



XXV Congresso de Iniciação Científica da Unicamp

October 18 to 20 Campinas | Brazil

25
anos



2017



ACCURACY OF CLINICAL EVIDENCES OF DIAGNOSIS OF NURSING DIAGNOSIS IN FEEDING SELF-CARE DEFICIT IN PATIENTS WITH STROKE.

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Abstract

Objectives: estimate the prevalence of the Nursing Diagnosis of Feeding Self-care Deficit (00102), verify the accuracy of the defining characteristics and verify the association between sociodemographic, clinical and functional variables with the nursing diagnosis in patients affected by Stroke. **Method:** This is a Phase II study of diagnostic accuracy, performed at the Neurovascular Ambulatory of a public and tertiary hospital in Brazil, located in the city of Campinas, SP. Sensitivity, specificity, positive and negative predictive values, positive and negative verisimilitude ratios, Odds Ratio and ROC Curve were calculated by SAS software (SAS Institute Inc, version 9.4) for analysis of the accuracy measures. Approved by the Research Ethics Committee under protocol 1.163.474. **Results:** None of the indicators were sensitive and, except for impaired ability to swallow food, all were specific. In the presence of impaired capacity to open containers and impaired ability to feed on an entire meal, the chance of presenting the diagnosis increased by 65 and 40 times, respectively. **Conclusion:** the most accurate indicators were impaired capacity to open containers and impaired ability to handle utensils. The definitive characteristics, when accurate, give more security to be considered valid for diagnostic inference, which will allow the nurse to list the nursing problem to be worked on and provide adequate care.

Key words:

Stroke; Feeding Self-care Deficit; Nursing diagnosis; Diagnostic accuracy.

Introduction

Stroke is responsible for the second cause of death and the first cause of physical disability in the developed world ⁽¹⁾. Approximately 40% of survivors in the first year require some type of food aid due to dysphagia and difficulty in mobility and this contributes to the loss of self-care capacity for food ⁽²⁾. This makes it essential to identify accurate clinical indicators. Therefore, the objectives of the study: Verify the accuracy of the defining characteristics of the nursing diagnosis Feeding Self-care Deficit (FSD) (00102); To estimate the frequency of nursing diagnosis and to verify the association between sociodemographic, clinical and functional variables of the patients with the nursing diagnosis

Methodology

Phase II study of diagnostic accuracy ⁽³⁾ held at the Neurovascular Ambulatory in a public tertiary hospital located in Campinas, SP, between August 2016 and May 2017. For the data collection, an instrument based on the defining characteristics of the diagnosis under study was used. The judgment of four specialists was used for diagnostic inference. Sensitivity, specificity, positive and negative predictive values, positive and negative likelihood ratios, Odds Ratio and ROC Curve were calculated by SAS software, version 9.4. The study was approved by the Research Ethics Committee of the State University of Campinas, under protocol 1.163.474.

Results and Discussion

A sample of 135 patients, we highlight the male sex (50.37%), mean age of 60.47 years SD=14.75), ischemic stroke (69.47%), 38.52% of the sample were diagnosed with FSD. No indicator was sensitive and, except for impaired ability to swallow food, all were specific. Clinical indicators Impaired ability to open containers and impaired ability to handle utensils were the most accurate. In the presence of Impaired ability to open

containers and impaired ability to feed on a whole meal, the chance of presenting the FSD increased by 65 and 40 times, respectively. The following indicators were associated with the FSD: ischemic stroke, nursing diagnoses Risk of infection and Deficit in self-care for bath, when listed during hospitalization in emergency, and nursing diagnosis Risk of aspiration, when listed in the period of hospitalization in the ward, Higher Rankin scores and lower Barthel scores; And the higher the NIH score, the greater the chance of the individual having FSD ($p < 0.001$).

Conclusions

The definitive characteristics, when accurate, give greater security to be considered valid for diagnostic inference, which will allow the nurse to list the nursing problem to be worked on and offer adequate care. The execution of more studies of diagnostic accuracy, in the same way that the Self-Care Deficit for food deserves to be explored due to the increase in life expectancy of the population and chronic diseases, as well as the possible complications and demands that the affected individual may need. In addition, research such as this will increase nursing scientificity and assist in clinical practice since nurses can more accurately list nursing diagnoses in order to provide individual and quality care.

Acknowledgement

To the team of the Neurovascular Ambulatory of HC UNICAMP and the PIBIC / CNPq, for the opportunity of knowledge.

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