

MARCUS FERNANDO DA SILVA PRAXEDES
(Organizador)

SABERES, ESTRATÉGIAS E IDEOLOGIAS DE ENFERMAGEM

III



Atena
Editora
Ano 2022

MARCUS FERNANDO DA SILVA PRAXEDES
(Organizador)

SABERES, ESTRATÉGIAS E IDEOLOGIAS DE ENFERMAGEM III



Atena
Editora
Ano 2022

Editora chefe

Profª Drª Antonella Carvalho de Oliveira

Editora executiva

Natalia Oliveira

Assistente editorial

Flávia Roberta Barão

Bibliotecária

Janaina Ramos

Projeto gráfico

Camila Alves de Cremo

Daphynny Pamplona

Gabriel Motomu Teshima

Luiza Alves Batista

Natália Sandrini de Azevedo

Imagens da capa

iStock

Edição de arte

Luiza Alves Batista

2022 by Atena Editora

Copyright © Atena Editora

Copyright do texto © 2022 Os autores

Copyright da edição © 2022 Atena Editora

Direitos para esta edição cedidos à Atena Editora pelos autores.

Open access publication by Atena Editora



Todo o conteúdo deste livro está licenciado sob uma Licença de Atribuição Creative Commons. Atribuição-Não-Comercial-NãoDerivativos 4.0 Internacional (CC BY-NC-ND 4.0).

O conteúdo dos artigos e seus dados em sua forma, correção e confiabilidade são de responsabilidade exclusiva dos autores, inclusive não representam necessariamente a posição oficial da Atena Editora. Permitido o *download* da obra e o compartilhamento desde que sejam atribuídos créditos aos autores, mas sem a possibilidade de alterá-la de nenhuma forma ou utilizá-la para fins comerciais.

Todos os manuscritos foram previamente submetidos à avaliação cega pelos pares, membros do Conselho Editorial desta Editora, tendo sido aprovados para a publicação com base em critérios de neutralidade e imparcialidade acadêmica.

A Atena Editora é comprometida em garantir a integridade editorial em todas as etapas do processo de publicação, evitando plágio, dados ou resultados fraudulentos e impedindo que interesses financeiros comprometam os padrões éticos da publicação. Situações suspeitas de má conduta científica serão investigadas sob o mais alto padrão de rigor acadêmico e ético.

Conselho Editorial**Ciências Biológicas e da Saúde**

Profª Drª Aline Silva da Fonte Santa Rosa de Oliveira – Hospital Federal de Bonsucesso

Profª Drª Ana Beatriz Duarte Vieira – Universidade de Brasília

Profª Drª Ana Paula Peron – Universidade Tecnológica Federal do Paraná

Prof. Dr. André Ribeiro da Silva – Universidade de Brasília

Profª Drª Anelise Levay Murari – Universidade Federal de Pelotas

Prof. Dr. Benedito Rodrigues da Silva Neto – Universidade Federal de Goiás



Prof. Dr. Cirêno de Almeida Barbosa – Universidade Federal de Ouro Preto
Prof^o Dr^a Daniela Reis Joaquim de Freitas – Universidade Federal do Piauí
Prof^o Dr^a Débora Luana Ribeiro Pessoa – Universidade Federal do Maranhão
Prof. Dr. Douglas Siqueira de Almeida Chaves – Universidade Federal Rural do Rio de Janeiro
Prof. Dr. Edson da Silva – Universidade Federal dos Vales do Jequitinhonha e Mucuri
Prof^o Dr^a Elizabeth Cordeiro Fernandes – Faculdade Integrada Medicina
Prof^o Dr^a Eleuza Rodrigues Machado – Faculdade Anhanguera de Brasília
Prof^o Dr^a Elane Schwinden Prudêncio – Universidade Federal de Santa Catarina
Prof^o Dr^a Eysler Gonçalves Maia Brasil – Universidade da Integração Internacional da Lusofonia Afro-Brasileira
Prof. Dr. Ferlando Lima Santos – Universidade Federal do Recôncavo da Bahia
Prof^o Dr^a Fernanda Miguel de Andrade – Universidade Federal de Pernambuco
Prof. Dr. Fernando Mendes – Instituto Politécnico de Coimbra – Escola Superior de Saúde de Coimbra
Prof^o Dr^a Gabriela Vieira do Amaral – Universidade de Vassouras
Prof. Dr. Gianfábio Pimentel Franco – Universidade Federal de Santa Maria
Prof. Dr. Helio Franklin Rodrigues de Almeida – Universidade Federal de Rondônia
Prof^o Dr^a Iara Lúcia Tescarollo – Universidade São Francisco
Prof. Dr. Igor Luiz Vieira de Lima Santos – Universidade Federal de Campina Grande
Prof. Dr. Jefferson Thiago Souza – Universidade Estadual do Ceará
Prof. Dr. Jesus Rodrigues Lemos – Universidade Federal do Piauí
Prof. Dr. Jônatas de França Barros – Universidade Federal do Rio Grande do Norte
Prof. Dr. José Aderval Aragão – Universidade Federal de Sergipe
Prof. Dr. José Max Barbosa de Oliveira Junior – Universidade Federal do Oeste do Pará
Prof^o Dr^a Juliana Santana de Curcio – Universidade Federal de Goiás
Prof^o Dr^a Lívia do Carmo Silva – Universidade Federal de Goiás
Prof. Dr. Luís Paulo Souza e Souza – Universidade Federal do Amazonas
Prof^o Dr^a Magnólia de Araújo Campos – Universidade Federal de Campina Grande
Prof. Dr. Marcus Fernando da Silva Praxedes – Universidade Federal do Recôncavo da Bahia
Prof^o Dr^a Maria Tatiane Gonçalves Sá – Universidade do Estado do Pará
Prof. Dr. Maurilio Antonio Varavallo – Universidade Federal do Tocantins
Prof^o Dr^a Mylena Andréa Oliveira Torres – Universidade Ceuma
Prof^o Dr^a Natiéli Piovesan – Instituto Federaci do Rio Grande do Norte
Prof. Dr. Paulo Inada – Universidade Estadual de Maringá
Prof. Dr. Rafael Henrique Silva – Hospital Universitário da Universidade Federal da Grande Dourados
Prof^o Dr^a Regiane Luz Carvalho – Centro Universitário das Faculdades Associadas de Ensino
Prof^o Dr^a Renata Mendes de Freitas – Universidade Federal de Juiz de Fora
Prof^o Dr^a Sheyla Mara Silva de Oliveira – Universidade do Estado do Pará
Prof^o Dr^a Suely Lopes de Azevedo – Universidade Federal Fluminense
Prof^o Dr^a Vanessa da Fontoura Custódio Monteiro – Universidade do Vale do Sapucaí
Prof^o Dr^a Vanessa Lima Gonçalves – Universidade Estadual de Ponta Grossa
Prof^o Dr^a Vanessa Bordin Viera – Universidade Federal de Campina Grande
Prof^o Dr^a Welma Emidio da Silva – Universidade Federal Rural de Pernambuco



Saberes, estratégias e ideologias de enfermagem 3

Diagramação: Camila Alves de Cremo
Correção: Yaidy Paola Martinez
Indexação: Amanda Kelly da Costa Veiga
Revisão: Os autores
Organizador: Marcus Fernando da Silva Praxedes

Dados Internacionais de Catalogação na Publicação (CIP)

S115 Saberes, estratégias e ideologias de enfermagem 3 /
Organizador Marcus Fernando da Silva Praxedes. –
Ponta Grossa - PR: Atena, 2022.

Formato: PDF

Requisitos de sistema: Adobe Acrobat Reader

Modo de acesso: World Wide Web

Inclui bibliografia

ISBN 978-65-258-0023-3

DOI: <https://doi.org/10.22533/at.ed.233223003>

1. Enfermagem. 2. Saúde. I. Praxedes, Marcus
Fernando da Silva (Organizador). II. Título.

CDD 610.73

Elaborado por Bibliotecária Janaina Ramos – CRB-8/9166

Atena Editora
Ponta Grossa – Paraná – Brasil
Telefone: +55 (42) 3323-5493
www.atenaeditora.com.br
contato@atenaeditora.com.br



DECLARAÇÃO DOS AUTORES

Os autores desta obra: 1. Atestam não possuir qualquer interesse comercial que constitua um conflito de interesses em relação ao artigo científico publicado; 2. Declaram que participaram ativamente da construção dos respectivos manuscritos, preferencialmente na: a) Concepção do estudo, e/ou aquisição de dados, e/ou análise e interpretação de dados; b) Elaboração do artigo ou revisão com vistas a tornar o material intelectualmente relevante; c) Aprovação final do manuscrito para submissão.; 3. Certificam que os artigos científicos publicados estão completamente isentos de dados e/ou resultados fraudulentos; 4. Confirmam a citação e a referência correta de todos os dados e de interpretações de dados de outras pesquisas; 5. Reconhecem terem informado todas as fontes de financiamento recebidas para a consecução da pesquisa; 6. Autorizam a edição da obra, que incluem os registros de ficha catalográfica, ISBN, DOI e demais indexadores, projeto visual e criação de capa, diagramação de miolo, assim como lançamento e divulgação da mesma conforme critérios da Atena Editora.



DECLARAÇÃO DA EDITORA

A Atena Editora declara, para os devidos fins de direito, que: 1. A presente publicação constitui apenas transferência temporária dos direitos autorais, direito sobre a publicação, inclusive não constitui responsabilidade solidária na criação dos manuscritos publicados, nos termos previstos na Lei sobre direitos autorais (Lei 9610/98), no art. 184 do Código Penal e no art. 927 do Código Civil; 2. Autoriza e incentiva os autores a assinarem contratos com repositórios institucionais, com fins exclusivos de divulgação da obra, desde que com o devido reconhecimento de autoria e edição e sem qualquer finalidade comercial; 3. Todos os e-book são *open access*, *desta forma* não os comercializa em seu site, sites parceiros, plataformas de *e-commerce*, ou qualquer outro meio virtual ou físico, portanto, está isenta de repasses de direitos autorais aos autores; 4. Todos os membros do conselho editorial são doutores e vinculados a instituições de ensino superior públicas, conforme recomendação da CAPES para obtenção do Qualis livro; 5. Não cede, comercializa ou autoriza a utilização dos nomes e e-mails dos autores, bem como nenhum outro dado dos mesmos, para qualquer finalidade que não o escopo da divulgação desta obra.



APRESENTAÇÃO

Temos o prazer de apresentar a coleção “Saberes, estratégias e ideologias de enfermagem”. Trata-se de uma obra que reúne trabalhos científicos relevantes das mais diversas áreas da Enfermagem. A coleção divide-se em três volumes, em que o objetivo central foi apresentar de forma categorizada e clara estudos desenvolvidos em diversas instituições de ensino e pesquisa nacionais e internacionais.

O primeiro volume traz estudos relacionados à sistematização da assistência da enfermagem em diferentes unidades hospitalares e na atenção básica, destacando a importância do trabalho da equipe de enfermagem do pré-natal até os cuidados paliativos; discussão sobre os desafios da enfermagem frente ao contexto da pandemia de COVID-19; questões gerenciais como o dimensionamento de pessoal e auditoria em saúde e por fim, a importância da qualidade do cuidado e a segurança do paciente.

O segundo volume reúne variados estudos que abordam temáticas atuais e sensíveis a uma melhor atuação da enfermagem. Dentre algumas discussões, tem-se o processo de educação em saúde, tanto para os profissionais e estudantes da área quanto para os usuários do sistema de saúde; a saúde da mulher, a qualidade do atendimento obstétrico e à criança hospitalizada, com destaque para a humanização do cuidado; a gestão da dor e a importância de intervenções não farmacológicas; atenção à saúde do idoso e necessidade de inovação da prática clínica em relação ao exercício da parentalidade.

O terceiro volume aborda temas relacionados à importância do conhecimento da equipe de saúde sobre cuidados paliativos; assistência à saúde de gestantes e recém-nascidos; práticas integrativas e complementares; assistência à saúde em contextos variados e a importância do desenvolvimento de novas tecnologias em saúde e do ensino em serviço.

Ressaltamos a relevância da divulgação científica dos trabalhos apresentados, para que os mesmos possam servir de base para a prática segura dos profissionais de saúde. Nesse sentido, a Atena Editora se destaca por possuir a estrutura capaz de oferecer uma plataforma consolidada e confiável para estes pesquisadores exporem e divulguem seus resultados.

Marcus Fernando da Silva Praxedes


SUMÁRIO

CAPÍTULO 1..... 1

A PERCEÇÃO DA EQUIPE DE ENFERMAGEM SOBRE CUIDADOS PALIATIVOS EM PACIENTES ADULTOS ONCOLÓGICOS

Emilly Kercher

Christofer da Silva Christofoli

 <https://doi.org/10.22533/at.ed.2332230031>

CAPÍTULO 2..... 12

O PAPEL DO ENFERMEIRO NA ONCOLOGIA: SABERES E CONDUTAS RELEVANTES NA ASSISTÊNCIA AO PACIENTE ONCOLÓGICO

Mariana de Oliveira Liro Brunorio

Micaelly Viegas


Nadia Oliveira Campos

Naira Santos D'Agostini

Matheus Correia Casotti

Iuri Drumond Louro

Débora Dummer Meira


 <https://doi.org/10.22533/at.ed.2332230032>

CAPÍTULO 3..... 26

O SIGNIFICADO DO TRABALHO DO ENFERMEIRO EM CUIDADOS PALIATIVOS: A EXISTÊNCIA DO PRAZER E SOFRIMENTO

Wagna Teixeira Barbosa

Gláucia Rezende Tavares

 <https://doi.org/10.22533/at.ed.2332230033>

CAPÍTULO 4..... 39

EMOÇÕES E SENTIMENTOS DE ENFERMEIROS PERANTE A MORTE: ANÁLISE DE ESCRITA EXPRESSIVA

Cristina Raquel Batista Costeira

Nelson Jacinto Pais

Isabel Maria Pinheiro Borges Moreira

Armando Manuel Marques Silva

Ana Filipa Domingues Sousa

Filipa Isabel Quaresma Santos Ventura

 <https://doi.org/10.22533/at.ed.2332230034>

CAPÍTULO 5..... 49


CONHECIMENTO DAS DIFICULDADES ENCONTRADAS PELA ENFERMAGEM NA ASSISTÊNCIA A GESTANTE FRENTE ÀS CONDIÇÕES SOCIAIS

Maria Cristina Porto e Silva

Bruna Victória de Gouveia Marques

Aline de Melo Siqueira

Franciele de Melo Franco

 <https://doi.org/10.22533/at.ed.2332230035>

CAPÍTULO 6..... 62


COAGULAÇÃO INTRAVASCULAR DISSEMINADA EM GESTANTE COM SÍNDROME DE HELLP: UM CUIDADO SINGULAR DE ENFERMAGEM

Jucimar Frigo

Fabiane Pertile

Pamela Chiela Batista da Cruz

Grasiele Fatima Busnello

 <https://doi.org/10.22533/at.ed.2332230036>


CAPÍTULO 7..... 75

A PROCURA PELO MODELO CASA DE PARTO DURANTE A PANDEMIA COVID-19

Bianca Alves Tomita

Pamela Vicente Nakazone

Maria Luiza Gonzalez Riesco


 <https://doi.org/10.22533/at.ed.2332230037>

CAPÍTULO 8..... 91

ASSISTÊNCIA DE ENFERMAGEM AO RECÉM-NASCIDO COM ICTERICIA

Josei Karly Santos Costa Motta

Nayama Sant'Anna Belbuche

 <https://doi.org/10.22533/at.ed.2332230038>

CAPÍTULO 9..... 102

ASSISTÊNCIA DE ENFERMAGEM AO RECÉM-NASCIDO COM RISCO DE ENTEROCOLITE NECROSANTE

Márcia Rosa de Oliveira

Edmilson Escalante Barboza

Daiane Medina de Oliveira

Suellen Batista Mariano de Deus

Pamela Nery do Lago

Dayana Cristina Ferreira

Valéria Cristina de Sousa


Carla Renata dos Santos

Priscila de Oliveira Martins

Andressa Caline Inácio Natalino Campos

Francisco Hilângelo Vieira Barros

Glauber Marcelo Dantas Seixas

 <https://doi.org/10.22533/at.ed.2332230039>

CAPÍTULO 10..... 110

APLICAÇÃO DA AROMATERAPIA PARA MINIMIZAR AS DORES DO PROCESSO DE TRABALHO DE PARTO

Fernando Alberto Balido Franco


Lourdes Bernadete

 <https://doi.org/10.22533/at.ed.23322300310>

CAPÍTULO 11..... 122

PRÁTICAS INTEGRATIVAS: CONHECIMENTO DOS PROFISSIONAIS DE ENFERMAGEM EM UMA UNIDADE MISTA DE SAÚDE


George Washington Xavier Cavalcanti
Diana Ramos Cavalcanti
Julyana Viegas Campos
Danilo Ramos Cavalcanti

 <https://doi.org/10.22533/at.ed.23322300311>

CAPÍTULO 12..... 131

BENEFÍCIO DA ACUPUNTURA COMO PRÁTICAS INTEGRATIVAS E COMPLEMENTARES NO CUIDADO DA ENFERMAGEM


Nataline Pontes Rodrigues Alves

 <https://doi.org/10.22533/at.ed.23322300312>

CAPÍTULO 13..... 148

A PROPOSTA DA “CLÍNICA AMPLIADA” COMO HUMANIZAÇÃO NA CONCEPÇÃO DOS ENFERMEIROS: UMA QUESTÃO DE CONDIÇÃO HUMANA


Laís Gomes Santuche Pontes
Rose Mary Costa Rosa Andrade Silva
Sueli Maria Refrande
Vanessa Carine Gil de Alcantara
Eliane Ramos Pereira

 <https://doi.org/10.22533/at.ed.23322300313>

CAPÍTULO 14..... 157

CUIDADO DE ENFERMAGEM EMERGENCIAL À PESSOA QUE SOFREU QUEIMADURAS: REVISÃO INTEGRATIVA

Julia da Fonseca Krappe de Oliveira
Andressa de Paula
Elisama Pricila Matzembacher
Taísa Pereira da Cruz
Jaqueline Arboit
William Campo Meschial

 <https://doi.org/10.22533/at.ed.23322300314>

CAPÍTULO 15..... 174

O ATENDIMENTO DE ENFERMAGEM AOS PACIENTES SURDOS COM TRANSTORNO MENTAIS

Maria Aparecida de Almeida Araújo

 <https://doi.org/10.22533/at.ed.23322300315>

CAPÍTULO 16..... 181

SÍNDROME DE EVANS E A TEORIA DAS NHB: UMA REVISÃO INTEGRATIVA DA LITERATURA

Maria do Perpétuo Socorro Sampaio Medeiros


Hugo Vinicius Rodrigues da Silva
Larissa Ribeiro de Souza
Neiva Maria dos Santos Soares

 <https://doi.org/10.22533/at.ed.23322300316>

CAPÍTULO 17..... 191

CUIDADOS DE ENFERMAGEM COM OS DRENOS DE PACIENTES PÓS-CIRÚRGICOS

Pamela Nery do Lago
Carla de Oliveira Arcebispo
Aline da Silva Fernandes
Divina Elenice Cardoso Bessas
Carla Renata dos Santos
Maria Emília Lúcio Duarte
Ana Luiza Loiola Santos
Edma Nogueira da Silva
Adriana de Cristo Sousa
Camilla Greyce Santos Silva Fontes
Danielle Freire dos Anjos
Rosiana Lima Prado

 <https://doi.org/10.22533/at.ed.23322300317>

CAPÍTULO 18..... 204

NURSING CARE TO SURGICAL PATIENT- NEPHRECTOMY AND OUTPATIENT SURGERY


Rodrigo Marques da Silva
Camilla Cintia Curcio de Oliveira
Laís Helena da Silva Aguiar
Wanderlan Cabral Neves
Lincoln Agudo Oliveira Benito
Thais de Andrade Paula
Kerlen Castilho Saab
Osmar Pereira dos Santos

 <https://doi.org/10.22533/at.ed.23322300318>

CAPÍTULO 19..... 218

INTERVENÇÕES DE ENFERMAGEM NA PREVENÇÃO DE QUEDAS EM PACIENTES IDOSOS ACOMETIDOS POR ACIDENTE VASCULAR CEREBRAL: UMA REVISÃO BIBLIOGRÁFICA

Rozemy Magda Vieira Gonçalves
Terezinha de Fátima Gorreis
Jonathan da Rosa
Angela Maria Rocha de Oliveira


 <https://doi.org/10.22533/at.ed.23322300319>

CAPÍTULO 20..... 227

CONSTRUÇÃO DE TECNOLOGIA EDUCATIVA DIRECIONADA AO PREPARO DA

COLONOSCOPIA E PREVENÇÃO DO CÂNCER COLORRETAL


Thaís Vasconcelos Amorim
Lara Alves Gomes
Suelen Araújo
Rômulo Cândido Nogueira do Nascimento
Andyara do Carmo Pinto Coelho Paiva
Anna Maria de Oliveira Salimena
Ana Karoliny Costa Barbosa
Larissa Cristina Faria Ribeiro Feital
Thales Silva Côrrea

 <https://doi.org/10.22533/at.ed.23322300320>

CAPÍTULO 21..... 238

RELATO DE EXPERIÊNCIA: ELABORAÇÃO DE UM INSTRUMENTO PARA IMPLEMENTAÇÃO DA SAE E QUALIFICAÇÃO DAS AÇÕES DOS ENFERMEIROS EM UM CAPS


Lívia Mariah Soares
Débora Aparecida da Silva Honorato
Maria Elena Vidal Dos Santos Durans
Darlene Cristina Donda

 <https://doi.org/10.22533/at.ed.23322300321>

CAPÍTULO 22..... 254

PAPEL DO ENFERMEIRO NO PROCESSO DE IMPLEMENTAÇÃO DO PROTOCOLO DE MANCHESTER NAS EMERGÊNCIAS BRASILEIRAS: REVISÃO INTEGRATIVA


Claudilene Maria da Silva
Iracenira da Silva Paixão Falcão Farias
Rêneis Paulo Lima Silva

 <https://doi.org/10.22533/at.ed.23322300322>

CAPÍTULO 23..... 263

EDUCAÇÃO EM SAÚDE EM TEMPOS DE PANDEMIA: RELATO DE EXPERIÊNCIA

Herica Silva Dutra
Gabriel da Silva Nogueira
Maria Tereza Ramos Bahia
Amanda Maria Machado Dutra Nascimento
Camila Ribeiro Araújo
Camila Silva Torres Militão
Janaina Otoni de Carvalho
Leticia Ribeiro Campagnacci


 <https://doi.org/10.22533/at.ed.23322300323>

CAPÍTULO 24..... 271

LIGA ACADÊMICA EM TERAPIA INTENSIVA NA GRADUAÇÃO DE ENFERMAGEM: EXPERIÊNCIA DE IMPLANTAÇÃO EM UMA INSTITUIÇÃO DA REDE FEDERAL DO AGRESTE DE PERNAMBUCO

Poliana Ferreira Campos


Robervam de Moura Pedroza
Nathália Roberta Menezes Barbosa Serafim
Ana Carla Silva Alexandre
Maria Clara Brito Freire de Melo
Jhenyff de Barros Remigio Limeira
Aline Bezerra Sobrinho
Aline Barros de Oliveira
Leonardo Silva da Costa
Henrique Santos de Oliveira Melo
Stephane Marcelle Almeida Braga Moraes
Samara Maria de Jesus Veras

 <https://doi.org/10.22533/at.ed.23322300324>

CAPÍTULO 25..... 282

AVALIAÇÃO DO CLIMA ORGANIZACIONAL DOS ENFERMEIROS DE UM HOSPITAL UNIVERSITÁRIO DE MINAS GERAIS

Claudilene Fernandes da Silva
Ilton Curty Leal Júnior
Christoff Pereira Valério

 <https://doi.org/10.22533/at.ed.23322300325>

CAPÍTULO 26..... 292

SÍNDROME DE *BURNOUT* EM PROFISSIONAIS DA ENFERMAGEM ANTES E DURANTE A PANDEMIA DE COVID-19: UMA REVISÃO SISTEMÁTICA DE LITERATURA


Terezinha de Fátima Gorreis
Angela Maria Rocha de Oliveira
Rozemy Magda Vieira Gonçalves
Jonathan da Rosa

 <https://doi.org/10.22533/at.ed.23322300326>

CAPÍTULO 27..... 319

PREVALÊNCIA DO CÂNCER DE PELE NO TRABALHADOR RURAL

Josué José Lemos
Kemily Naira de Oliveira Bandeira
Maria Leticia Landim Souza
Otavio Augusto Moraes de Almeida

 <https://doi.org/10.22533/at.ed.23322300327>

CAPÍTULO 28..... 329

PERFIL MICROBIOLÓGICO, SUSCEPTIBILIDADE E PRESCRIÇÃO EMPÍRICA DE ANTIBIÓTICOS PARA INFECÇÃO DO TRATO URINÁRIO

Gessiane de Fátima Gomes
Paulo Celso Prado Telles Filho
Rosana Passos Cambraia
Mariana Roberta Lopes Simões
Marcus Fernando da Silva Praxedes

 <https://doi.org/10.22533/at.ed.23322300328>

SOBRE O ORGANIZADOR	344
ÍNDICE REMISSIVO.....	345

NURSING CARE TO SURGICAL PATIENT- NEPHRECTOMY AND OUTPATIENT SURGERY

Data de aceite: 01/03/2022

Rodrigo Marques da Silva

Centro Universitário Planalto do Distrito Federal
Brasília-DF
<http://lattes.cnpq.br/6469518473430107>

Camilla Cintia Curcio de Oliveira

Centro Universitário Planalto do Distrito Federal
Brasília-DF
<http://lattes.cnpq.br/9665516484635477>

Laís Helena da Silva Aguiar

Centro Universitário Planalto do Distrito Federal
Brasília-DF
<http://lattes.cnpq.br/4696056602329383>

Wanderlan Cabral Neves

Centro Universitário do Planalto Central
Apparecido dos Santos
Novo Gama-DF
<http://lattes.cnpq.br/6698430079207832>

Lincoln Agudo Oliveira Benito

Centro Universitário de Brasília
Brasília-DF
<http://lattes.cnpq.br/7780343507481308>

Thais de Andrade Paula

Universidade Unievangelica
Anápolis-GO
<http://lattes.cnpq.br/7537676316667114>

Kerlen Castilho Saab

Hospital de Clínicas da Universidade Federal
de Goiás
Goiânia-GO
<http://lattes.cnpq.br/9330230939293995>

Osmar Pereira dos Santos

Centro Universitário UniGoyazes
Trindade-GO
<http://lattes.cnpq.br/0535499985958917>

ABSTRACT: Objective: to analyze the scientific production on pre- and postoperative care to patients submitted to nephrectomy and to patients undergoing outpatient surgery. **Method:** This is a bibliographic review carried out in books, manuals, theses, monographs and loose publications on digital bases. Data collection took place between August and September 2021 at Pubmed, Scientific Electronic Library Online and Google Scholar. Articles published from 1998 to 2020 were included, available in full free of charge in Portuguese, Spanish or English. Those without direct relation to the theme were excluded.

Results: For the present study, 43 materials were found, including articles, websites and reference manuals on the topics addressed (nephrectomy and outpatient surgery). Of the 43, 23 (twenty-three) were discarded for reasons of repetitive information or irrelevant to the development of the research. **Conclusion:** The care measures made by the nursing team bring greater benefit in the care, when providing information before surgery, restraining doubts, giving instructions about the surgery itself and the postoperative period, and acting in reducing anxiety, which is a recurrent factor in all those who are submitted to the surgical process.

KEYWORDS: Nursing Care, Outpatient, Pre-Operative, Post-Operative, Nephrectomy.

RESUMO: Objetivo: analisar a produção científica sobre a assistência pré e pós-operatória ao paciente submetido a nefrectomia e àquele submetido a cirurgia ambulatorial. **Método:** Trata-se de uma revisão bibliográfica realizada em livros, manuais, teses, monografias e publicações avulsas em bases digitais. A coleta de dados ocorreu entre agosto a setembro de 2021 no Pubmed, Scientific Electronic Library Online e Google Acadêmico. Incluíram-se artigos publicados no período de 1998 a 2020, disponíveis na íntegra gratuitamente em português, espanhol ou inglês. Foram excluídos aqueles sem relação direta com a temática. **Resultados:** Para o presente trabalho, foram encontrados 43 materiais, incluindo artigos, sites e manuais de referência a respeito dos temas abordados (nefrectomia e cirurgia ambulatorial). Dos 43, foram descartados 23 (vinte e três), por motivos de informações repetitivas ou irrelevantes para o desenvolvimento da pesquisa. **Conclusão:** As medidas de cuidados feitos pela equipe de enfermagem trazem maior benefício no atendimento, ao prestar informações antes da cirurgia, sanando dúvidas, dando instruções a respeito da cirurgia em si e do pós-operatório, e atuando na diminuição da ansiedade, que é um fator recorrente em todo aquele que é submetido ao processo cirúrgico.

PALAVRAS-CHAVE: Enfermagem, Cirurgia Ambulatorial, Pré-Operatório, Pós-Operatório, Nefrectomia.

INTRODUCTION

According to Figueiredo (2017) The nursing team is present in several categories within the operating room, among them is care, where the nurse monitors and supervises the attributions given to the team, schedules, assembly and disassembly of the operating room, the materials available for the procedure, performs the preoperative visit, makes the nursing diagnosis, working in the pre- and intraoperative period.

This team is also the one who introduces the care to the patient, receiving them, checking the documentation and identification. The nurse performs an examination of the vital signs before the procedure, takes the patient to the operating room, helps to move the patient from the stretcher to the table and aligns it in the necessary way for the surgery to be fair. After the procedure, the nurse helps to move the patient from the table to the stretcher, taking care of the probes and catheters, taking him to the recovery room where he passes all information to the nurse who is on duty on the day.

There is also, the nurse who coordinates the operating room, he is responsible for maintaining the functioning of the materials, surgical instruments to be used, the equipment, checking the operation, and if there is any defect they who request another, accompanies the elaborations of the standards to be followed and routines of the sector, teaches how the material should be used, to avoid errors and assists ccih (hospital infection control commission). The coordinators analyze the performance of the professionals and select those with profile for the operating room, make the planning of the training, follow the training of new employees. (FIGUEIREDO, 2017)

“The duties of the coordinating nurse can be divided with the care nurse being a

phononist or diarist.” (FIGUEIREDO, 2017, p. 9). The nurse who stays in the recovery room receives all the information about the patient, he should know about the reaction of anesthesia and analgesia, have skills to attend, if a cardiorespiratory emergency and cardiopulmonary resuscitation occurs, he should write down all the patient’s clinical developments, and pass all the information to the nurse in the ward before sending him discharge. This patient is examined on admission checking all his vital signs, saturation and movement. From this data one is made a care plan and monitor its implementation according to SAEP. Regarding the administrative part of the recovery room, the nurse participates together with the coordinator of the weekly and daily monthly scales, updates the routines and verifies the needs of the sector. (FIGUEIREDO, 2017)

We still have the nursing technicians who work in the operating room checking the materials, equipment and surgical instruments for each type of surgery, the cleaning of the rooms walls and floors if not clean is requested, and the exposed appliances and surfaces, monitor the operation of lighting, equipment and medicinal gases, do the maintenance of temperature, provide thermal blanket and adapt the temperature of the air conditioner. Technical procedures should be done according to the nurse’s instruction, take the patient to the recovery room and in the absence of a nurse to warn about their clinical conditions, disassembly the recovery room and send the materials for reprocessing or disposal. Keep the work environment clean and organized and ask for the concurrent and terminal cleaning according to the program of the sector. (FIGUEIREDO, 2017)

Thus, taking into account all the findings of the research, this study aimed to analyze the scientific production on pre- and postoperative care to patients submitted to nephrectomy and to those submitted to outpatient surgery.

METHOD

This is a bibliographic review of the literature whose search was carried out in books, manuals, theses, monographs and single publications on digital bases. Data collection occurred between August and September 2021 at Pubmed, Scientific Electronic Library Online (SciELO) and Google Scholar through the descriptors: anxiety AND care in the operating room AND nephrectomy OR outpatient surgery. Articles published from 1998 to 2020 were included, available in full free of charge in Portuguese, Spanish or English. Those without direct relation to the theme were excluded.

Based on our research, the following guide questions were outlined: In which type of procedure can recovery have the least complications? Can the lack of preoperative evaluation interfere with recovery? Can the absence of information impair the perioperative procedure? What are the objectives of outpatient surgery? What is the importance of nursing care in the perioperative period? What are the responsibilities of nurses in outpatient surgery?

Initially, an exploratory reading of the titles and abstracts was carried out to recognize

the articles that met the eligibility criteria. Then, the previously selected articles were read in full, and they were resubmitted to the inclusion and exclusion criteria.

After the data gathering, the objective, method, results and conclusions of each study were typed into a spreadsheet in the Microsoft Excel program, and analyzed through thematic analysis method.

RESULTS AND DISCUSSION

For the present study, 43 materials were found, including articles, websites and reference manuals on the topics covered (nephrectomy and outpatient surgery). Of the 43, 23 (twenty-three) were discarded for reasons of repetitive information or irrelevant to the development of the research.

Perioperative Nursing

According to Turksal, et al (2020) before the surgical procedure patients make an evaluation of a transplant board with psychological and psychiatrist. Donors have anxiety before the procedure because of worry, emotional pressure for fear of what may happen to themselves or to the organ recipient. The patient who will make the organ donation receives all the information about the surgical procedure and the anesthetic.

The care nurse is the one who makes the preoperative visit and from his diagnoses we can plan the care. (FIGUEIREDO, 2017) Anxiety is the first to be treated, as people develop anxiety for fear of pre and postoperative time and high levels of anxiety impair recovery and sensitivity to pain. Anxiety control is done by the aid of a scale. (LUVISOTTO et al, 2007)

For Frias et al (2010) Anxiety is linked to several physiological changes such as xerostomia, sweating, palpitations, emesis, chill, blood pressure increases heart rate and respiratory rate can also undergo changes. All these signs and symptoms end up hindering surgery or recovery.

The preoperative visit follows a certain systematic pattern containing a script to be followed with the patient's data, and the nursing team informs the patient about the procedure, how it will be done, on the day of surgery and post-immediate in the post-anesthetic recovery room. (FRIAS et al, 2010)

“Anxiety is defined by the North American Association of Nursing Diagnoses as vague and uncomfortable feeling of discomfort or fear, accompanied by autonomic response (the source is often not specific or unknown to the individual); sense of apprehension caused by anticipation of danger. It is a warning sign that draws attention to an imminent danger and allows the individual to take action to deal with the threat.” (FRIAS et al, 2010, p. 347)

According to Gallegaro et al (2010), the main role of nursing is to care to relieve the patient's suffering, having favorable conditions for his well-being. The broad view of

the perioperative shows the quality of identifying how care should be done, according to those who receive it). Pointing out how the patient identifies care for the interaction of both, demonstrating what can change, referring to observed and reported information. Identifying the needs and the understandings they leave make the understanding of the art of care in the surgical site, with what is experienced throughout the perioperative phases.

Nursing care for patients undergoing Nephrectomy

About 8% of the population suffers from kidney stone and this percentage is growing in men and women at various ages. This kidney disease is not malignant, but can cause loss of functioning, end-stage kidney problems until death. Care aims to preserve function and end calculations. However, the nephrectomy procedure may be useful in the occurrence of severe urinary infection or chronic pain in a renal area with difficulty in functioning. (DANILOVIC et al, 2013)

Chronic renal failure is defined as gradual and irreversible loss of renal function, renal therapies are used in the terminal scans or a transplant is performed. In Brazil, the first kidney transplant with a living donor was performed in 1964, and with a donor killed in 1967. In 1963, the first immunosuppressive regimen with the use of corticosteroids and azatropin was used, and cyclosporine was introduced in the early 1980s. This regimen with immunosuppressants decreased rejection, and had an increase in the life of the transplant recipient. This type of medication is very high, so therapeutic monitoring of this immunosuppressant should be monitored. Receptors must undergo immunological, laboratory, endoscopic tests. (LUVISOTTO et al, 2007)

The donation can be made by living donor or corpse, for living donors the legislation only accepts conjugues and relatives up to fourth degree other donors must request judicial authorization. The donation made by cadavers can only be made if the medical team is different and the death diagnosed as brain death. There are contraindications to the kidney transplant donor among them are chronic infections, severe extra renal pathology, psychiatric pathology. The recipient can also experience surgical complications, in which are wound infection, hemorrhage, coagulation in the graft, narrowing of the renal artery, urinary incontinence. (LUVISOTTO, 2007)

Nephrectomy is the removal of the kidneys, by failure or even by donation, this type of surgery can be done by total or partial removal of the kidneys, using laparoscopic surgery or open surgery. Nephrectomy can be done two hours in whole or in part, the total consists of removing the entire kidneys and in the partial is removed only a part. Before the procedure the patient should suspend fluid intake for a period before the surgical procedure, an open surgical procedure recovery is slower, and the patient has to be hospitalized for at least 1 week in the hospital. (YOUR HEALTH,2020)

As Gomes points out, et al (2014) apud Figueiredo, Leite e machado (2006) nurses are responsible for accompanying the patient in all phases of surgery: preoperative,

transoperative and postoperative. Avoiding errors and obtaining better results, the role of nurses is to manage, command training and continuous studies, monitor the functioning of the operating room to always be up to date with information. The role of nurses is fundamental even in the elaboration of the surgical map.

The surgical unit can be identified in three ways (CC) surgical center, (UC) surgical unit, (BC) surgical room, area within the hospital intended for low, moderate and high demand surgeries. However, without taking into account the degree, the CC is a complex place, which must have professionals prepared to be there, the best in their functions. In addition to the professionals the place must have technological resources. (GOMES et al, 2014)

The most important phase is the preoperative phase because at this moment the patient is anxious and needs psychological follow-up and the role of the nurse is very important, because at this moment he has the opportunity to know the patient and address the problems and needs, providing information that can minimize the concern. Meeting the physical and psychological needs of the patient. (COSTA, et al 2010)

Luvisotto et al (2007) states that the nursing team is the one that participates most in this process, then through the nursing diagnosis, it can identify the needs of the patient, making a clinical judgment according to the response of this patient and his/her family members. Through this diagnosis we can identify, and choose the intervention to be made. Interventions are a set of actions made by the nursing team in order to reduce or reverse a given diagnosis. These interventions are made according to the classifications of the (NIC) and the diagnoses are made with the taxonomy of (NANDA). Among them:

- Imbalance in the volume of liquids
- Prevent the Fall
- Protect against Infection
- Prevent Aspiration
- Skin integrates impaired
- Difficulty in bathing
- Impaired oral mucosa
- Hyperthermia / Hypothermia

For each diagnosis, an intervention to be made by the nursing team is designated:

- Fluid volume imbalance is regulated by monitoring the hydration of laboratory results, abnormal serum electrolyte levels, and should weigh daily and be aware of changes.
- To prevent the fall, the patient should be guided to call for help when necessary, insert his personal belongings next to the patient, use the bed grille at the appro-

priate time to prevent falls.

- Na Proteção contra infecções utilizar a verificação de sinais e sintomas e os locais de infecção, a contagem dos granulócitos, de glóbulos brancos, diminuir o número de visitas, examinar a lesão feita pela incisão cirúrgica.
- To prevent aspiration should check the return of sensory and motor function, level of consciousness, cough, seasickness, ability to swallow. After surgery, position the bed in fowler's position or higher possible.
- Mobility in the bed impaired bed care should be done so that the patient has adequate rest and recovers, among them is the position of the patient's body, change bed linen, should be clean dry and wrinkle-free, climb the side of the bed, change the position of the patient every 2 hours, check his skin.
- Impaired skin integrates should be observed the condition of the surgical lesion, have proper care at the incision site, examine flushing, hyperthermia or liquids coming out.
- The deficit for self-care check the patient's need to offer assistance to bathe if they dress, and make their needs intimate.

Postoperative pain control is performed with analgesics administered by nurses, with time and quantity stipulated by the doctor. (TURKSAL, et al, 2020)

Blaise et al (2008) Laparoscopy is done through an access technique using small incisions at the abdominal level. The peritoneal area is closed, to treat from the inside, must create an abdominal stretch (pneumoperitoneum) caused by a CO2 insufflation, it is used a technological equipment, which can provide light and image within the cavity. With the aid of a trocater, an incision is made at the umbilical level and others to insert the accessory exchangers to handle the surgical instruments.

Laparoscopy has less occurrence of respiratory complication compared to open surgery, leading the patient not to need respiratory physiotherapy. Taking into account according to the evaluation, the benefits, the most important laparoscopy surgeries reface the problems to breathe, feed and moisturize, sleep and rest, include the integrity of the skin and ends up avoiding dangers. The patient who undertook laparoscopy begins continuous fluid intake earlier and with a decrease in convergences. Complications can occur more in open procedure surgical lesions, it is worth remembering that it is necessary to monitor if hernias are forming and other complications. (BLAISE, E et al, 2008)

Prior to radical nephrectomy, it was a standard method for the treatment of localized kidney cancer. Now elective partial nephrectomy has become more common with the increased discovery of small adrenal masses and the partial procedure offers equal results and can conserve the mass of nephrons. (LEPPERT et al, 2018)

Nursing Care in Outpatient Surgery

Outpatient surgery, in a historical context, arose thousands of years ago, with reports

of surgical procedures performed at home dating from 3,000 a.C. However, it became a reality in the 60s, twentieth century, due to the existing advances in the anesthetic and surgical area that made possible an agile recovery and with less complications of the surgical patient. (FLORIO et al, 2003)

In the early 1970s, two anesthesiologists, Dr. Wallace Reed and Dr. John Ford, opened a medical unit called Surgicenter in Phoenix (USA), intended to basically perform outpatient surgeries, a name that was not used in the decade. This achievement established many concepts and practices that influence the field of outpatient surgery to date, such as: patient selection criteria, types of anesthetic procedures and more appropriate surgical techniques, as well as concepts related to discharge and patient follow-up. (FLORIO et al, 2003)

Outpatient surgery aims at a low-cost operation, where the patient will arrive at the hospital, perform a procedure as safe as possible and provide him with a minimum stay, so that he/she returns to his/her family environment, without putting his physical integrity at risk. (FLORIO et al, 2003)

Taking into account the advantages mentioned above, it is observed that these come to meet the psychobiological, psychoemotional and psychosocial needs of the patient. These advantages aim to achieve better patient satisfaction, so considering the psychoemotional aspect, performing the surgery in an outpatient clinic alone already reduces the preoperative anxiety of the patient and his/her family members. Considering the social aspect, in addition to reducing the discomfort generated by the removal of friends and family brings the reduction of costs for the patient and the institution. (MORAES et al, 2003)

Hospitalization may occur, which rarely happens, because the patient is previously evaluated by the surgeon. In any case, it is understood that the implementation of nursing care and process provided to patients undergoing outpatient surgery is crucial. (GALVÃO, 1998)

Currently, due to the numerous advantages, there is a great demand for outpatient surgeries. However, despite the great advantages, there is a decrease in contact with health professionals, resulting in fears and anxieties to patients and family members. For this reason, it is important to consult nursing, with a face-to-face character, thus providing care directed to the needs of those involved. (LOPES, 2020)

According to Galvão et al (2003), the nursing process is understood as a method of humanized care, because it provides individualized and systematic care because it contains five distinct stages, including: data collection, nursing diagnosis, planning, implementation and evaluation.

Perioperative nursing, in the context of outpatient surgery, has an individualized approach, where care planning respects physical, psychological, social and spiritual issues of each patient. Nursing care should be logical, linked to the standards of perioperative nursing practice and should include family members and other people significant to the

process. (GOMES et al, 2012)

In some literature, it is recommended that the focus of nursing care in CCA is on patient well-being, safety and comfort. Thus, contributing to a satisfactory surgical experience, as evidenced in a study done by the Outpatient Surgical Center of a University Hospital in the state of São Paulo, where the patients said they felt good about the rapid progress of the clinical situation and with the confidence acquired in the medical and nursing team. (GALLANI et al, 2005). As recalled by Leal et al (2012), it should be taken into account that the nursing consultation is contemplated as a private activity of nurses in the Law of professional practice nº7,498/86, in its article 11, item I, point i:

"The nursing consultation is routinely between the professional and the client, in face-to-face interaction, stating that one should consider the nursing consultation not as a simple technical procedure, but as a rich context of interpersonal relationships." (LEAL et al, 2012, p. 26)

According to YAMASHITA (1996), the outpatient surgery service has the advantage of: reducing the number of hospitalizations, releasing hospital beds, reducing anxiety and offering greater comfort to patients and companions, allowing early return to home and work, reducing the risk of hospital infection.

As Maria Flório et al, (1998) quoted, the outpatient surgery service was created as Hospital Dia, referring to the fact that the patient performs the surgery and returns home on the same day. The repertory of outpatient surgeries consists of surgical procedures performed with local, regional anesthesia or sedation that require inintensive and short-term postoperative care.

The interventions performed in the outpatient environment include small and medium-sized surgeries, such as tonsillectomy, tenorrhaphy and myorrhaphy, correction of arteriovenous fistula, postectomy, rhinoseptoplasty, vasectomy, breast nodule excision, uterine curettage, hemorrhoidectomy, physsurectomy, removal of the gallbladder by mini laparotomy and biopsies. Pediatric surgeries such as herniorrhagillas, postectomy and orchidex can also be performed in these units. (ROMANO et al, 2012)

As Cristina Galvão et al (1998) points out, in Brazil, since the discovery of such a procedure, the number of outpatient procedures has occurred in an increasing way, mainly due to the factor of cost reduction, greater availability of beds and the reduction of negative aspects related to hospitalization.

The outpatient surgery service may or may not be connected to a hospital institution, and present itself as services: provided in the office; (although located within the hospital limits, it is self-sufficient); short-stay (independently funded and operated without hospital affiliation); and integrated (located within the hospital). Such activities, carried out independently of a hospital institution, are regulated by resolution no. 1409/94 of the Federal Council of Medicine. (CANDIDO et al, 2005)

To submit a patient to outpatient surgery, there is a careful selection, taking into

account some factors, such as age, physical and mental condition, attitudes towards outpatient surgery, anesthetic risk and socio-family situation. Candidates who have undergone anesthesia can be included in the American classification of anesthesiology, belonging to class I and class II. (LEAL et al, 2012). For Galvão (1998), the nurse's responsibility is the organizational structure and dynamics of operation of the outpatient surgery unit. Patient care is in the hands of these professionals, with their action directed to the development of administrative, care and educational activities.

The main functions performed by the nurse in the outpatient surgery service are: receiving the patient in the operating room, checking the data regarding the identification and preoperative preparation, meeting the patient's requests throughout his/her stay in the service, physical and emotional evaluation of the patient in the post-anesthetic period and conducting guidance regarding the necessary postoperative care for the patient and family members. (SAMPAIO et al, 2014)

This need is due because, regardless of the advantages obtained in outpatient procedures, the fact that it requires anesthesia and is still a surgical procedure remains a stressful factor in individuals, either by expectation, fear, pain or even because there is no hospitalization. The triggering of these physiological responses was called General Adaptation Syndrome. (PENICHE et al, 2003)

The preoperative nursing consultation is a very important tool to reduce the anxiety of both the patient and the companion. At this moment, the nurse will explain how the surgical procedure is performed, what care is needed before the surgery, know the patient's clinical history, as well as family history. (SILVA et al, 2014)

The nurse can encourage the companion to express their feelings and fears and, through dialogue, can identify the level of knowledge of the family member and clarify possible doubts in order to alleviate insecurity, fears, anxiety and anxieties. This process by the nursing team contributes to high quality individualized care in the trans and postoperative periods. (SILVA et al, 2014)

Anxiety is a physiological response of the human organism to several factors, it consists of phenomenological and physiological properties that differ in emotional states such as stress and fear. These reactions can cause anxiety, which ends up influencing recovery or even the entire perioperative process causing undesirable changes in clinical parameters, such as increased blood pressure. (NOSOW, 2007)

The reduction of anxiety in the preoperative period may be beneficial for both the patient and the team. Therefore, sometimes some techniques are applied that can contribute to the reduction of anxiety. There are several techniques used, from digital pressure to therapeutic touch, and massages are the best known representatives of this category. (SILVA et al, 2014)

Touch, done correctly and in pre-established locations, with or without instruments, can provoke several reactions in the body, such as sedation, agitation, excitability, emotional

relaxation, among other effects, focusing on psychoemotional. (SILVA et al, 2014)

One of the techniques to reduce anxiety by being calatonia, which is a relaxation technique, consisting of subtle touches on nine points of the body, taking one to three minutes at each point. According to the technique are considered points: nail regions of the toes, the plants of the feet, the ankles, the tendinous convergences of the sural triceps, the posterior regions of the legs (calves) and the posterior region of the neck. (SILVA et al, 2014)

These practices had been forgotten, due to the creation of more sophisticated drugs and potent drugs, but it has been recovered by nursing professionals who found in these techniques an important resource of interaction with the patient, creating bonds of empathy and assisting in the stabilization of the physical-emotional balance, besides contributing to the reduction of their anxiety in a natural way. (SILVA et al, 2014)

Nutritional follow-up is required, depending on the surgery done, where a diet should be followed for a rapid recovery, providing adequate post-surgical healing. It has been proven that companions who undergo preoperative nursing consultation reduce the level of anxiety by clarifying doubts and having individual follow-up throughout the perioperative process, for this reason and for many others that nursing care in the preoperative period of outpatient surgeries is essential. (COMINO et al, 2014)

CONCLUSION

In view of the aspects studied, it was observed that in all the articles read mentioned the presence of the pre-surgical anxiety factor, which can cause damage to the surgical process. Not only does the patient have concerns about the surgery that will be performed, but also the family member who will be a companion, and carries doubts and fears about the procedure, so it was concluded that regardless of the surgery to be done, there will always be fears about the procedures.

For this reason, the presence of the nursing team is of paramount importance in the surgical environment, especially in the preoperative period, where the patient may be nervous, anxious and worried. The nurse will be there to, in addition to taking care of structural, organizational and dynamic issues of operation of the unit, clarify the doubts, explain necessary details, and give instructions about the postoperative period, where depending on the surgery, it can be more intense. We emphasized the importance of specialist professionals in the area of surgery done, for a better understanding of the processes to be done, and for the patient to feel confidence in the nurse who is providing support in their needs within the transoperative moment.

REFERENCES

- Luisotto, M. M., Carvalho, R. G. L. E., & Galdeano, L. E. (2007). Transplante renal: **Diagnósticos e intervenções de enfermagem em pacientes no pós-operatório imediato**. Transplante renal: Artigo original, *Einstein 2007* Disponível em: http://apps.einstein.br/revista/arquivos/pdf/441-einstein5-2_online_ao441_pg117-122.pdf Acesso em: 23 ago. 2021.
- Figueiredo, Ferreira. A. **Guia prático para atuação da enfermagem no centro cirurgico. Enfermagem perioperatória**. PRODUTO DISSERTAÇÃO DE MESTRADO. 21 páginas.
- Frias, T. F. P.; Costa, C. M. A.; & Sampaio, C. E. P. (2010). **O impacto da visita pré-operatória de enfermagem no nível de ansiedade de pacientes cirúrgicos**. Continuada, *Revista Mineira de Enfermagem*, 2010, vol.14 ed.3 Disponível em: <http://www.reme.org.br/artigo/detalhes/125> Acesso em: 24 de ago.2021
- Turksal, E.; Alper, I.; Sergin, D.; Yuksel, E.; Ulukaya, S. (2020). **Efeitos da ansiedade pré-operatória na recuperação anestésica e na dor pós-operatória em pacientes submetidos a nefrectomia para doação**. Estudos clínicos. *Revista Brasileira de Anestesiologia*. 2020, vol. 70 Ed. 3 Disponível em: <https://www.scielo.br/rba/a/mmdpKXNjvFFHwwps5pvdXhp/?lang=pt> Acesso em: 24 ago. 2021
- Costa, V. A. D. S. F.; Silva, S. C. F. D.; Lima, V. C. P. D. (2010). **O pré-operatório e a ansiedade do paciente: a aliança entre o enfermeiro e o psicólogo**. *Revista da SBPH*. 2010, vol. 2 Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582010000200010. Acesso em: 25 ago. 2021
- Danilovic, A.; Ferreira, T. A. C.; Vicentini, F. C.; Torricelli, F. C. M.; Marchini, G. S.; Mazzucchi, E.; Srougi, M. (2019). **Nefrectomia laparoscópica por nefrolitíase: quando é melhor evitar**. Artigo original, do *Colégio Brasileiro de Cirurgia*, 2019 vol. 46, Ed. 3 Disponível em: <https://www.scielo.br/rbcba/MdrPc8kYxdGdMMbXsxBtSK/?lang=pt>. Acesso em: 19 ago. 2021
- Blaise, E.; Franquet, A.; Fuenmayor, A.; González, M. C.; Pollán, M. J. **Nefrectomía radical abierta y laparoscópica: estudio comparativo de cuidados de enfermería y calidad de vida**. *Enfuro*, 2008 pág. 15-20 Ed 105 Disponível em: <https://dialnet.unirioja.es/servlet/articulo?codigo=2933337>. Acesso em: 19 ago. 2021
- Leppert, J. T.; Lamberts, R. W., Thomas, I. C.; Chung, B. I.; Sonn, G. A.; Skinner, E. C.; Brooks, J. D. (2018). **Incident CKD after radical or partial nephrectomy**. *Journal of the American Society of Nephrology*, JASN, 29 Ed 1 pág. 207-216 Disponível em: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5748903/>. Acesso em: 22 ago. 2021
- Callegaro, G. D; Baggio, M. A.; Nascimento, K. C.; Erdmann, A. L. (2010). **Cuidado ti perioperatório sob o olhar do cliente cirúrgico**. Sistema de informação científica, revista de enfermagem do nordeste, 2010, vol. 11 Ed, 3 pág 132-142. Disponível em: <https://www.redalyc.org/articulo.oa?id=324027971014>. Acesso em: 22 ago. 2021
- GOMES, L. C; DUTRA, C.S; PEREIRA, A.L. **O enfermeiro no gerenciamento do Centro cirúrgico**. Curso de administração, Revista eletrônica da faculdade de granbery, 2014, Ed. 16 pág. 1/21 Disponível em: <http://re.granbery.edu.br/artigos/NTEy.pdf> Acesso em: 15/08/2021
- FIGUEIREDO, Nêbia Maria Almeida de; LEITE, Joséte Luiza; MACHADO, William César Alves. **Centro cirúrgico: atuação, intervenção e cuidados de enfermagem**. São Caetano do Sul, SP: Yendis, 2006.

Nefrectomia: o que é e quais as indicações da cirurgia de remoção do rim. **tuasaúde**, 2020 Disponível em: Nefrectomia: o que é e quais as indicações da cirurgia de remoção do rim - Tua Saúde (tuasaude.com) Acesso em: 04/09/2021

THE EFFECT of calatonia on anxiety level of surgical outpatients: Paciente cirúrgico ambulatorial: calatonia e ansiedade. **The effect of calatonia on anxiety level of surgical outpatients**: Paciente cirúrgico ambulatorial: calatonia e ansiedade, Acta Paul Enferm ano 2003, v. 2, n. 167, ed. 2, p. 7-167, 2007. Disponível em: <https://www.scielo.br/j/ape/a/4JGWbyZgfM8t47GWKqk3JPp/?lang=pt&format=pdf> Acesso em: 27 ago. 2021.

SAMPAIO, Carlos Eduardo *et al.* Nível de ansiedade dos acompanhantes de crianças em cirurgia ambulatorial: contribuições da consulta de enfermagem. **Nível de ansiedade dos acompanhantes de crianças em cirurgia ambulatorial**: contribuições da consulta de enfermagem, Revista Enfermagem Uerj, ano 2014, v. 22, n. 2, ed. 2, p. 233-238, 2014. Disponível em: <https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/13612/10417> Acesso em: 26 ago. 2021.

DOS SANTOS, José Sebastião; SANKARANKUTTY, Ajith Kumar; SALGADO JR, Wilson; KEMP, Rafael; LEONEL, E.P; JR, O.C. Cirurgia ambulatorial: Do conceito à organização, serviços e seus resultados. **Cirurgia ambulatorial**: Do conceito à organização, serviços e seus resultados, fundamentos em clínica cirúrgica, ano 2008, v. 3, n. 3, ed. 41, p. 86-274, 2008. Disponível em: <https://www.revistas.usp.br/rmrp/article/view/273/274> Acesso em: 26 ago. 2021.

PINTO, T.V; ARAÚJO, I.E; GALLANI, M.C. Enfermagem em cirurgia ambulatorial de um hospital escola: Clientela, procedimentos e necessidades biológicas e psicossociais. **Enfermagem em cirurgia ambulatorial de um hospital escola**: Clientela, procedimentos e necessidades biológicas e psicossociais, Rev Latino-am Enfermagem, ano 2005, v. 13, n. 2, ed. 2, p. 208-215, março-abril 2005. Disponível em: <https://www.scielo.br/j/rlae/a/TYG8bqBGdCysbL5SLj9ZkNb/?format=pdf&lang=pt> Acesso em: 26 ago. 2021.

LOPES, E.C. ambulatória. **A consulta de enfermagem presencial à pessoa submetida a cirurgia ambulatória**: A consulta de enfermagem presencial à pessoa submetida a cirurgia ambulatória, Biblioteca virtual em saúde, ano 2020, v. 1, n. 1, ed. 1, p. 19-40, 2020. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1222548> Acesso em: 28 ago. 2021.

MORAES, L.O *et al.* Ansiedade e mecanismos de coping: utilizados por pacientes cirúrgicos ambulatoriais. **Ansiedade e mecanismos de coping**: utilizados por pacientes cirúrgicos ambulatoriais, [s. l.], 2003. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1222548> Acesso em: 28 ago. 2021.

SAMPAIO, C.E; OLIVEIRA, M.V; LEAL, V.M; COMINO, L.B; ROMANO, R.A; GOMES, A.M. Cirurgia ambulatorial pediátrica: Um estudo exploratório acerca do impacto da consulta de enfermagem. **Cirurgia ambulatorial pediátrica**: Um estudo exploratório acerca do impacto da consulta de enfermagem, Rev. Min. Enfermagem, ano 2012, v. 16, n. 1, ed. 1, p. 25-30, 2012. Disponível em: <https://cdn.publisher.gn1.link/remo.org.br/pdf/v16n1a04.pdf> Acesso em: 27 ago. 2021.

PEREIRA, F.D *et al.* Caracterização dos serviços: de cirurgia ambulatorial no município de Ribeirão Preto. **Caracterização dos serviços**: de cirurgia ambulatorial no município de Ribeirão Preto, Rev. Latino-Am. Enfermagem, ano 1998, v. 6, n. 6, ed. 4, outubro 1998. Disponível em: <https://www.scielo.br/j/rlae/a/HPtp5xqcktkJLBZCFMyGfJQ/?lang=pt> Acesso em: 27 ago. 2021.

FLÓRIO, M.C.S.; GALVÃO, C.M. Implantação de um serviço de cirurgia ambulatorial: Papel da enfermagem nesse cenário. **Implantação de um serviço de cirurgia ambulatorial**: Papel da enfermagem nesse cenário. Rev. Latino-Am. Enfermagem, Ribeirão Preto, v. 6, n 5, p. 83-88, dezembro 1998. Disponível em: <https://www.scielo.br/j/rlae/a/HPtp5xqcktKjLBZCFMyGfJQ/?lang=pt> Acesso em: 28 ago. 2021

YAMASHITA, A. M. **Anestesia ambulatorial**. In: ORTENZI, A.V.; TARDELLI, M.A. Anestesiol. São Paulo: Atheneu, 1996. Cap. 39, p. 631-639.

VIEIRA, K. A. Procedimento operacional padrão e manual de assistência nutricional para pacientes internados para procedimentos cirúrgicos. 2021, TCC. Especialização em Nutrição. Disponível em: <https://repositorio.ufsc.br/bitstream/handle/123456789/219986/TCR%20para%20reposit%c3%b3rio.pdf?sequence=1&isAllowed=y> Acesso em: 28 set. 2021

ÍNDICE REMISSIVO

A

Acidentes 158, 218, 220, 260

Acolhimento 7, 51, 59, 73, 80, 81, 86, 87, 100, 110, 113, 149, 151, 153, 155, 177, 240, 242, 243, 244, 249, 254, 256, 258, 260, 261, 262

Acupuntura 110, 111, 120, 128, 131, 132, 133, 134, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147

Alívio 2, 6, 35, 77, 111, 115, 116, 119, 120, 121, 138, 139

Aromaterapia 110, 111, 112, 113, 114, 115, 116, 117, 119, 120, 121, 129

Assistência centrada no paciente 75

Assistência de enfermagem 18, 36, 49, 52, 53, 73, 91, 97, 100, 102, 103, 104, 105, 106, 107, 108, 148, 149, 152, 153, 154, 157, 159, 163, 166, 171, 172, 174, 202, 218, 223, 224, 225, 238, 239, 240, 241, 242, 243, 245, 252, 253, 265

B

Bilirrubina 66, 69, 91, 92, 93, 94, 95, 96, 97, 99, 101

C

Câncer 2, 6, 7, 8, 10, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 31, 36, 37, 138, 227, 228, 229, 235, 236, 247, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328

Centros de assistência à gravidez e ao parto 75

Cirurgia ambulatorial 205, 216, 217

Coagulação intravascular disseminada 62, 63, 64, 73, 74

Covid-19 75, 76, 77, 78, 81, 83, 87, 88, 90, 154, 263, 264, 265, 266, 267, 268, 270, 292, 293, 295, 296, 297, 306, 311, 312, 313, 317

Cuidado 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 16, 18, 20, 21, 22, 23, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 49, 51, 52, 53, 54, 55, 56, 57, 59, 60, 61, 62, 65, 68, 69, 70, 73, 75, 80, 81, 82, 83, 84, 85, 86, 87, 91, 93, 97, 98, 100, 101, 104, 105, 106, 107, 110, 111, 113, 114, 115, 116, 119, 120, 121, 129, 130, 131, 132, 133, 134, 137, 138, 141, 142, 145, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 159, 160, 163, 166, 167, 168, 170, 171, 172, 176, 177, 183, 188, 194, 196, 198, 200, 202, 215, 226, 229, 233, 234, 236, 238, 239, 240, 241, 243, 244, 245, 252, 253, 264, 273, 294, 304, 305, 306, 313, 319

Cuidados de enfermagem 13, 25, 62, 93, 98, 103, 104, 107, 108, 116, 131, 137, 149, 151, 160, 161, 164, 191, 199, 215, 243, 256, 278, 305

Cuidados paliativos 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 20, 23, 25, 26, 27, 29, 30, 31, 32, 33, 34, 36, 37, 38

D

Dificuldades 8, 26, 29, 30, 31, 35, 36, 41, 49, 52, 53, 54, 55, 59, 61, 153, 159, 174, 177, 178, 179, 241, 242, 244, 256, 268, 273, 274

Dor 2, 3, 6, 7, 18, 20, 21, 27, 32, 33, 34, 37, 66, 69, 77, 83, 106, 110, 111, 112, 113, 115, 117, 119, 120, 121, 138, 139, 143, 144, 163, 166, 167, 169, 172, 198, 215, 246, 247, 251, 312, 313, 329, 332, 333, 334

Dreno 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202

E

Emergências 254, 255, 256, 257, 261

Emoções 21, 27, 32, 33, 35, 37, 39, 40, 41, 43, 45, 46, 311

Enfermagem 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 28, 30, 31, 32, 33, 34, 36, 37, 38, 39, 47, 48, 49, 51, 52, 53, 60, 61, 62, 68, 69, 70, 72, 73, 74, 75, 78, 79, 91, 93, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 110, 114, 115, 116, 119, 121, 122, 123, 124, 129, 130, 131, 133, 134, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 170, 171, 172, 173, 174, 180, 181, 182, 183, 185, 186, 188, 189, 190, 191, 192, 193, 195, 198, 199, 200, 201, 202, 203, 205, 215, 216, 217, 218, 220, 222, 223, 224, 225, 226, 227, 228, 229, 235, 236, 238, 239, 240, 241, 242, 243, 244, 245, 249, 252, 253, 254, 256, 257, 259, 260, 262, 263, 264, 265, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 282, 283, 284, 287, 288, 289, 290, 292, 295, 296, 297, 299, 300, 301, 302, 303, 304, 305, 306, 308, 309, 310, 311, 313, 314, 329, 342, 344

Enfermagem oncológica 13, 17, 18, 21, 37, 305

Enfermeiros 6, 7, 8, 10, 11, 21, 22, 23, 24, 25, 26, 29, 30, 32, 33, 34, 35, 36, 37, 39, 40, 41, 42, 45, 46, 47, 49, 50, 52, 53, 54, 57, 60, 61, 73, 97, 105, 112, 122, 126, 128, 129, 130, 133, 136, 138, 139, 140, 141, 144, 146, 148, 150, 151, 152, 153, 154, 159, 162, 164, 166, 170, 171, 186, 218, 221, 224, 238, 240, 241, 242, 243, 244, 258, 262, 264, 274, 276, 282, 283, 284, 285, 286, 287, 289, 290, 294, 295, 297, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 311, 312, 313

Enterocolite necrosante 102, 103, 104, 108, 109

Escrita manual 39

Esgotamento 192, 193, 194, 292, 297, 299, 300, 302, 303, 305, 306, 307, 308, 309, 311, 312, 313

G

Gestação 49, 50, 51, 52, 53, 54, 56, 57, 58, 59, 60, 66, 69, 70, 78, 80, 83, 84, 85, 86, 93, 97, 111, 120, 187, 266

Gravidez de alto risco 62

H

Humanização da assistência 30, 31, 36, 149, 151, 155, 261

I

Icterícia neonatal 91, 93, 100, 101

Idoso 218, 219, 220, 223, 236

K

Kernicterus 91, 92, 93, 94, 100

M

Morte 2, 4, 7, 8, 9, 11, 13, 15, 19, 21, 25, 27, 28, 31, 32, 33, 34, 35, 36, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 63, 170, 273

Motivação 26, 30, 68, 180, 183, 279, 283, 286, 287, 289, 293, 306, 308

N

Nefrectomia 205, 215, 216

O

Óleo essencial 111, 114, 115, 116

Oncologia 1, 3, 6, 8, 9, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 31, 39, 40, 41, 302

P

Paciente 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21, 22, 23, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 57, 63, 65, 69, 70, 72, 75, 81, 85, 91, 92, 93, 97, 99, 105, 108, 110, 113, 116, 123, 124, 129, 133, 134, 137, 142, 143, 146, 148, 149, 150, 151, 152, 153, 154, 157, 159, 162, 163, 164, 165, 166, 168, 169, 171, 173, 176, 177, 181, 184, 187, 188, 189, 192, 193, 194, 195, 196, 198, 199, 200, 201, 202, 205, 215, 216, 218, 220, 221, 222, 223, 224, 225, 238, 239, 241, 244, 245, 251, 254, 255, 256, 260, 261, 269, 273, 274, 275, 278, 299, 312, 314, 332, 344

Parto 50, 65, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 101, 110, 111, 112, 113, 117, 119, 120, 121, 139, 143, 187

Pós-operatório 192, 193, 194, 195, 201, 202, 205, 215

Práticas integrativas 110, 111, 112, 113, 121, 122, 123, 124, 125, 127, 128, 129, 130, 131, 132, 134, 137, 140, 141, 142, 145, 147, 243

Prematuro 76, 103, 104, 105, 106, 107

Pré-natal 49, 50, 51, 52, 54, 55, 56, 57, 58, 59, 60, 61, 78, 80

Pré-operatório 205, 215

Prevenção 2, 6, 18, 19, 22, 23, 50, 51, 52, 72, 89, 91, 100, 104, 105, 106, 108, 110, 111,

123, 129, 131, 133, 136, 141, 145, 147, 168, 176, 177, 218, 220, 221, 222, 224, 225, 227, 228, 229, 233, 235, 241, 264, 265, 269, 300, 302, 304, 306, 312, 319, 320, 328

Processo de enfermagem 37, 62, 73, 157, 158, 159, 160, 161, 163, 164, 171, 172, 173, 189, 241, 243, 244, 252, 253

Protocolo 61, 93, 107, 108, 134, 138, 225, 254, 255, 256, 257, 258, 259, 260, 261, 262, 297, 341

Q

Quedas 164, 166, 172, 218, 219, 220, 221, 222, 223, 224, 225, 226, 294

Queimaduras 98, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 171, 172, 173, 321

R

Reações emocionais 21, 26, 30, 32, 33, 34, 35, 36

Recém-nascido 55, 77, 78, 91, 92, 94, 96, 97, 98, 99, 100, 101, 102, 103, 104, 106

Redes sociais 263, 270, 277

Relações enfermeiro-paciente 149, 151

S

Saúde 2, 3, 4, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 19, 20, 21, 22, 23, 24, 25, 28, 29, 31, 32, 34, 36, 37, 38, 39, 40, 46, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 65, 68, 69, 72, 73, 74, 75, 76, 77, 78, 80, 81, 85, 86, 87, 88, 89, 91, 93, 97, 98, 99, 100, 101, 103, 104, 105, 107, 108, 110, 111, 112, 113, 115, 117, 121, 122, 123, 124, 125, 127, 128, 129, 130, 131, 132, 133, 134, 136, 138, 139, 140, 141, 142, 143, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 157, 158, 159, 160, 163, 165, 171, 172, 174, 175, 176, 177, 178, 179, 180, 181, 183, 188, 191, 193, 195, 202, 216, 218, 219, 220, 221, 223, 224, 225, 226, 227, 228, 229, 230, 232, 233, 234, 235, 236, 238, 239, 240, 241, 242, 243, 244, 245, 249, 250, 252, 253, 254, 255, 256, 257, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 273, 275, 279, 280, 283, 284, 285, 292, 294, 295, 297, 299, 300, 301, 302, 303, 304, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 319, 321, 328, 329, 333, 334, 338, 341, 342, 344

Segurança 14, 43, 46, 58, 81, 83, 87, 116, 132, 163, 164, 170, 183, 187, 192, 193, 198, 201, 202, 218, 220, 221, 222, 224, 225, 239, 259, 274, 279, 285, 287, 299, 320, 344

Sentimentos de perda 39

Socioeconômicos 49, 52, 125, 331

Surdos 174, 175, 176, 177, 179, 180

T

Terapia coadjuvante 131

Transtornos mentais 174, 242, 243, 244, 252

SABERES, ESTRATÉGIAS E IDEOLOGIAS DE ENFERMAGEM

III



SABERES, ESTRATÉGIAS E IDEOLOGIAS DE ENFERMAGEM

III

