



RESEARCH ARTICLE

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DEVELOPMENT OF A SYSTEMATIZATION TOOL FOR NUTRITION CARE

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ABSTRACT

The process of systematization of care in nutrition assumes as a premise, guiding the conduct of the nutritionist prioritizing the attention to the patient according to clinical condition of integral way in its different dimensions. In addition, it provides a technological reorganization that enables a new way of thinking and making health differently.

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INTRODUCTION

Nutritional care is of fundamental importance in the context of the humanization process in the hospital environment, since it meets the different nutritional needs of the health user, assuming dimensions that articulate actions articulated between the Nutrition and Dietetics service and clinical and nutritional assistance, through management interfaces in health care (PEDROSO, SOUSA and SALES, 2011). According to the Ministry of Health (2012), care related to food and nutrition, aimed at health protection, prevention, diagnosis and treatment of diseases, should be associated with other health care actions of the Unified Health System (SUS), enhancing the construction of an integrated, resolute and humanized network, as recommended by the National Food and Nutrition Policy (PNAN). The nutritional support used through nutritional therapy in critical patients has been of great value in the last years, being an important essential in the treatment, since diet therapy assumes an important correlation with nutritional status, the latter being a crucial factor for clinical evolution, reducing the morbimortality and the catabolism, in

order to contribute to the maintenance of the functional integrity of the gastrointestinal tract, increase of the immunological system and consequently reduction of hospitalization time and hospital costs (Brito and Dreyer, 2003; It should be noted that several factors may contribute to inadequate nutritional support, such as the patient's individual intolerance to the diet, underestimation of daily needs, inadequate management and among others, thus indicating the importance of continuous follow-up of the Nutritionist professional (ASSIS *et al.*, 2010, STEFANELLO and POLL, 2014). Thus, within the Multiprofessional Team in Nutritional Therapy (EMTN), the Nutritionist is responsible for the prescription and dietary adequacy of each patient, encompassing issues imposed by clinical, social, and nutritional conditions, and should therefore possess scientific knowledge and practical experience to (Baxter and Waitzberg, 2009). In the present study, the results of this study are presented. In this perspective, the creation and adoption of tools that allow the structuring of hospital care, based on therapeutic guidelines and clinical protocols, are fundamental for the implementation of safe and decisive interventions in the management of the activities of the nutritionist, in order to integrate the new proposal of the nutritional assistance that is

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defined as the systematization of nutrition care (VILLAGRA, 2012, ÁFIO, *et al.*, 2014, BRASIL, 2014).

Objective

To report the process of construction and systematization of the technology in an Intensive Care Unit of a Teaching Hospital in the municipality of Sobral-CE.

MATERIALS AND METHODS

This is a Report of experience, based on the methods of experience systematization. The technology was developed during the specific axis module of the Multiprofessional Residency in Emergency and Emergency of a teaching hospital in the municipality of Sobral / CE. Currently, it is considered as a regional and state reference in high complexity health care, in addition to being recognized as an institution of excellence in health service management and provision, which has for its purpose, to promote assistance, teaching, research and extension, providing quality health services through humanized assistance and the training of professionals in the area, aiming at the satisfaction of its employees and users. The elaboration of the technology was divided in two phases, namely: construction of the guidance material for the professional of the category of Nutrition and later insertion in an Intensive Care Unit from April to June 2016, with the objective proposed by the discipline belonging to the Module of Nutrition, proposed by the Residency program.

RESULTS AND DISCUSSIONS

During the discipline of a specific Axis that focused on the systematization in Nutrition, it was thought as an evaluation tool the creation of a protocol of care in nutrition, once systematization acts as a resource that allows the Nutritionist the process of organization and planning appropriate care to the patient. With regard to the construction of the tool, it was initially decided to carry out a review of the literature on the subject, seeking the routines used in nutritional care already in place, and adopted the premises recommended by the Manual of Systematization of Care in Nutrition of the Brazilian Association of Nutrition (ASBRAN) that intends to guide the conduct of the professional nutritionist in the context of Nutritional Therapy. Thus, the technology was developed with the following assumptions: Nutritional risk screening through nutritional and metabolic assessment, being guided by physical, anthropometric and biochemical examination, interconnecting with pathology and associated comorbidities; Realization of energy and nutritional needs calculations based on clinical condition and nutritional status and daily dietary progression through the acceptance and absence of interurrences, these being based on the current guidelines and guidelines; Evolution and daily nutritional monitoring based on the patient's clinic, in order to allow better prognosis and less complications due to the pathology; Development of charts to follow the prescribed diet, either oral, enteral or parenteral, as well as supplementation of specific nutrient modules, immunomodulators, prebiotics or probiotics, as well as aspects related to water balance, laboratory tests and medicines used. With regard to the insertion of this tool in the routine of the nutritionist, it was possible to identify through the protocols of accompaniment and through the systematization of the assistance the presence of the decrease

of gastrointestinal interurrences with the proper adoption of the diet (such as reduction of the diarrhea, vomiting, abdominal distension and presence of high gastric residual), and improvement of the picture from the corrective therapy used; lower wastage of enteral diets, since the diet offered was consistent with the necessary and adequate volume, being adequate to the patient's current gastrointestinal and clinical tolerability; Minimization of the depletion of nutritional status due to metabolic injury, among other benefits that could be evaluated. In this way, we have that the process of evaluation of the nutritional and metabolic state must be something continuous and dynamic, however, the non-creation and standardization of technologies that aim at the organization of the nutritional assistance to the patient, is established as one of the factors that can compromise the quality of care, resulting in the failure of the nutritional therapy employed. Thus, the nutritional and metabolic monitoring corresponds to the beginning, the middle and the end of all the assistance actions performed to the health user, being possible to identify situations and conditions associated with ingestion, absorption, metabolism and nutrient excretion, based on the occurrence and extent of eventual nutritional abnormalities.

Conclusions

The nutritionist's relevance in the systematization of nutrition care, especially in relation to skills and competences, is evident through the identification of priorities in all stages of patient / client care, involving other actors such as the staff, family and caregiver. In this perspective, the elaboration of the proposal of systematization of nutrition care for patients in a hospital environment is relevant to guide the organization and evaluation of care, thus contributing to the better quality of life of health users, since as a result of this process, in relation to the systematization of health care and its interfaces in health care, the importance of professionals to seek strategies for the strengthening of scientific production in health technologies and the availability of new information and communication tools, enabling the communication dialogue, as it mediates between the knowledge obtained in the different areas of knowledge and practice.

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