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PATIENT CLASSIFICATION SYSTEM: FUGULIN SCALE AND FANTINELLI SCALE

Daiane Fabiani
Nursing student. Daiane Fabiani. Santa Catarina State University (Udesc)
https://orcid.org/0009-0008-2475-0865

Fabiana Floriani
Nurse. Undergraduate lecturer. Fabiana Floriani. Santa Catarina State University (Udesc)
https://orcid.org/0000-0001-7128-0810

Vanessa Barrionuevo
Nurse. Undergraduate lecturer. Vanessa Barrionuevo. University of Western Santa Catarina (Unoesc)
https://orcid.org/0000-0002-0803-7380

INTRODUCTION

Nursing currently seeks to classify the patient's degree of dependency in order to provide efficient, comprehensive and systematized care. The Patient Classification System (PCS) is essential to help direct the work of the nursing team, as it is a tool that aims to determine, validate and monitor individualized patient care. By identifying and classifying patients according to their degree of dependence on care, in addition to enabling the appropriate sizing of professionals, it is able to qualify care, since it classifies the degree of care according to the severity of the condition presented and allows the identification of the patient's main needs, contributing to work efficiency, reducing the length of hospital stay and improving satisfaction with care (RUFINO *et al.*, 2015). Among the instruments are: the Fugulin Scale, which has 12 areas of care according to the complexity of inpatient care, and the Fantinelli Scale, which has 13 areas for assessing the puerperal woman and her newborn.

OBJECTIVE

To describe what the Fugulin Scale and the Fantinelli Scale are and to verify the degree of dependence on nursing care in the sector of a maternity hospital in Santa Catarina.

METHOD

Is a descriptive study about the use of SPC tools in the maternity ward of a hospital in Santa Catarina. Over a period of 15 days, from March 12 to April 2, 2024, patients admitted to the maternity ward were classified as being in shared accommodation or undergoing clinical treatment. The Fugulin instruments adapted by Santos *et al.* 2007 and the Fantinelli instrument adapted through the observation and evaluation form for rooming-in recommended by the World Health Organization (WHO) were used.

RESULTS AND DISCUSSION

The Fugulin Scale makes it possible to assess the patient in an inpatient unit. It has 12 areas of care, in which the following points are assessed: Mental State, Oxygenation, Vital Signs, Motility, Ambulation, Feeding, Body Care, Elimination, Therapeutics, Skin-Mucosa Integrity/Tissue Compromise, Dressing, Time Used in Dressing. Patients are classified into one of the following categories: Intensive Care (over 31 points), Semi-Intensive Care (27 to 31 points), High Dependency Care (21 to 26 points), Intermediate Care (15 to 20 points) and Minimal Care (9 to 14 points). The score varies according to the degree of each patient (GÂMBARO; ROSSI; SIMONETTI, 2023). The Fantinelli Scale evaluates the puerperal woman in its entirety, focusing on puerperal women and newborns cared for in rooming-in based on breastfeeding, and presents 13 criteria for evaluation, namely: Mental State/ Sensory Perception, Vital Signs, Motility, Feeding, Body Care/Friction and Shearing, Skin Integrity, Behavior, Eliminations, Therapeutics, Breasts, Baby's Position, Grip, Suction, and its reference values are: Minimal Care (13 to 19 points), Intermediate Care (20 to 26 points), Semi-Intensive Care (27 to 33 points), Intensive Care (> 34 points). The sum of the values obtained in each area and

the definition of each category determines the complexity of care that should be provided (FANTINELLI *et al.*, 2020). Through these instruments, it allows lines of care to be organized, improves health planning by re-evaluating the care provided, contributes to staff sizing, makes it possible to know the profile of inpatients, the number of professionals and material resources needed to ensure safe nursing care. The use of these resources brings numerous benefits, as it allows the team to get involved with the care offered, draw up a care plan and increase the quality of care for the puerperal woman and her newborn (FANTINELLI, 2018). The nurse as a member of the team, when using the Systematization of Nursing Care (SNC) allows the development of humanized nursing actions, such as the nursing prescription, where through the planning of care ensures that the patient receives care by the multidisciplinary team adequate and personalized to the health needs minimizing possible omissions in health (RUFINO *et al.*, 2015). The study made it possible to verify that through the scales and data collected, 132 patients were evaluated in the maternity sector in the month of March and April 2024, from March 12 to April 2, 2024, in which the Fantinelli Scale showed that Minimal Care had a higher prevalence with 88 requiring Minimal Care, 42 for Intermediate Care and 2 for Semi-Intensive Care, and when analyzing the Fugulin classification system there was also a greater demand for Minimal Care, totaling 84 for Care, 20 for Intermediate Care, 27 for High-Dependency Care and 1 for Semi-Intensive . When comparing the Fugulin Scale and the Fantinelli Scale, we can see that both are health assessment tools, but have different objectives, since the Fantinelli Scale is focused on puerperium care, helping the team to classify the maternal and child actions provided to the puerperal woman and the newborn during hospitalization, and the Fugulin Scale does not address aspects of care such as observing the mother and her behaviors and feeding, including latching on and sucking, but rather general clinical care focused on the health condition of the hospitalized adult patient with wounds and dressings. The results of the classification showed that Minimal Care was more prevalent in the maternity ward than the others.

FINAL CONSIDERATIONS

We can see that the Fantinelli Scale showed that Minimal Care and Intermediate Care were more prevalent than the Fugulin Scale, allowing us to identify the mother and baby binomial that need the most care. This period made it possible to carry out a brief evaluation, where the use of the Fantinelli Scale may be better than the Fugulin Scale, but a longer period of observation is suggested. Thus, the use of both scales contributes to classifying the degree of care complexity in the care of puerperal women and their newborns, and is essential for improving quality of life, because in addition to helping to reduce the length of hospital stay, it promotes appropriate and specific management of the actions carried out in puerperium care through evaluation and use, in addition to determining the degree of needs required by the patient, these can contribute to the implementation of the Fantinelli Scale instrument in a technological way in health services and provide important health care indicators.

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