

Home Nursing Care of Elderly People Affected by Pressure Injuries

Assistência de Enfermagem Domiciliar Frente a Idosos Acometidos por Lesões por Pressão

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Abstract

Accelerated population aging is in force and requires vigilance in health models, especially in Primary Care (PC). However, due to the intense population demand for the use of health services, it is inevitable to use other policies and programs such as: home care services. Care is performed through a multidisciplinary team, using actions that seek promotion, prevention, and rehabilitation, to positively interfere in the client's quality of life. Thus, it is necessary the performance of nursing professionals, who have a theoretical-practical basis, offering an individualized and continuous care. Thus, the study aims to identify how home nursing care is provided in the case of elderly people with injury pressure. This is a narrative literature review, carried out in LILACS, VHL and BDEF databases, through the search strategy "Elderly's Health" AND "Pressure Injury" AND "Home Care Services". The search returned 17 articles, and after applying the eligibility criteria (full articles available, published between 2016 and 2021, Portuguese language) 6 articles were analyzed for the final composition of the sample. There was a lack of specific actions directed to the user individualities, lack of training on the part of health professionals, lack of guidance and health education to caregivers, insufficiencies of material resources and services provided, needs for actions aimed at prevention, since the cost to services would be lower than carrying out recovery and rehabilitation strategies.

Keywords: Pressure Ulcer. Home Care Services. Health of the Elderly.

Resumo

O envelhecimento populacional acelerado é vigente e impõe uma vigilância nos modelos de saúde, principalmente na Atenção Básica (AB). Contudo, devido à intensa demanda populacional para a utilização de serviços de saúde, é inevitável o uso de outras políticas e programas como: os serviços de assistência domiciliar. O cuidado é realizado através de uma equipe multidisciplinar, utilizando ações que buscam a promoção, prevenção, e reabilitação, para interferir de forma positiva na qualidade de vida do cliente. Assim, é necessário a atuação dos profissionais de enfermagem, que possuem um embasamento teórico-prático, ofertando um atendimento individualizado e contínuo. Assim, o estudo tem como objetivo identificar como se dá assistência de enfermagem domiciliar frente a idosos com lesão por pressão. Trata-se de uma revisão narrativa de literatura, realizada nas bases de dados LILACS, BVS e BDEF, através da estratégia de busca "Saúde do Idoso" AND "Lesão por Pressão" AND "Serviços de Assistência Domiciliar". Foram encontrados 17 artigos, e após aplicação dos critérios de elegibilidade (artigos completos disponíveis, publicados entre os anos de 2016 e 2021, idioma português) foram analisados 6 artigos para composição final da amostra. Evidenciou-se carência de ações específicas e direcionadas às individualidades do usuário, falta de capacitação por parte dos profissionais de saúde, déficit de orientações e educação em saúde aos cuidadores, insuficiências de recursos materiais e serviços prestados, necessidades de ações voltadas à prevenção, visto que, o custo para os serviços seria menor, do que realizar estratégias de recuperação e reabilitação.

Palavras-chave: Lesão por Pressão. Serviços de Assistência Domiciliar. Saúde do Idoso.

1 Introduction

The aging period is a world fact that is more intensely available in some emerging countries, characterized as a phase of knowledge, through an exchange of knowledge and experiences. Recently, an estimate has been established that more than 12% of the world's population is over 60 years old, in Europe, 24% of the population¹, while in Brazil this age group corresponds to 10.8% of the general population².

Thus, the health profile in Brazil related to aging, elucidating that this rapid population growth occurs since the decade of 1960, observing a deficit in the birth rate and an increase related to the mortality rate³. The aging process is

affected by genetic, social, physiological and environmental conditions, which interfere directly in the health and well-being of the elderly, because it damages his or her functional and cognitive abilities, impaired ambulation, providing an increase in the risk of falls, a decrease in the amplitude of motion, of the visual and auditory faculties⁴.

The circumstances that define the requirements for the evolution of health in the population in the course of aging are validated by the creation and promotion of health actions, as well as the Family Health Strategy (ESF),⁵ which enable the direct participation of the population in order to work together with families in their locality. Thus, it is possible to

objectively observe the life reality of the family and of the elderly client⁶. Therefore, it is noted that the ESF is essential in the elderly's health situation, because it is a model that has the capacity to restructure, to promote actions that seek prevention and autonomy, and to provide a quality follow-up service in elderly people in disabling situations or expressing some chronic disease⁷.

Thus, and allied to the FHS, the Home Care Services (SADSs) stand out, which emerged after the analysis of the disorders that patients face in accessing the other levels of the health context, which, therefore, were solved in a simple way through Home Care (AD). Among the disorders that made it difficult to access the unit, which became common, were the risks of impairment by pressure lesions (LPP)^{6,7}.

LPPs appear in the skin and may affect the underlying tissues, usually injuring sites that have bone prominence and/or areas with low hypodermic tissue, with this due to prolonged local pressure on the skin resulting in a pressure injury. Thus, age is one of the conditions, due to the aging process and its implications, related to mobility and skin structures of the fragile elderly⁸. Stressing the negative implications, since it affects the elderly's mobility and quality of life, in addition to weakening all care contexts, including emotional and social coexistence⁹.

Therefore, it is necessary to provide a prevention strategy by evaluating through the Braden scale, under the glance of the following aspects: sensory perception; humidity; activity; mobility; nutrition; shear and friction. These conceptions will evaluate the integrality of the individual to the risk of developing LPP, this will provide an early identification resulting in a focused, necessary and adequate care to the individualities of the injury and the client¹⁰.

According to Moro *et al.*¹¹, there are inadequacies in research and studies that address the LPP topic in patients under home follow-up. Making evident, the need to expand studies and research that emphasize the theme addressed, bringing incentives and contributions to the current literature, which result in positive changes and actions, which assist in interventions and strategies for correct prevention related to the risk of developing LPP in elderly people assisted by AD, therefore, it is essential that this theme be important for the improvement of the Nursing teams and the team that constitutes home care (AD)¹².

Under this assumption, the following questions were asked: How is Nursing assistance performed in elderly people affected by pressure injuries at home?

It is possible that nursing care is carried out in an incipient manner and not in many cases, due to difficulties associated with costs, locomotion and team training, it does not have the necessary efficacy.

Therefore, the research is justified by collective and academic significance, since it brings considerable and relevant allusions regarding nursing care to fragile elderly people affected by pressure injuries, guiding comprehensively,

promoting prevention, and following from the moment of diagnosis, therapy, and rehabilitation, seeking the integrality of care, committed to providing and promoting self-care autonomy, in order to identify the best strategies to be carried out to this public, based on science practiced under evidence.

The relevance of the study focuses on the possibility of redirection of care practices aimed at improving nursing treatment before LPP, systematizing nursing care and promoting quality of life for the elderly during home care.

Thus, the present study aims to identify how home nursing care is given before the elderly individuals with pressure injuries.

2 Material and Methods

2.1 Type of study

This is a narrative review of literature, in which literatures involving the theme were studied in a comprehensive way. The following guiding question was asked to perform the research: How is Nursing assistance given in elderly people affected by pressure injuries at home?

2.2 Databases and search strategies

The following databases were used: Virtual Health Library (VHL), Latin American & Caribbean Health Sciences Literature (Lilacs) and the Specialized Bibliographic Database in the Area of Nursing (BDENF), using the following keywords: "Elderly's Health" AND "Home Care Service" AND "Pressure Injury" between August and November 2021.

2.3 Eligibility Criteria

About the inclusion criteria: Scientific articles published and available, published from 2016 to 2021, Portuguese language, full text available, main subject Elderly's Health and Injury by pressure, and included the subject corresponding to the purpose of this study.

Regarding the exclusion criteria, articles that did not apply to the subject were excluded, were repeated in the databases, incomplete texts, unavailable online, and in other languages.

3 Results and Discussion

Initially, 17 studies were found, and, after applying the eligibility criteria, eight studies were selected, which, after rigorous and detailed reading, comprised this analysis, six articles, one of the year 2021, one of 2020, one of 2019, one of the year 2017, and two of 2016, as shown in Table 1.

Table 1 - Characterization of the analyzed studies

N	Title	Journal	Type of Study	Results
1	The daily work of family health teams in caring for the elderly ¹³	Revista Mineira de Enfermagem	Qualitative study	To demonstrate the need to assist in logistics and strategic actions, in order to work out the demand of the elderly population in the health service.
2	Healing of pressure ulcers in patients at home care ¹⁴	Digital repository UFRGS	Dissertation, experimental study	The nutritional, drug, sociodemographic, and comorbidity aspects were analyzed, among other factors. The risk of developing UP at the time of admission was found to be 97.4% according to the Braden scale.
3	Quality of care for the elderly: risk of pressure injury as a marker condition ¹⁵	UFC repository	Experimental case study	Extensive prevention strategies were used, but little theoretical and practical knowledge was observed among the nursing professionals
4	Preventive and educational care in the elderly's health: a proposal for the integration of knowledge and practices ¹⁶	Revista estudos Interdisciplinares sobre o Envelhecimento	Experimental Article	Aspects such as comorbidities, time of medication use and occupation were evaluated, and polypharmacy was used in 29.8% of the studied patients, 25.5% reported having skin lesions, while 97.9% reported the practice of some physical activity. Noting the adoption of physical activity by almost the entire group.
5	Risk of pressure injury to elderly at home ¹²	Revista de enfermagem UFPE on line	Quantitative study	A sample of 97 elderly individuals was used, observing the sociodemographic and clinical characteristics. It was evidenced that 22.7% presented pressure injuries.
6	Sociodemographic and clinical profile of elderly users of family health strategies ¹⁷	Revista de enfermagem UFPE on line	Descriptive study	Sampling was performed with elderly individuals aged 65 years or older, in homes treated by the family health strategy, where variables were analyzed that identified the high prevalence of chronic non-communicable diseases, hypertension and cardiovascular diseases.

Source: Resource data.

Highlighting the study carried out by Silva *et al.*¹³, which analyzed some perspectives on the service and care of the elderly within the context of the ESF, it was verified that the routine of common actions and strategies has different approaches to meet the needs of the population, having, in the majority, actions focused on the care of patients affected by chronic diseases. Another aspect to be discussed is the guiding of ESF users to other programs and services, which hinders the dynamic of service in the reference services by directly interfering with adequate demand and causing a high complexity overload.

In this perspective, the improvement of the professional-user relationship is observed, which provides access to the service with the health teams, this shared development benefits individual and collective care through actions and strategies. However, the need for improvements and changes in the strategies and policies of the elderly becomes evident, since they need orderly care due to continuous search, so as to enable care that does not have only equality, but equity, that services and actions are appropriate to the needs and individualities of each user who is welcomed into the home care network¹³.

From a comprehensive perspective, it is observed the lack of training of professionals, the necessary adoption of strategies at the angle of basic care, and to fix the essential improvement of the services articulation and the users correct distribution to the respective units and programs. Therefore, the change of location and spaces, the introduction of diversified educational activities in conjunction with differentiated resources and techniques, may establish a greater professional-user bond

and improve the care provided, thus improving the elderly's health¹³.

In the study carried out by Machado¹⁴, it was observed that the prevalence of users of the Family Health Strategy related to home care is directed to the elderly population, this refers to predictable consequences such as the increase in the index of chronic non-communicable diseases, that can result in the increased risk of developing pressure injuries, which as a result burdens the health services. These conditions generate a series of occurrences in the user life, reducing their mobility, and negatively interfering in the elderly's life.

Whereas, the study carried out by Baldissera and Meireles¹⁵, carried out with elderly aged 70 years above, both sexes, retired, with reduced mobility, using a device for locomotion, and restricted to bed, also evaluated the care with personal hygiene, the knowledge of caregivers, and a lack of health guidance and education, insufficient materials and adequate service delivery deficit, such as the performing of dressings, was identified. In view of this, the need for greater training and knowledge and the lack of health education by the team was observed.

Contrary to this study, Santos *et al.*¹⁰ demonstrate in a safe and reasoned manner the nursing assignment in these scenarios, in which nursing professionals should be able to attend the elderly in a holistic manner. For this, a weighted evaluation is necessary, which observes the skin integrity, the external agents that the elderly find, the pre-existing chronic diseases, which result in metabolic alterations, age, mobility, the verification of these conditions is indispensable to determine the priorities in the treatment by performing

a clinical analysis of the conditions, then initiating a planning, and deciding the actions that will be essential for the maintenance of the elderly's health, recovery of the skin integrity, thus aiming at a qualified assistance. This process aims to adopt measures that value the patient's autonomy, emphasizing the primary training of nursing professionals as a theoretical-practical knowledge, to interfere and prevent the risks of developing pressure injuries.

De Faria *et al.*¹⁶ mention the responsibility of the elderly's national politics, that considers their insertion into society, seeks autonomy, and supports their social rights. However, despite the search for autonomy, it is seen that strategies and actions should be directed toward prevention, however, the most viewed actions are for recovery and rehabilitation, which require higher cost, so the deficit of skilled professionals and material resources is noted, emphasizing the lack of programs suitable for the elderly population, it is necessary the performance of an interdisciplinary team, with professionals from several areas, so that they can have resolutivity in the care of the elderly's needs in their entirety.

In this scenario, the relevance of the use of multidisciplinary interventions, which have a positive influence, in the initial, moderate or severe cases of various morbidities or comorbidities, is expressed. Therefore, in this perspective, a study carried out by Sturmer *et al.*¹⁷ concluded that the use of actions and planning carried out in basic care directly and incisively affect the elderly's quality of life and health. Highlighting the importance of planning and actions in the nutritional, emotional and physical fields, as well as health education to raise awareness and direct about harmful habits to health.

4 Conclusion

There was a lack of specific actions directed to the user individualities, lack of training on the part of health professionals, lack of guidance and health education to caregivers, insufficiencies of material resources and services provided, needs for actions aimed at prevention, since the cost to services would be lower than carrying out recovery and rehabilitation strategies.

It is essential to train health professionals, focusing on nursing professionals, because they work directly with the elderly, performing a clinical analysis, observing factors that negatively interfere with recovery, examining family history, feeding, medication use, practice of some physical activity, verifying whether there are pre-existing pathologies, or some non-transmissible chronic disease, then perform a planning with actions aimed at the health recovery and promotion, later performed the necessary interventions for the elderly, guiding the family and caregivers throughout the process, assisting in rehabilitation recovery and maintenance of the elderly user's life. After these steps are performed, it is undeniable that the costs, financial, physical and emotional health of home users are high, demonstrating directly that a strengthening of

prevention actions and strategies become more beneficial to the elderly, since they do not cause stress to them, or physical and emotional pain, which contributes to humanized and holistic care.

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