

Abstract 087

Category: Research on nursing diagnosis

TITLE: Prevalence of the [retired] nursing diagnosis, ineffective renal perfusion, and its defining characteristics and related factors in patients with heart failure

AUTHORS: Zhao, L.M., Santos, V.B., Lopes, C.T., Lopes, J.L., & Barros, A.L.B.L.

Introduction with problem statement:

The [retired] nursing diagnosis (ND), *ineffective renal perfusion* (IRP), is present in clinical practice in patients with heart failure (HF), and many nursing interventions can be implemented in order to achieve the best outcomes.⁽¹⁻³⁾ The aim of this study was to identify the prevalence of the [retired] ND, IRP, and associations between the ND and its defining characteristics (DCs) and related factors (ReFs) in patients with decompensated chronic HF.

Methods:

This was a retrospective cross-sectional study. The presence of IRP was assessed by a cardiology nurse specialist in 379 charts of patients with decompensated chronic HF. The criteria considered for the presence of IRP were: reduced glomerular filtration rate (GFR) (<60 mL/min/1.73 m²), at least one DC of the ND, and at least one ReF. The association of the DCs and ReFs with the presence of the ND was evaluated using a chi-square or student t-test. A significance level of $p < 0.05$ was adopted.

Results and discussion:

There were 251 (66%) patients identified with IRP. The DCs significantly associated with the ND were: elevated creatinine and urea levels, reduced GFR, oliguria and proteinuria. The ReFs significantly associated with the ND were: change in metabolism, advanced age, comorbidities, and kidney disease. This ND is present in patients with heart failure and there are nursing interventions that can be applied.

Impact on the discipline:

The [retired] ND IRP is highly prevalent, and its DCs and ReFs are indicators that should be evaluated by nurses in patients with decompensated chronic HF.

References

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