

Construction of Instructional Material for Adherence to Clean Intermittent Catheterization based on the vision of Brazilian Nurses

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Aim


Present the construction process of an instructional material for adherence to clean intermittent catheterization.

Method

Methodological study was composed of Brazilian nurses who work or have experience guiding patients who need CIC. The inclusion criteria were being a nurse, having active registration with the nursing council, and having experience with CIC training. To compose the sample, two national online events through were held by a Danish Company that develops products and services in the areas of Stomatherapy.. At the event, a description of eight barriers was presented, which were defined after reading and interpreting studies specially a market study with 2942 patients, carried out in eight countries, with 189 nurses, 12 doctors, whose barriers listed were: "I feel overwhelmed", "I don't know my anatomy", "I'm afraid of getting hurt", "I feel lonely", "I will never learn/remember CIC", "I can't leave the house anymore", "CIC will limit my sex life", "I'm afraid of getting a urinary tract infection". After each barrier, there was a discursive response space for nurses to share their notes strategies.

Results

Thirty-eight nurses participated in the study, from all Brazilian regions. The researcher conducted the six stages of the Thematic Analysis: Step one becoming familiar with the theme, step two generating initial codes, step three searching by themes, step four revisiting the themes, step five naming the themes, the last step (producing the report), was the basis of the instructional material, with the guidelines that emerged from the interpretation of the nurses' speeches in practical actions for patient care, as shown:



1. CARE PLAN

1

• Understand the feelings, opinions, fears, shame, anxieties;

2

• Realize a good anamnesis and be open to conversation;

3

• Encourage self-knowledge and self-care;

4

• Define a goal and a care plan respecting the patient's routine;

5

• Introduce the multidisciplinary team;

6

• Ensuring the patient is safe to perform the procedure;

7


• Schedule home visit;

8

• Provide permanent support;

9

• Schedule a return visit;



2.TRANSLATION OF TECHNICAL KNOWLEDGE TO THE USER

1

• Explain anatomy and physiology of the urinary system;

2


• Use a didatic resources for training: anatomical prototypes, images, videos;

3

• Explain damage by urinary retention;

4

• Explain CIC benefits.



3.USE OF SUPPORT MATERIALS FOR TECHNIQUE TRAINING AND PREVENTION OF COMPLICATIONS

1

• Use didatic resource: technical simulation in anatomical prototypes;

2

• Observe the patient performing the CIC;

3

• Explain the use of accessory materials: mirrors, flashlight, laser;

4

• Guide hand washing, if not possible, the use of wet tissue and alcohol gel;

5

• Explain the importance of catheter lubrication, correct size, how to handle without contaminating and reinforce the risks of reutilization;

6

• Explain bacteriuria x UTI, main risks and other complications;

7

• Explain the signs indicative of UTI;

8


• Educate the patient the unnecessary treatments;

9

• Guide adequate water intake for weight;

10

• Explain different catheter technologies that reduce the risk of complications.



4.ADAPTATION OF THE CIC IN ROUTINE AND SEXUALITY, FOCUS IN QOL

1

• Educate the patient for the daily use of bladder diary;

2

• Guide the preparation of a kit with all the CIC materials;

3


• Ask strategic questions about sexuality and if patient has a partner, encourage him to participate in consultations;

4

• Explain the benefits of the CIC x Indwelling catheter in sexual life and all activities;

5

• Explain strategies for sexual life quality, such as emptying the bladder before and after intimacy relations, contraceptives;



5.SUPPORT NETWORKS AND THE IMPORTANCE OF HEALTH PROFESSIONAL, FAMILY AND FRIENDS

1

• Identify a family member to be the support for the patient to the caring process;

2

• Support Network: Composed by health professional, Family and friends.

3


• Refer the patient to the multidisciplinary team ad maintain effective communication;

4

• Encourage participation in associations, parasports and exchange of experiences among patients.

5

• Promote meetings between patients to share experiences and experiences



6.ACESSIBILITY

1

• Explain different models of cathetes, guide differentials, details and use;

2

• Explain how to access the products on Public and Private health systems

3

• Share tips for performing CIC when away from home

4

• Share tips on adaptations of clothes that facilitate the performance of the CIC.

Concluding Message

This material brings relevant information for nurses to guide their patients on how to overcome barriers to adherence to the CIC, in a simple and practical language, to change the reality of this great clinical challenge. This content is part of the clinical manual on clean intermittent catheterization released in March of this year.

References

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