

Session 4.10
NNN Track

Abstract Title:

Risk for Vascular Trauma: New Risk Diagnosis Validating for Experts

Presenters:

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Intended Audience:

Clinicians

Area of Focus:

Research

Research Format:

For Research Reports

PURPOSE: To propose and validate the "Vascular Trauma Risk" diagnosis, according to the NANDA taxonomy.

METHODS: validation research of the content described in the stages: bibliographical survey; title production; elaboration of the diagnosis definition; construction of the operational guidelines and calculation of the scores, classifying them with a cut point $\geq 0,60$. 60 experts who were representative from the Brazilian regions took part.

FINDINGS: Bibliographical survey (1944-2007) has subsidized: the title-expressions "risk", "trauma" and "vascular" which portrays the taxonomy axis; the definition of the title as "state in which the individual presents susceptibility for internal or external damages of the vessel or its close areas with chemical and/or biochemical and/or physical and/or biological origin, in one or several tissue adjoining layers, due to the presence of the catheter and/or infused or drained liquids and the operational guidelines. The following risk factors were validated: 8 linked to the medication and to the way/periodicity of infusion with scores $\geq 0,72$ (dilution and/or concentration; toxicity and mutagenic factor; infusion time; the pH of the infused liquid; type/category to which it belongs; temperature of infusion; infusion interval and periodicity and way/periodicity of flow/place of application control); 4 linked to the intravascular catheter and its permanence with scores $\geq 0,77$ (adaptation of the catheter width to the vessel; permanence time; catheter type and needle material); 5 linked to the intravascular catheter fixation with scores $\geq 0,73$ (mobility of the fixation compound; type/quality of the material used in the fixation; impossibility to visualize the insertion place and adjacencies; time of permanence of the adhesives/residues and hair/length excess in the place of fixation of the catheter); 10 linked to the individual, his/her habits, communicational patterns, lifestyle and sensomotor capacity with scores $\geq 0,65$ (infection close to the catheter, people with age extremes; health, treatment and diagnosis conditions; the vessel characteristic/type; allergy to the used material; drug addiction, absence of communication/inefficient communication of pain/discomfort in the catheter places, its adjoining areas and route; vascular puncture in structures with partial/total restriction/immobility; lack of participation of the patient/companion and tabagism) and 18 linked to professional decisions, institutional politics and procedures with scores $\geq 0,60$ (repuncture of a vessel with lesion; quality of the material; number of punctures/repunctures; restart an infusion when there is a blood clot or bleed in the circuit; inclination of the needle in relation to the skin during the removal; tractioning of the catheter; sterilization technique; body positioning; time of maintenance of the catheter, place of insertion of the catheter; cleaning and preparation of the skin; number of connected equipments; handling/use periodicity of the vessel; way and lingering of the vessel evidencing; control of the flow system; displacement of antiseptic solution when introducing the needle; relation among the number of connected and in use routes and clamping frequency of the system.

CONCLUSIONS: We suggest to include the diagnosis in the "safety/protection" domain", as well to clinically validate it with different samples

Citations:

Arreguy-Sena C. (2002) A trajetória de construção e validação dos diagnósticos de enfermagem "Trauma Vascular" e "Risco para Trauma Vascular". Escola de Enfermagem de Ribeirão Preto- USP, (Tese de Doutorado).

Phillips, D. (2005) Manual of IV Therapeutics. (4th Ed). Davis: Philadelphia, PA