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## Ethical issues facing the nursing care in pediatric intensive care units: literature review

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**Abstract:** This study aims to identify the production of the last ten years about the Care of Nursing in Intensive Therapy Units Paediatric in Brazil. This is a review of the literature, the inclusion criteria were: articles available in full text, in Portuguese, published in the last ten years considering the period between January 2008 to January 2018, and indexed in the database BDEF. Were selected 11 articles and analyzed by means of analysis of thematic content. This has emerged the category of “Malpractice and negligence in nursing care in the intensive care unit”. Has been identified as the care exercised by the nursing teams have been overlooked and as the clumsiness is present in this assistance. Concludes that it is necessary a continuous training of the professional of nursing, as well as, studies that provide methods of awareness-raising in this context, in addition to the application in practice of the Code of Ethics of the Nursing Professionals.

**Keywords:** Intensive care Unit; Pediatric Intensive care unit; Child; Nursing Care.

### Introduction

The Intensive care Unit - ICU is a hospital service that is targeted to users in the clinical situation or serious risk, medical or surgical, requiring intensive care, medical, nursing and physical therapy, uninterrupted, continuous monitoring during the 24 (twenty four) hours of the day, in addition to equipment and multidisciplinary team, specialized in (BRASIL, 2017).

The ICU's are classified in the Intensive care Unit, Adult ICU, Intensive care Unit, Coronary – UCO, the Intensive care Unit Burned the ICU-q, Intensive care Unit Pediatric ICU-ped; and Neonatal Intensive care Unit – NICU (BRASIL, 2017).

The care in the ICU's in a general way, are provided by an interdisciplinary team that meets the demand of the various problems in health. This team is composed of medical professionals, physiotherapists, nutritionists, nurses, and technicians in the field of nursing.

The ICU-pedé a location designed to service specialized children severely sick within an age range between 29 (twenty nine) days and 13 (thirteen) years and 11 (eleven) months and 29 (twenty nine) days. The place in which they receive holistic care by professionals dedicated to a single goal: the recovery of the child and the integral attention to the family (AMIB, 2018).

Among the main characteristics of the ICU-ped, noteworthy is the presence of the family next to the child. The Statute of the Child and the Adolescent (Law nº.8.069 of July 13, 1990) regulates this situation in the country as a whole, as in Art. 12° it is established that the establishments of the health service should provide conditions for staying in full-time one of the parents or guardian, in cases of hospitalization of the child or adolescent (BRASIL, 2016).

The nursing staff of the ICU-ped as in other ICU's is inserted in a context in which we need to deal daily with pain, with suffering and with adverse situations, often unexpected. To be inserted in an ICU-ped requires that the professional, technical and scientific knowledge, emotional control, self-knowledge, knowledge about the child in their various stages of growth and development, also about the pathologies that are most affected and how to deal with the same.

Many are the contexts to which the nursing professional experience in the daily care in the ICU-ped, thus arose the following question: “what has been produced by brazilian researchers about the nursing care focused intensive care to the child? In this perspective, we sought to identify what has been produced in the last ten years about the Care

of Nursing in Intensive Therapy Units Paediatric in Brazil.

## Methods

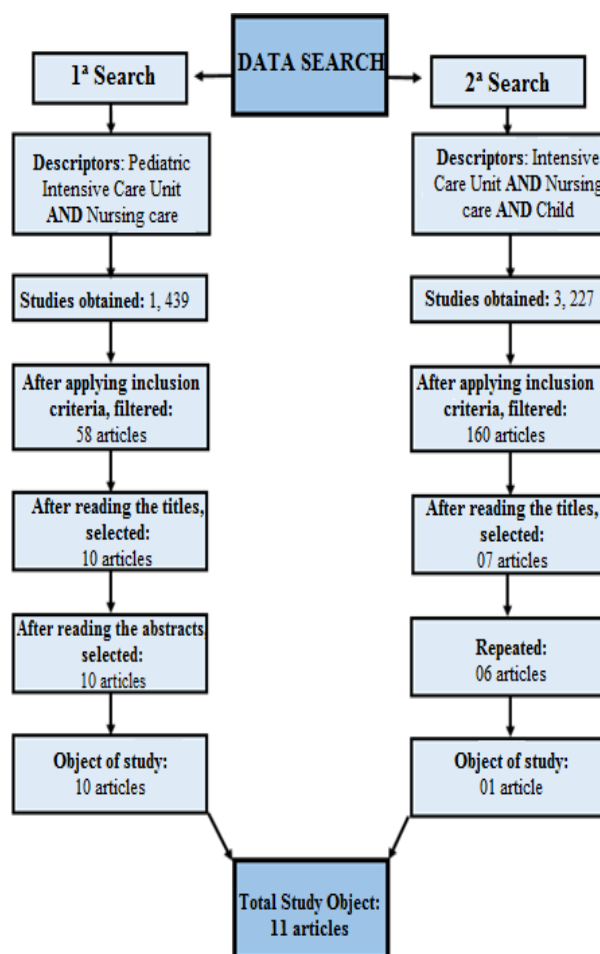
This study chose to use one of the types of literature review, the “revision narrative”. This type of review does not use explicit criteria and systematic to the search and critical analysis of the literature. The search for studies did not need to exhaust the sources of information. Does not apply search strategies sophisticated and comprehensive. The selection of studies and interpretation of the information may be subject to the subjectivity of the authors (MATTOS, 2015).

The pursuit of the studies followed the following steps: the identification of the research problem was defined clearly the purpose of the review); the search of the literature (performed initially, the delimitation of the descriptors, the choice of database and application of inclusion criteria defined for the selection of articles); the evaluation and analysis of the data obtained. For the completion of the search, were used combinations of the following descriptors-DeCs (Descriptors in Health Science) and MeSH (Medical SubjectHeadings): Pediatric Intensive care units; nursing Care; Intensive care Unit; the Child. The descriptors were cross-referenced with the boolean operator AND, in the following manner: Pediatric Intensive care units AND nursing Care; Intensive care Unit AND Nursing Care AND Child.

In the first search with the descriptors Pediatric Intensive care units AND nursing Care, have been identified 1.439 scientific articles, which have been applied to the above criteria by obtaining 58 articles, which began by the reading of the titles, being selected to 10 articles.

In the second search with the descriptors in the Intensive care Unit AND Nursing Care AND Child have been identified 3.227 the scientific articles that have passed through the same criteria mentioned above, getting then 160 studies, which began by the reading of the titles, being selected primarily 7. Of the 7 studies selected in the second search, 6 were to be repeated, being selected only 1 for review.

Finally, 11 articles were selected for reading scan of the abstracts, which were read in full. By experiencing the aspects that answered the guiding question of this review, they were defined as an object of study. The steps of this process are described in the flowchart 1. The selected texts were later subjected to thematic analysis.



**Figure 1.** Flowchart selection of items found in two searches conducted, Rondonópolis, Mato Grosso, Brazil, in 2018.

## Results and discussion

On the searches carried out, Table 1 presents the articles selected according to the inclusion and exclusion criteria, with authors / year of publication / identification, journal, article title, purpose, method, research participants, collection / data analysis and key findings.

Analyzing the content of the publications emerged the ethical aspect back to nursing care in pediatric intensive care units in Brazil.

Faced with the aim of identifying what has been produced in the last ten years in Brazil, about the nursing care in the PICU, this issue presents a discussion regarding issues that emerged from the study object analysis. Reflects on malpractice in the realization of nursing care and also the non-adherence of certain practices due to negligence on the part of nursing professionals.

**Table 1.** Distribution of references included in the literature review, according to authors / year of publication / article identification, journal, article title, purpose, type of study, research participants, collection / data analysis and key findings.

Author / Year / Article ID	Periodic	Article Title	Goal	Kind of study	Research subjects	Collection / Data Analysis	Key findings
Raimondi DC et al., 2017; A1	<i>Revista Cuidarte</i>	Hand hygiene: membership of the nursing staff of pediatric intensive care units.	Investigate the membership of the Intensive Care Unit nursing staff to the Pediatric Hand hygiene.	cross description	Nurses, technicians and assistants in nursing.	Data collection performed by systematic observation technique. Data were analyzed using descriptive statistics.	It was found that the nursing team professionals neglect in most cases the practice of hand hygiene, which may be not directly related to the lack of knowledge, but the non-adherence of knowledge to daily practice, as well as overload tasks, the number of patients under their care and procedures performed.
Guedes, DMB et al., 2017; A2	<i>Revista de Enfermagem (UFPE)</i>	Nursing interventions in a Pediatric Intensive Care Unit.	Analyze the interventions prescribed by nurses to the ten most frequent nursing diagnoses in a Pediatric Intensive Care Unit, compared with the interventions proposed by the Nursing Interventions Classification.	Cross, descriptive, exploratory and quantitative approach.	nurses	data collection performed by form. Data were analyzed and discussed in the literature.	The analysis of the requirements of nurses in a comparison with the literature showed that there are nurses who are not used to diagnose. There is a lack in complementing the prescriptions, handling and use of complementary and laboratory tests to relate to care.
Vocci MC, Toso LAR, Fontes CMB 2017; A3	<i>Revista de Enfermagem (UFPE)</i>	Braden Q Scale Application of the Pediatric Intensive Care Unit	Apply the Braden Q scale to check the risk of pediatric patients develop pressure ulcers (UPP), correlate important variables for its development and to estimate the incidence	cohort	patients	Data collection performed by the patient's clinical record and applying the Braden scale Q. The data were analyzed using descriptive statistics.	It has been found that the risk of developing UPP is greater for those who have lower scores on scale and longer hospital stays. The use of EB-Q can not contribute to reducing the incidence of pressure ulcers, but focuses on the care process, the need for skin assessment of critically ill patients.
Pessalacia JDR, Silva LM, Jesus LF, Silveira RCP, Otoni A 2012; A4	<i>Revista de Enfermagem do Centro Oeste Mineiro (RECOM)</i>	Performance of Nursing Staff in the Pediatric ICU: A Focus on Humanization	Identify the perception of the nursing team in an intensive care unit (ICU) as the knowledge and skills necessary for activities in the sector.	Descriptive and exploratory with a quantitative and qualitative approach	Nurses, technicians and assistants in nursing.	Data collection conducted through semi-structured questionnaire. Data were analyzed quantitatively.	It was found that the respondents consider as most important for the performance of the team in ICU technological devices. He drew attention the fact that professionals cite the nursing process and care cleaning and sterilization as a priority knowledge.

Fontes CMB, Oliveira ASS, Toso LA, 2017; A5	<b>Revista de Enfermagem (UFPE)</b>	Therapeutic Play in Pediatric Intensive Care Unit	Describe the behavior of children with the use of therapeutic play (BT) in a Pediatric Intensive Care Unit (PICU).	Descriptive, exploratory and quantitative approach.	patients	Data collection conducted through semi-structured instrument. The data were analyzed according to the mean, median and standard deviation. We also used descriptive statistics.	Most manipulated and made interventions on the toy, making use of make believe, he interacted with BT and presented verbal and nonverbal behaviors, demonstrating satisfaction, pleasure and affection by the researcher.
Lemos S, Miguel EA, 2008; A6	<b>Ciência, Cuidado e Saúde</b>	Characterization of pain management, performed by the nursing staff at the Pediatric Intensive Care Unit	To characterize pain management, performed by nursing staff in PICUs.	quantitative approach	Nurses and nursing technicians.	Data collection conducted by questionnaire, which analyzed quantitatively, knowledge about pain management.	It was identified that lack knowledge required for proper pain management, the establishment of conduct and guiding routines for effective pain assessment and the lack of knowledge about the assessment methods may lead to inadequate treatment or undertreatment of pain sensation.
Andrade LFS, Viana LO, 2008; A7	<b>Cogitare Enfermagem</b>	Knowledge and Practice Nurse in the Pediatric Intensive Care Unit	Identify how nurses acquire knowledge during the training process in their day to day	Case study	nurses	Data collection conducted through semi-structured interviews and participant observation. Data were analyzed using analysis of the subject.	The results showed that during practice the day-to-day, there is knowledge acquisition and that time is a key factor for acquiring new skills
Guedes DMB, Rossato LM, Oliveira EA, 2015; A8	<b>Revista de Enfermagem da UFSM (REUFSM)</b>	Frequent nursing diagnoses in a Pediatric Intensive Care Unit	Identify the ten most frequent nursing diagnoses in patients admitted to an Intensive Care Unit Pediatric.	Transversal, descriptive and exploratory with a quantitative approach.	patients	Data collection conducted through semi-structured interviews. Data were analyzed by descriptive and by absolute and relative frequency statistics. For the definition of nursing diagnoses, it was used NANDA Taxonomy II.	The ten nursing diagnoses, according to the taxonomy II North American Nursing Diagnosis Association: Risk of infection (86.67%), dysfunctional gastrointestinal motility (60%) Ineffective Airway Clearance (53.3%) Integrity Risk impaired skin (40%), vascular trauma risk (40%), electrolyte imbalance risk (36.67%), impaired spontaneous ventilation (36.67%), acute pain (33.3%), constipation (33, 3%), impaired skin integrity (26.67%).

Rodrigues AC, Calegari T, 2016; A9	<b>Revista Mineira de Enfermagem (REME)</b>	Humanization of Care in Pediatric Intensive Care Unit: Nursing Team Perspective	Analyze the vision of the nursing staff about the humanization of assistance to children and families in the Pediatric Intensive Care Unit (PICU).	Description and transverse with a quantitative approach.	Nurses, technicians and assistants in nursing.	Data collection conducted using a structured questionnaire. Data were analyzed using descriptive statistics, the calculation of the absolute frequency (N) and relative (%).	The main difficulties identified to carry out humanized actions were the reduction in staff, high patient demand and time. Conditions that favor the humanized service in the sector are the good relationship with all the staff, the professional well-being, recognized and valued work, education and professional training.
Valera IMA et al., 2017; A10	<b>Online Brazilian Journal of Nursing (OBJN)</b>	Nursing records in Pediatric Intensive Care Unit: a descriptive study	Check that the nursing records in medical records of patients admitted to the Pediatric Intensive Care Units (ICU-P) match the security needs outlined in the literature.	Descriptive with quantitative approach through documentary research.	Nurses, technicians and assistants in nursing.	data collection performed by a form entitled "Research Form Documentary Nursing Records", and analyzed using descriptive statistics.	It was found, with some exceptions, the nursing records met the safety recommendations and adaptation suggested by the literature. However, some points still need attention from that run, as the date of description and time and complete identification of the individual who made the records. In addition to deletions that should be banned as it may result in damage to the worker, the health institution and especially to the patient.
Marques CDC et al., 2013; A11	<b>Revista Mineira de Enfermagem (REME)</b>	Meanings attributed by nursing staff in the Intensive Care Unit Pediatric the death and dying process	Understand the feelings experienced by nursing before the death of the pediatric patient.	Descriptive and exploratory with a qualitative approach.	Nurses and nursing technicians.	Data collection conducted through semi-structured and analyzed according to the methodological analysis of content.	The results showed that facing death is a delicate situation, requiring cautious approach that considers the needs of all involved: child, family and staff.

In this way the study comprehends neglect, through inaction, inertia, passivity or omission, understanding that neglects one that can or should act in a certain way, by indolence or mental laziness does not act or behave differently. On the other hand there is the clumsiness lack of knowledge or technical training or ability to perform certain assignment (FREITAS and OGUISSO, 2003).

The Code of Ethics of Nursing Professionals in the art. 45, reports that it is the duty of the same provide free nursing care of damages resulting from negligence, incompetence or recklessness (COFEN, 2017). However, it is not always how it happens. The study A1 deals with hand hygiene compliance of the nursing staff pediatric intensive care units (RAIMONDI et al., 2017). Hand hygiene is a simple action, fast and easy to perform. Moreover, it is an individual, primary and indispensable measure for prevention and infection control Related to Health Care (IRAS) (DERHUN et al., 2016).

Although a basic behavior and everyday care, Raimondi et al. (2017) demonstrates, poor adherence to hand hygiene of nursing professionals and, the accession of nurses is higher when compared to other professionals. In another study on the knowledge of nursing professionals regarding hand hygiene, reported that 86.52% of the surveyed did not know the full instructions for hand hygiene (DERHUN et al., 2016). A systematic review of 16 clinical trials conducted between 2009 and 2014, the average adherence to this practice was 34.1%, and 56.9% of the average rate after intervention (BELELA-ANACLETO, PETERLINE, and PEDREIRA, 2017). Although the importance of hand hygiene is widespread, the practice still is not realized in the daily care routine.

The study (A2), talks about the unsatisfactory membership of Systematization of Nursing Assistance (SAE) by nurses to the ten most frequent nursing diagnoses in PICU, compared with the interventions proposed by the Nursing Interventions Classification (GUEDES, SANTOS and OLIVEIRA, 2017) The SAE is configured as a methodology to organize and systematize care, based on the principles of the scientific method (GUEDES, SANTOS and OLIVEIRA, 2017).

According to Guedes, Santos and Oliveira (2017), it enables the application of technical and scientific knowledge in a humane manner and also generates facilitating the recording of information and communication.

This study reveals that, comparing the interventions prescribed by nurses to the literature, lack implementation in prescriptions. Some care is incomplete and could be better enhanced if the SAE were adequately implemented in the health service in question (GUEDES, SANTOS and OLIVEIRA, 2017). The study brings described interventions that, even, have supported in the literature, such as minimal handling for the diagnosis 'electrolyte imbalance'. Addresses also that before the diagnosis 'acute pain', 12 of the 13 nurses interviewed

concerned with 'administer medication as prescribed' and seems to ignore the environmental and behavioral interventions, which causes pain in children and adolescents remain undertreated (GUEDES, SANTOS and OLIVEIRA, 2017).

In another study of 32 nurses from three hospitals in a city in southern Minas Gerais, it identified some challenges encountered in implementing the SAE, such as the deficiency in the nurse's records there is a contradiction between what is said and what is practiced; the lack of a protocol to be followed in the institutions leaving the informal care; prioritization of care (care planning occurs when the patient demand more care than other patients) (Soares et al., 2015). It can be seen with these studies that the application of SAE, today is a reality that demands knowledge from professionals and awareness on the care to be provided to critical children.

The continuity of care in hospitals depends on the appropriate sharing of clinical information among health professionals, so that ineffective communication failures arising in the process of sharing this information, either through nursing records or shift changes can translate into unsafe actions to patients and, in some cases, the caregivers themselves (WELLER, BOYD and CUMIN, 2014). Article 38 of the Code of Ethics of Nursing Professionals, brings as a professional duty to provide written information / and or verbal, complete and reliable, necessary for the continuity of care and patient safety (COFEN, 2017).

In this sense, the study A10 It focuses on nursing records in the PICU. In this study, we identified negligence on the part of nursing professionals in the category, date and time of description and incomplete identification of the individual who held the records, moreover, erasures, making the quality of communication among the caregivers (VALERA et al., 2017).

In a literature review conducted studies available in Portuguese between the years 2006 to 2016, on nursing records, of nine articles selected for the study, all they pointed to inconsistencies in the records describing main problems inconsistencies and inconsistencies in the data, as well as the absence of identification, specific time, erasures and incomplete notes (CAMARGO and PEREIRA, 2017).

Corroborating studies have shown, how much malpractice and negligence is inferred have permeated the assistance of the nursing category very compromising the quality of such assistance.

The situations of pain and stress in childhood repercussions of physical and mental shape for life. It is believed that these experiences change the developmental biology and causes prolonged consequences, ranging from sleep disorders and eating habits to attention deficit and learning (KRAYCHETE and VANDERLEY, 2003)

Kraychete and Vanderley (2008), state that still pain in children is treated inadequately, despite



the availability of analgesics and numerous other resources. According to them, complaining of pain is one of the most common reasons for medical care in emergency services, with prevalence around 52.2 to 61.2% in some studies.

The A6 study objective was to identify the knowledge of pain management in nursing teams in PICUs. This study found that teams were not able to perform pain management. When it comes to knowledge, therefore, wonders whether the route to get to it. This same study showed that 77.4% of the respondents have never participated in any training to assess pain in children (LEMOS and MIGUEL, 2008).

In integrative review conducted in order to evaluate the management of acute pain by nursing staff, identified as imminent need to implement tools that systematize the assessment of pain, considering that the same appears as the fifth vital sign. It also identified the deficit in knowledge of the healthcare team, especially nurses, front analgesic drugs, making treatment, most often ineffective. Given that the pain complaint of the patient, it is undervalued, almost always. Finally, it is believed that the lack of methods for the evaluation of pain, may lead to inadequate treatment or undertreatment of pain sensation (PINE et al., 2014).

In the setting of hospitals, death is a frequent event in the ICU and living with the terminal situations is part of the daily lives of nursing professionals who work in PICUs (Rocha et al., 2017). The A11 study, to try to understand the feelings experienced by the nursing front of the death of the pediatric patient, also identified difficulties of nursing professionals in dealing before the death and dying process in PICU. Clashes as not to deal with the child's family in case of death of the same, with the emotional impact that the death cause in their lives, damaging thus the assistance of a trader (Marques et al, 2013).

According to Rocha et al. (2017), the process of death and dying is very little explored in initial and continuing education of these professionals, says study similar to the previous, except that in the NICU. This study also showed that despite the death is part of the natural cycle of life, nursing professionals, mostly, are failing to deal with the finiteness of life in the NICU. A challenge for the experienced or inexperienced nurse who purports to care for others is to understand that the family expected to have competence in the performance of their role (GOFFMAN, 2007). Therefore, it is expected that nurses acquire knowledge, skills and attitudes to their personal allies and ethical values and present a professional act appropriate to the situation of care to the patient's family in the process of death and dying (FERNANDES and KOMESSU, 2013).

The study A7, it is the acquisition of knowledge during the training process, ie the practice. This study sought to analyze the nurses acquire knowledge through practice in the care of

critical children. He showed that on a daily basis, there is acquisition of knowledge and that time is a key factor to obtain new skills. Nurses learn in practice with the sequence: observe, listen, search theory and conducts its practice (ANDRADE and VIANA, 2008). Observation is an activity that was already concern Nightingale in 1859 when the first edition in London Notes on Nursing she states that the most important practical lesson that can be given paras nurses is to teach them to observe (NIGHTINGALE and SKRETKWICZ, 2010).

Knowledge does not end at graduation, in this context, the code of ethics provides in Article 55 that it is the duty of nursing professionals improve the technical and scientific knowledge, ethical, political, socio-educational and cultural, for the benefit of the individual, family and community and the development of the profession (COFEN, 2017).

### Final considerations

Nursing care is fundamental to human health. The care these professionals play in their daily lives depend on a lot of attention, especially when it is said in the Intensive Care Unit Pediatric. Before the studies presented in this review were identified as the care exercised in nursing teams they have been neglected and how the malpractice is present this assistance.

It can be seen in the studies that malpractice exists and that is commendable question whether disability is not at the graduation, teaching methods made available by the institutions, in the absence of update (continuing education) in health institutions where professionals perform their assistance .

Improper design professionals can also favor the workload in teams, being a responsible and undeniable factor in the face of neglect by both nurses, as by the technicians and nursing assistants.

In summary, it is important to note that this review because it was only from studies in Brazil, could not cover more on intensive care in the PICU. Thus failing to identify what has been produced in international scientific literature.

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