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THE BEHAVIOR OF NURSES BEFORE THE INTENSIVE CARE UNITS WHEN KEEPING VITAL FUNCTIONS OF ORGANS AND TISSUES OF POTENTIAL DONORS IN TWO PUBLIC HOSPITALS

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ABSTRACT

Objective: To examine the actions taken by nurses of Intensive Care Units (ICUs) in keeping the vital functions of potential donors of organs and tissues.

Method: This is a descriptive and exploratory study with a quantitative approach performed with 36 nurses who work in Intensive Care Units (ICU) at the Hospital of Restoration (HR) and Hospital Getulio Vargas (HGV), two public hospitals in the city of Recife (PE), Brazil. Data were collected through a semi structured instrument made by the researchers. The data collected were inserted into a spreadsheet of the Excel program that aimed at its subsequent analysis. From then on, they were arranged in graphs and analyzed in the light of scientific literature.

Results: It was observed the difficulty of nurses to provide quality care because they did not know the changes presented by the potential donor.

Conclusion: It becomes relevant the nurse's role in understanding the pathophysiology and care of vital and hemodynamic functions, as well as in the complications triggered in this potential donor by the encephalic death. In this way, the nurse will have to draw effective interventions to minimize the damage to the organs to be captured.

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INTRODUCTION

The development of scientific research in the health area has supported several innovations in treating diseases and, therefore, prolonging the survival of countless people.

With the advancement of technology in the field of transplants, there was an improvement in the quality of potential donor assistance, aimed at optimizing the capture process and donation of organs and tissues, with the aim of carrying on and upgrading the survival for other receivers (Pestana *et al.* 2013; Pestana; Erdmann; Souza, 2012). It is characterized as a potential donor (PD) that patient who was diagnosed with brain death, which is defined as total and irreversible

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disruption of brain functions (Freire *et al.* 2012). The process of collecting and transplanting organs and tissues is seen as a complex procedure, where commonly is executed by a team composed of professionals from various areas who work in Intensive Care Centers (STCS) (Pestana; Erdmann; Souza, 2012). The organs and tissues collected are reserved to individuals who need and are waiting in the queue of the SUS, which should be compatible with the organ and/or tissue extracted (Meneses *et al.* 2010). This process of organ donation for transplantation begins in the identification of the PD, at the opening of protocol for keeping organs and in clarifying to relatives in the interview about the importance of consent for organ extraction. Going on Consent Notification Center Professional and Catchment Bodies (CNCDS) shall inform the team responsible for the capture of organs and tissues, stating the physiological conditions of the PD and the schedule to begin the capture process-transplant (Moraes *et al.* 2014).

Nursing in this process gains prestige by the focus on donor-driven body care and his family (Souza *et al.* 2013). The care carried out by nursing staff in maintaining the PD get control of metabolic and hemodynamic parameters, such as hypothermia, control of changes of blood pressure, electrolyte changes, pH and oxygen in the blood, debt cardiac and renal eliminations, where the nurse has an obligation to recognize early the amendments tabled by the patient in brain death that affects the various organ systems (Freire *et al.* 2012). The stabilization of the parameters will happen according to the amendment tabled by the patient, where in general the stabilization is done by volume replacement, oxygen therapy, infusion of vasoactive medications, restoration of normal levels and basal temperature antibiotic therapy for prevention and/or treatment of disorders that may harm the process of collection and transplantation of organs and tissues. These factors interfere with the quality and viability of the implant to the receiver (Freire *et al.* 2012). The nurse who deals with this patient will have to have insight to the relatives at the moment to inform them about the diagnosis of brain death (ME) and start the process of consent to donation; because request organ donation is a painful moment, where at the same time the minds of relatives will have to deal with two separate issues: life and death. Studies show that the badly conducted approach by the nursing professional and the lack of clarification to relatives about what it means to really entail in a response against the consent for donation (Cinque; Bianchi, 2010).

Therefore, it is essential to provide quality assistance to this patient as if the same had chances to live. The individual in this condition should never be watched as if it was just a corpse, as if you didn't need care. All professionals involved in patient care must have the view that there is a patient, not just a body and, therefore, must offer a qualified assistance during maintenance to the PD and capture of their organs and tissues for transplant (Pestana; Erdmann; Souza, 2012). The present study is of paramount importance to nursing, because through the actions performed for keeping the potential organ and tissue donor can achieve viability and quality of the organs to be transplanted and benefit recipients. The source of motivation for the research was acquired by academic experience as a volunteer intern at the Hospital Infection Control Committee (CCIH) of a large hospital in the city of Recife, where one of his assignments was the active search for diseases of compulsory notification in the medical records of

patients admitted to the Intensive Care Unit (ICU) of their hospital. It is hoped that with this study the nursing staff search working properly as advocates and literature, health institutions offering these services come and offer training for their professionals. In this way, it becomes a challenge for nursing developing qualified assistance in order to promote the development of skills for care with the potential donor, thus achieving success in the process of capture and transplant. Aim of the study was to investigate the pipes provided by nurses of intensive care units in the maintenance of the vital functions of the organ and tissue donor potential in two public hospitals.

METHODS

This is a descriptive and exploratory study of a quantitative approach. In a descriptive-quantitative research study the proportion and extent of a phenomenon, an exploratory study of the other natural factors with which it is linked, where it aims to coordinate issues and hypotheses for future research (Martins, 2003; Polit; Bech; Hungler, 2004). Thus, the present study is proposed to apply a questionnaire to investigate the pipes provided by nurses of ICU to two public hospitals of the city of Recife to potential donor of organs and tissues. The study was conducted in UTI's two General State public hospitals located in the city of Recife (Hospital of Restoration/HR e Hospital Getulio Vargas/HGV), which were characterized as A and B respectively. The ICU of the hospital is composed of 20 beds and 20 nurses distributed in shifts night and day. This hospital is characterized as a large general hospital and high complexity, because it presents a physical structure formed by units of hospitalization in several clinical specialties, agreed upon the Unified Health System (SUS), serving the population of the region the Metropolitan Recife, in the State of Pernambuco, as well as the North-East.

The ICU of hospital B has 31 beds and is staffed by a team of 16 nurses distributed in shifts night and day. It is located on the second floor of the institution and is intended for the care of adult patients from several hospital clinics. This unit has a multidisciplinary team that works in search of patients' recovery. The population of the study consisted of all the nurses of General Intensive Care Units of diurnal and nocturnal shifts of two public hospitals. Of the total, were 36 nurses, all considered eligible for research, however it was considered a final number of 32 nurses since the remaining 4 were part of the pilot study. It was applied a semi-structured questionnaire consisting of 21 questions, which was built based on a study by Freire and co-workers (2012), about the maintenance to the potential donor (PD) corpse. In the first part of the questionnaire were discussed the following identification variables: age, sex, degree and time of work in the ICU. In relation to the care offered to the PD, the following variables were related to: oxygen saturation, blood pressure, central venous pressure, body temperature, urinary flow rate, hydroelectric disorders and acid base. Before the questionnaire was applied a pilot study the four nurses who belonged to the sample for appropriateness of the instrument. The final version of the questionnaire, this was applied and subsequently stored, after filling in your own residence of researcher for minimum five years, getting under our sole responsibility. It is important to note that the information has been collected at the time that nurses were not providing care for potential donors. The final version of the questionnaire was applied only upon authorization of the free and Enlightened Consent Form (FICS) the legal guardian and second inclusion criteria

mentioned above. The data collection period was between the months of October and November 2013, after approval by the Research and Ethics Committee (REC). The data collected were entered into the spreadsheet Excel program that aimed to your later analysis. From then on, were arranged in charts and analyzed in the light of the scientific literature. The qualitative variables were analyzed through absolute and relative frequency.

The quantitative variables were evaluated by mean and standard deviation. In compliance with the requirements of the Ministry of health in your resolution n.º 466/2012 of the National Health Council (NHC), which regulates research with human beings, the project was transferred to the Hospital's zip code Otavio de Freitas (HOF) for possible approval and prior consent of the Director of HR and HGV; being approved with the CAAE N 21708613.8.0000.5200, by the instrument of consent referred to the direction, the researcher shall attach the FICS, ensuring the confidentiality of information collected. It is worth noting that the only data collection was developed after a favorable opinion from the Committee of Ethics in Research.

RESULTS

With respect to the study population of 32 nurses with predominant age of 32 to 40 (n = 13; 41%), average age between respondents was 43.8 years old and the standard deviation was 0.74, being that the lowest age was 32 and their greatest age was of 56.

Table 1. Data related to systematic assistance to potential donors of organs and tissues. Recife (PE), Brazil, 2013

Variables	N	%
Training		
Yes	14	43,7
No	18	56,2
Skills		
Yes	15	46,8
No	17	53,1
Systematization of Assistance		
Never	6	18,7
Sometimes	19	59,3
Often	5	15,6
Always	2	6,2
Team's Guidance		
Never	4	12,5
Sometimes	21	65,6
Often	5	15,6
Always	2	6,2

The majority were female (n = 30; 93%) compared with (n = 2; 6%) were male. About titling, most (n = 18; 56%) had only undergraduate and (n = 14; 44%) had expertise. Over time most of the sample service exercised the profession of 5-9 years (n = 18; 56%), and the minority of 10-14 years (n = 14; 44%). The pros, when asked about being able to watch the potential organ donor (n = 15; 47%) nurses answered that are trained and (n = 17; 53%) responded that they don't feel qualified. About the Systematization of Nursing Care (SAE) of the potential organ donor, the majority (n = 19; 59%) responded that sometimes systematizes, (n = 6; 19%) nurses responded never, (n = 5; 16%) often and (n = 2; 6%) said they always were. According to the degree of guidance offered by the nurses to other team members about how to watch the PD (n = 21; 66%) stated that sometimes guide your team on how to provide quality assistance to potential donors (n = 5; 16%)

frequently (n = 4; 12%), and never (n = 2; 6%) ever offered guidance to its staff. When asked about what kind of intervention be carried out on the PD in metabólica acidosis, most nurses (n = 29; 34%) administered sodium bicarbonate as medical prescription, (n = 28; 33%) collected gaseometria to monitor arterial gases, and (n = 28; 33 %) called the doctor on call. The intensivists to answer the question related to PD in respiratory alkalosis, the majority of nurses (n = 29; 38%) reported that they called the doctor on duty, (n = 24; 32%) reported that monitored how arterial gas and electrolyte levels and the minority (30%) of the 23; nurses administered appropriate ventilation and oxygenation as prescription. Regarding assistance given to the nursing patient with decreased blood pressure levels, most of the respondents (n = 26; 35%) called the doctor on duty, (n = 25; 33%) assess vital signs and (n = 24; 32%) were isotonic and hypotonic solutions infusion as medical prescription.

About the intervention provided to potential donor with hypokalemia, where (n = 27; 22%) of respondents reported that they called the doctor on duty, (n = 24; 20%) responded that they watched the infusion site about infiltration, monitored how vital signs, offered diet rich in potassium (n = 21; 17%) administered potassium chloride according to medical prescription. With regard to assistance carried out by potential donor in hyperkalemia, a large portion of the sample (n = 31; 25%) reported that they called the doctor on duty, (n = 28; 22%) observed changes in the ECG, (n = 25; 20%) diet rich in potassium, restricted (n = 23; 18%) monitored how signs vital and (n = 18; 14%) injected Calcium Gluconate as a medical prescription. When questioned about the nursing care to be provided to potential donor with decreased kidney excretes the most nurses (n = 30; 47%) stated that it was strict hydric balance (n = 21; 33%) reported that collected urine for analysis of summary renal function as medical and prescription (n = 13; 20%) were infusion of crystalloid and vasopressors or inotropic agents according to medical prescription.

DISCUSSION

The present study investigated the conduct of nursing care provided to potential donor of organs and tissues. Among the respondents, it was noticed a predominance in females (n = 30) 94%, and the age group of 40 years to 32 (41%). Demonstrating that this prevalence of the female gender is referred to from the early days in the history of nursing in our country. However it was seen as a unique work of women, where the goal was to provide assistance for charity without any remuneration (Lopes; Leal, 2005). According to study by Lima, Batista and Barbosa (2013), the nursing staff carries the utmost importance to provide care to the PDs.

This way, most of the participants when asked about having been trained and empowered to watch these 56% patients and 53 % respectively reported not having received any training. However 44% and 47% respectively reported that they received training to assist the PDs. Thus it can be affirmed that the development of specific training is of great importance, featuring a quality and effective assistance in the process of collection and donation of organs, in order to desmestificar these fears and desires to assist the PD (Freire *et al.* 2012). Regarding the applicability of the SAE and the provision of information on the part of nurses to other nursing professionals about the PD, pecebeu to analyze the statements that nurses

Table 2. Care provided by nurses in the vital changes of potential organ and tissue donors. Recife (PE), Brazil, 2013

Variables	N	%
Use of blankets and thermal blankets	31	35,2
Infuse warm IV fluids	22	22,7
I realize heated nebulization	22	22,7
Monitor pulse oximetry	22	22,7
Call the doctor on duty	17	17,5
Other	--	--
Metabolic Acidosis		
No good care	--	--
Administer sodium bicarbonate as medical prescription	29	34,1
Collect blood gas monitoring to monitor arterial gases	28	32,9
Measure urinary pH	--	--
Administer Calcium Gluconate as prescription	--	--
Call the doctor on duty	28	32,9
Other	--	--
Respiratory Acidosis		
No good care	--	--
Keep the head of the bed elevated	23	23
Aspire secretions when necessary	25	25
Administer oxygen and adequate ventilation as prescription	25	25
Call the doctor on duty	27	27
Other	--	--
Respiratory Alkalosis		
No good care	--	--
Call the doctor on duty	29	38,2
Decrease ventilation/oxygenation as prescription	23	30,3
Monitor arterial gas and electrolyte levels	24	31,6
Other	--	--
Hypotension		
No good care	--	--
Do infusion of isotonic and hypotonic solutions as prescription	24	32
Evaluate vital signs	25	33,3
Call the doctor on duty	26	34,7
Other	--	--
Hypokalemia		
No good care	--	--
Watch the infusion location how to infiltration	24	20
Monitor vital signs	24	20
Offer a diet rich in potassium	24	20
Administer potassium chloride as prescription	21	17,5
Call the doctor on duty	27	22,5
Other	--	--
Hyperkalemia		
No good care	--	--
Observe changes in ECG	28	22,4
Monitor vital signs	23	18,4
I restrict diet rich in potassium	25	20
Call the doctor on duty	31	24,8
Administer IV hydration	--	--
Infuse Calcium Gluconate as prescription	18	14,4
Other	--	--
Decreased Urinary Excreta		
No good care	--	--
Realize rigorous water balance	30	46,9
Collect urine contents for analysis of renal function as prescription	21	32,8
Infuse crystalloids vasopressors or inotropic effects as prescription	13	20,3
Other	--	--
Hypercalcemia		
No good care	--	--
Consult the nutrition for supply of diet low in calcium	25	31,6
Infuse 0.9% saline as prescription	23	29,1
Administer diuretic as prescription	--	--
Call the doctor on duty	31	39,2
Other	--	--

Continue

Hypocalcemia		
No good care	--	--
Call the doctor on duty	24	25,3
Infuse 0.9% saline as prescription	31	32,6
Administer Calcium Gluconate as prescription	21	22,1
Administer diuretic as prescription	--	--
Consult the nutrition for supply of calcium-rich diet	19	20
Other	--	--
Increased Central Venous Pressure-CVP		
No good care	--	--
Infuse crystalloids as prescription	--	--
Administer Calcium Gluconate as prescription	--	--
Call the doctor on duty	32	100
Other	--	--
Decreased oxygen saturation		
No good care	--	--
Call the doctor on duty	29	35,4
Offer ventilator support/oxygenation as prescription	28	34,1
Collect blood for blood gas as prescription	25	30,5
Other	--	--
Hypertension		
No good care	--	--
Administer Beta blockers as prescription	19	15,1
Collect urine contents	23	18,3
Check vital signs	29	112
Realize rigorous water balance	23	18,3
Call the doctor on duty	32	25,4
Infuse 0.9% saline as prescription	--	--
Other	--	--

ignored the COFEN resolution 292/2004. Because the COFEN resolution N 292/2004 Article 1st e) recommends:

[...] To apply systematization of nursing care (SAE) in the process of organ donation.

And regarding the provision of information on the PD, the other members of the team to much of the nurses said they sometimes guides about the care required for a quality assistance and the minority stated that always guides your employees. These data lead us to reflect about the importance of institutional management in working these issues of SAE, because the research data show us that the health organization represented by their managers can't detect faults arising from lack of planning of the assistance, and neither trace goals and architecting actions that end up with the difficulties that lead professionals to not perform the leaves properly to file (Lima; Batista; Barbosa, 2013).

As the conduct of nursing held the PD with hypothermia most answered correctly (use of blankets and thermal blankets), despite being expensive materials inexistent in reality of public hospitals covered in the study. Therefore the most effective conduct in the treatment of hypothermia in keeping with the reality of the institutions of study was the infusion of IV fluids warm and atomizations heated, because hypothermia brings numerous malfunctions for the capture process of organs that corroborate for decrease in the oxygen supply in these organs, culminating in tissue hypoxia and implant loss (Guido *et al.* 2009; Guetti, 2008). On issues related to acid-base disorders, nurses were asked about the conduct that were in front of a PD in metabolic acidosis most respondents reported correctly (administered sodium bicarbonate and collected ABG to monitor arterial gases). On the basis of these data it was observed through the review of scientific articles that this is the correct conduct for correction of metabolic acidosis which is regarded as evidenced by decreased pH disorder increase in concentration of hydrogen and bicarbonate, and decrease the

success of ABG regarded as gold standard for analysis of the changes of arterial gases (Smeltzer; Bare, 2009). Study participants when questioned about which were to conduct PD in respiratory acidosis, which has by definition be a change when the pH is below 7.35 and PaCO₂ above 42 mm Hg the great part of the sample stated that aspired when secretions necessary, administered oxygen and adequate ventilation as prescription and kept the head high. These responses corroborate with what is observed in the literature that says that the intervention to be performed is directed for removal of secretions, oxygen supply moist to thin the secretions semi patient maintenance. These actions will contribute to improving the lung ventilation-perfusion process (Carlotti, 2013; Smeltzer; Bare, 2009). Based on the analysis of the results on the respiratory alkalosis respondents responded in your most monitored how arterial gas and electrolyte levels according to medical prescription.

Analysis of answers confirms what says Carlotti (2013), that this disorder is due to hyperventilation leading to the excessive output of CO₂ and carbonic acid reduction. And monitoring of gases and electrolytes is a determining factor in the diagnosis of respiratory alkalosis, because it helps in the assessment of patient response to treatment (Smeltzer; Bare, 2009). In relation with the changes of blood pressure, related to decrease in SBP and DBP the investigated in your most claimed that they called the doctor on call and the rest of the sample assess vital signs and make isôtonicas and hipôtonicas solutions infusion as medical prescription.

Hypotension is caused by decreased periferica vascular resistance, when the barroceptores note that the fall of pressure they send impulses to the vasomotor center to reverse the fall of pressure by vasoconstriction of the renal arteries. However the conduct that corroborates with the literature reports that the increase in blood pressure levels if the assessment of vital signs, infusion of isôtonicas solutions.

Because isotonic solutions aim to reverse lower blood pressure by increasing blood volume (Westphal, 2012; Smeltzer; Bare, 2009). According to Dutra (2012) speaks in your article that hypokalemia is characterized when the amount of potassium is serico $<3,5\text{mEq/L}$. The most common cause is loss through intestinal gastric and is observed in 50% of patients after episodes of CA, where the tissues but affected are the kidney cells. Therefore the conduct of nurses is consistent with what the articles reviewed the treatment of by offering potassium rich foods, intravenous replenishment and review of vital signs (Smeltzer; Bare, 2009). When questioned about the nursing care to be provided to potential donor with decreased kidney excreted. The conduct to be adopted in these cases if the vital signs assessment in order to evaluate the amendments on blood pressure measurement, summary collection of urine to investigate the presence of proteins which indicates glomerular injury related to increased pressure (Cardoso, 2013). With regard to assistance carried out by potential donor in A recent study demonstrated that professional this before the patient in hyperkalemia have to analyse the amendments tabled on the ECG and serum potassium levels, because the increase of this cause electrolyte renal cell dysfunction and points out that the infusion of Calcium Gluconate is used to give stability in renal membrane (Dutra et al. 2012).

For the pipes provided to the PD in hypercalcemia administration IV of crystalloids and infusion of diuretics handle that aims to increase diuresis decreasing the reabsorption in the renal calcium sodium tubulos (Copês; Zorzo; Premaor, 2013; Dutra et al. 2012). Where most of the nurses interviewed answered incompletely they called the attending physician showing the lack of management to deal with these PDs. The hypocalcemia is decreased serum calcium levels less than 8, 5 mg/dl, and about this disturbance resulting from ME, the nurses survey stated correctly confirming that reports some authors in their research to the PD with hypocalcemia. If the therapy through slow infusion calcium gluconate and the replacement through nasenteral of probe feeding diet rich in calcium (Dutra et al. 2012; Smeltzer; Bare, 2009). When questioned about the conduct being performs before the PD with decreased levels of PVC 100% of the study population reported that they called the doctor on call, from this statement incorrect notice that the attendants don't know fully what brings the literature. Where it says that the PVC is employed to evaluate the pressure in magazines and further coronary heart veins. A PVC is declining as a result of decrease uses the right ventricular preload and this associated with ADHD.

Thus alternative corroborating with literature would be IV infusion of crystalloids (Smeltzer; Bare, 2009). According to Knobel (2005), before patients with decrease of oxygen saturation must monitor the concentration of oxygen bound to hemoglobin, through ABG who have as reference values pH: 7.35 a 7.45 mmHg, PaCO₂: 36 a 46 mmHg, PaO₂: 75 a 85 mmHg e HCO₃: 24 a 28 mEq/L which has the function to evaluate the amount of oxygen to be offered and get parameters for some acid-base disturbance. Comparing these data with the present research showed that nurses in your most reported erroneously, called the doctor on call desmonstrando the lack of preparation to give you with this patient. Blood pressure increase in the potential donor is directly related to autonomic discharge which is a consequence of high vasoconstriction in patients with death brain barrier. This

process of increased pressure when not controlled causes there is ischemia. Where the conduct to be adopted in these cases if the vital signs assessment in order to evaluate the changes presented in SBP and DBP, summary collection of urine to investigate the presence of proteins which indicates glomerular injury related to increased pressure, and the use of Beta blockers that Act decreased the expense of oxygen by cells myocardial and consequently improving the patient's hemodynamics (Cardoso, 2013; Smeltzer; Bare, 2009).

Conclusion

During the implementation of the instrument the author realized that the respondents demonstrated enough State of insecurity to be boarded. From this fact it was observed the need to invest time informing that participation of the study would not interfere in any way in your work environment. It was only collecting data with academic purpose and that it was of paramount importance your participation to the course of the researcher. By analyzing the data the nurses belonging to sample proved to have little scientific basis about the conduct provided to potential donor of organs and tissues, but critical questions were related to application of SAE, hidroeletrólitos disorders and Basic acids and evaluation of parameters of PVC. Showing a lack of interest on the part of professionals to seek through literature grants to provide a systematization of qualified assistance.

The systematization and the direct care of the potential donor is atribuição of nursing through critical look that begins with the patient's entry on intuição until the completion of the process of abstraction of organs and tissues. And imprecindível the addition of technical knowledge to the scientific understanding since the physiopathology of ME, opening of Protocol, the maintenance of essential organs, family approach to the graft with purpose and provide longevity to the receivers. Being of the utmost importance to frequent training to professionals who deal with these patients excluding possible doubts that voham to emerge from the whole process, interior reflection and individual opotunizando of their conduct. Showing that nursing need to take a critical stance and aware in disseminação of knowledge about scientific literature and by applying the principles recommended by the SUS: universality, integrality and fairness, playing with language skills.

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