


THE IMPORTANCE OF THE NURSE IN THE HOME VISIT TO DIABETIC PATIENTS: AN EXPERIENCE REPORT

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Jheniffer Karoline Carlos Silva¹, Eliza Hidalgo Morais Pereira² and Patricia Lima Almeida Camacho³

ABSTRACT

Home visits are essential in the integrated care of patients with diabetes, providing personalized and accessible care, as highlighted by the World Health Organization (WHO). This experience report describes the activities carried out during the Mandatory Supervised Curricular Internship (ECSO) at the Basic Family Health Unit (UBSF), between March and June 2024, totaling 496 hours.

During visits, nurses play a key role in offering emotional support and health education, helping patients better understand their condition and promoting positive changes in their lifestyles. The educational approach enables patients to increase treatment adherence by improving health outcomes.

The main actions performed by the nurse include assessment and monitoring of blood glucose levels, guidance on diet and exercise, psychological support, personalized care planning, and referrals to other health professionals, if necessary. These interventions aim not only to empower patients in the management of their condition, but also to prevent interventions and complications for the person with diabetes.

Therefore, home visits are an effective strategy that not only improves glycemic control, but also strengthens self-care and promotes the well-being of diabetic patients, highlighting the importance of personalizing care and creating a supportive environment.

Keywords: Nurse. Home Visit. Family Health.

¹ Nursing student, State University of Mato Grosso do Sul. Rapporteur.

E-mail: Jhenifferkaroline58@gmail.com

² Professor of the Nursing course at the State University of Mato Grosso do Sul.

E-mail: hidalgoeliza@uems.br

³ Nurse supervisor of internship at the Frei Hugolino Becker Basic Health Unit.

E-mail: patty_enf1@hotmail.com



INTRODUCTION

Home visits play a crucial role in the integrated care of patients with diabetes. According to the World Health Organization (WHO), these visits are essential to provide more personalized and accessible care, especially for patients with chronic conditions such as diabetes (Ministry of Health, 2020). Bringing health services closer to the home environment not only improves access to care, but also allows for a more comprehensive assessment of patient needs, including social, family, and environmental factors that can directly influence disease management (GOMES *et al*; 2021). Monitoring and encouraging adherence to the therapeutic regimen is an essential function of nurses, who discuss and help overcome barriers to treatment. Based on observation of the home environment, they collaborate with other healthcare professionals to adjust the care plan, ensuring its effectiveness and suitability for the patient's needs. They provide personalized and continuous care, promote health education, prevent complications, offer emotional support, monitor treatment adherence and allow adjustments in the care plan. Thus, nursing in home visits contributes significantly to improving the quality of life and health outcomes of diabetic patients (SILVA *et al*; 2017).

OBJECTIVE

To describe the experience as a student of the Mandatory Supervised Curricular Internship (ECSO), lived at the Basic Family Health Unit (UBSF), the home visits carried out by the nurse to the diabetic patient.

METHODOLOGY

This is an experience report, of a descriptive nature with a qualitative approach, based on experiences obtained during the ECSO discipline, prepared from the activities developed during the 496 hours carried out in the fifth year of the Nursing course at UBSF, between March and June 2024 in the city of Dourados MS.

RESULTS AND DISCUSSION

During the 496 hours of ECSO carried out at the UBSF, in addition to all the activities carried out, it was opportune to carry out the home visit to the diabetic patient. The home visits with the nurse during my ECSO played a crucial role in the integrated care of the patient with diabetes, providing personalized and holistic care. According to the World Health Organization (WHO), these visits are essential to improve access to health care and



enable a broad assessment of the patient's needs, taking into account all aspects (Ministry of Health, 2020). During visits, the nurse can offer emotional support, which is crucial for dealing with the negative emotions often associated with diabetes, such as fear, anxiety, and depression. Psychological support helps patients feel more secure and understood, which can improve treatment adherence and self-care. In addition, the health education provided during these visits contributes to a better understanding of patients' condition, promoting positive changes in lifestyle and disease management (BASILIO *et al*; 2024). In home visits, multidisciplinary care generates extraordinary results, so the role of the nurse in a multidisciplinary team is essential to ensure comprehensive and continuous patient care. It acts as a central point in communication between different health professionals (physicians, physiotherapists, nutritionists, psychologists, among others) and the patient, coordinating and facilitating the execution of the care plan (ALVES *et al*; 2019). The nurse is in direct contact with the patient and can observe subtle changes in their condition, allowing quick interventions and informing the team about these changes, they have a fundamental role in educating the patient and their families about the health condition, treatments and necessary care, promoting autonomy and adherence to treatment, often organizing care, ensuring that the plan established by the team is implemented in an efficient and coordinated manner. Nurses are trained to provide a more empathetic and humanized approach to the patient, helping to create an environment of trust, working on the identification of risks and the implementation of preventive measures to avoid complications in the patient's health status (ALVES *et al*; 2019). In addition to the functions mentioned, nurses perform other valuable attributions within the multidisciplinary team, further expanding their importance such as: Development of individualized care plans: Based on continuous patient assessment, nurses collaborate in the creation of a care plan that is personalized and meets the specific needs of the patient, taking into account the different aspects of their health. Mediation between patient and team: The nurse facilitates communication between the patient and the other members of the health team. Often, he translates medical and technical guidelines into a language accessible to the patient and their families, ensuring correct understanding and adherence to treatment. Monitoring and evaluation of treatments: The nurse is essential in monitoring the effectiveness of the prescribed treatments. It monitors the patient's response to medications, therapies, and interventions, communicating to the team any necessary adjustments. Training and leadership: In many cases, the nurse assumes a leadership role within the team, coordinating activities and training other team members to perform specific care, such as



wound management techniques, infection control, among others. Health promotion and disease prevention: In addition to caring for hospitalized patients or those undergoing treatment, nurses work in health promotion campaigns, public health education and the prevention of chronic diseases, such as diabetes and hypertension, providing guidance on healthy lifestyle habits. Resource management and care optimization: The nurse also works in the management of available resources, such as hospital materials and supplies, ensuring that the team works efficiently and that patients have access to what is necessary for their recovery. Emotional and psychological support: The nurse offers emotional support to both the patient and his family, being a point of comfort in times of uncertainty and anguish. It recognizes the psychological and emotional dimensions of care, especially in critical or terminal situations. This broad and versatile role makes the nurse a key player in the integration of care, ensuring that all areas of the patient's health are covered, providing a more holistic and effective approach (ALVES *et al*; 2019). During my practical experience, I observed how the health education approach during home visits is effective in training patients with diabetes. Nurses and healthcare professionals use these opportunities to provide detailed information about the disease, including proper diet, glycemic control, medication administration, symptom monitoring, and the importance of physical activity. This practice is personalized according to the specific needs of each patient, taking into account their family context and lifestyle, which significantly increases treatment adherence and improves long-term health outcomes (GOMES *et al*; 2021). The role of nurses in recognizing the territory where diabetic patients are inserted is crucial for the promotion of adequate and personalized care. These professionals play a key role in identifying the specific needs of the population, contributing to the improvement of public health. The nurse conducts a survey of the health conditions of the community, identifying risk factors and the particularities that affect diabetic patients, such as access to healthy foods and health services (Ministry of Health, 2006). One of the factors that can hinder an effective treatment is the patient's diet, the dietary aid to the diabetic patient is essential for the control of the disease and the promotion of a healthy life. These professionals play an active role in patient education and support, helping to implement lifestyle changes that are critical to diabetes management. Nutritional Education: The nurse advises patients on the importance of a balanced diet, rich in fiber and with a low glycemic index. This includes consuming vegetables, fruits (in moderation), whole grains, and lean proteins. Elaboration of Meal Plans: In collaboration with nutritionists, the nurse can assist in the creation of personalized meal plans that meet the specific needs of each patient, considering their preferences and



dietary restrictions. Blood Glucose Monitoring: The nurse teaches patients how to monitor their glucose levels, helping them understand how different foods affect their blood glucose. This practice is crucial to avoid hypoglycemia and hyperglycemia. Instructions on Reading Labels: Education on how to read food labels is critical for patients to identify hidden sugars and make healthier choices. Nurse intervention in the diet of diabetic patients can lead to better treatment adherence, more effective blood glucose control, and reduced risk of complications associated with diabetes. Ongoing education and support are key to empowering patients to manage their condition autonomously and healthily. Nurses play a crucial role in the dietary guidance of diabetic patients, contributing significantly to disease control and improved quality of life (Ministry of Health, 2022). The nurse acts as a link between health services and the community, facilitating communication and promoting prevention campaigns and early diagnosis of diabetes. By visiting patients in their homes, nurses can assess the family and social environment, adjusting the guidelines according to the realities experienced by the patients, and are able to develop specific programs that meet the needs of the local diabetic population, focused on the prevention and control of complications. In collaboration with other health professionals, the nurse integrates efforts to ensure that all aspects of care for diabetic patients are addressed, from nutrition to psychological support. The nurse has a vital role in recognizing and intervening in the territories where diabetic patients live. Its performance not only improves the management of the disease, but also promotes a more humanized care centered on the individual needs of patients (Ministry of Health, 2006). The role of nurses in the routine of diabetic patients who do not have a stable life structure is essential to ensure adequate care and promote treatment adherence. These patients often face additional challenges, such as food insecurity, many are unable to buy a healthier food, as mentioned above simply because the market value is more expensive in the product with healthier labels, lack of access to medicines and difficulties in maintaining a healthy lifestyle. The nurse must perform a comprehensive assessment of the patient's social and economic conditions, identifying barriers that may interfere with diabetes management, such as lack of access to healthy foods and medications. During the home visits, I was able to witness how nurses not only provide clinical care, but also offer emotional support and continuous monitoring of the patient with diabetes. They assess adherence to the treatment plan, perform regular physical exams, check blood glucose levels, and adjust therapies as needed. In addition, home visits allow early identification of any complications or difficulties that the patient may face in their home environment, enabling immediate interventions and preventing health



crises (SILVA *et al*; 2017). During the home visit to diabetic patients with altered glycemic values, nurses can implement various interventions to improve disease control and promote self-care. The main actions include: 1- Evaluation and Monitoring: The nurse must assess blood glucose levels and review the patient's history, identifying possible causes for the alteration, such as treatment adherence, diet and physical activity. 2- Health Education: Provide guidance on the importance of healthy eating, physical exercise and the correct administration of medications, including insulin, if necessary. The nurse should teach self-monitoring techniques for blood glucose and how to interpret the results. 3- Emotional Support: Offer psychological support, helping the patient to cope with the stress and anxiety related to their condition. This can include identifying emotional barriers that hinder self-care. 4- Care Planning: Together with the patient, develop a personalized care plan that includes realistic goals for glycemic control and strategies to achieve them. 5- Referrals: If necessary, refer the patient to other health professionals, such as nutritionists and psychologists, for more comprehensive care. These actions aim not only to improve glycemic levels but also to empower the patient in managing their condition. The lack of all the care mentioned above results in numerous problems, the most common being diabetic foot, a common and serious complication in patients with diabetes mellitus. Preventive action involves a combination of education, direct care, and regular monitoring, with the aim of avoiding injuries, infections, and amputations, which are frequent risks for these patients. One of the pillars of prevention is education. The nurse teaches the patient to identify warning signs, such as wounds, cuts, calluses, changes in color, and sensitivity in the foot. In addition, it advises on the importance of proper hygiene, careful drying of the feet, and the use of appropriate footwear, performing frequent inspections of the patient's feet, observing changes in the skin, nails and bone structure. This evaluation includes checking sensitivity, blood circulation, and the presence of lesions, using tools such as monofilament to test tactile sensitivity. The nurse identifies patients at higher risk of developing foot complications, such as those with neuropathy, poor circulation or who have uncontrolled blood glucose. By classifying these patients, he can propose a more intensive and specialized care plan. It advises on daily practices, such as avoiding walking barefoot, cutting nails correctly, not using irritating products or direct heat (such as hot compresses) on the feet. It also instructs you on choosing appropriate footwear that protects your feet without causing friction or pressure. If foot injuries are detected, the nurse is trained to perform the initial treatment, such as dressings and skin protection techniques. This helps prevent infections and aggravations, referring to other health professionals when necessary.



If he identifies a complication, he refers the patient to specialized care, such as a podiatrician or vascular surgeon, ensuring that the problem is treated properly and early. By acting preventively, nurses help reduce the risk of serious complications of the diabetic foot, improving the patient's quality of life and reducing the need for invasive interventions, such as amputations (SILVA *et al*; 2023).

FINAL CONSIDERATIONS

In short, home visiting plays an integral role in diabetes patient care by providing a holistic approach that not only treats the medical condition but also strengthens health education and fosters an ongoing supportive environment. This practice is based on the need to personalize care, maximizing quality of life and minimizing complications associated with diabetes. This approach, combined with personal experience and theoretical foundation, highlights how essential home visits are for effective diabetes management and patients' overall well-being (Ministry of Health, 2008). Home visiting is an effective strategy that not only improves glycemic control, but also strengthens self-care and promotes comprehensive well-being for diabetic patients. Proximity facilitates continuous monitoring and establishes a bond of trust and mutual support. Health education during these visits empowers patients with practical, personalized information about diabetes management, and I have observed how small changes can significantly improve patients' quality of life. In addition, I gained a better understanding of the daily barriers faced by patients, such as limited access to healthy foods and insufficient social support, motivating me more to seek creative solutions (MATOS *et al*; 2024).



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