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RESEARCH ARTICLE

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## RESTRUCTURING OF THE MEDICAL RECORDS OF THE ELDERLY AND CONSTRUCTION OF AN INSTRUMENT FOR RECORDING NURSING CARE: AN EXPERIENCE REPORT

Clarissa Silva Pimenta<sup>1</sup>, Liniker Scolfield Rodrigues da Silva<sup>\*2</sup>, Karinne Ferreira<sup>3</sup>, João Paulo Vimieiro<sup>4</sup>, Tânia Elizabete Siqueira da Silva<sup>5</sup>, Anielly Nayane de Melo Silva<sup>6</sup>, Ana Maria da Silva Lins<sup>7</sup>, Valdirene Tenório Siqueira<sup>8</sup>, Samara Cecília Sabino Pereira da Silva<sup>9</sup>, Joelma de Souza Rodrigues<sup>10</sup>, Karine Gonçalo Nunes<sup>11</sup>, Flaviane Albuquerque<sup>12</sup> and Raíza Rúbia de Vasconcelos<sup>13</sup>

<sup>1</sup>Specialist from the Multiprofessional Residency Program in Mental Health, Raul Soares Institute (IRS). Belo Horizonte, Minas Gerais (MG), Brazil; <sup>2</sup>Master's Student from Postgraduate Program in Adolescent Health (PPGH), Pernambuco School of Dentistry/University of Pernambuco (FOP/UPE). Recife, Pernambuco (PE), Brazil; <sup>3</sup>MSc in Administration, Faculty of Administrative Studies of Minas Gerais (FEAD). Belo Horizonte, Minas Gerais (MG), Brazil; <sup>4</sup>Nurse (graduate) from the Faculty of Medical Sciences of Minas Gerais (FCMMG). Belo Horizonte, Minas Gerais (MG), Brazil; <sup>5</sup>Nurse (graduate), Faculty Facottur. Olinda, Pernambuco (PE), Brazil; <sup>6</sup>MSc in Biochemistry and Physiology, Federal University of Pernambuco (UFPE). Recife, Pernambuco (PE), Brazil; <sup>7</sup>Postgraduate Student in Pediatric Intensive Care Unit (ICU) and Neonatology, Facuminas Institute. Belo Horizonte, Minas Gerais (MG), Brazil; <sup>8</sup>Master's Student from Postgraduate Program in Nursing (PPGENF), Federal University of Pernambuco (UFPE). Recife, Pernambuco (PE), Brazil; <sup>9</sup>Specialist from the Uniprofessional Residency Program in Child Health, Federal University of Pernambuco/Clinical Hospital (UFPE/HC). Recife, Pernambuco (PE), Brazil; <sup>10</sup>MSc in Intensive Care, Brazilian Institute of Intensive Care (IBRATI). Recife, Pernambuco (PE), Brazil; <sup>11</sup>Master's Student from Postgraduate Program in Adolescent Health (PPGH), Pernambuco School of Dentistry/University of Pernambuco (FOP/UPE). Recife, Pernambuco (PE), Brazil; <sup>12</sup>Specialist in Gynecology and Obstetrics, University of Vale do Ipojuca (UNIFAVIP). Caruaru, Pernambuco (PE), Brazil; <sup>13</sup>Specialist from the Multiprofessional Residency Program in Mental Health, Pernambuco Faculty of Medical Sciences/University of Pernambuco (FCM/UPE). Recife, Pernambuco (PE), Brazil

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#### \*Corresponding author:

Liniker Scolfield Rodrigues da Silva

### ABSTRACT

This study aims to describe the experience of nursing students on the restructuring of the medical record of the elderly and elaboration of an instrument for recording nursing care in a Long Stay Institution for the Elderly. This is a descriptive study, type of experience report, on the construction of the pilot model of medical records of the elderly and printed to record the evolution of nursing care and caregivers in a particular institution in the city of Belo Horizonte, in April 2015. There was a visit to the institution in which it was detected the need to build a model of medical records of the elderly and printed to record the evolution of nursing care and caregivers provided to the elderly. The construction was divided into 4 stages: interaction with the nurse in charge, knowledge about the medical record and nursing records, the preparation of the pilot model and delivery. It was possible to observe how the insertion of the medical record organized for records of nursing activities and caregivers became fundamental for the maintenance of ethical and human precepts that guide care and giving visibility to the nurse, as regards the implementation of the phases of the care process.

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## INTRODUCTION

Population aging is occurring along with a scenario of major changes in the social, cultural, economic, institutional, value system and configuration of family arrangements of the Brazilian population (Portella et al., 2012). Whether by negligence in care, issues of financial impact or even lack of emotional bond on the part of family members, the State and health service institutions become effectively

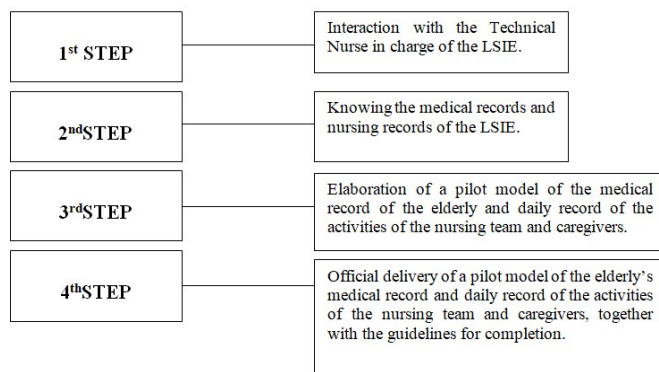
responsible for caring for the elderly. Therefore, one of the alternatives would be the institution that provides this non-family care service that are known as Long Stay Institutions for the Elderly (LSIE), whether philanthropic, private or philanthropic partner – state (Portella et al., 2012). Ordinance 810, of September 22, 1989, establishes that LSIE must provide medical, dental, nursing, nutritionist, psychological and pharmaceutical assistance, as well as leisure activities, rehabilitation activities (physiotherapy, occupational therapy and phonoaudiology), social service, legal and administrative

support. Among the various professionals required, nurses are essential in these areas to improve the care of residents (Brazil, 1989). The role of the nurse who works in the elder health covers assistance and management issues, for that, the nurse must know such functions – assistances and managerial, including: activities of the team of workers under their coordination (aspiration bath, bed bath, change of position, administration of medicines), preparation of instruments of nursing activity records and caregivers (medical records of the elderly and evolution of nursing and caregiver), service indicators, monthly service scale, among others, in order to ensure adequate assistance to the elderly and consequent satisfactory management (Silva and Santos, 2010). Each resident of the LSIE must have a medical record, including the Nursing Care Systematization (NCS) that must cover nursing history; physical examination; nursing diagnosis; prescription of nursing care; evolution of nursing care. Therefore, it was observed the need for standardization of the documentation of those institutions, since there was none to ensure satisfactory management, in addition to the best quality of care provided.

## MATERIALS AND METHODS

This is descriptive research of the experience report type, which describes the experience of nursing students on the construction of the pilot model of medical records of the elderly and printed to record the evolution of the care of nursing and caregivers provided to the elderly in a non-governmental LSIE and linked to the City Hall of Belo Horizonte (BH) in Minas Gerais (MG), Brazil. A visit to a certain LSIE was carried out in April 2015, in which it was detected the need to build a pilot model of medical records of the elderly and printed to record the evolution of the care of nursing and caregivers provided to the elderly.

**Moments covered:** The construction of the pilot model of the elderly's medical records and daily recording of the activities of the nursing team and caregivers were composed of four steps (Figure 1):



Source: Created by the authors, 2015.

**Figure 1. Methodological steps for carrying out the experiment. Belo Horizonte, Minas Gerais (MG), Brazil, 2015.**

In the first step, the interaction with the technical nurse in charge of LSIE was carried out, through an informal conversation, to know the reality of the institution's management. Through this conversation, it was realized the need for improvement in some aspects, mainly related to medical and nursing records. Then, we knew the medical and nursing records of the LSIE. A "gold standard" medical record is that medical record in which they can make effective inter-professional communication, for the entire multidisciplinary team to be able to continue a conduct and/or understand the reality of the patient. In the third step, the elaboration of the pilot model of the elderly's medical record and daily recording of the activities of the nursing team and caregivers was developed. To develop the pilot model of medical records of the elderly and the daily record of the activities of the nursing staff and caregivers, it was necessary to know the financial reality of the institution and to seek scientific evidence on the objects of study. Then, an A4 recording folder A-Z was

acquire, in addition to ten plastic partitions to demarcate the space of each professional, and documents related to the elderly, with an affordable cost-benefit. The pilot model includes identification form, original documents of the elderly; admission form for the elderly (multidimensional evaluation); vital signs control form, glycemic control, control for drug administration and check-up list for caregivers and nursing technicians; then 7 divisions for the multidisciplinary team, and finally the partition for exams. Finally, the official delivery of the pilot model of medical records of the elderly and daily recording of the activities of the nursing team and caregivers along with the guidelines for completion. Delivery took place in August 2015 together with the completion guidelines, namely:

- A4-hole A4 plastic bag is attached to the dividers: the identification card for the elderly person is shown. In this part, a form was prepared, which informs personal data of the elderly, associated pathologies and degree of dependence. (Copies of the documents RG (General Registry) and CPF (Individual Registry) of the elderly can be filed).
- 1<sup>st</sup> partition: Admission form of the elderly (multidimensional assessment),
- 2<sup>nd</sup> partition: Vital signs control sheets; glycemic control; control and registration for drug administration;
- 3<sup>rd</sup> to 9<sup>th</sup> partitions: Notes referring to each professional separately. (Physician, nurse, nursing technician and caregiver; social worker, psychologist, nutritionist, physiotherapist). Instrument for recording the evolution of nursing care and caregivers.
- 10<sup>th</sup> partition: for laboratory tests, imaging, etc.

## RESULTS

At first, from the interaction with the LSIE nurse, through an informal conversation, it was possible to know the institution and the way it is organized. Therefore, it was possible to observe the difficulty of organizing the documents of the elderly, since in the current medical record of the institution, there is no correct order for the multidisciplinary team, consisting of: external doctor, nurse, nursing technician, social worker, psychologist, nutritionist, physiotherapist and caregiver. That is, all documents are archived randomly, and this fact can generate ineffective assistance for the elderly. Thus, it was perceived the need to develop a pilot model of medical records and nursing forms, taking into account the cost-benefit and the reality of the institution. The target audience are the professionals who assist the users of the LSIE, in its multidisciplinary team, aiming at the biopsychosocial well-being of the patient and an integral assistance, from the moment there is an order of the evolutions, allowing accessing the records of the professional colleague. Thus, when faced with the medical and nursing records of the LSIE, it was realized that it deserves improvement in several aspects, especially organizational. It is necessary that all documents and conduct be in the same place, to facilitate interaction with other professionals. As an evaluation of the experience, the results were positive, since it gave a chronological order to the records, as well as the organization of the medical record and the standardization of nursing records, following an order of clinical evaluation. The experience was very positive because it allowed us to identify the difficulties in the workplace, and thus plan and implement improvements, followed by the possibility of developing an instrument that will remain indefinitely and will assist the nursing team in the nursing process.

## DISCUSSION

**Long-stay institution for the elderly:** The National Health Surveillance Agency (ANVISA) published Ordinance n. 41, of January 18, 2004 with the Technical Regulation for the Functioning of Residential Institutions under participatory system and Long Stay for the Elderly (LSIE). This ordinance has come to ensure and

guarantee the rights of the elderly in order to organize the minimum conditions of operation of the institutions, aiming at the need for prevention and reduction of health risks; the health to which they are exposed; organize the service; and their assistance provided (Brazil, 2004). The provision of services for the elderly in Brazil requires that LSIEs provide services both in the social area and in the sanitary area. It can therefore be stated that the LSIE is a special type of institution of a social health nature. This hybrid nature demands the creation of a social health care model, which combines values and practices from both spheres (Pinto and Sinson, 2012). The ambience is also discussed when it comes to LSIE and should contain some requirements required by the standards at the federal, state or municipal level. It is necessary to structure the institution thinking about the activities that will be necessary to be developed. These activities should include individual and family care and support, biopsychosocial care according to the individual need, complementary outpatient health care activities and encourage social interaction with recreational activities, productive and labor sports. All these activities require planning, respecting the condition and demand of each elderly person, aiming at their effective participation. It must follow the rules and routines in the relevant sanitary legislation, regarding the construction, cleaning and decontamination of articles and environments, to contain the approval of architectural design with the local health authority.

**Nurse's management in the LSIE and evolution:** The management of the elder care requires knowledge and security for decision making. One of the great challenges experienced by nurses and observed by students is that professionals are lonely within the LSIEs, considering that the presence of nurses in institutions is not evidenced. The lack of a second professional for division of responsibility is reported as a challenge (Portella et al., 2012). Resolution COFEN 358/2009 brings as a definition of nursing evolution the record made by the nurse after the evaluation of the general state of the patient and that this record should include the new problems identified, that is, a brief summary of the results of the prescribed care and the problems to be addressed in the next 24 hours (Cofen, 2009). Nursing evolution shows the effects, repercussions and benefits of the care provided in relation to certain pre-established parameters, allowing indicating the suspension, modification or maintenance of the previous nursing prescription (Tonello et al., 2013). The medical record of the elderly must be exclusive for each elderly person, in any institution, records of outpatient care, emergency, and or any complications and normalities, always individually. The medical record should be organized to ensure verbal communication of all multidisciplinary team. The use of standardized forms highlights the identification of the patient attached in their documents (Kluck and Guimarães, 2014).

## CONCLUSION

The number of the elderly living in LSIE is increasing, due to several reasons: social, economic, cultural, etc. Therefore, institutions must be able, in the physical, material, human and managerial context, to attend and provide quality care, based on ethical and human precepts that guide care. It is up to the technical nurse in charge to perform all phases of the care process: planning, organization, control, coordination and evaluation. Thus, they insert the medical record of the elderly and the record of nursing activities and caregivers. Finally, the process experienced regarding the restructuring of the medical record of the elderly and the preparation of the nursing record and caregivers showed that such documents are fundamental to the process of quality of care for the elderly, teaching and research. Moreover, they ensure that health professionals support their actions through registration and for the elderly, they guarantee a formal assistance provided through an institutional document, favoring the organization the standardization of the service.

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