

The skin as a minimum body territory and nursing care for cutaneous manifestations in the nephroclinic

La piel como territorio corporal mínimo y cuidados de enfermería a las manifestaciones cutáneas en la nefroclínica

A pele como território mínimo corporal e os cuidados de enfermagem às manifestações cutâneas na nefroclínica

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Abstract

The aim was to describe the technical and expressive nursing care for the cutaneous manifestations of patients in an advanced stage of kidney disease. Convergent care research, with twenty-one nursing professionals, in the nephroclinic of a large University Hospital, located in the metropolitan region of the state of Rio de Janeiro, southeastern Brazil, in 2014. The observed manifestations: skin dryness, alteration of coloration, capillary fragility, alterations related to the fistula, itching and alterations of body mass, require priority technical care of hygiene, dressing, comfort, integument recovery and delicate handling of the skin. Pain and sensations in the body's territory require redoubled attention to the perceptible visual, olfactory and tactile effects during technical care. It is concluded to reflect collectively on the cutaneous manifestations in the patient's skin, sensitized the nursing professionals to look see and perceive the objective and expressive demands. By expanding the dimensions of the minimal body territory centered on the skin to accept the skin as a historical-personal-singular envelope, technical care gains new meaning to improve assessment, care plans and the assistance offered.

Descriptors: Nursing Care; Kidney Failure, Chronic; Skin Manifestations; Nursing; Capillary Fragility.

How to cite this article:

Neves KC, Araújo STC, Ribeiro WA, Silva JG, Azevedo AL, Paula E, Cirino HP, Amaral FS, Santana PPC, Correa FCC. The skin as a minimum body territory and nursing care for cutaneous manifestations in the nephroclinic. Glob Clin Res. 2022;2(2):e28.

Chief Editor: Caroliny dos Santos Guimarães da Fonseca

Executive Editor: Kátia dos Santos Armada de Oliveira

Submission: 05-28-2022

Approval: 06-13-2022



Resumén

El objetivo fue describir el cuidado técnico y expresivo de enfermería para las manifestaciones cutáneas de pacientes en estadio avanzado de enfermedad renal. Investigación de atención convergente, con veintiún profesionales de enfermería, en la nefroclínica de un gran Hospital Universitario, ubicado en la región metropolitana del estado de Río de Janeiro, sureste de Brasil, en 2014. Las manifestaciones observadas: sequedad de la piel, alteración de la coloración, la fragilidad capilar, las alteraciones relacionadas con la fístula, el prurito y las alteraciones de la masa corporal, requieren cuidados técnicos prioritarios de higiene, vendaje, confort, recuperación de tegumentos y manipulación delicada de la piel. El dolor y las sensaciones en el territorio del cuerpo requieren una atención redoblada a los efectos visuales, olfativos y táctiles perceptibles durante la atención técnica. Se concluye reflexionar colectivamente sobre las manifestaciones cutáneas en la piel del paciente, sensibilizando a los profesionales de enfermería para mirar, ver y percibir las demandas objetivas y expresivas. Al ampliar las dimensiones del territorio corporal mínimo centrado en la piel para aceptar la piel como una envoltura histórico-personal-singular, el cuidado técnico adquiere un nuevo significado para mejorar la evaluación, los planes de cuidado y la asistencia ofrecida.

Descriptor: Atención de Enfermería; Fallo Renal Crónico; Manifestaciones Cutáneas; Enfermería; Fragilidad Capilar.

Resumo

Objetivou-se descrever os cuidados técnicos e expressivos de enfermagem às manifestações cutâneas de pacientes em estágio avançado de doença renal. Pesquisa convergente-assistencial, com vinte e um profissionais de enfermagem, na nefroclínica de um Hospital Universitário de grande porte, localizado na região metropolitana do estado do Rio de Janeiro, sudeste do Brasil, em 2014. As manifestações observadas: ressecamento da pele, alteração de coloração, fragilidade capilar, alterações relacionadas à fístula, prurido e alterações de massa corporal, exigem cuidados técnicos prioritários de higiene, curativo, conforto, recuperação do tegumento e manuseio delicado da pele. A dor e as sensações no território corporal exige redobrada atenção sobre os efeitos perceptíveis visuais, olfativos e tátil durante o cuidado técnico. Conclui-se refletir coletivamente sobre as manifestações cutâneas na pele do paciente, sensibilizou os profissionais de enfermagem para olhar, enxergar e perceber as demandas objetivas e expressivas. Ao ampliar as dimensões de território mínimo corporal centrado na pele para aceitar a pele como envoltório histórico-pessoal-singular, o cuidado técnico ganha novo significado para melhorar a avaliação, os planos de cuidados e a assistência ofertada.

Descriptor: Cuidados de Enfermagem; Falência Renal Crônica; Manifestações Cutâneas; Enfermagem; Fragilidade Capilar.

Introduction

In everyday care, observation presents itself as a fundamental care, a possibility to better understand people, things, events and situations; a way to identify symptoms that indicate improvement, or the reverse; which are of importance, and which are not¹⁻³.

Moreover, to situate the observation of nursing professionals regarding the cutaneous manifestations of patients with Chronic Kidney Diseases (CKD) in the context of caring in the nephroclinic, important reflections on the clinical evolution and specialized treatment offered were considered.

CKD is a clinical condition resulting from the slow, gradual and irreversible loss of renal functions, characterized by the inability of the kidney to maintain normal levels of urea and creatinine. Estimates from the Brazilian Census of Nephrology show that in 2014, 112,004 people were registered with CKD, a significant increase compared to 2013, when this number was 10,397⁴.

The effects of CKD are complex and can lead to dysfunction of multiple organs, including the skin, whose main agents involved in the pathogenesis are sodium,

calcium and phosphate. In addition, like any other organ, it is subject to aggression, whether due to intrinsic or extrinsic pathological factors, sometimes capable of altering its entire development⁴.

Anatomically, the skin is the largest organ in the human body, accounting for approximately 16% of total body weight. Among its functions are thermal regulation, organic defense, blood flow control, protection against various agents, whether chemical, biological and physical, present in the environment, and sensory functions such as heat, cold, pressure, pain and tact⁴.

Considering what is contextualized, the study seeks to answer the following guiding question: What are the skin manifestations of patients with CKD observed by renal nursing professionals, which refer to technical and expressive care?

Therefore, nursing care for a person who has cutaneous manifestations and excess fluid, immunosuppression, multiple infections, loss of skin integrity, among many other symptoms that affect individuality, physical balance and emotions. The skin is the biggest envelope, but it is still situated as a minimal territory



in the face of the complexity of the human being, with impenetrable territories, such as the field of subjectivity. In addition, the disease, often diagnosed late, requires interventions in high-risk situations, with a predominance of technical care and whose situation ends up preventing the health team from expanding its perception of the expressive care, so necessary for this patient.

Methodology

Empirical study, of a qualitative nature, anchored in convergent care research (PCA). This research method was chosen because it combines, insofar as situations that need intervention are found, the production of data to the care of the clientele. Its implementation requires the active participation of subjects, being oriented, therefore, to solving or minimizing problems, making changes and introducing innovation in health practice, which lead to new theoretical constructions⁵.

The main characteristic of PCA is its articulation with care practice, where actions are incorporated into the research process and research into the care process simultaneously. Choosing the PCA in this research represents the best way to reach the objective, as it is committed to the direct improvement of the investigated social context, since it intends to seek solutions to the identified problems⁵.

Six nurses and fifteen nursing technicians participated in the research, assigned to specialized services in kidney disease, at a large University Hospital located in the metropolitan region of the state of Rio de Janeiro, Southeast of Brazil, in 2014.

The criteria adopted for participation were being a nurse or nursing technicians in the sectors specialized in kidney disease at the Clementino Fraga Filho University Hospital (HUCFF), both on a temporary and permanent basis, with at least six months of experience in the sector. Nurses and nursing technicians who were in the sector covering vacations or displaced from their sector of origin were not included.

Initially, a survey was carried out, based on an instrument composed of semi-structured questions, to characterize the sociocultural profile of nursing professionals. Then, the group met at the institution's premises to discuss skin care for patients with CKD. This moment, called "meeting space", where the work environment also becomes a learning environment, aimed to make the knowledge and practices of nursing professionals on the topic flow, as well as those of the researcher. And, as a strategy adopted for the conduction and discussion of the theme, as well as the process of its problematization, a script with key questions was used, which directly dealt with the observation of nursing professionals to the skin manifestations of patients with CKD being treated in the sector, whose purpose was to favor the sharing of knowledge and practices of nursing professionals.

This research, an excerpt from the master's dissertation, presented to the Anna Nery School of Nursing (EEAN) and Hospital Escola São Francisco de Assis (HESFA) of the Federal University of Rio de Janeiro (UFRJ), and entitled:

Sharing Knowledge and Practices of the Nursing Team on Skin Care in Chronic Kidney Disease: An Educational Strategy, was concerned with meeting the national and international precepts of ethics in research involving human beings, being approved by the Brazil platform with opinion no. and CAAE: 23337513.9.0000.5238.

All participants were guaranteed anonymity, coding their names and testimonies in alphanumeric sequence (N1, N2, N3,... N6) for nurses and (T1, T2, T3,... T15) for Nursing Technicians, according to the order of participation in the study.

Results

Six nurses and fifteen nursing technicians participated, aged between 25 and 64 years, with a predominance of females (n=16). The time of professional training ranged from 02 to 36 years, with experience in the specialized scenario from 11 months to 15 years. As for the level of training, (n=4) nurses reported having specialization, as follows: (n=2) in Nephrology, (n=1) in Public Health, and (n=1) in Oncology; only (n=1) nursing technician reported being a specialist, being in the area of nephrology.

The participants' family income ranged from 02 to 5 minimum wages, (n=8), from 5 to 10, for (n=9), and from 10 or more to (n=4). Of these, (n=12) were public tenders, with a 12h x 60h work regime; (n=9) were hired, and performed their activities on a 24-hour X 72-hour basis, followed by three supplementary shifts. The salary of contract workers is three times less than that of public employees. Professionals reported working elsewhere (n=8) and, when their workload was added together, it exceeded 50 hours per week.

Among the cutaneous manifestations of patients with CKD observed by the nursing team, skin dryness was pointed out as the most frequent, as highlighted below.

"I only observe the issue of dryness, because they cannot ingest much liquid. Even because many of them already arrive here with their kidneys stopped and can't even drink much liquid [...]" (T3).

"Mainly the dryness that can end up generating superficial lesions" (N3).

"[...] we observe a lot of dehydration in the skin, cracks [...]" (T14).

"Dry skin, most are edematous [...]" (T13).

"They also retain a lot of fluid, swell, the skin cracks and peels. So the observation has to be continuous [...]" (T2).

Other skin manifestations were also observed by professionals, highlighting changes in skin color, such as hematoma, as shared.

"[...] we observe that their coloring is different. It seems their skin is dull" (T5).

"Changes in color, they get very darkened. You notice that over time they have spots on the skin, bruises, where there is a fistula [...]. They are very sensitive to tape too, including the tape we use. Sometimes when removing the tape that holds the needle, we notice that the skin comes with it. It depends, there are patients who are very sensitive" (T4).



"[...] at the beginning of CKD, we observed that when the patient arrives, he is pale, so you know what has been studied and from what is observed that he has persistent anemia and this directly interferes. You see it, you visualize it and it is very evident, even through the mucosa. You look at the patient and notice that he is pale, discouraged, you can report this to the doctor and seek a form of intervention" (N2).

"There are patients who have a lot of hematoma, here it is normal, especially in patients with a new fistula. Some patients here have peeling skin" (T10).

"Here we have many patients with bruises. Many of them don't even have access to more possibilities and when we try for an exam, more bruises end up forming [...]. It's quite common" (T14).

Capillary fragility was also identified as a common alteration in patients with CKD, and was directly related to age or the recurrent use of material for dressing, according to testimonies.

"Dryness and capillary fragility is what I see the most. We also see skin that is much more fragile, such as the elderly or those who use tape, which often makes the skin even more fragile" (N6).

Skin changes such as hyperemia and infection were also observed in patients with arteriovenous fistula (AVF), as highlighted.

"Most of the time, we see infection in the AVF, but then we ask for a medical evaluation. We sometimes see yellow spots, even signs of infections" (T8).

"Hyperemia, some patients end up with wounds in the fistula. Especially because here we work a lot with AVF and catheters. The use of tape ends up hurting and causing wounds" (T6).

Pruritus was shared as a common cutaneous manifestation in CKD, as reported by nursing professionals.

"[...] itching. There's a lot here. We observe when the patient scratches, but most of the time this is not seen and spoken. So we notice more when he really talks" (N4).

Body mass change was also identified as a common cutaneous manifestation in CKD.

"Regarding the change in body mass, this type of change is quite common here" (T11).

The dialogue, developed for the sharing of knowledge and practices, allowed the identification of the following manifestations in the observations of the nursing team regarding the skin of patients with CKD: skin dryness, color change, capillary fragility, alterations related to the fistula, itching and alterations in body mass.

Discussion

Although this study is limited to the observation of the nursing team on the skin of patients with CKD, its importance lies in the need to place the patient at the center of the approach, especially to improve the quality of care, interaction and care.

The initiative of bringing the nursing team together in a "meeting space" designed for the sharing of knowledge and practices, presented itself as an important teaching-research-care strategy, which allows placing, at all times, the patient in the center of the approach.

As a methodology applied to this study, the convergent-care research allowed, from the problematization process, to highlight the skin manifestations of patients with CKD, improving the interaction, dialogue and evaluation of professionals. It was also possible to reflect on the expressive dimensions in the care of these patients.

Among the cutaneous manifestations observed by the nursing team, skin dryness or uremic xerosis stands out, a complication commonly observed in 50% to 85% of renal patients, especially those in an advanced stage of the disease and who have not yet started dialysis treatment. .

The pathophysiological mechanism of uremic xerosis is still unknown, even though it is considered to be largely responsible for triggering pruritus in the patient. There is a probable relationship with eccrine gland dysfunction and volume depletion caused by the use of diuretics⁴.

In most cases, uremic xerosis tends to disappear with the restoration of renal function. Dry skin is usually associated with signs of turgor, elastosis, increased extensibility, elastin fragmentation, and atrophy of the sebaceous and sweat glands, which due to skin thickening may indicate dehydration.

Xerotic skin, in severe cases, acquires a scaly or ichthyosiform appearance. Generally, this manifestation is related to decreased sweating and atrophy of the sebaceous and sweat glands, which cause a reduction in the level of lipids on the skin surface and loss of the integrity of the stratum corneum, due to the decrease in water content².

Changes in skin color have also been observed in patients with CKD, and are due to a number of factors. Professionals who live with this clientele on a daily basis are able to observe different colors, some may be pale, pale, lackluster, others darkened and with stained skin, signaling a worsening of the disease⁶.

Hematomas were also shared by the nursing team as recurrent skin manifestations in patients with CKD, and are sometimes related to the recurrent use of a central venous catheter used for AVF puncture. This manifestation is also frequently observed in patients who are waiting for a kidney transplant⁷.

A common alteration in patients with CKD, which remained in the participants' reports, was capillary fragility. This is a general term used to describe small extravasations of blood that occur in the skin and that can be caused by stress, anxiety and aging. Other diseases or factors associated with CKD can cause changes in capillaries, triggering ecchymosis⁸.

Hemodialysis is a treatment that removes toxic substances and excess fluid accumulated in the blood and body tissues as a result of kidney failure. In hemodialysis, blood, laden with toxins and nitrogenous waste, is diverted



from the patient to a machine, a dialyzer, where it is cleaned and then returned to the patient⁹.

In order for blood to be removed, cleaned and returned to the body, access to the patient's circulation must be established. AVF is a permanent access, created by surgical means by joining an artery to a vein. Needles are inserted into the vessel in order to obtain adequate blood flow to pass through the dialyzer².

Patients with AVF are common, especially in the hemodialysis sector. In general, professionals report handling and puncturing the AVF with care and attention. However, they still report observing complications related to AVF, which change skin conditions, especially with regard to aesthetic issues.

Pruritus was observed by the nursing team as a reaction to dialysis, being pointed out as the main responsible for changing the patient's behavior. Among the main substances involved in dialysis treatment, which can trigger some allergenic change in the patient, erythropoietin (EPO) stands out, whose vehicle is associated with the substance, not with it itself, calcitriol, and phosphorus chelators. based on calcium salts (calcium carbonate and acetate), which, although uncommon, can cause pharmacodermias. Patients with CKD undergoing renal replacement therapies may present weight variation due to

body fluid overload in the interdialytic period. This weight variation is often visible and observed by professionals involved in care. Therefore, before and after performing the therapy, it is necessary to weigh the patients.

Conclusion

This study made it possible to identify the observations of the nursing team in relation to changes in the skin of patients with chronic kidney disease.

I claim that the construction of knowledge from the practice scenario itself is extremely significant. It can be considered a facilitating strategy to use the analysis of the data obtained as subsidies to daily care, representing an improvement in nursing care, helping in the better elaboration of care plans, aiming to meet the real needs of the patient regarding the skin changes suffered. throughout the progression of kidney disease.

It is worth noting that the use of research favored a space for dialogue with the nursing team, where everyone had the opportunity to express themselves, talk freely about their doubts, concerns and knowledge. The methodology applied, the convergent-assistance research, enabled interaction and dialogue, facilitating the problematization process, as well as the sharing of knowledge and practices.

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