

**NURSING CARE FOR PEOPLE WITH CHRONIC WOUNDS: AN EXPERIENCE IN  
PRIMARY HEALTH CARE****ASSISTÊNCIA DE ENFERMAGEM A PESSOAS COM FERIDAS CRÔNICAS: UMA  
EXPERIÊNCIA NA ATENÇÃO PRIMÁRIA À SAÚDE****ASISTENCIA DE ENFERMERÍA A PERSONAS CON HERIDAS CRÓNICAS EN  
ATENCIÓN PRIMARIA DE SALUD: INFORME DE EXPERIENCIA**

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**ABSTRACT**

**Objective:** to report the experience of resident nurses in assisting people with chronic wounds in the context of Primary Health Care. **Method:** This is an experience report of nurses residing in a Multiprofessional Program at two Basic Health Units in the state of Rio Grande do Norte, from March 2020 to February 2021. **Results:** The main types of wounds Chronic diseases attended during the period of this experience were: vasculogenic ulcers, oncological lesions, pressure lesions and diabetic ulcers. As a difficulty, the absence of permanent education of professionals and adequate inputs/physical structure of the Basic Health Units were identified, despite this, the collaboration of the multidisciplinary team with the nurse was observed, favoring the integral care of these patients. **Conclusions:** The performance of resident nurses was noticeable, especially in promoting self-care, patient care and training other professionals to improve and continue care.

**Descriptors:** Wounds and Injuries, Primary Health Care, Nursing, Nursing Education Research

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## RESUMO

**Objetivo:** relatar a experiência de enfermeiros residentes na assistência de pessoas com feridas crônicas no âmbito da Atenção Primária à Saúde. **Método:** Trata-se de um relato de experiência de enfermeiros residentes de um Programa Multiprofissional das Unidades Básicas de Saúde no estado do Rio Grande do Norte, no período dos meses de março de 2020 a fevereiro de 2021. **Resultados:** Os principais tipos de feridas crônicas atendidas durante o período dessa experiência foram: úlceras vasculogênicas, lesões oncológicas, lesões por pressão e úlceras de pé diabético. Como dificuldade foram identificadas a ausência de educação permanente dos profissionais e de insumos/estrutura física adequada das Unidades Básicas de Saúde, apesar disso observou-se a colaboração da equipe multiprofissional ao enfermeiro, favorecendo o cuidado integral destes pacientes. **Conclusões:** A atuação dos enfermeiros residentes foi perceptível, especialmente na promoção do autocuidado, cuidados com o paciente e na capacitação de outros profissionais, para melhoria e continuidade da assistência.

**Descritores:** Ferimentos e Lesões, Atenção Primária à Saúde, Enfermagem, Promoção da saúde.

## RESUMEN

**Objetivo:** relatar la experiencia de enfermeros residentes en la asistencia a personas con heridas crónicas en el contexto de la Atención Primaria de Salud. **Método:** Se trata de un relato de experiencia de enfermeros residentes en un Programa Multiprofesional en dos Unidades Básicas de Salud del estado de Rio Grande do Norte, de marzo de 2020 a febrero de 2021. **Resultados:** Las heridas crónicas atendidas fueron: úlceras vasculogénicas, lesiones oncológicas, lesiones por presión y úlceras diabéticas. Como dificultad, se identificó la ausencia de educación permanente y adecuados insumos/estructura física de las Unidades Básicas de Salud, a pesar de eso, se observó la colaboración del equipo multidisciplinario con el enfermero, favoreciendo el cuidado integral de esos pacientes. **Conclusiones:** Se destacó la actuación de los enfermeros, sobre todo en la promoción del autocuidado, el cuidado del paciente y la formación de otros profesionales para mejorar y continuar el cuidado.

**Descriptor:** Heridas y Lesiones, Atención Primaria de Salud, Enfermería, Investigación en Educación de Enfermería

## INTRODUCTION

The National Primary Care Policy (PNAB) aims to guide various aspects of Primary Health Care (PHC) at the national level, including the work processes of the Family Health Strategy (FHS) teams. In its text, one of the responsibilities of some of the FHS components is carrying out dressings, understanding that it can be carried out in the environment of the Basic Health Unit (UBS) or at home.<sup>1</sup>

For effective wound care, it is often necessary to implement an inter- and multi-professional work process, aiming for the timely recovery of the condition in question. Within this team, the role of the nurse is extremely important in the assessment, prescription and treatment of wounds.<sup>2</sup>

In addition to clinical and psychological factors, there are other aspects that involve the situation of people with wounds, such as financial, functional, occupational and emotional aspects. Therefore, as an important player in caring for these people, nurses must be sensitive to all these aspects during their care.<sup>3</sup>

From this perspective, sharing experiences related to chronic wound care in primary care has the potential to favor nursing care and share means and difficulties that other professionals may also be experiencing. Thus, based on this understanding of the importance of public

health in wound care in PHC, this study aims to report the experience of resident nurses in assisting people with chronic wounds within the scope of Primary Health Care.

## METHODOLOGY

This is a descriptive and exploratory study, of the experience report type. The experience reported in this article came from the experience of two resident nurses in the Multidisciplinary Residency program in Primary Care at the Multicampi School of Medical Sciences at the Federal University of Rio Grande do Norte. This Program in question was founded in 2016, along with others in different areas of activity in different municipalities in the State.

The Residence has worked in various PHC services in the city of Caicó, providing opportunities for work associated with the training of professionals in the following areas: nursing, nutrition, pharmacy, physiotherapy, physical education, dentistry, veterinary medicine, speech therapy, social work and psychology. Despite this, assistance in cases of wounds did not have the support of other professionals for joint and interprofessional action.

The report arises from experiences as resident nurses, during the period from March 2020 to February 2021, in two UBS

located in a city in the interior of Rio Grande do Norte.

The experiences are related to the care of chronic wounds within the territories where resident nurses work, covering characteristics about the care of these professionals and their singularities in PHC. These moments were experienced during shared and/or individual consultations and home visits. Unfortunately, many of these services were unable to be recorded adequately, due to the demand for services.

The data collection for the construction of this report was carried out through moments of dialogue between the authors of this article, so that an explicit narrative of the entire process experienced could be constructed. Considering that this is an experience report from the authors of this article, and that data from people treated during this period were not used, there was no need for prior evaluation and approval of this research by a Research Ethics Committee.

## **RESULTS AND DISCUSSION**

PHC is a health service that has the potential to meet the most diverse health demands in the reality of the population enrolled in a transversal and continuous manner. Care for chronic wounds is surrounded by possible conditions that

directly influence this health condition and quality of life.<sup>4</sup>

The Multidisciplinary Residency Program favors comprehensive care for users with chronic injuries, as, in addition to having the nurse as the protagonist in this care, it can also count on a variety of professionals for the patient's rehabilitation. These characteristics favor continuity of care, as well as influencing the teaching-learning process of these professionals in PHC.

Once these conditions are met, the resident nurse seeks to establish a bond with the patient and recognize them as the main agent of care, which is essential for the insertion of the entire health team in the territory.<sup>5</sup> Along with this, the search for collaborators and supporters in this process is substantial, as it is here that support and encouragement are found for the therapy implemented by the team to care for chronic injuries. Considering the multifactorial characteristic that involves the care of chronic wounds.

Nursing care for patients with chronic wounds occurred mainly during home visits and within UBSs. The main types of chronic wounds treated during the mentioned time frame were of the following etiologies: vasculogenic ulcers, oncological injuries, pressure injuries and diabetic foot ulcers. As nurses who are part of the multidisciplinary

residency team, integration with the multidisciplinary team and UBS professional teams was always sought, discussing cases and care strategies, continuity of care, given the high demands of the UBS, with the objective to improve the care conditions for these patients.

Even with the search for implementing these strategies to bring patients, family and healthcare team together, there were some obstacles in providing care to patients with chronic injuries. As difficulties experienced, we can highlight the lack of inputs for making dressings, the lack of credibility sometimes observed between patients and professionals, often resulting from the residents' lack of professional experience.

The UBSs were experimental sites that presented some vulnerabilities that also hindered the process of caring for these people. One of them is the fact that both UBS were in territories with people with a low economic level, which influenced both health education about continuity of care and limitations in the acquisition of other coverage to complement injury care.

The reality during this time of working in PHC as residents was that there was little investment by municipal and/or local management in the acquisition of important inputs for patient care. Furthermore, the lack of adequate infrastructure at the UBS, which were often located in cramped environments

and without a specific location, only for changing dressings, sometimes hampered the way in which assistance was provided.

Regarding the inputs available for making dressings, we basically had materials for simple dressings, such as gauze, bandages, tapes, 0.9% saline solution and chlorhexidine, povidone-iodine solution, and for coverings we have Sulfadiazine of Silver, Collagenase, Papain and Essential Fatty Acids (AGE). There were also no public spaces at the local level for specialized wound care.

The health teams performed dressings and often trained family members to carry out such procedures at home, given the other demands of these units. The nurse can also train nursing technicians to continue this care and, therefore, monitor progress with the team. And, along with this, there is also the suggestion of numerous coverages, which are sometimes not available in the health unit.

The lack of inputs is a common characteristic found in other studies, as well as the lack of knowledge necessary to determine staging and the difficulty in patient adherence to treatment.<sup>6</sup> Another determining factor in the evolution of chronic wounds is self-care, from the delay of the healing process or its regression. This is also associated with numerous determining factors, such as social,

economic and cultural issues relating to the user and the family and social circle in which they live, as well as access to health services.<sup>6</sup>

The social and economic vulnerability found in UBS directly influenced the care for these injuries, given the low education level and vulnerable situations experienced by them. In these circumstances, it is essential that the multidisciplinary team, as well as residents, participate in this therapeutic construction, observing their needs and the factors that influence this healing and rehabilitation process.

The physical structure and material inputs are factors that can make assistance difficult, as scientific knowledge often requires professionals to use some materials that are not the reality of UBS.<sup>7</sup> Allied to this are also the socioeconomic factors of users, which they do not always have the basic conditions to maintain treatment, in cases where public services do not have these materials.<sup>8</sup>

The effectiveness of referral and counter-referral within the RAS also influences the care for this type of situation in UBS, considering that many chronic wounds are accompanied by comorbidities and may require an evaluation by a specialist in the network. The lack of these professionals leads to deficient care, which

can delay the necessary outcome for these conditions.

Another point to be highlighted is the importance of continuing education for nursing professionals on assistance to people with chronic wounds within the scope of PHC. Training these professionals can instigate better quality assistance for these users, considering that scientific findings in this area undergo constant updates, in addition to being, in itself, a complex area of activity.<sup>9</sup>

In addition to all these structural, management and professional qualification points highlighted, it is important to emphasize that this experience took place simultaneously with the new coronavirus pandemic (SARS-CoV-2), which changed many aspects of the assistance provided by the ESF teams in the reality of municipality in question and the country as a whole.

Self-care was an essential strategy during this period, given the difficulties faced in contacting these patients, mainly because they are more vulnerable to contact with the virus and have a reduced coping capacity due to the presence of chronic diseases.<sup>10</sup>

Despite this controversial factor that has been affecting ESF teams since 2020, when assisting those with chronic injuries, they must be observed differently by municipal management, giving due

importance to their needs for assistance with sufficient material and human resources. qualified.

However, with all the difficulties highlighted, it was observed that nurses, as members of the multidisciplinary residency team, collaborated too much to provide comprehensive care, which was reflected in the reports of the health teams and the patients who passed through them. . Part of this is also due to the collaboration of the multidisciplinary team in this care, by discussing cases and suggesting interventions.

## CONCLUSIONS

The performance of resident nurses was noticeable, especially in promoting self-care, patient care and training other professionals, in order to improve assistance and provide continuity of care. The limitations of the experience are mainly related to structural difficulties and local socioeconomic aspects.

Direct contact with the actions carried out in PHC is one of the benefits offered by the Multiprofessional Health Residency, however, with this contact comes numerous responsibilities, especially when it comes to nurses, given their expertise in wound care.

The search for comprehensive, multidisciplinary and person-centered care is constantly limited by inconsistencies and

fragmentations related to the lack of inputs, adequate physical structure and ongoing training of professionals observed in PHC. And this was also observed in the care of chronic injuries.

Understanding the multidisciplinary work offered by the Residency is an enhancing factor that highlights its importance for public health and the care of chronic diseases. Therefore, it is also worth highlighting the importance of Residency programs as a mutual training tool between resident professionals, preceptors and managers of PHC services across the country.

The spaces for exchanging knowledge in the services that support these Programs are broad and can be intensified by encouraging the management of services and training institutions.

The restriction of experiences to just two nurses and the type of study, with its inability to generalize, are some limitations highlighted in this study. However, the questions raised here can instigate more robust studies and the evaluation of different realities experienced by other health residents.

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