


## Implantation and implementation of the SAEP of obstetric patients in a reference hospital in the North Zone of Ceará: A case study

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### ABSTRACT

The improvement of surgical techniques, innovation and technological development have increased the occurrence of cesarean deliveries in various parts of the world. In this scenario, the professional who works in the CCO is of fundamental importance in the safety of the perioperative process, assuming managerial and care functions. This study aims to describe the case study for the implementation of the SAEP of obstetric patients in a reference hospital in the North Zone of Ceará. This is a descriptive study, of the case study type. The study took place in the city of Sobral, located in the North Zone of Ceará, more specifically in the Surgical Center of the Northern Regional Hospital. Initially, a literature search was conducted on topics related to NCS, as well as the risks and complications in the peripartum period, aiming at the standardization of instruments, which are essential for NCS to be a reality in the nurses' care experience. Subsequently, possible diagnoses, interventions, and results were identified to collaborate with the implementation of the NCS stages aimed at hospitalized users in obstetric services who need surgical intervention. Several nursing diagnoses (ND) were listed with their respective interventions and results based on Wanda Horta's theory of basic human needs and guided by the NANDA I taxonomy (2021 to 2023). Data analysis was based on observation, the answers obtained, and the evaluation of the educational intervention carried out in the third stage of the study, based on pertinent literature. The implementation and training brought rich discussions and fruitful moments of exchange of experiences, evidencing the need for integration and dialogue among

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those involved in care: class entities, professionals, users and managers. In addition, they emphasized the information that professionals recognize the importance of using NP for the valorization and scientificity of the profession; however, they did not use it satisfactorily due to lack of scientific preparation and/or institutional administrative demands that are concomitantly delegated to clinical care. This study is limited by the gap found in its central theme and by the fact that it is an initial process of the use of APS in obstetric patients. However, it is relevant to show that the challenges and potentialities of the NP and SAEP in the CC are not only related to professional practice. But also, to the publications on the subject. It is hoped that the work developed here can be a driving force for future publications and in-depth research.

**Keywords:** Systematization of care, Nursing, Pregnant women.

## INTRODUCTION

The improvement of surgical techniques, innovation and technological development have increased the occurrence of cesarean deliveries in various parts of the world. This evolution has led to cesarean section becoming one of the most widespread surgeries, however, as all surgical interventions have risks, among these, the ones that stand out the most are hemorrhage, postpartum infection and anesthesia complications, in addition to a higher probability of complications due to the number of cesarean deliveries (Boeckmann & Rodrigues, 2015)

In Brazil, there are about three million births annually, most of them through cesarean sections. The use of this surgical procedure has increased in the country, since in 1994 the national rate was 32% and in 2010 it reached 52% of all deliveries (Silva; Olive tree; Prado, 2019)

In this scenario, the professional who works in the OCC is of fundamental importance in the safety of the perioperative process, assuming managerial and care functions (Soares et al., 2015). Managerial functions involve forecasting and sourcing materials and supervising the technical team (Martins & Dall'agnol, 2016). As for care activities, they should be based on the Systematization of Nursing Care (NCS), which is part of the Nursing Process. In the perioperative context, it is called Systematization of Perioperative Nursing Care (SAEP).

The NCS follows Resolution 358/2009 of the Federal Council of Nursing, and has five interdependent and interrelated stages that underlie nursing care: 1-Nursing History, 2-Nursing Diagnosis, 3-Planning, 4-Implementation, and 5-Evaluation. Its implementation should be carried out in all environments where there is nursing care. However, this practice is incipient and sometimes occurs in a fragmented way (Santos et al., 2014).

The Perioperative Nursing Care System (SAEP) represents the methodology used to achieve the professional goals of UCC nurses, within their area of expertise, comprising the following steps: 1-Preoperative evaluation; 2-Identification of problems; 3-Nursing care planning; 4-Implementation of nursing care and 5-Postoperative evaluation (Carvalho et al., 2014)

This instrument should contain individual patient information, with identification data, anamnesis, physical examination, nursing care needs (nursing diagnoses), as well as interventions and evaluation of the care offered. The SAEP aims to ensure planned care, focusing on all operative periods (perioperative), that is, from the preoperative period (where the patient is informed that he will need to undergo a surgical procedure and hospitalized in a bed), intraoperative (surgery itself) and postoperative, where the patient has already undergone surgery, but may present complications. Due to its importance, in the year 2000, the Systematization of Nursing Care became a requirement of the Federal Council of Nursing (SOBECC, 2021)

This study is justified because it provides an opportunity to optimize the care and safety of obstetric patients in CHD, since it helps in the early identification of complications such as

hemorrhages, as well as to sensitize nurses about the importance of implementing the NCS by exploring the scientific evidence on nursing care for pregnant women in the OCC instrumentalized by the NP, contributing to the management of care. fostering the translation of knowledge.

From this perspective, this study aims to describe the case study for the implementation of the SAEP of obstetric patients in a reference hospital in the North Zone of Ceará.

## **METHODOLOGY**

This is a descriptive study, of the case study type. A case study is a description and analysis, as detailed as possible, of a case that presents some particularity that makes it special. Under the heading EC are included many studies that form a range of varieties (Pereira et al., 2018).

The study took place in the city of Sobral, located in the North Zone of Ceará, more specifically in the Surgical Center of the Northern Regional Hospital (HRN). The HRN is the largest hospital in the interior of the Northeast Region, with more than 54 thousand square m<sup>2</sup> of built area, and is responsible for serving an estimated population of 1.6 million people, from the 55 municipalities that are part of the North macro-region of the State. Tertiary (attends to cases of medium and high complexity). It has 24-hour urgent and emergency care). It is a reference in pediatrics, thoracic surgeries, vascular surgeries, and otorhinolaryngology (Institute of Health and Hospital Management, 2021).

Initially, a literature search was conducted on topics related to NCS, as well as the risks and complications in the peripartum period, aiming at the standardization of instruments, which are essential for NCS to be a reality in the nurses' care experience. Subsequently, possible diagnoses, interventions, and results were identified to collaborate with the implementation of the NCS stages aimed at hospitalized users in obstetric services who need surgical intervention. Several nursing diagnoses (ND) were listed with their respective interventions and results based on Wanda Horta's theory of basic human needs and guided by the NANDA I taxonomy (2021 to 2023). Among the NDs defined, the following stand out: anxiety, risk of infection, risk of bleeding, risk of hypothermia, risk of impaired skin integrity, impaired sleep and rest.

Among other data that made up the instrument were: identification of comorbidities, signs of risk for obstetric hemorrhage, previous obstetric history, allergies, skin conditions, level of consciousness, type of breathing, and appearance of the abomimen. Blood pressure values, urine output, laboratory tests, among others.

Data analysis was based on observation, the answers obtained, and the evaluation of the educational intervention carried out in the third stage of the study, based on pertinent literature.

At the end of the construction of the material, it was presented to the senior management and quality management, after approval of the services mentioned, training and presentation of the

instrument to the team was initiated, it was carried out by the coordination of the Surgical Center service and a group of nurses from the service. during the shift schedule in teams formed by small groups that took turns among themselves so as not to disturb the progress of the service.

## RESULTS AND DISCUSSION

The work of nurses in the Surgical Center is developed in the areas of care and administration, with the perspective of equipping the sector with the best conditions of patient care and work for the surgical team, in order to offer better means for the development of a safe surgical procedure. It is in the operating room that the fear of dying, fear of losing the child and the fear of pain intensify in women, and can dominate this experience in a negative way, especially when associated with other feelings or factors such as stress, anxiety, fatigue, tension, cold, hunger, strange environment, social and affective helplessness, reinforcing once again the importance of using SAEP (Silva; Olive tree; Prado, 2019).

During the training and presentation of the new instrument, the team was also presented with the reason for its construction, in this case the early identification of complications in pregnant women, the professionals were not only able to ask questions on the subject, but also to share their anxieties and fears in the face of the worsening of these patients. Initially, the group showed apprehension about the change in the routine of care for pregnant women, but during the course of the activities, informal conversations and relaxation of the participants took place. At this moment, doubts were clarified, at which time one of the participants expressed insecurity related to the changes that the research would cause. It was suggested to the participants to read texts, manuals and instruments of Perioperative Nursing.

Unanimously, the professionals mentioned that it would be very feasible to implement the instrument and that they would do it without problems and/or obstacles. In this sense, the SAEP was identified as an additional stimulus to the participation of nurses throughout the operative period, who should use critical thinking and scientific knowledge to plan their care, evidencing their autonomy and favoring professional recognition, aiming at surgical safety for pregnant women, parturients and newborns as a final result.

The receptivity of professionals is considered positive, because in order to strengthen the professional identity of nursing, it is necessary to understand the significant elements of the NP and the NCS, considering their potentialities and difficulties so that their full implementation is viable, this is the inference of the study (Gutiérrez & Morais, 2017).

The implementation and training brought rich discussions and fruitful moments of exchange of experiences, evidencing the need for integration and dialogue among those involved in care: professional associations, professionals, users and managers. In addition, they emphasized the

information that professionals recognize the importance of using NP for the valorization and scientificity of the profession; however, they did not use it satisfactorily due to lack of scientific preparation and/or institutional administrative demands that are concomitantly delegated to clinical care.

Soares et al. (2015) state that the biases for the consolidation of NCS can be mitigated with the improvement of services through institutional support in the provision of concrete conditions that facilitate its operationalization, such as: institution of protocols, adequate dimensioning of human resources, training of professionals and offer of standardized forms. It is also relevant to highlight the role of educational institutions in fostering the application of NP, sensitizing future professionals to the existence of these challenges and making them think critically about strategies to overcome them (Souza; Valencia; Parra, 2015).

When developing systematization in the perioperative period, nursing develops several functions related to the surgical experience, an example happens in the preoperative period, where the patient is vulnerable, both physically and psychologically, because it is at this moment that the SAEP aims to guide as to what is necessary to perform the surgery, favors the demystification of taboos that usually occur, and preparation for surgical intervention (Ascari, 2014)

The role of nursing is of undeniable relevance in the care of pregnant/puerperal women, a study conducted by Terto et al. (2021), says that hospitalization and early procedures of pregnant women cause unnecessary obstetric interventions that culminate in the indication of cesarean section. In this context, surgical nursing care emerges, which involves everything from clinical management to the execution of educational activities (Vicente et al., 2021). Through the use of SAEP, this care is offered in an individualized way, providing comprehensive and problem-solving care, although it is not always possible to use it (Ribeiro; Ferraz; Duran, 2017). It is emphasized that the use of systematization of care in the surgical environment provides patient safety, accuracy of records and facilitates communication among the team, making it possible to gradually and comprehensively monitor patients (Lopes; Gaspariny; Koller, 2015).

The use of SAEP helps nursing care to be focused on preventing complications and minimizing sequelae, aiming to reduce hospitalization time, improve self-confidence and treatment adherence, in addition to pre-, intra and post-surgical care (Gonçalves, et. al., 2021). On the other hand, the interaction of nursing care provided during SAEP provides the patient with a faster and more effective recovery, through quality care, provided in a comprehensive and specific manner at all times of the perioperative period, which certainly influences the success of the patient's surgical treatment (Araújo et al., 2021).

The preoperative nursing visit is the starting point of the SAEP. This procedure is essential for the physical and emotional preparation of the patient. During this visit, data for the history are



collected, needs/problems are identified, nursing diagnoses are elaborated, and prescriptions for the immediate preoperative and transoperative periods are elaborated, which facilitate postoperative care. The next phase of SAEP is the care of the patient in the intraoperative period, that is, the period that comprises the reception of the patient in the operating room, until the patient is referred to the post-anesthetic recovery room. The last phase of the systematization of perioperative nursing care is the postoperative period, and the nursing team needs to be prepared for possible complications that may occur to the patient during this period (Borges, 2016).

The SAEP enables the systematization of nursing care in compliance with the resolution of its class council, COFEN resolution 358/2009, as well as meeting the 2nd Global Challenge of the WHO and the Brazilian Ministry of Health for the safety of surgical patients (Araújo et al. 2022). In addition, it enables evidence-based and scientific-based care, highlighting the role of nurses in improving the quality of nursing care for surgical patients.

This study is limited by the gap found in its central theme and by the fact that it is an initial process of the use of APS in obstetric patients. It is worth mentioning the adherence and total interest of the professionals in contributing to the improvement of care, which is significant for the assimilation of the action carried out with them on the SAEP. In addition, the contact with clinical nurses enabled the mutual exchange of knowledge and experiences.

## **FINAL THOUGHTS**

It is important to know and apply the nursing process in the perioperative period, based on the theory and scientific knowledge that is offered to nurses. The SAEP provides nurses with autonomy in the care of surgical patients, in order to offer continuous quality to them.

The implementation of the SAEP was analyzed as satisfactory by the nursing team and hospital management, and was defined as easy to interpret and complete. It is emphasized that, with the use of the SAEP, the aim is to improve surgical safety and systematized nursing care, enabling the performance of a practice based on scientific evidence based on the care of the class council (COFEN) and the World Health Organization (WHO) for a safe surgical practice for the mother-child binomial.

As a result, the importance of raising professionals' awareness of the familiarization and use of this resource that has been proven to be beneficial and effective for patient care throughout the perioperative period is reinforced, so that it enables the individualization and directing of care to biopsychosocial demands.

This study is limited by the gap found in its central theme and by the fact that it is an initial process of the use of APS in obstetric patients. However, it is relevant to show that the challenges and potentialities of the NP and SAEP in the CC are not only related to professional practice. But also, to



the publications on the subject. It is hoped that the work developed here can be a driving force for future publications and in-depth research.





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