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ACTIVITIES FOR THE CARE OF PALLIATIVE PATIENTS: GOVERNMENT STANDARD OR CLINICAL EXPERIENCE?

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ABSTRACT. Existing national guidelines on nursing care manipulations are the primary source of information for hospice nurses. A major role in the technique of performing procedures is played by the equipment of a medical institution, medical products, and consumables available. Local recommendations of specialists with extensive clinical experience in palliative care are also important. Hospice nurses are guided by various sources to obtain information about the technique of performing medical manipulations, as a result of which the delivery of medical services, even within the same organization, is carried out differently. The inclusion of some of the duties of caring for patients in the job responsibilities of other professionals can lead to inconsistency in the actions of medical personnel. The standard operating procedure (SOP), as a documented local instruction, has not been developed in every institution providing palliative care. To standardize patients' care, it is advisable to develop and use SOPs that take into account both the equipment and clinical experience of hospice specialists.

KEYWORDS: palliative care, gastrostomy, tracheostomy, bedsores, hospice, standard operating procedure

МЕРОПРИЯТИЯ ПО УХОДУ ЗА ПАЛЛИАТИВНЫМИ БОЛЬНЫМИ: ГОСТ ИЛИ КЛИНИЧЕСКИЙ ОПЫТ?

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РЕЗЮМЕ. Существующие национальные рекомендации по манипуляциям сестринского ухода являются основным источником информации для среднего медицинского персонала хосписа. Большую роль в технике выполнения процедур играет оснащённость медицинского учрежде-

ния оборудованием, изделиями медицинского назначения, расходными материалами. Имеют также значение локальные рекомендации специалистов, имеющих большой клинический опыт в паллиативной помощи. Медицинские сестры хосписа руководствуются различными источниками для получения информации о технике выполнения медицинских манипуляций, в результате чего выполнение медицинских услуг даже внутри одной организации выполняется по-разному. Включение некоторых обязанностей по уходу за больными в должностные обязанности других специалистов может приводить к несогласованности действий медицинского персонала. Стандартная операционная процедура (СОП) как документально оформленная локальная инструкция разработана не в каждом учреждении, оказывающем паллиативную помощь. Для стандартизации способов ухода за больными целесообразно разработать и использовать СОПы, которые учитывают как оснащенность, так и клинический опыт специалистов хосписа.

КЛЮЧЕВЫЕ СЛОВА: паллиативная помощь, гастростома, трахеостома, пролежни, хоспис, стандартная операционная процедура

INTRODUCTION

Palliative care has been declared one of the priorities in the work of the Ministry of Health of the Russian Federation. The number of institutions for inpatient palliative care in the regions of the Russian Federation has increased more than 3-fold over the last 5 years: the number of hospices has increased from 23 to 73, including paediatric hospices from 5 to 14 [5, 13].

Medical manipulations performed by nurses in hospices are quite diverse and require clear knowledge of the algorithms of their performance [3, 10]. There are national standards of the Russian Federation on the prevention of bedsores [11], on technologies for the performance of simple medical services, nursing manipulations [14], which reflect the sequence of actions of nursing staff for their qualitative performance. If necessary, the algorithm can be supplemented in each medical organisation by a local act. At the present stage, this may be an approved standard operating procedure (SOP) [1]. In the proposals (practical recommendations) on the organisation of internal control of quality and safety of medical activity in a medical organisation (hospital) of the Federal Service for Supervision of Health Care the definition of SOP is given — documented (local) instructions for the performance of working procedures or formalised algorithms for the performance of actions, fulfilment of the requirements of the standards of medical care. In other words, SOPs are the main document regulating the performance of work in the field as part of the process.

At the same time, in the practice of paramedical staff there is often an opinion that it is necessary to perform medical manipulations

in accordance with the algorithms that specialists were trained earlier (in medical school, by their colleagues) without taking into account the emergence of new equipment, modern ways of patient care [15, 16], achievements of evidence-based medicine methods [17, 18].

AIM

To assess the degree of standardisation of approaches to palliative care; to identify sources of information on algorithms of the medical manipulation performed by nurses.

MATERIALS AND METHODS

The national standards of the Russian Federation on the prevention of bedsores (GOST R 56819-2015), on technologies for the performance of simple medical services (GOST R 52623.3-2015) were analysed, concerning algorithms for the performance of manipulations for gastrostomy care, tracheostomy care and actions of medical personnel in case of bedsores.

A questionnaire was developed, which included open-ended questions to characterise the algorithms for the performance of the above skills by nurses. Forty-six nurses from hospices of St. Petersburg and the Leningrad region took a part in the survey.

RESULTS

The age of the nurses ranged from 20 to 50 years, with an average of 35 ± 9.09 years (Fig. 1). The length of service as a nurse ranged from 1 to 10 years, with an average of 5.5 ± 3.03 years. The skills required for hospice work

were acquired by 32 nurses (69.6%) at medical school; 6 people (13.0%) trained while working at the hospice; and 8 staff (17.4%) trained elsewhere.

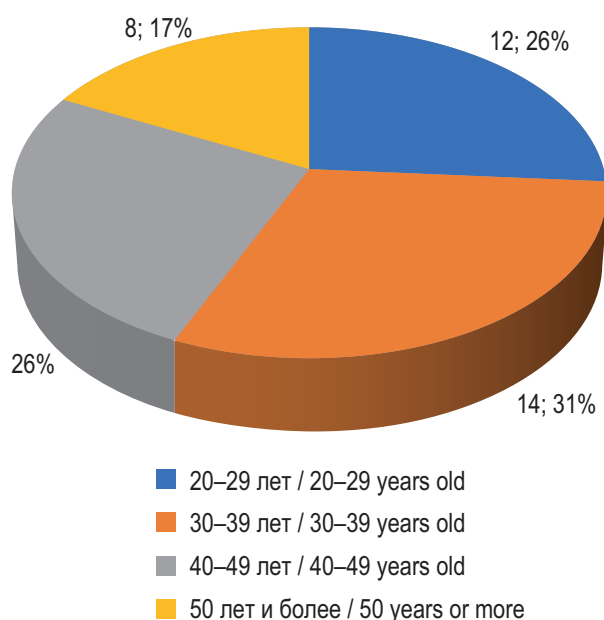


Fig. 1. Age of nursing staff working in a hospice

Рис. 1. Возраст среднего медицинского персонала, работающего в хосписе

The majority of respondents, 26 (56.5%), indicated that they were guided by the recommendations set out in the RF national standard. At the same time, 7 (15.2%) specialists used recommendations approved by hospice doctors. However, it is known that at the time of the survey, hospices did not yet have SOPs as documented local acts; therefore, more than half of the nurses were guided by verbal recommendations of hospice specialists. At the same time, the recommendations of the national standard of the Russian Federation and local recommendations of the hospice were used by 13 respondents (28.3%).

Completion of the bedsores management sheet, teaching the patient to self-care and determining the amount of food and protein intake is reflected in the recommendations of the national standard, but was not mandatory according to local requirements and was not performed by nurses in patients with stage I pressure sores (Table 1). The participants of the questionnaire noted that the maintenance of the decubitus sheet in their institution is performed by the attending physician, and nutritional assessment is the responsibility of the nutritionist. Regular change of body position (every

Table 1

Care after the patients with bedsores

Таблица 1

Уход за больными с пролежнями

Манипуляции / Manipulations	ГОСТ Р 56819–2015 / GOST R 56819–2015	Локальные рекомендации / Local recommendations	Практика медсестры, % / Nursing staff's practice, %
Заполнение листа противолежневых мероприятий / Filling out a list of anti-decubitus measures	+	–	0
Смена положения тела / Change of body position	+	+	87
Проведение гигиенических процедур / Carrying out of hygiene procedures	+	+	0
Обучение пациента самоуходу / Self-guided patient training	+	–	0
Обучение уходу лиц, ухаживающих за пациентом / Care training for carers	+	+	0
Определение количества съеденной пищи (количества белка) / Counting of the amount of food eaten (amount of protein)	+	–	7
Контроль количества употребляемой жидкости за сутки / Control of liquid amount per day	+	+	7
Использование противолежневых приспособлений / Use of anti-decubitus devices	+	+	20
Массаж вокруг поврежденного участка / Massage around bedsore	+	+	7
Поддержание умеренной влажности кожи / Maintaining moderate skin moisture	+	+	80

2 hours) and maintenance of moderate skin moisture were the main manipulations of nursing staff (80–87%) for prevention and treatment of pressure sores. Despite the fact that hygiene procedures and caregiver training were mandatory according to both federal and local recommendations, these manipulations were not included in the algorithm in any case. Control of the amount of fluid intake per day and massage around the injured area were performed by 7% of nursing professionals. Anti-decubitus pillows, mattresses were used by 20% of the respondents.

According to the doctor's prescription, 37 (80%) nurses treated bedsores using "Bepanten", "Solcoseryl" and "Dexapanthenol" ointments. One respondent performed treatment with alcohol solutions, one person used herbal remedies (an aloe leaf) to treat pressure sores. In GOST R 56819-2915, solutions containing

ethyl alcohol (40–96%) and herbal remedies of folk medicine are classified as negative technologies for prevention and treatment of pressure sores and are not recommended for use.

The algorithm of feeding a patient through the gastrostomy in both national and local recommendations started with the prevention of healthcare-associated infections, i.e. hand washing and wearing medical gloves (Table 2). In the course of the questionnaire survey, 33% of respondents included hand hygiene in the algorithm and 67% included wearing gloves in the algorithm. In accordance with the methodological recommendations, hygienic hand treatment before putting on gloves is a mandatory component [7].

Removing and applying a bandage to the gastrostomy was not performed by nurses, as frequent microtraumatisation during sticking and unsticking of the plaster has a negative effect on

Table 2

Gastrostomy care steps

Таблица 2

Действия при уходе за гастростомой

Манипуляции / Manipulations	ГОСТ Р 52623.3–2015 / GOST R 52623/3–2015	Локальные рекомендации / Local recommendations	Практика медсестры, % / Nursing practice, %
Обработка рук / Hand disinfection	+	+	33
Надевание нестерильных перчаток / Putting on non-sterile gloves	+	+	67
Снятие повязки с гастростомы / Removing the dressing from the gastrostomy tube	+	–	0
Обработка кожи вокруг гастростомы водой с мылом / Skin disinfection around gastrostomy tube with water and soap	+	+	20
Промывание гастростомы до кормления / Gastrostomy tube cleaning before feeding	–	+	0
Введение питательной смеси / Introduction of enteral feeding	Шприцом Жане / Syringe of Zhane	С помощью систем капельного введения (энтеромат) / Dropper (enteromat)	Шприцом Жане 47% / Syringe of Zhane 47%
Промывание гастростомы после кормления / Gastrostomy tube cleaning after feeding	+	+	80
Поворот гастростомы на 360° / Gastrostomy tube rotation (360 degree)	–	+	0
Наложение мази, пасты, геля (по назначению врача) / Application of gel, paste, ointment (by doctor's prescription)	+	+	0
Наложение стерильной повязки, фиксация пластырем / Application of sterile dressing, adhesive fixation	+	–	0
Уход за баллоном (при низкопрофильной гастростоме) / Balloon care (at low profile gastrostomy tube)	–	+	0
Оценка глубины стояния трубки / Tube depth assessment	–	+	0

the condition of the skin [12]. Local guidelines do not suggest maintaining the gastrostomy under a dressing except in the immediate postoperative period.

Treatment of the skin around the gastrostomy before feeding is indicated in the algorithm by nurses in 20%, rinsing of the gastrostomy before feeding was not noted in any respondent.

According to the national standard, formula should be administered using a Janet syringe, and according to local recommendations — using an enteromate [2, 6]. At the same time, about half of the respondents did not indicate the enteromate as one of the possible options for feeding a patient with a gastrostomy. Rinsing the gastrostomy after feeding is one of the main nursing manipulations and it is performed by 80% of nurses.

360° rotation of the gastrostomy, balloon care (for low-profile gastrostomies) and assessment of tube depth are noted in local guidelines as necessary, but were not performed by any of the specialists.

The National Standard on Technology for Simple Health Care Services describes respiratory care activities in ventilator settings. For patients with tracheostomies who breathe independently, there are no clear algorithms for performing this manipulation in the federal standards [14]. Individual medical organisations have developed methodological recommendations and training manuals for the care of patients with permanent and temporary cannulation [4, 8, 9]. However, they are not widely known to the average medical personnel, because they are not implemented

in the practice of the institution by means of a local normative act.

Hand treatment and tracheostomy cannula sanitation were mandatory according to national and local recommendations, performed by all nurses. Skin treatment with water-based antiseptics and changing the external dressing were required by local palliative care guidelines and were performed in 100% and 60% of cases, respectively. The use of sterile gloves during tracheostomy care was not included in the local requirements for hospice specialists, so this item was not included in the care algorithms in any case. At the same time, application of antibacterial ointment to the skin around the cannula was one of the local recommendations, but it was never mentioned by nurses in the algorithms of care for patients with tracheostomies.

DISCUSSION

Hospice nurses used different sources to obtain information about the technique of medical manipulation. Standard Operating Procedures (SOPs) as documented local instructions had not been developed at the time of the questionnaire survey, which resulted in different performance of medical services even within the same organisation. The inclusion of some patient care duties in the job descriptions of other specialists could lead to inconsistency in the actions of medical personnel. Despite the fact that some manipulations on bedsores care were mandatory according to both federal and local recommendations,

Table 3

Tracheostomy care steps

Таблица 3

Действия по уходу за трахеостомой

Манипуляции / Manipulations	ГОСТ Р 52623.3–2015 / GOST R 52623.3–2015	Локальные рекомендации / Local recommendations	Практика медицинских сестер, % / Nurse practice, %
Обработка рук / Hand disinfection	+	+	100
Наличие стерильных перчаток / The presence of sterile gloves	+	–	0
Санация трахеостомической канюли / Sanitation of the tracheostomy sunk	+	+	100
Обработка кожи антисептиками на водной основе / Skin cleaning with water-based antiseptics	–	+	100
Нанесение антибактериальной мази на кожу вокруг канюли / Use of antibacterial ointment on the skin around sunk	–	+	0
Смена наружной повязки / Change of outer dressing	–	+	60

they were rarely noted in the algorithm of the interviewees (from 9 to 20%). The State Standard describes some medical technologies in the treatment of bedsores, which may lead to negative consequences. It is necessary to pay special attention of medical personnel to such manipulations during professional development cycles. Not all specialists with secondary medical education performed hand treatment and gloves before manipulations. The development of new types of gastrostomy tubes and devices for the administration of nutrient mixtures led to significant differences between the national recommendations (from 2015) and the current clinical situation. No clear recommendations for the care of patients with tracheostomies on independent breathing are provided in the national standards. Nurses had the greatest difficulty in finding information on this issue.

CONCLUSION

In the modern world, medical technology is evolving rapidly. New ways of caring for patients are emerging, which makes it possible to improve the quality of life of patients. The use of the system of national standards is carried out on a voluntary basis is fundamental to ensuring the quality of medical care. A timely revision of the relevance of the GOSTs for the provision of medical services is required, taking into account modern scientific achievements. Based on the findings of this study, SOPs for the care of gastrostomies, tracheostomies and pressure sores in palliative care facilities were developed, which allowed taking into account the equipment of each organisation and ensuring greater dissemination and accessibility of information among health workers.

ADDITIONAL INFORMATION

Author contribution. Thereby, all authors made a substantial contribution to the conception of the study, acquisition, analysis, interpretation of data for the work, drafting and revising the article, final approval of the version to be published and agree to be accountable for all aspects of the study.

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