

Nursing care for patients with chronic wounds: an experience report**Assistência de enfermagem a pacientes com feridas crônicas: um relato de experiência****Asistencia de enfermería a los pacientes con heridas crónicas: un relato de experiencia****Received: 12/07/2018****Approved: 06/09/2019****Published: 13/05/2019****Ana Laura Mendes Campoi¹****Pollyana Junia Felicidade²****Lágila Cristina Nogueira Martins³****Larissa Bandeira de Mello Barbosa⁴****Graziela Angelo Alves⁵****Lúcia Aparecida Ferreira⁶**

This study aims to report the experience of resident nurses during the care of patients with chronic injuries in the outpatient clinic of a teaching hospital in the interior of Minas Gerais state, Brazil. This is an experience report developed from the experiences acquired during the assistance provided to the thirty-four patients with chronic wounds, from March 2017 to February 2018. The age ranged from 22 to 81 years, with an average age of 58.6 years. There was male predominance, with 22 men (64.7%) and 12 women (35.3%) being assisted. Regarding the assistance, there was predominance of chronic injuries caused by diabetes mellitus, followed by venous ulcers. It should be noted the importance of the nurse's role in the evaluation of lesions, in the definition of behaviors and awareness through health education, in order to promote improved quality of life and care co-responsibility. The experience was an important learning teaching device and contribution to the patients involved.

Descriptors: Wounds and injuries; Nursing care; Health education.

Este trabalho tem como objetivo relatar a experiência de enfermeiras residentes durante o atendimento a pacientes com lesões crônicas no ambulatório de um hospital de ensino no interior de Minas de Gerais. Trata-se de um relato de experiência, desenvolvido a partir das vivências adquiridas durante a assistência prestada à trinta e quatro pacientes portadores de feridas crônicas, no período de março de 2017 a fevereiro de 2018. A faixa etária variou entre 22 a 81 anos, com uma média de idade de 58,6 anos. Houve prevalência do sexo masculino, sendo atendidos 22 homens (64,7%) e 12 mulheres (35,3%). Prevaleram, nos atendimentos, lesões crônicas decorrentes do diabetes mellitus, seguida por úlcera venosa. Nota-se a importância do papel do enfermeiro na avaliação das lesões, na definição de condutas e sensibilização por meio de educação em saúde, com o intuito de promover melhora na qualidade de vida e corresponsabilização do cuidado. A experiência foi um importante dispositivo de ensino aprendizagem e ao mesmo tempo de contribuição aos pacientes envolvidos.

Descritores: Ferimentos e lesões; Cuidados de enfermagem; Educação em saúde.

Este trabajo tiene como objetivo relatar la experiencia de enfermeras residentes durante el atendimento a pacientes con lesiones crónicas en el ambulatorio de un hospital de enseñanza en el interior de Minas Gerais, Brasil. Se trata de un relato de experiencia, desarrollado a partir de las vivencias adquiridas durante la asistencia ofrecida a treinta y cuatro pacientes portadores de heridas crónicas, en el período de marzo de 2017 hasta febrero de 2018. La categoría de edad varió entre 22 a 81 años, con una media de edad de 58,6 años. Hubo prevalencia del sexo masculino, siendo atendidos 22 hombres (64,7%) y 12 mujeres (35,3%). Prevalcieron, en los atendimientos, lesiones crónicas decurrentes de diabetes mellitus, seguida por úlcera venosa. Se nota la importancia del papel del enfermero en la evaluación de las lesiones, en la definición de conductas y sensibilización por medio de educación en salud, con el intuito de promover mejora en la calidad de vida y corresponsabilidad del cuidado. La experiencia fue un importante dispositivo de enseñanza aprendizaje y al mismo tiempo de contribución a los pacientes involucrados.

Descriptorios: Heridas y lesiones; Atención de enfermería; Educación en salud.

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INTRODUCTION

The chronic wounds constitute a type of lesion that has their healing process has stagnated for a period of six weeks or more, despite proper treatment¹⁻³. They are characterized by their long-term, frequent recurrence, slow healing, in months or years, besides causing discomfort to the client and also high costs for treatment⁴.

The most common causes for the development of this type of lesion are venous (70 to 90% of the cases), arterial (10 to 20% of the cases) or mixed (10 to 15% of the cases) origin, but can also be caused by neuropathy, infection, vasculitis, cancer, lymphedema, rheumatoid arthritis, trauma, blood and metabolic disorders, sickle cell disease and iatrogenic source¹.

In approximately 3.5% of the patients, the cause of the wound is not identified². The incidence of pressure ulcers is around 13.3% in hospitalized patients and 39.4% in individuals in long-term institutions³.

The highest prevalence of these lesions occurs with aging, especially from the fifth decade of life, associated with the prevalence of chronic diseases and their complications^{3,5}. The prevalence of ulcers in the general population is approximately 1 to 2%, while the population aged over 65, it increases to 3 to 5%^{2,5}.

It is observed, therefore, a growth of these lesions in relation to its prevalence, proportionally to the life expectancy of the world population, varying as to its etiology. In Brazil, an average of up to four million Brazilians have some injury with chronic feature, which can have its healing compromised when there are certain comorbidities, such as Diabetes Mellitus³.

In addition to the comorbidities and the age group some studies present that chronic venous ulcers are prevalent in male patients with low education level³.

The level of education together with low socioeconomic status are important factors in relation to self-care, and may also be an obstacle for proper adherence to treatment of all chronic injuries^{3,4}. The higher the education level of the patient, the better his

understanding regarding the actions of self-care and also the stages of treatment^{3,4}.

As regards the social impact, individuals with chronic injuries suffer changes in activities of daily living, as there is the presence of pain, limitations in mobility, sleep pattern disturbances, changes in self-image and labor disabilities that generate a decrease in monthly income, in addition to the psychological impact³.

These patients can be excluded, because they do not present all the "standards" imposed by society, becoming different from the others. Chronic injuries cause changes in the lives of both patients and their families, lead to difficulties in access to specialized treatment services, access to transportation, education and adequate food (important to assist in healing). These people are marked by feelings of nervousness, lack of productivity, guilt, inadequacy, helplessness, frustration and loneliness, which causes them to increasingly isolate themselves⁶.

Costs are high regarding the consumption of healthcare resources associated with chronic ulcers, both material and technical, associated with high nursing work hours to care for this type of client^{1,3}.

The evaluation of the nurse in the treatment and monitoring of these lesions is crucial to enable the appropriate therapy according to the characteristics, as well as the guidelines for the self-care at home. From health education activities, focusing on enhancing the healing process and the search for quality of life, in addition to stimulating the patient and family to participate in all care in the health-disease process^{4,6,7}.

Assuming the importance of nurses in care management as well as in the dissemination and formation of opinions on issues related to health care, and also in their responsibility in the process of prevention and treatment of these wounds, this paper aims to report the experience of resident nurses when caring for patients with chronic injuries in the outpatient clinic of a teaching hospital in the interior of Minas Gerais state.

METHOD

It is a descriptive study, based on an experience report developed by nursing students of the *lato sensu* Postgraduate Program in Multiprofessional Residency in Adult Health, from the experiences acquired during the assistance provided to the thirty-four patients with chronic wounds in the outpatient clinic of a teaching hospital in the interior of Minas Gerais state, from March 2017 to February 2018. This study was elaborated from an extension project registered and recognized by the University.

The experience report is a descriptive tool that features an experienced fact, to contribute significantly to the professional performance and the scientific community, bringing considerations that provide reflections and theoretical basis for other researchers⁸.

The operation of the dressing room of the outpatient clinic mentioned took place weekly, on Wednesdays, in the morning, with elective care or spontaneous demand. The assistance was directed to patients with lesions resulting from vascular disease, diabetes, sickle cell disease, and pressure injuries, among others.

RESULTS

The assistance took place from March 2017 to February 2018. 34 patients were assisted, with the age group ranging from 22-81 years, with a mean age of 58.6 years. There was male predominance, with 22 men (64.7%) and 12 women (35.3%) being assisted, as shown in Table 1.

Table 1. Age group and gender of patients treated at the Wound Outpatient Clinic, from March 2017 to February 2018. Uberaba (MG), 2018.

Age group	Women	Men	Total
From 21 to 30 years	0	1	1
From 31 to 40 years	0	0	0
From 41 to 50 years	1	2	3
From 51 to 60 years	5	10	15
From 61 to 70 years	4	9	13
From 71 to 80 years	1	0	1
From 81 to 90 years	1	0	1
Total	12	22	34

The causes that led to chronic lesions of the patients treated can be seen in Table 2.

The consultations took place as follows: scheduling in the University Hospitals Management Application (AGHU) in order of arrival, and later attended by the nursing staff of the multidisciplinary residency - adult axis, which was concerned not only with the performing of dressings using the appropriate techniques, but also in monitoring the evolution of the injury and conducting health education actions.

Furthermore, when necessary the actions of other specialties (such as endocrinology, infectious diseases, etc.), the referrals were required to achieve a more comprehensive care. Thereafter, the patients were instructed about the return next week and on the execution of dressings at home when needed.

During the nursing care, various actions were carried out besides the dressings performed according to aseptic technique, such as assessment and characterization of the injury regarding the anatomical location, size (cm²), depth (cm), type/amount of tissue, edges, exudate, pain, perilesional skin, signs of inflammation, type of healing; record of the evolution of lesions in AGHU and in handwritten form for team monitoring; making decisions on the procedure to be implemented and guidance to the patient/family, that is, treatment of injuries no longer has focus only on the performance of dressing but a more integrated health care system was implemented.

Table 2 - Causes of chronic lesions of patients treated from March 2017 to February 2018. Uberaba (MG), 2018.

Cause of injury	N	%	Men	%	Women	%
Diabetes	14	41.2	12	85.8	2	14.2
Sickle cell disease	2	5.9	1	50.0	1	50.0
Venous ulcer	8	23.5	3	37.5	5	62.5
Arterial ulcer	2	5.9	0	0.0	2	100.0
Pressure injury	3	8.8	3	100.0	0	0.0
Trauma injury	3	8.8	2	66.7	1	33.3
Others	2	5.9	1	50.0	1	50.0

Regarding location, most of the treated lesions appeared on the lower limbs, except the cases of pressure injuries, which are located in the trochanteric, gluteal, and sacral region.

Of the thirty-four patients treated in the period, nine (26.5%) were discharged from outpatient care; five (14.7%) remain on regular treatment with the outpatient clinic staff; seven (20.6%) remain with irregular treatment; twelve (35.3%) assistances were isolated and one (2.9%) died.

DISCUSSION

In this study, assistances directed to injury arising from diabetes (41.2%) were predominant, which can be explained by the simultaneous occurrence of care in endocrinology outpatient clinic and the development of another extension project focused on the care and evaluation of diabetic foot.

The number of patients with diabetes mellitus (DM) has increased significantly in recent years and, consequently, there is an increase in clinical complications caused by metabolic disorder, such as the "diabetic foot", which often progresses to amputation⁹. A portion of the population is not aware of its diagnosis and about 25% of diabetic patients, previously diagnosed, do not perform any kind of treatment⁹.

Lesions caused due to diabetes can be defined by ulceration, destruction of soft tissues and/or infection, associated with neuropathies and peripheral arterial disease. It is known that diabetes is characterized as a non-communicable chronic disease in which insulin production becomes extinct or ineffective, thus impairing the use of glucose¹⁰. Thus, this metabolic imbalance can affect

many parts of the body such as organs, nerves and blood vessels, having as a product the formation of skin lesions, which are predominantly present in the lower limbs. These injuries cause many serious complications to the patient, and the infection is the most frequent cause of amputation¹⁰.

The diabetic foot, in turn, is one of the most incident complications, which may be related to duration of the disease, age, delay to start of treatment and poor patient compliance, having as consequences the recurrent ulcerations, loss of mobility and decreased quality of life¹¹. This corresponds to approximately 40% to 60% of the cases of non-traumatic amputations¹¹.

In this context, health education in diabetes is effective in promoting self-care in the prevention and management of diabetic foot, providing improved knowledge of the disease¹². Educational activities performed by nurses help patients with chronic injuries, to understand that the healing process is related to several other factors that not only the performance of dressings, such as local or systemic factors, presence of foreign bodies, nutritional changes, obesity, advanced age, systemic medications such as anti-inflammatory drugs, stress, smoking, venous insufficiency, diabetes mellitus, inadequate technique of performing dressing, chemicals, and others⁴.

In addition to health education, the nurse is responsible for conducting systematic assessment of the feet of these patients, which is essential for the reduction of injuries, including amputation. The assessment should be carried out periodically by nurses at least once a year, or every 1-6 months to those with high risk¹³. The aim is to evaluate the protective plant sensitivity and vibratory sensitivity, investigate painful

sensation, distal pulse palpation and the skin, with a view to detect calluses, foot moisture, cracks, interdigital mycoses and nails abnormalities¹³.

The nurse also helps patients to identify risk factors, emphasizing the importance of glycemic control and adequate self-care, such as daily foot hygiene, effective drying, including the interdigital spaces, nail care and use of appropriate shoes, as well as daily observation of the feet by the patient¹³.

Regarding the venous ulcers, they were the second cause of most prevalent chronic lesions in the assistance provided (23.5%). Among eight patients treated with venous ulcer, 5 were women, what corroborates studies that indicate that women are three times more likely than men to develop venous ulcers, besides the fact that women possess greater survival than men⁴.

Venous ulcers usually occur after trauma or abrasions, being caused by the difficulty of tissue oxygenation related to the improper functioning of the valves of the venous system⁴. Failures in the tissue repair process are characterized by inappropriate fibrinolysis process, excessive fibrin deposition and capillary damage leading to the chronicity of the injury. They are located predominantly in the distal part of the lower limbs, especially near the medial malleolus⁴. Lesions in this area are more common due to factors predisposing to the orthostatism, vulnerability to trauma, decreased blood flow or increased venous pressure, or because of infections⁴.

With respect to age, the incidence of such injuries increases at the age of 65 to 70 years⁴. One can note that the average age assisted in this study was 58.6 years, ranging from 22 to 81 years. It is noticed the higher prevalence of these lesions in patients with advanced age, which may be explained by the physiological changes that occur due to nutritional, metabolic, vascular, and/or immunological changes, thus affecting the skin function, in which there is a reduction of epidermal thickness, elasticity, blood vessels and nerve fibers. Thus, all the healing phases may be presented impaired⁴.

It was demonstrated in this study that 8.8% of patients treated had pressure ulcers (LPP). This type of injury corresponds to a localized damage to the skin and/or underlying tissue, frequently in bony prominence sites or related to the use of medical devices, which may be caused by pressing isolated or combined with shear forces and/or friction. Risk factors that contribute to the development of this type of injury are: impaired physical mobility, altered sensory perception and extremes of age¹⁴.

Regarding the gender, this study showed male prevalence of chronic lesions, what corroborates the results found in a study conducted in Pouso Alegre (MG)³. This may be related to the fact that the highest number of visits in the outpatient clinic mentioned was intended to patients with lesions arising from diabetes, and, furthermore, men have difficulty in adopting prevention habits and take longer to seek the health services, because they do not admit the need for being cared³.

It is important that nurses have the knowledge about the physiological process of healing and develop actions aimed at assessing the injury and promote patient self-care at home. Furthermore, it is by evaluating the lesion that the nurse selects the best dressings that will aid the healing process. This assessment should start from a holistic view of nurses, considering emotional, nutritional and environmental factors¹⁵.

This experience brought a rich field for the production and reproduction of knowledge to the nursing, in which the resident nurses had the opportunity to strengthen the bond with the patients treated, resulting in motivation, performance and sensitivity of the students, making the stage in outpatient wound care an important strategy and of great value to the construction of knowledge.

From the bond, the recognition of individual demands, the broad subject's vision and the resources available, resident nurses were able to investigate, identify, plan and seek to implement the best possible way the interventions for the lesions presented, what enabled the experience to provide a

comprehensive nursing care with quality to the patient.

Regarding the continuity of care, one notes the need for improved communication among health services, as there are still flaws in the reference practice and counter-referral, which can make difficult the follow-up care of the patient and the prevention of complications.

One believes to be relevant to take into account that the presence of chronic injury causes of physical and emotional problems, as it can cause deficits in self-image, inability to perform activities of daily living, as well as psychologically affecting the patient and caregivers.

Thus, the nurse must be able to provide assistance in that empathy is the essence of care provided to clients and their families, continuously improving the technical and scientific knowledge and the use of appropriate materials to promote prevention, treatment and fast healing of the injury.

CONCLUSION

This study offered the executors the performance of dressings, knowledge of the reality in which the patient is inserted, bond establishment between professional and patient, and in cases of wounds with no prognosis, performance of dressings in order to provide momentary comfort.

To the resident nurses, there were subsidies for practical application of knowledge acquired during their studies, fundamentals for clinical reasoning and diagnosis, as well as the technical and scientific improvement in this specialty.

Nonetheless, it is important to highlight that the study has limitations such as the small sample of patients, deficit in material resources, low investment in the standardization of certain dressings that help in the effectiveness of healing and non-adherence to long-term treatment by some patients. However, the work presented some advantage aspects, such as the outpatient team support with regard to monitoring and evaluation of lesions.

It is noted that the nurse has an important role in the assessment of lesions

and in making decisions regarding the proper handling of the injury, the type of plastering and materials to be used for the dressing and guidance on home care that promote satisfactory results.

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CONTRIBUTIONS

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