

***PATIENT SAFETY IN PREVENTING PRESSURE INJURY IN PANDEMIC TIMES:
EXPERIENCE REPORT***

**SEGURANÇA DO PACIENTE NA PREVENÇÃO DE LESÃO POR PRESSÃO EM
TEMPOS DE PANDEMIA: RELATO DE EXPERIÊNCIA**

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ABSTRACT

Objective: to present the methods used to promote the prevention of the occurrence of Pressure Injury (PPI) during four months of work in the medical clinic sector. **Methodology:** This is a descriptive study of a qualitative approach, of the experience report type, during our activity as resident nurses in the clinical medicine sector of a Federal Hospital in the city of Rio de Janeiro, during the Post-Graduate course at the level of specialization in Medical and Surgical Clinic, in the form of in-service training, from July to October of 2020. **Results:** the study showed that the personal dimension of the Nursing team directly affected an increase and prevalence of LPP. The study reinforces that the application of the Braden Risk Scale allows decision-making and targeting of nursing therapies for each patient. **Final Considerations:** it is essential to interact with protocols and make adjustments to predefined actions that impact or directly affect the patient's skin. It is understood as an important factor for the configuration of the ideal dressing with adequate coverage, it is essential to maintain the prevention of pressure injuries. So do the nurses and their teams of the Clinical Inpatient Unit of this institution.

Keywords: Patient Safety; Pressure Ulcer; Nursing; Disease Prevention; Nurses.

RESUMO

Objetivo: apresentar os métodos utilizados para promover a prevenção de ocorrência de Lesão por Pressão (LPP) durante quatro meses de atuação no setor clínica médica. **Metodologia:** O presente estudo descritivo de abordagem qualitativa, do tipo relato de experiência, durante nossa atividade como enfermeiras residentes no setor clínica médica de um Hospital Federal na cidade do Rio de Janeiro, no período do curso de Pós-Graduação em nível de especialização em Clínica Médica e Cirúrgica, sob a forma de treinamento em serviço, no período de julho a outubro do ano de 2020. **Resultados:** o estudo evidenciou que o dimensionamento pessoal da equipe de Enfermagem afeta diretamente a incidência e prevalência da LPP. O estudo reforça que a aplicação da Escala de Risco de Braden permite a tomada de decisão e direcionamento das intervenções de enfermagem para cada paciente. **Considerações Finais:** é essencial a interação com protocolos e realizar ajustes nas ações previstas que têm impacto ou ação direta no comprometimento da pele do paciente. Entende-se como fator importante para a confecção do curativo ideal com cobertura adequada, contudo torna-se primordial a manutenção da prevenção das lesões por pressão. Assim fazem os enfermeiros e suas equipes da Unidade de Internação Clínica desta Instituição.

Palavras-chave: Segurança do Paciente; Lesão por Pressão; Enfermagem; Prevenção de Doenças; Enfermeiras e Enfermeiros.

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INTRODUCTION

Pressure Injury (LPP) is characterized by an injury to the skin or to some underlying tissue, caused over a bony prominence, as a result of continuous pressure or an association between this and the torsional force. The LPPs are also aggregated to several contributing aspects, on which there is still no complete clarification¹.

The Brazilian Association of Stomach Therapy (SOBEST) states that PPL can be classified into 4 stages: 1 - intact skin with erythema, which if digital pressure is performed, does not whiten. 2 - partial loss of skin with exposure of the dermis layer, which may have the presence of blisters. 3 - skin loss with full thickness of the epidermis and presence of subcutaneous tissue. 4 - Full-thickness skin loss and exposure of muscles, tendons, ligaments and bones².

The National Pressure Ulcer Advisory Panel (NPUAP), between April 8 and 9, 2016, updated the terminology associated with Pressure Ulcers (UPP), changing to Pressure Injuries, this change was due to the factor that in the 1st stage an ulcer is not found, so the term has fallen into disuse. In addition, they added the term medical device-related pressure injury, describing any injury related to devices and/or equipment used in the healthcare field².

In 2013, the National Patient Safety Program (PNSP) was instituted by the Ministry of Health (MS). The program aims

to contribute to a better quality of care provided to the individual, throughout the national territory, in any health unit. In order to achieve this goal, 6 Patient Safety goals were established, among these goals is the reduction of the risk of falls and pressure injuries³.

A study by Malagutti and Kahihara⁴, carried out at a University Hospital, showed an incidence of 39.81% for PPL. The rates of incidence and prevalence presented show changes that are due to the particularities of patients and their level of care, differentiating in acute care with an incidence of 0.4 to 38%, prevalence of 10 to 18%¹.

The prescription and assessment of skin care for the patient is a nurse's competence, and the participation of the interdisciplinary team in the prevention and treatment of the presented alterations is extremely important for the contribution and planning of care provided to the individual at risk⁵.

The nursing team, as it comprises the largest group of the health team, has a fundamental role in ensuring the safety of care for these patients with injuries. Furthermore, these professionals work directly with the patient and are responsible for preventing injuries and incidents⁶.

One of the extrinsic factors that impact pressure injury prevention is the nursing dimension, considering that the quality of care provided to patients is directly proportional to the number of nursing staff. As provided for in COFEN Resolution No. 543/2017, the

quantitative and qualitative nursing professionals directly interfere in the safety and quality of care⁷.

This study aims to present the methods used to promote the prevention of the occurrence of Pressure Injury (LPP) during four months of work in the Clinical Inpatient Unit sector, with the guiding question: What are the strategies and nursing care offered to patients who present pressure injury in the Clinical Inpatient Unit during the COVID-19 pandemic?

METHODOLOGY

This is a descriptive study with a qualitative approach, of the Experience Report type. The Experience Report is defined as a construction open to considerations, stimulating new studies, through experiences, stories and knowledge⁸.

The postgraduate course at the specialization level, in the form of in-service training for nurses, in the form of residency, aims at a preparation with a scientific basis, enabling nurses to have technical competence and clinical judgment regarding the care provided to the individual.

The experience report was described during our activity as resident nurses in the clinical medicine sector of a Federal Hospital in the city of Rio de Janeiro, during the postgraduate course at the level of specialization in Clinical Medicine and Surgery in the form of training in service, from July to October of the year 2020.

To obtain the information, we used the experiences, the realization of the Braden Scale in all hospitalized patients and the data sheets implemented by the sector of the institution, which contained the monthly information of hospitalized patients.

EXPERIENCE REPORT

The Institution has an emergency with an "open door", which is also a reference for oncological treatments, so it suffered a great impact as a result of COVID -19. At the end of March 2020, the number of hospitalized patients increased dramatically, due to the COVID - 19 pandemic, requiring the creation and separation of a ward in the medical clinic sector for patients diagnosed with coronavirus.

During the 4 months of work within the Clinical Hospitalization Unit sector, the aim was to ensure the prevention of adverse events related to health care. Among these adverse events, the prevention of PPL stands out, this emphasis is related to the pandemic, as many reasons emerged that intensified the development of these lesions.

Another important factor that occurred during the pandemic period was the lower staffing, due to the number of hospitalized patients. It also includes professionals who took leaves during the pandemic, as they are considered risk groups and many of those who kept working were infected by the virus, requiring isolation for 15 days or while showing signs and symptoms of the disease.

All these factors had a direct impact on health care, as there were few professionals to practice care aimed at the development of injuries, such as carrying out the debt change, which, with the reduction of professionals and caregivers, became a practice that it took a lot of time.

As a result, the view of the interdisciplinary team during this process was extremely important for the success of this action, and it is possible to see that despite the large number of patients with LPP in the sector, almost 100% were previously developed in other environments, during these 4 months only one patient developed a PPL within the sector, an obese patient, in palliation, with compromised nutritional factors, low perfusion, comorbidities and compromised social factors. This information confirms the importance of care by the entire team for these injuries, seeking the lowest possible incidence.

The assessment of injuries made properly and the decision on the coverage to be used in each case are of great relevance in this process. There is a Wound Prevention and Treatment Committee at the institution, whose function is to assist in matters related to wounds and injuries, assisting in the evaluation and choice of the appropriate coverage for each case.

To assess the risk of developing

injuries in these patients, the Braden scale was used in all patients admitted to the sector, enabling the application of preventive measures.

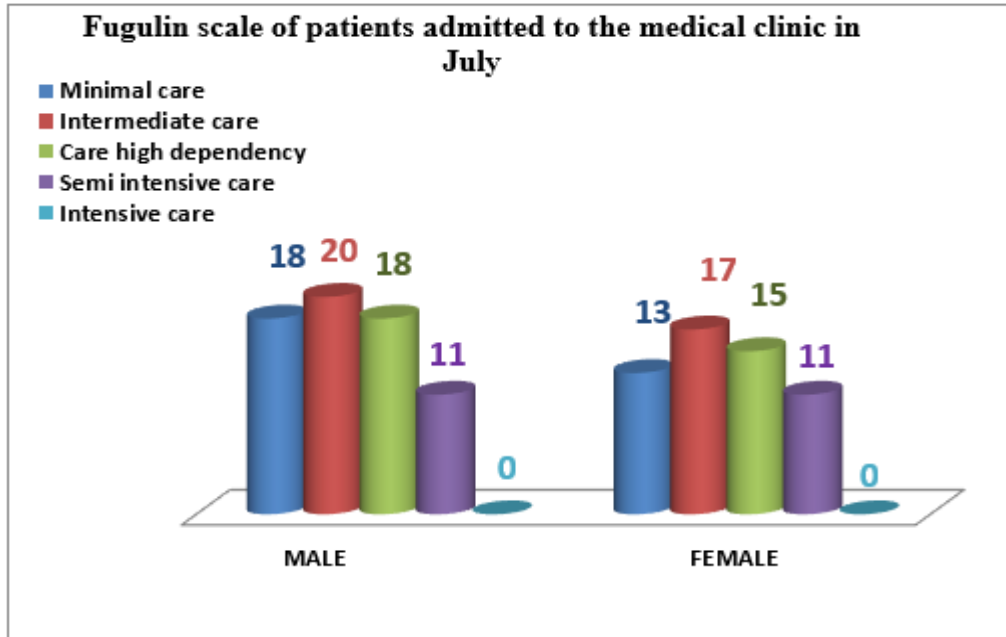
During the pandemic, a new major challenge arose, the injuries caused by the n95 and PFF2 masks in health professionals, as it is not possible to replace the device/mask. Injuries affected by medical devices such as oxygen catheters (O²) are also mentioned, in which the dressings were changed with the dressings indicated by the committee of the institution itself and a rotation of the passage and fixation sites of the catheter, seeking to avoid the continuous pressure on the patient's skin.

The daily assessment was essential for the quality of care, always explaining to the patient the importance of nutrition, hydration and change of position, seeking to work initially with prevention, avoiding future LPP, because working on prevention methods is to provide care based on scientific evidence.

RESULTS

To obtain the following data, spreadsheets implemented by the sector were used, elaborated through monthly information on hospitalized patients, identified by numbers and signs relevant to length of stay, degree of risk and monitoring by the nursing staff.

Figure 1 - Fugulin scale of patients admitted to the medical clinic in July

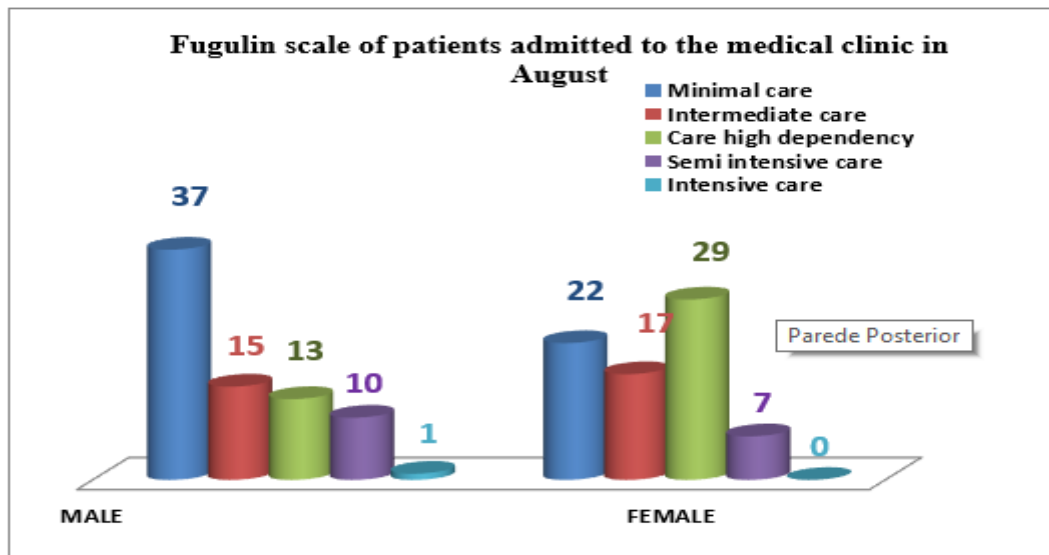


Source: Own

Pressure injury is a preventable adverse event and its prevalence is considered a marker of health care characteristics. In this graph, it can be seen that in the month in question, the sector had 11 male and 11

female patients with a demand for semi-intensive care, lacking greater attention and care from professionals, as a result of the need for help to change position, an outstanding factor for the development of these injuries.

Figure 2 - Fugulin scale of patients admitted to the medical clinic in August



Source: Own

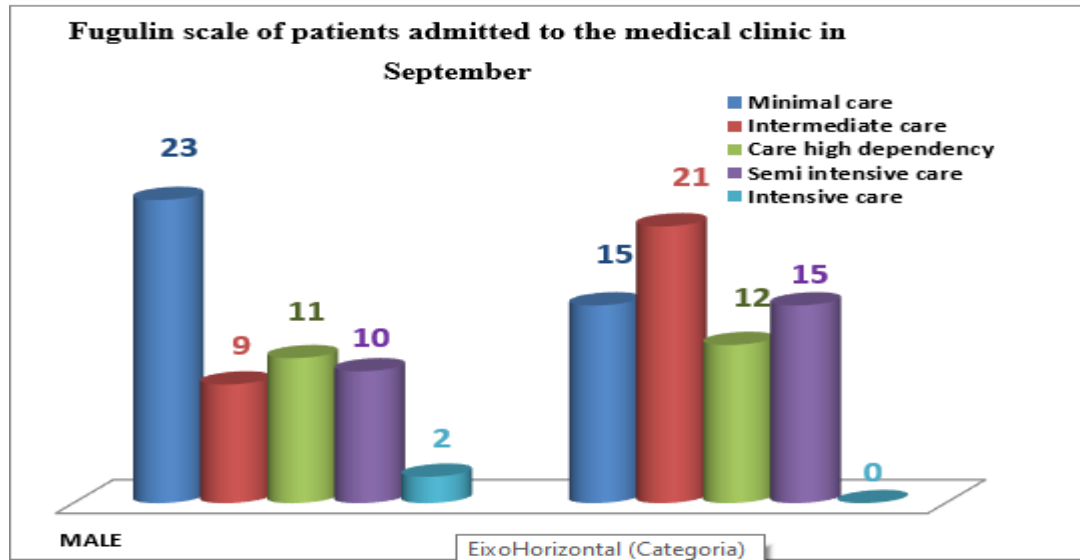
The degree of dependence of patients is proportional to the time stipulated for their care, thus, greater degrees of dependence

require a greater demand for professionals, which can cause an overload on health professionals, with an emphasis on nursing

professionals, this overload, plus extensive workloads can cause negative damage to Patient Safety. In this graph, we can see that

this month we had 13 male and 29 female patients who, according to the classification of the scale, needed high dependency care.

Figure 3 - Fugulin scale of patients admitted to the medical clinic in September

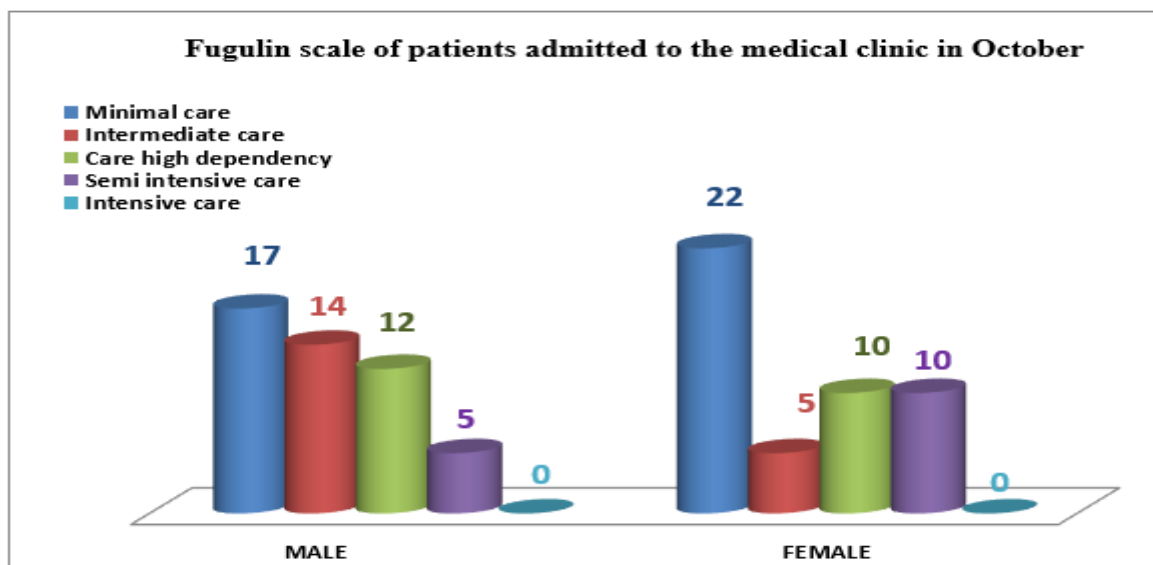


Source: Own

The prevention of pressure injuries includes interventions related to comprehensive monitoring of patients at risk of acquiring the injury, through the use of the Fugulin scale, we achieved a positive result.

Through it, it was possible to designate care according to the needs of each user, especially if we observe that there is always a prevalence of patients needing intensive care and with high dependence.

Figure 4 - Fugulin scale of patients admitted to the medical clinic in October



Source: Own



Regarding pressure injury prevention, it is noted that professionals distinguish its importance and provide care based on science and institutional protocols, which contributes to evidence-based practice, as well as assisting in the care aimed at patients who are found in such needs, because although most are classified as minimal care, the number of users who lack assistance for their basic activities of daily living is of great importance, so that it is known that the most severe patients are in their vast majority are bedridden, being a very important factor for the development and treatment of pressure injuries.

DISCUSSION

Injuries related to medical devices are identified as unclassified pressure injuries, as a result of the fact that they do not occur in and under the influence of regions of bony prominences, it can occur in any region of the body, whether in the skin or mucous membranes that are over the pressure of medical devices⁴.

To assess the risk of developing injuries, the Braden Scale stands out, which is an excellent tool for measuring the indicative factors for the development of an LPP, through the establishment of scores based on a series of defined parameters. This scale is recommended by the National Health Surveillance Agency to carry out a daily assessment of the patient or according to the Hospital protocol¹⁻⁹.

Nurses play an essential role in carrying out these actions, as nursing is a science that has assistance and care as its focus and essence, and the Braden Scale is an instrument widely used by these professionals during work, supporting their care, indicating a probable complication and pointing out interventions to prevent the onset of pressure injuries²⁻¹⁰.

In Brazil, Hospital Institutions started to give more importance to the theme after the publication of ordinance 529, in April 2013 by the Ministry of Health, which institutes the National Patient Safety Program, with the objective of reducing the an acceptable minimum, of adverse events associated with health care. The ordinance explains its relationship with wounds, where pressure injuries are considered an adverse event, that is, an incident that causes harm to the patient. Due to its relevance, the occurrence of this event is mandatory monthly notification².

Pressure injury indices internationally are considered a relevant indicator of health care quality. The National Accreditation and Joint Commission International organization, leader of the Hospital Accreditation process, considers the prevalence and incidence of LPP as a considerable indicator of nursing care quality, authorizing the analysis of facts regarding its distribution, the most susceptible patients and regions in which the appearance of lesions is more common⁷. According to Silva et al¹¹ "Such injuries stand out as a relevant health problem, since for the proper

treatment, patients with chronic injuries often need prolonged stay in hospital networks".

It is important that the dimensioning of nursing staff, covered as a method that helps in anticipating the resources needed to meet health needs, so that health institutions enable not only the use of scales, but also the execution of preventive actions for the development of pressure injuries, such as the use of adequate supplies, frequent change of position, and an interdisciplinary team involved in the process to provide differentiated care to patients³⁻¹².

The quantitative and qualitative of nursing professionals directly affects the safety and quality of care provided to the patient, in addition to providing challenges in meeting all demands⁶⁻¹³.

FINAL CONSIDERATIONS

The study shows a low incidence of pressure injuries in patients hospitalized in the Clinical Inpatient Unit during this period, resulting from care practices and the participation of a specific committee on the subject in question, taking into account the non-inclusion of users with injuries from other units and other sectors.

The national literature is still scarce on the incidence and prevalence of PPL in Brazilian Institutions, and it is essential to recognize this indicator in each institution, for the elaboration of specific conducts in view of the needs of each location, aiming at the Systematization of Nursing Care based on the results found.

The study reinforces that the application of the Braden Risk Scale upon admission allows decision-making and targeting of nursing interventions for each patient, as early as possible. professionals and not just Nursing.

Aiming at improving care, the Institution's Wound Prevention and Treatment Committee (CPTF) conducts assessments and plans actions by specialist nurses and the risk of developing pressure injuries must be reassessed daily by the entire team.

Thus, it is essential to interact with protocols and make adjustments to the planned actions that have an impact or direct action on the patient's skin impairment. Because more important than performing the dressing with adequate coverage is to work with preventive measures for the appropriate injuries.

It is believed that this work brings contributions and good practice incentives to the team. And that they continue to review their management and care processes, ensuring the safety and quality of services provided to patients.

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