HUMANIZATION CARE OF ENFREMAGEM DURING THE PERIOPERATIVE PERIOD¹

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ABSTRACT

This paper describes a curricular occurred in the Surgical Center Unit of Charity Hospital of Santiago, which provided a reflection on the perceptions of the importance of academic front Humanization of nursing care during the perioperative period. Thus, it is intended to contextualize the humanization of nursing care to patients facing during the surgery, aiming to highlight the importance of nurses' performance under the humanization. The use of Aldrete and Kroulik in the recovery room, anesthesia, enter the context, considering that at this stage that follows the surgical procedure is characterized by complex physiological changes that require monitoring, as there can be serious complications to the physical and patient's emotional. Therefore, it is necessary for the training of nursing students is clear that to be a humanized care, the entire team should be prepared to keep an overview of the subject Olistica.

Keywords: Humanization; Nursing; Intraoperative.

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1. INTRODUCTION

The humanized care emerges as a new model of care focused on respect for the guy, his individuality, uniqueness, listening and welcoming. To care for a humane way, health professionals, emphasis in this work for nurses, providing care closer to patients, assessing all of your past history, should be able to understand themselves and each other, extending this knowledge in the form action and realizing the values and principles that guide its assistance. (1)

The nurse is responsible for managing the entire course of the Surgical Center (CC), which includes activities of the technical, administrative, care and education, being always keep humanistic relationship with staff and patients.

For the author (2), [...] humanizing features in place the head and heart in the task to be undertaken, to surrender so sincere and loyal to each other and listening to the words science and patience and silence [...]. In this context, nursing care is not just to provide comprehensive care to patients of CC, but cover their families respecting feelings, emotions, desires.

Patients undergoing surgical procedures experience some procedures until the time of surgery, scientifically known as preoperative, intraoperative and postoperative. In this study we will refer to the perioperative period and the role of the professional nurse in their care.

The perioperative period, which corresponds to when the patient is received in the Surgical Center (CC) and extending to the time of his transfer to the Post - Anesthetic Care Unit (PACU), is usually considered a critical period for the patient. (3)

The submission of the patient to a surgical procedure is considered critical, and having seen anesthetic action, physiological changes of the body, type of surgical procedure. In this period of submission of the patient, their family members are looking forward for news about her condition, afflicted expect to know how your family reacting to this procedure. So it is for the nurse to keep the family informed on the progress of surgery and later on his recovery in the PACU.

2. METHODOLOGY
This experience refers to experience gained during the academic curriculum practices of the discipline of Nursing Care in the Adult II that occurred in a 26 September 30, 2011 in the premises of the Surgical Center (CC) of the Charity Hospital of Santiago (HCS), totaling 30 hours, accompanied by the supervising nurse.

The Surgical Center, Charity Hospital of Santiago has an infrastructure comprised of four operating rooms, a Centre of Material and Sterilization Center (MSC) and centralized Anesthetic Recovery Room with eight beds. The demand for surgery has the character of low and medium complexity given the areas of surgical trauma, ginecoobstétricas, pediatric, urologic, general surgery, and outpatient surgical procedures. The nursing team consists of five nursing technicians per shift and the nurse in charge of technical service. First practices humanization of nursing care to patients undergoing surgical procedures were performed from the time that they were received in the Surgical Block, extending to the recovery room where they were resting, waiting.

During this moment that preceded the surgery we were aware of the patient's vital signs, esclarecíamos doubts about the procedure, anesthesia, recovery, using a vocabulary accessible to minimize the fear, anguish, anxiety.

Later, it revised the room and the materials used for surgery, and encaminhávamos the patient to the operating table, which was positioned in the right way for the procedure and assess their conditions of stay in position. During the surgical procedure, in incumbíamos to keep your family aware of your condition, so that makes it more relaxed and informed. In the course of the surgeries were separated by academic groups to assist the surgical procedures.

At surgery, still under anesthesia the patient was referred to the Post-Anesthetic Care Unit (PACU), initiating the immediate postoperative period. In the PACU received comprehensive care by nursing staff where they performed the check of vital signs, assessment of the patient's general condition, application of Aldrete and Kroulik, and lifting of nursing diagnoses and the development of the nursing prescriptions. This in order to provide continuity of nursing care, even when the patient was discharged from the PACU.

4. RESULTS AND DISCUSSION
Caring for a dignified requires interaction and the establishment of links between staff and family in order to promote open communication and ease the stress of the customer against their disease.

According to the author (4)

[... ] Professional nurses working in operating rooms are generally responsible for receiving client in their respective unit (to be) custom, always respecting their individuality, the professional should be courteous, polite and understanding, seeking understand and consider the conditions of the customer who typically already under the effect of pre-anesthetic medication.

In designing the Ministry of Health, humanization functions as one of the principles to be followed for the quality of care. In the approach, the author (1) references that humanization is essential, considering something ontological and care for human beings. One factor inseparable from the human attitude is that, without care, Man "is no longer human. If you receive care from birth to death, the human being is unstructured, withers, dies and becomes meaningless. [...] Caution means a basic existential phenomenon. Translation: a phenomenon that is the basic enabler of human existence as human". (1)

Thus, by the humanized care during the perioperative period, we realize that the patient and his family need to be informed about the procedures, be treated in a holistic manner, considering that the nursing team has responsibility for the patient and family. Still, it has powers of observation and intervention to minimize the fear of anxiety as well as guide and encourage family participation to assist in patient recovery.

5. CONCLUSION

In this light on humanization during the perioperative period and the various factors that affect this, we can say that in order to humanize nursing care is necessary that the team is made aware and prepared to make a difference in care, going to meet the patient in a human . It is the nurses responsibility to guide, to minimize questions relevant to the procedure, bringing greater peace and safety in the surgical patient and his family. Therefore, it is essential that the hospital provides an environment and structure to undertake this work.

Backed by our academic experiences, we found that the surgery itself is a stress factor for both the patient and for the surgical team, however, it is necessary that professionals are aware that the goal of his work is the patient's recovery , worrying signs of
anxiety, stress and / or factors that may affect the smooth running of the surgery. And that this patient is supported since its arrival in the hospital, which can be guided and informed questions about the surgical procedure.

Thus, humanization associated with the planning of nursing care to patients during the perioperative period and their families, provide a comprehensive and individualized care, enabling the implementation of interventions that meet actual needs of the patient, minimizing their anxiety and the risks inherent in the process surgery.

REFERENCES