health Care. This is an experience report of nursing students and professors during the construction of the nursing consultation support instrument. The elaboration took place in two stages: bibliographical research and elaboration of the instrument. The bibliographical research was carried out from scientific articles in a database with a focus on Primary Health Care. The construction of the instrument took place in eleven domains, namely: (1) Personal Data; (2) Environment; (3) Complaints; (4) Personal and Family Background; (5) Habits of Life; (6) Symptoms; (7) Epidemiology; (8) Vital Signs; (9) Physical Examination; (10) Vaccines; (11). Exams. The creation of an instrument becomes opportune since it acts as a facilitator for the professional during the nursing consultation. The study allowed to acquire knowledge about COVID-19 and Influenza. The instrument was designed to guide nurses in screening cases of flu syndrome in Basic Health Units.

Descriptors: SARS-CoV-2; Human Influenza; Nursing Process; Primary Health Care; Nursing.

Resumén

El objetivo fue construir una herramienta facilitadora de la consulta de enfermería, dirigida a la atención de pacientes con casos sospechosos o confirmados de COVID-19 y/o Influenza en la Atención Primaria de Salud. Se trata de un relato de experiencia de estudiantes y profesores de enfermería durante la construcción del instrumento de apoyo a la consulta de enfermería. La elaboración se llevó a cabo en dos etapas: búsqueda bibliográfica y elaboración del instrumento. La búsqueda bibliográfica se realizó a partir de artículos científicos en una base de datos con enfoque en la Atención Primaria de Salud. La construcción del instrumento ocurrió en once dominios, a saber: (1) Datos Personales; (2) Medio ambiente; (3) Quejas; (4) Antecedentes Personales y Familiares; (5) Hábitos de Vida; (6) Síntomas; (7) Epidemiología; (8) Signos Vitales; (9) examen físico; (10) vacunas; (11). exámenes La creación de un instrumento se vuelve oportuna ya que actúa como facilitador para el profesional durante la consulta de enfermería. El estudio permitió adquirir conocimientos sobre el COVID-19 y la Influenza. El instrumento fue diseñado para orientar a los enfermeros en el tamizaje de casos de síndrome gripal en Unidades Básicas de Salud.

Descriptores: SARS-CoV-2; Gripe Humana; Proceso de Enfermería; Primeros Auxilios; Enfermería.

Resumo

Objetivou-se construção de uma ferramenta facilitadora para consulta de enfermagem, voltada ao atendimento de pacientes com suspeitas ou casos confirmados de COVID-19 e/ou Influenza na Atenção Primária à Saúde. Trata-se de um relato de experiência das discentes e docentes de enfermagem durante a construção do instrumento de apoio à consulta de enfermagem. A elaboração ocorreu em duas etapas: pesquisa bibliográfica e elaboração do instrumento. A pesquisa bibliográfica foi realizada a partir de artigos científicos em base de dados com enfoque na Atenção Primária à Saúde. A construção do instrumento ocorreu em onze domínios, a saber: (1) Dados Pessoais; (2) Ambiente; (3) Queixas; (4) Antecedentes Pessoais e Familiares; (5) Hábitos de Vida; (6) Sintomas; (7) Epidemiologia; (8) Sinais Vitais; (9) Exame Físico; (10) Vacinas; (11). Exames. A criação de um instrumento se torna oportuna uma vez que atua como facilitador para o profissional durante a consulta de enfermagem. O estudo permitiu adquirir conhecimento sobre COVID-19 e Influenza. O instrumento foi elaborado para nortear o enfermeiro na triagem de casos de síndromes gripais nas Unidades Básicas de Saúde.

Descritores: SARS-CoV-2; Influenza Humana; Processo de Enfermagem; Atenção Primária à Saúde; Enfermagem.

Introduction

Illness started at the end of 2019[1], COVID-19 is still prevalent around the world, a disease that has already surpassed 635 million infections and 6,630 million deaths, with infection and death figures continuing to be updated daily. Individuals infected with the virus usually develop nonspecific symptoms in the prodromal stage of the disease in which fever, cough, dyspnea, muscle aches, diarrhea, severe headache and fatigue are the most common symptoms[2,3]. The emergence of the SARS-CoV-2 virus resulted in a health crisis not witnessed since the Spanish flu pandemic that occurred between 1918 and 1919.

The most plausible origin of the SARS-CoV-2 virus is natural selection of this microorganism from an animal host followed by zoonotic transfer[4]. After the identification of the first cases of the COVID-19 disease in Wuhan, China in December 2019, the virus spread rapidly and was soon reported worldwide in the first quarter of 2020.

Among the countries most affected by COVID-19 so far are the US, Brazil, Mexico and India (surpassing 6.630 million deaths and 641 million infections by November 27, 2022)[5]. In the early stages of the outbreak, the focus of traceability, testing and treatment was on populations with greater vulnerability and on people more likely to be at risk of exposure to the virus, such as health professionals.

This fact of case monitoring selection occurred due to the shortage of test kits and, as a result, asymptomatic carriers were not tested even in high-income countries with quality health systems, spreading the virus and making it difficult for the pandemic to be stopped on the global stage[6,7].

The SARS-CoV-2 virus continues to spread around the world, with devastating consequences. Important questions remain about the clinical complexity and underlying mechanisms of the phenotypes of this disease, especially with regard to sequelae and the rehabilitation process.

Coping with the pandemic of the new coronavirus is a problem of great importance for public health, since this virus has disturbed and clarified the need to implement prevention and health promotion actions. Thus, the need for health professionals to carry out popular health education was shown, with the aim of promoting actions in schools, companies and social media[8].

Primary health care has a pioneering role in terms of prevention and control of the current pandemic since, to curb its spread, understanding socioeconomic and cultural aspects mitigates a huge gap between science and the collective customs of the Brazilian population[9,10].

Influenza is also considered a public health challenge worldwide, with an estimated three to five million cases being severe, resulting in 290,000 to 650,000 deaths from influenza-related respiratory illnesses. The WHO also highlights the importance of best practices in the treatment of influenza in periods of greater diversion of resources and attention to COVID-19, being essential to ensure that the health service is well prepared to deal with future influenza seasons, expected to coincide with additional waves of COVID-19[11,12].

In addition to the SARS-CoV-2 virus and influenza circulating in Brazil, there are arboviruses that are considered one of the main health problems in the world. The World Health Organization (WHO) estimates that 80 million people are infected with arboviruses annually in at least 100 countries, with the exception of the European continent[13].

In Brazil, the record of arboviruses emerged at the end of the 19th century, bringing the first dengue epidemic, caused by the mosquito Aedes aegypti. Currently, this mosquito is also a vector of yellow fever, chikungunya and zikavirus[13].

Faced with the pandemic, many health professionals concentrated greater efforts on the treatment and monitoring of people affected by COVID-19, neglecting or underreporting cases of contamination by arboviruses[14].

The community health agent has a role in this arboviral control scenario, as it acts as a carrier and disseminator of reliable information, in addition to actively seeking symptomatic cases and guiding care flows and case monitoring[9,10].

The nursing consultation is paramount in primary care, as it is an instrument that measures and establishes the nature of nursing interventions, identifying the social and cultural context, risk and protection factors, and biopsychosocial needs of individuals[15]. It is capable of guiding nursing care, allowing it to be planned, implemented and evaluated. At this point, it is worth mentioning that a tool for nursing consultations organized with pre-established items for checking and rapid assessment makes the management of care more effective and efficient.

Primary Health Care (PHC) nurses are extremely important in combating diseases, especially the association between COVID-19 and Influenza, as they work in health surveillance, risk classification and support for patients with the identification and referral to the diagnosis and treatment, in addition to guiding and educating the population about prevention. Another practice of nurses in PHC is to offer continuous care, creating a therapeutic bond and trust during the life cycles of the patient and family[15].

The PHC nurse gained prominence in the pandemic scenario in the management of the implementation and maintenance of lines of care for respiratory symptoms of COVID-19, thus explaining the importance of this professional in the health team[16].

The purpose of this study was to develop a data collection instrument aimed at respiratory conditions for better optimization and assertiveness during the nursing consultation, with the intention of outlining an active strategy in the training of professional nurses. It is proposed to standardize a specific instrument for primary health care, during the performance of nursing praxis in collective health in basic health units in a city in the interior of the State of São Paulo.

Methodology

This is a descriptive study of the experience report type lived within the scope of the undergraduate nursing course at a college in the interior of the State of São Paulo.

It describes the elaboration of an investigation and data collection instrument directed to the nursing consultation to the patient with or suspected infection by the SARS-CoV-2 virus, with the purpose of facilitating and organizing the work process of the Primary Health Care nurse.

The experience period took place between February and June 2022, after the student body evidenced the need to create a data collection instrument to be used in the future supervised curricular internship in PHC.

The study scenario was the discipline 'Special Topics of Nursing II', of the undergraduate Nursing course, whose syllabus addresses public health content in a national network of colleges based in the interior of São Paulo.

The social agents involved in the experience were students and professors, as well as the coordination of the referred undergraduate nursing course. The planning of the instrument was carried out by Nursing students and professors at the higher education level.

The formulation of the data collection tool to be used in the nursing consultation in the PHC is described in the Annex (Nursing consultation for the Client with Suspected Influenza and/or COVID-19), aiming at the systematic care of suspected and/or confirmed cases of SARS-CoV-2 and Influenza virus infection in PHC. The theoretical framework of the instrument proposed in this study uses Wanda Horta Aguiar's Theory of Nursing.

This instrument includes the nursing history, collection of identification data, aspects of the environment, complaints, personal and family history, life habits, symptoms, vital signs, physical examination, vaccine, tests and additional observations.

It is also proposed the addition of nursing diagnoses using the taxonomy of the International Classification of Nursing Practices in Collective Health (CIPESC)[17] for naming nursing diagnoses and interventions.

Observation, consultation with flows and nursing consultation instruments widely disseminated by the Nursing Process Research Network (RePPE) were used for data formation and presentation. Even though we are not talking about a field research study, the discretion and confidentiality of the participating subjects and the institution were respected, as recommended by Resolution No. 466 of 2012 of the National Health Council.

Experience Report

This study is of the experience report type to develop a nursing data collection instrument in suspected or confirmed cases of COVID-19 and/or influenza. This study aimed to elucidate the construction of an instrument in two stages: (1) bibliographical research and (2) elaboration of the instrument.

The first stage consisted of planning the instrument. A search was made for scientific articles in indexed databases with a focus on PHC, based on Horta's literature on the nursing process and on the CIPESC taxonomy. Afterwards, a survey of the necessary requirements for the elaboration of the instrument was carried out, aiming to identify the needs of the nursing process in Primary Care, aimed at suspected or confirmed cases of COVID-19 and

influenza.

First, it was necessary to list the CIPESC nursing diagnoses focused on PHC, comorbidities and problems caused by COVID-19. Then, the basic human need of each diagnosis was selected and then the best nursing interventions related to each diagnosis were selected. Based on research in scientific literature, domains essential for the elaboration of the instrument were identified, sociodemographic data, current history, physical examination and family history.

To meet the objective of this instrument, the main signs and symptoms of COVID-19 were raised from the literature[18-20], and the most prevalent in patients with altered breathing pattern, in order to build a complete instrument capable of meeting all the diagnoses necessary to guide quality nursing care in the nursing consultation in PHC.

The second stage referred to the Nursing Consultation with the Client with Suspected COVID-19 and/or Influenza. The instrument (Annex 1) consists of eleven domains, namely: (1) Personal Data; (2) Environment; (3) Complaints; (4) Personal and Family Background; (5) Habits of Life; (6) Symptoms; (7) Epidemiology; (8) Vital Signs; (9) Physical Examination; (10) Vaccines; (11) Exams. The instrument is a table with four domains, namely: Needs; Nursing Diagnosis; Nursing Interventions; Nursing Prescription.

The instrument was revised by the nursing professor, who made suggestions for its improvement and enhancement based on her experiences, in order to produce an instrument meeting the needs of the target audience.

Discussion

PHC is considered the gateway for users to the Unified Health System (SUS), responsible for analyzing aspects of the National Primary Care Policy (PNAB) and the Social Determinants of Health (DSS), discussing socioeconomic indicators of a given region that favors the prevalence of diseases according to locoregional needs[21,22].

The primary health care nurse performs the compulsory notification of probable and proven cases of COVID-19 and influenza (among others), so that epidemiological surveillance follows the transmission pattern and the endemic curve of these diseases, facilitating the planning of actions that reduce the incidence rate of these viruses.

The nursing consultation is an essential tool in this process and was legalized in June 1986 by Law No. 7,498 on Professional Nursing Practice and COFEN Resolution No. 544/2017, being exclusive to nurses and characterized by the individual application of the nursing consultation process. nursing, involves anamnesis and physical examination, diagnoses, expected results, interventions and evaluation. Nursing plays an essential role in assessing the individual, considering their particularities, religious, family, sociocultural and sociodemographic concepts, which are important elements in the treatment, recovery, rehabilitation and monitoring of the disease[23,24].

The use of scientific methods and support and

evaluation instruments direct the professional's gaze to the nursing process, adapting and improving the quality of assistance provided to primary care users, helping in the early identification of diseases, directing prevention measures and promotion of health[25].

These instruments become an effective alternative, favoring the performance of the nursing team in the multidisciplinary team, in addition to establishing a systematic and adequate consultation to the needs of users, based on a theoretical-scientific framework[25].

The theoretical framework used to support the construction of the proposed instrument was the Theory of Basic Human Needs by Wanda de Aguiar Horta, which proposes the contemplation of all the needs of the patient.

The developed support instrument facilitates data collection, development of diagnoses and nursing interventions during user care in PHC. Faced with the COVID-19 epidemic, it is important to differentiate the SARS-CoV-2 virus from other causes of respiratory infections, such as the Influenza virus, or even some arboviruses.

The symptoms of these illnesses are similar. Thus, the identification of the viral condition based on the symptomatology is essential for the health professional in terms of care, and it is essential that the symptoms are correctly evaluated by the professional nurse in the screening of suspected cases.

The elaboration of this instrument considered the different data collection methodologies to qualify and guide the nursing consultation to suspected or confirmed cases of COVID-19 and/or Influenza. The instrument compiles the main symptoms of the aforementioned diseases in a single document, including anamnesis, physical examination, history, diagnoses, interventions and nursing prescriptions.

The elaboration of the instrument was a challenging task that made it possible to rescue the theoretical knowledge about the Nursing Process and the opportunity to be directed to diseases of great epidemiological relevance such as COVID-19 and Influenza.

Final Considerations

The present work highlighted the importance of gathering information and discussions about COVID-19 and Influenza in Primary Care. The instrument was developed to guide the professional nurse in the screening of cases of flu syndromes in the Basic Health Units in order to optimize and qualify the service, aiming to reduce the waiting time for the service as well as to improve the diagnosis of the cases.

A limitation of the study concerns the failure to carry out a pilot test of the proposed instrument to assess its content and face by the target audience, Primary Health Care nurses. It is intended to proceed with this step to improve the instrument in order to fully meet the objectives proposed by the tool developed.

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