

## IMPORTANCE OF STANDARDIZED LANGUAGE IN NURSING CARE TO SKIN INJURY CAREERS: INTEGRATIVE LITERATURE REVIEW

### IMPORTÂNCIA DA LINGUAGEM PADRONIZADA NA ASSISTÊNCIA DE ENFERMAGEM A PORTADORES DE LESÕES DE PELE: REVISÃO INTEGRATIVA DA LITERATURA

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#### ABSTRACT

**Objective:** To verify through the literature the importance of the quality of nursing records in assisting patients with skin lesions. **Method:** it is an integrative review, performed in the Scielo, Lilacs and Medline databases; through the use of controlled health descriptors: nursing registry, nursing process, dressings and wound healing. The search resulted in 53 studies, but with the application of the inclusion criteria: studies that addressed the proposed theme; human study, full text available and published in the last 5 years, which after a thorough analysis, the sample consisted of 4 studies. **Results:** it is evident that there are studies on nursing records in various aspects, but see there is a shortage in relation to patients with wounds. It is still observed that the nursing record is limited and inadequate. **Conclusion:** it is clear that there is a need for further studies on nursing records of wounded patients, as well as studies to assess the quality of care provided to these patients and to contribute to a standardized language, because in some studies, there were flaws in the therapeutic conduct, when evaluated the wound bed.

**Keywords:** Nursing Records; Nursing Process; Bandages; Degloving Injuries.

#### RESUMO

**Objetivo:** verificar através da literatura a importância da qualidade dos registros de enfermagem na assistência portadores de lesões de pele. **Método:** trata-se de uma revisão integrativa, realizada nas bases de dados Scielo, Lilacs e Medline; mediante o uso dos descritores controlados em saúde: registro de enfermagem, processo de enfermagem, curativos e cicatrização de feridas. A Busca resultou em 53 estudos, porém com a aplicação dos critérios de inclusão: estudos que abordassem o tema proposto; estudo com humanos, texto completo disponível e publicado nos últimos 5 anos, que após uma análise minuciosa, a amostra foi formada por 4 estudos. **Resultados:** fica evidente que há estudos sobre os registros de enfermagem em diversos aspectos, porém ver há uma carência com relação aos portadores de feridas. Ainda se observa que o registro de enfermagem é limitado e inadequado. **Conclusão:** fica claro que há necessidade de mais estudos a respeito dos registros de enfermagem a portadores de feridas como também estudos para avaliar a qualidade da assistência prestadas a esses pacientes e contribuir para uma linguagem padronizada, pois em alguns estudos, observou-se falhas na conduta terapêutica, quando avaliada o leito da ferida.

**Palavras-Chave:** Registros de Enfermagem; Processo de Enfermagem; Bandagens; Desenhamentos Cutâneos.

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## INTRODUCTION

Showing assistance to the carrier of skin lesions is not a current challenge for the multiprofessional team, for the number of wounded people has been growing frequently, that ends up causing bigger impact in the practice of nursing, which realizes it in a holistic way, considering the patient as a being that has its own particularities, surpassing the technique of only making a curative<sup>(1)</sup>.

To Sehnem<sup>2</sup>, the treatment of a wound goes beyond the curative, a nursing assistance must be done in its human integrity, which should be directly related to the care supplied to the wound carriers, due to the need of a clinical evaluation and an intense observation in relation to the systemic and local factors that involve the healing process.

For an effective assistance, nursing has instruments that subsidize health service, the Sistematização da Assistência de Enfermagem (SAE) [Systematization of Nursing Assistance], which is an instrument of organization of nursing work, and the Classificação Internacional para a Prática de Enfermagem (CIPE) [International Classification for the Nursing Practice], that standardize the documentation for the practice in the moment of care supply, providing a service individualized in many domains<sup>(3)</sup>.

Therefore, notes are one of the most important ways of communication in nursing, that has as purpose establishing an effective

communication between the nursing team and others professionals involved in care, serves as contribution for the elaboration of the assistance plan of a patient; constitutes sources of subsidy for evaluation of the assistance provided; serves to follow up the patient's development; constitutes legal document, to the patient and to the nursing team referring to the assistance provided; contributes to the nursing auditory and collaborates for teaching and research in nursing<sup>(4-7)</sup>. Which in turn, the records can serve as sources of evaluation of the nursing assistance provided to the patient, as well as the quality of the notes made by the nursing team<sup>(4,7,8)</sup>.

Despite the considerations made about the importance of records of nursing in the legal aspect as well as assistencial, routinely, the notes made by the nursing team do not hold the information necessary to support the institution and/or nursing, for there is a neglect as for the type of written work formalization and the lack of notes in the patient's chart many times makes harder to perform the protection of nursing professionals' rights judicially as well as administratively, and also compromises the assistance provided to the patient in the perspective of care, along with difficulties to measure the assistance results that come from the nurse's practice<sup>(7)</sup>.

Corroborating, it is observed in the professional practice that the procedures are done, but many are left without notes or are

registered in an incomplete manner. These failures result in conflicting connotations, in which it can be interpreted whether the procedures were executed or not, harming the evaluation of supplied care and recognition of the impact of the work done by the Nursing professionals<sup>(4)</sup>.

In the attendance of wound carriers, notes should include the investigation of intrinsic and extrinsic factors that could delay the healing process, characteristics of the lesion, its classification in terms of potential contamination, signs of infection, characteristics of the bed and edges of the wound, quantity and aspect of exudates, and also the clinical history of the patient such as underlying disease and if there are signs of pain. All of these factors should be documented to substantiate the therapeutic decision taking that will lead to the selection of the most adequate intervention and will provide evaluation of the results<sup>(6,9)</sup>.

Therefore, the registration of evaluation and evolution of wound should be done in a clear and precise manner, through criteria and instruments that make the notes easier so that the professionals speak the same language<sup>(6,10,11)</sup>. Thus collaborating for the decisions of the nurses so they can develop effective interventions for the decrease of signs and symptoms, in addition to a solid basis as a record of nursing and patient safety<sup>(3,12)</sup>.

According to the facts exposed, the following question emerged: what is the

importance of realizing registry with excellence in the nursing assistance to wound carriers?

Considering the importance of the topic about nursing registry, the objective is to verify through literature, demonstrate the importance of the quality of nursing registry in the assistance of carriers of skin lesions.

## METHOD

This was an integrative review, defined as the one which condensates previous researches and takes global conclusions of a specific body of literature, allowing the construction of a broad analysis, contributing to discussions about methods and research results, resulting in a new learning<sup>13</sup>.

The selection of articles was realized in the second fortnight of September of 2020, through descriptors Controlados em Ciências da Saúde (DeCS) [Controlled in Health Sciences]: nursing registry, nursing process and bandages. With this definition, searches were done with association of the terms, from the Boolean operator AND, on *Scientific Electronic Library Online* (SCIELO), *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS) [Latin-American and Caribbean Literature in Health Science] and on MEDLINE.

After an exhausting research, 53 studies were identified, 4 being on MEDLINE, 22 on SCIELO and 27 on LILACS. The criteria of eligibility for inclusion in the sample contemplated studies

that approached the proposed theme; studies with humans, complete text available and published in the last 5 years.

From the results of the search, the work of elimination was executed for articles not related to the topic in study, like studies with animals, articles not available for free in full and duplicates. After a thorough analysis, it was not found such study on MEDLINE, but 3 studies from LILACS stayed and 1 study from SCIELO, adding up to 4 studies that were adequate to the inclusion criteria, making up the final sample of this integrative review.

## RESULTS

It is seen that the scientific production about nursing registry is vast in various sectors like ICU (Intense Care Unit), surgical center, pediatrics, in a patient's admission or discharge, but it is noticed a lack of current studies about nursing registry to wound carriers patients. It can be observed that after the utilization of filter and thorough analysis, contemplating the inclusion criteria that were defined, it came to four articles, which were described in a synoptic chart (Chart 1), through the variables: author, year, periodic, objective, methodology and evidence.

**Chart 1. Characterization of the publications with the authors, year of publication, periodic, objective, methodology and evidence (September, 2020)**

AUTHORS / PERIODIC YEAR	OBJECTIVE	METHODOLOGY	EVIDENCE
Silva & Dias (2018). Nursing Magazine	To describe the scientific production about the main information found on nursing registry	Integrative Review	Failures were determined in the writing of nursing registries, be it in technical, ethical or legal aspects, as well as in its content. It became evident that, although nursing professionals recognize the importance of nursing registries, when it comes to the practice it is not always done.
Galdino Júnior et al, (2018). Cogitare Enferm.	To analyze nursing registries as for the presence of process steps of nursing in charts of patients with wounds	Tranversal Study, Documental Analysis	There are fragilities in the registry of process steps in the assistance of patients with wounds, that could potentially harm their safety, the evaluation and future research.
Lemos et al., (2018) Texto Contexto Enferm.	This study checked if an educational action developed with nurses contributed to the registry of curatives and consequently to the increase of income of the procedure curative stage II.	Exploitative Study, Descriptive Quantitative.	After the educational action, it was verified that the increase in the number of nursing registries of prescriptions, time determination and checking, fact that interferes directly in the income of this procedure, which demonstrative presented by the unit corresponded to R\$ 9.201,60 before and R\$ 25.142,40 after the action. There was no meaningful alteration in the registry of procedure evaluation.
Barreto, Lima & Xavier. (2016) Rev. de enfermagem Centro Oeste	To identify the main failures in the notes of nursing in patient's charts.	Literatura Review	It was possible to identify lack of attention from the nursing team in the realization of registry and as main flaws were found to be lack

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of identification and the stamp of the task's executor, absence of some important items in the filling, illegible handwriting, grammar mistakes, usage of incorrect terminology, not-standardized abbreviations and not referenced somewhere in the chart, erasures and usage of correction fluid.

Source: Elaborated by the authors.

## DISCUSSION

After reading and to make a better analysis of the selected articles and to answer the guiding question, we identified three categories: inadequacies in nursing registry, consequences of inadequate registry and importance of the compatible nursing registry.

### Category 1: inadequacies in nursing registry

The main flaws found in nursing registry were the lack of enough information in patient identification, identification and stamp of the task's executor, in addition to the absence of some important items in the filling, such as date, time of the execution of the task, illegibility, grammar mistakes, notstandardized abbreviations, data gaps, incorrect terminology, absence of checking<sup>(14-15)</sup>.

When it comes to nursing registry to wound carriers, Silva e Dias<sup>(14)</sup> say that there are information of procedures such as curatives. However, Galdino et al.,<sup>(9)</sup> say that these registries do not show wound evolution, etiology, classification of contamination potential, condition of the edges, types of

tissue presents in wound bed and measurement of the wound, in other words, were omitted in relation to the place of the wound, time of exchange and to the product or cover up to be utilized and yet, that there were prescription of products incompatible to the characteristics of the wound bed.

In all of the articles analyzed that it is related that there are notes of nursing, turn out to be superficial, incomplete and inconsistent.

### Category 2: consequences of inadequate registry

The evidences identified in the flaws affect the quality of the care supplied and its evaluation, especially when it refers to the patient's information, because they can put their safety in risk.<sup>(14)</sup>

Nursing professionals must be aware that illegibility, not-standardized abbreviations and/or grammar mistakes can cause a difficult comprehension and make the professional defense harder in legal cases, become reason for gloss for not giving enough information of the treatment done generating losses in income, interrupt the communication process among the team and

consequently, the continuity of assistance<sup>(14-16)</sup>.

Bearing in mind the incomplete notes, lacking one or more elements for comprehension and clarity of the prescription can cause failure in therapeutic and it was even observed prescriptions considered inadequate having in mind the characteristics of the wound bed, delaying the healing process, interfering in the patient's quality of life and encumbering costs in assistance<sup>(9,16)</sup>.

Another factor not any less important are the blank spaces, the data gaps that could be filled by other people and completely change the focus of the notes<sup>15</sup>. Another point is that when the assistance isn't checked, it can't be known if it was done or not, or yet when the procedure isn't registered, assistance becomes inexistent, implying ethical and legal cases, as well as the impossibility to evaluate the nursing assistance provided<sup>(9)</sup>.

However, all the articles of review concern that the flaws found in nursing registry could cause future harm to the professional, to the continuity of assistance and to the own institution.

### **Category 3: importance of the compatible nursing registries**

Nursing registries with standardized abbreviations and legible handwriting avoid double interpretation, also serving as ethical and legal backing before the justice, assuring the patient, the institution and the team involved in care<sup>(14-15)</sup>.

It is very important that the notes are clear, objective and without any mistakes that make the communication among the team easier, so that there is continuity of the care provided, granting quality in the assistance supplied<sup>(9,14-16)</sup>.

Besides, compatible nursing registry serves as a basis for evaluation and efficiency of the quality of care practices, for research, education, planning and contributing for the visibility of nursing assistance, showing the importance of these health professionals<sup>(15,16)</sup>.

When it comes to the registry related to wounds, the nurse must realize a complete evaluation of the wound, because the characteristics of it will guide the selection of treatment and the continuity. For this purpose, it is necessary that the professional has enough technical and scientific knowledge to choose the therapeutic option<sup>(9)</sup>.

Based on this principle, the prescription is an important link of written communication among the team and should contain minimal elements that guarantee the efficiency needed, seeing as the prescription of the curative by the nurse is fundamented by Resolution n° 358/2009, which is addressed by the Sistematização da Assistência de Enfermagem (SAE) [Systematization of Nursing

Assistance] and by Resolution 501/2015, that regulates the competence of nurses in the treatment of wounds. Because adequate registry helps minimize financial loss in the hospital's gloss<sup>(16)</sup>.

Considering that registry is the basis of care, it is understood that the professional should consider registry an important job instrument, not caring about lack of time, work overload and/or insufficient resources<sup>(14)</sup>. In some studies, these factors serves as excuses for the absence of registry<sup>(14-16)</sup>. Another point to highlight is that the quality of nursing notes awake in another professionals the interest and need to consult them and gives continuity to the registry of excellence<sup>(15)</sup>.

It was noted that in all manuscripts of analysis that it is needed to standardize the registries, planning of activities, team capacitation for valorization of notes and appreciate that the SAE, when done correctly, can be a huge ally in the work process.

However, detailed notes guarantee less economic loss, can serve as legal defense in a judicial aspect, in addition to ensuring continued assistance<sup>(15)</sup>.

## FINAL CONSIDERATIONS

Through the research we can consider that, even though there are studies about the nursing registries in many aspects like admission or discharge in many sectors in the hospital environment, it is noted a lack of nursing registries in relation to wound carriers.

This shortage generates a deficiency of information about the quality of registries. When using the filter of the last five years, it

can be observed that the number of articles is reduced.

Yet, it is possible to conclude that the nursing registries are limited and inadequate, especially when referring to wound carriers, since these information are necessary to guarantee the continuity of assistance, choice of the correct therapeutic, and in addition to constituting a source of subsidy to evaluate the care supplied in the assistance, contributes to the visibility of nurses being seen as an important member of a health team, avoids economic loss, serves as legal backing in the judicial aspect, and also guarantees a communication among the nursing team, in addition to a multidisciplinary team.

Coming from this context, to see the need of investment in the capacitation of the professionals, to review the standardization and implementation of the SAE, to standardize abbreviations, clear and legible language, in addition to raise awareness to the professionals to keep a high quality nursing registry with complete and concise notes.

However, it has become clear that there is a need for more studies about nursing registries to wound carriers, and also studies to evaluate the quality of the assistance supplied to these patients and contribute to a standardized language, because in some studies, it can be observed that there are flaws in the therapeutic conduct, when the wound bed is evaluated.

## REFERENCES

- 1 Oliveira FP, Oliveira BG, Santana RF, Silva BD, Candido JD. Classificações de intervenções e resultados de enfermagem em pacientes com feridas: mapeamento cruzado. *Revista Gaúcha de Enfermagem*. 2016;37(2).
- 2 Sehnem GD, Busanello J, da Silva FM, Poll MA, Borges TA, da Rocha ED. Dificuldades enfrentadas pelos enfermeiros no cuidado de enfermagem a indivíduos portadores de feridas/Difficulties faced by nurses in nursing care for individuals with wounds. *Ciência, Cuidado e Saúde*. 2015;14(1):839-46.
- 3 Castro MC, Fuly PD, Garcia TR, Santos ML. Subconjunto terminológico CIPE® para pacientes em cuidados paliativos com feridas tumorais malignas. *Acta Paulista de Enfermagem*. 2016 Jun;29(3):340-6.
- 4 Aquino MD, Cavalcante TD, Abreu RN, Scopacasa LF, Negreiros FD. Anotações de enfermagem: avaliação da qualidade em unidade de terapia intensiva. *Enferm. foco (Brasília)*. 2018;7-12.
- 5 Rojahn D, Souza Iv, Locatelli P, Hermann R, Ascari Ra. Comunicação efetiva em registros de enfermagem: uma prática assistencial. *Revista UNINGÁ Review*. 2014 Aug 11;19(2).
- 6 Gardona RG, Ferracioli MM, Salomé GM, Pereira MT. Avaliação da qualidade dos registros dos curativos em prontuários realizados pela enfermagem. *Rev Bras Cir Plást*. 2013;28(4):686-92.
- 7 Setz VG, D'Innocenzo M. Avaliação da qualidade dos registros de enfermagem no prontuário por meio da auditoria. *Acta paulista de enfermagem*. 2009 Jun;22(3):313-7.
- 8 Santana LC, Araújo TC. Análise da qualidade dos registros de enfermagem em prontuários. *Revista Acreditação: ACRED*. 2016;6(11):59-71.
- 9 Galdino Júnior H, Tipple AF, de Lima BR, Bachion MM. Processo de enfermagem na assistência a pacientes com feridas em cicatrização por segunda intenção. *Cogitare Enferm*. 2018 Nov 7;23(4):e56022.
- 10 Gervazoni M. O enfermeiro e o processo de contrarreferência no nível terciário de atenção à saúde. 2017. 39 f. Tese (Doutorado) - Curso de Enfermagem, Universidade de Santa Cruz do Sul, Santa Cruz do Sul.
- 11 Françolin L, Brito MD, Gabriel CS, Monteiro TM, Bernardes A. A qualidade dos registros de enfermagem em prontuários de pacientes hospitalizados. *Revista Enfermagem UERJ*. 2012 Sep 28;20(1):79-83.
- 12 Cestare VR. Anotações e registros de enfermagem: em busca da qualidade da assistência. *ReTEP*. 2015;7(1):1465-8.
- 13 Dalmolin GD, Lunardi VL, Barlem EL, Silveira RS. Implicações do sofrimento moral para os (as) enfermeiros (as) e aproximações com o burnout. *Texto & Contexto-Enfermagem*. 2012 Mar;21(1):200-8.
- 14 Silva AG, Dias BR. Registros de enfermagem: uma revisão integrativa da literatura. *Nursing (São Paulo)*. 2018;2476-81.
- 15 Barreto JA, de Lima GG, Xavier CF. Inconsistências das anotações de enfermagem no processo de auditoria. *Revista de Enfermagem do Centro-Oeste Mineiro*. 2016 Apr 28.
- 16 Lemos LF, Barbosa MA, Lima AR, Barreto RA, Suzuki K, Prado MA. Faturamento de curativos grau II e registros: contribuições da enfermagem. *Texto & Contexto-Enfermagem*. 2018;27(3).

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