

Nursing Interventions in Terminal Ill Patients. How Much do we Care?



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Abstract

The nursing process is a dynamic strategy and the best method to provide professional nursing care. Through the implementation of standardized care plans using NANDA-I, NOC and NIC taxonomies promotes critical thinking by the professionals of the nursing discipline and timely planning of interventions. This implementation includes the care provided to terminally ill patients. This article presents a proposal that may be optimal for those nurses who provide palliative care.

Keywords: NANDA; NIC; NOC; Nursing process; Palliative care

Abbreviations: EHR: Electronic Health Record; NANDA-I: North American Nursing Association; NOC: Nursing Outcomes Classification; NIC: Nursing Interventions Classification;

Introduction

Palliative care nursing involves valuing all the characteristics and past experience of the person. It demands an attitude and approach that goes beyond the diagnosis and immediate medical problem. Achieving this requires a level of personal human contact with the dying person that goes beyond the tasks and procedures that can so often dominate everyday work. It is both a science and an art and emphasizes normality and quality of life. It is a combination of knowledge, skills and compassion in equal measure, which is sensitive, hopeful, meaningful and dynamic. Above all, it is a way of thinking and an attitude of mind that should influence a nurse's behavior whenever they work with a dying person in whatever setting [1]. It can be argued that nursing and palliative care are natural partners in clinical practice and that the knowledge and skills required in this area are applicable to all nurses. People die in many environments and all have a right to supportive and palliative care, regardless of diagnosis or circumstances [2].

The values and beliefs that underpin high-quality palliative care are integral to good nursing. Nurses are in a unique situation –as the only real 24-hour careers in the healthcare system–to incorporate and develop the principles and practice of the palliative approach into their daily work where it is appropriate to do so. The challenge to nurses involved in end-of-life care is how to combine the art and the science into a cohesive approach

that reflects individuality, choice, dignity and compassion in whatever environment care takes place [3].

Discussion

The participation of the nurse in the palliative care context is essential, considering that this care is performed in an area of health intervention, in which the role of the nurse represents the link between the patient, the family and the other members of the team, with this professional having a greater opportunity to perform care practices, due to spending much of the time with the patient and family [4]. Palliative care nursing is very much about helping people to live until they die, not about helping them to die prematurely. This is not merely semantics, but a vital and integral part of palliative philosophy that is enshrined within the very simple statement 'neither to hasten nor postpone death' [5]. Researchers have demonstrated that nurses, well-trained in the use of clinical decision support, accurately use standardized nursing terms and measures for nursing diagnoses, interventions, and outcomes in the electronic health record (EHR), which makes it possible to evaluate the impact of care provided to patients [6].

The framework of Nursing practice is undoubtedly the nursing process and contains the quality standards, guaranteeing through this process, suitable nursing care. It contains successive

steps that are related to each other and whose primary objective is to constitute the structure that can cover the actual or potential individual needs of the patient, the family and the community. Within the nursing process, the diagnosis of nursing is the starting point and the sustenance of professional nursing, so it is of utmost importance that all those who are part of the nursing discipline are familiar with the updated concepts and languages as well as their interrelation. Considering the above and facing the terminal patient, it is imperative that quality nursing interventions for this type of patient be carried out through the nursing process using approved nursing diagnoses in the Taxonomy of the North American Nursing Association (NANDA-I) [7], because these have been developed and proposed by nurses using a wide variety of research methods.

The development of a standardized care plan for patients in the terminal phase aims to improve the professional practice of nursing and avoid differences in the criteria of the professionals in patient care, so that the nursing interventions they receive are appropriate, timely, enough and of quality. For this to happen, the use of the Taxonomies Nursing Outcomes Classification (NOC) [8] and Nursing Interventions Classification (NIC) [9] is highly and professionally recommended. In the present proposal, nursing diagnoses have been used in domain 9 Coping / tolerance to stress and in the domain 10 Vital principles, considering that the vast majority of patients in the terminal phase and their relatives may present some of these diagnoses. Diagnostics of other domains have not been included because these will vary according to each particular situation (Table 1).

Conclusion

The best opportunity for quality care occurs when patients facing death, and their family, have time to consider the meaning of their lives, make plans, and shape the course of their living while preparing for death. The use of a nursing language common to all professionals in this discipline has the advantage of favoring the development of knowledge in nursing science, promotes the continuous improvement of care and enriches decision-making based on reflective thinking. Currently in Mexico several proposals for standardized plans are being developed, which is why we believe that the development of these plans can contribute to the increasingly timely and appropriate

implementation of the nursing process by integrating the humanistic values prevailing in the nursing discipline and individual attention and of quality that particularly terminally ill patients need. Using the NANDA-I, NOC and NIC taxonomies on a daily basis and their articulation with each other will be very short term the most essential way to organize the ideas for nursing care.

Implications for Nursing

This paper proposes specific interventions for future research to further understand end-of-life care from a nursing perspective.

Competing Interests Disclosure

The authors declare that they have no competing interests.

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