



NURSING HISTORY FOR HOSPITALIZED ONCOHEMATOLOGIC CUSTOMERS: AN INTEGRATIVE REVIEW OF THE LITERATURE

HISTÓRICO DE ENFERMAGEM PARA CLIENTES ONCOHEMATOLÓGICO HOSPITALIZADOS: REVISÃO INTEGRATIVA DE LITERATURA

HISTORIA DE LA ENFERMERÍA PARA CLIENTES ONCOHEMATOLÓGICOS HOSPITALIZADOS: UNA REVISIÓN INTEGRAL DE LA LITERATURA

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RESUMO

Objetivo: caracterizar a produção científica acerca do histórico de enfermagem para clientes oncohematológico hospitalizados. **Método:** estudo descritivo, tipo revisão integrativa da literatura. Foi realizado levantamento de periódicos nacionais indexados nas bases de dados da Biblioteca Virtual em Saúde (BVS) e na Scientific Electronic Library OnLine (SciELO) utilizando a seguinte questão de pesquisa: Como é abordado na literatura científica o histórico de enfermagem aos clientes oncohematológicos? Aos artigos pesquisados foi aplicada análise temática. **Resultados:** os artigos foram categorizados segundo os autores, local de estudo, local, ano de publicação e tipo de estudo. Além disso, foram categorizados quanto ao tema: Importância dos Registros de Enfermagem; Composição do Histórico de Enfermagem; Equipe e Cliente em Oncologia. **Conclusão:** cinco abordaram histórico de enfermagem e diagnóstico de enfermagem, independentemente e associados, evidenciando a importância da etapa inicial, registro do levantamento de dados, do Processo de Enfermagem para o desenvolvimento de suas demais etapas, diagnóstico, prescrição, evolução, prognóstico. **Descritores:** Enfermagem Oncológica; Anamnese; Hematologia.

ABSTRACT

Objective: to characterize the scientific production about the history of nursing for hospitalized oncohematologic clients. **Method:** descriptive, integrative literature review. Survey was conducted in national journals indexed in databases of the Virtual Health Library (VHL) and Scientific Electronic Library Online (SciELO) using the following research question: How is addressed in the historical literature of oncohematologic nursing customers? Articles researched thematic analysis was applied. **Results:** articles were categorized according to the authors, study location, location, year of publication and type of study. Moreover, were categorized on the subject: Importance of Nursing Records; Composition History of Nursing; Team and Customer Oncology. **Conclusion:** five historic addressed nursing and nursing diagnosis, and independently associated, highlighting the importance of the initial stage, record survey data, the nursing process to develop its other stages, diagnosis, prescription, evolution, prognosis. **Descriptors:** Oncology Nursing; Anamnesis; Hematology

RESUMEN

Objetivo: caracterizar la producción científica sobre la historia de la enfermería para los clientes oncohematológico hospitalizados. **Método:** Revisión descriptiva, integradora de la literatura. Encuesta se llevó a cabo en revistas nacionales indexadas en bases de datos de la Biblioteca Virtual en Salud (BVS) y Scientific Electronic Library Online (SciELO) utilizando la siguiente pregunta de investigación: ¿Cómo se aborda en la literatura histórica de la enfermería clientes oncohematológicos? Artículos investigado análisis temático se aplicó. **Resultados:** los artículos se clasificaron de acuerdo con los autores del estudio, la ubicación, ubicación, año de publicación y tipo de estudio. Por otra parte, se clasificaron en el tema: Importancia de los Registros de Enfermería, Historia Composición de Enfermería; Equipo de Oncología y Atención al Cliente. **Conclusión:** cinco histórica en enfermería dirigida y el diagnóstico de enfermería, y se asocia de forma independiente, poniendo de relieve la importancia de la etapa inicial, los datos de registro de la encuesta, el proceso de enfermería para el desarrollo de sus otras etapas, el diagnóstico, la prescripción, la evolución, el pronóstico. **Descritores:** Enfermería Oncológica; Anamnesis, Hematología.

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INTRODUCTION

The number of cancer cases has increased considerably worldwide and is therefore a major public health problem primarily from the 20th century¹. As the oncohematologic disease one of this type of cancer, associated with the event that hospitalization makes to customers susceptible to a number of complications that can aggravate the clinical picture, interfering in their treatment and recovery. There are involved, in this context, hematological changes, such as fatigue, malaise, weakness, pallor, bleeding and infection. Furthermore, to make this client to live with the impact of both losses of biological, psychological and sociocultural states.²

Whereas the history of nursing is one of the basic tools of nursing, understood as a systematic roadmap that raise human data that make it possible to identify their problems,³ therefore, aims at obtaining information about the person, family or human community and on their responses at any given moment of the health and disease.⁴ Thus, the history of nursing is one of the activities of nurses with legal dimensions as required by the Professional Practice Law No. 7498/86.⁵

Thus, the history of nursing is critical to the knowledge of the peculiarities inherent in oncohematologic client as well as to guide the implementation and evaluation of nursing care specific to this clientele.

In contrast, the absence of a history of nursing difficult to know the changes that the client might present during the hospital stay because of the peculiarities of these need to be properly identified and recorded in order to plan the nursing care to be provided.

Knowing the profile of these customers and their peculiarities can immediately identify and intervene in problems that each day of hospitalization customers are subject. Thus, we minimize the suffering, discomfort and insecurity that may arise with hospitalization and intervene in the process of recovery and

wellbeing of these clients. The construction of an instrument admission, as the history of nursing, and allows these customers to know its quirks and may stimulate new studies that help to broaden and deepen the knowledge of health professionals who work with these clients.

Thus, this study aims to:

- To characterize the scientific production about the history of nursing for hospitalized oncohematologic clients.

METHOD

Study descriptive, integrative literature review, which were considered to some important points for the development of the study: choice and delimitation of the subject as well as the definition of terms that approximate the interest of the researcher. The integrative review is to construct a comprehensive analysis of the literature, contributing to discussions on methods and research results, as well as reflections on the conduct of future studies.⁶

In order to reach that goal, we sought to include in the survey that addressed issues and answer the following question: How is addressed in the historical literature of nursing oncohematologic customers?

Inclusion criteria were: articles that discuss the historical and / or registration nursing the hospitalized client and customer oncohematologic disease and / or oncology; published in national journals in English, available in full and without temporal boundaries.

Survey was conducted in national journals indexed in databases of the Virtual Health Library (VHL) and Scientific Electronic Library Online (SCIELO), for which we use the following descriptors: "anamnesis and nursing", "patient admission and nursing" and "Oncology and nursing." For the selection process, initially they were reading the titles and abstracts of articles and when they were not enough, proceeded to read the full article.

Articles researched thematic analysis was applied which developed in the following steps: Pre-analysis, material exploration and using the results obtained and the work of inference and interpretation.

Descriptors	Anamnese and nursing (n)	Admission of the Patient and Nursing (n)	Oncology and Nursing (n)	Pre-reviewed (Reading of the titles and resumes) (n)	Selected articles (n)
BVS	21	30	35	18	7
SCIELO	9	0	25		

Figure 1. Research of the articles in VHL and SCIELO according to the descriptors.

n°	Author	Title	Reference	Year	Database
01	Santos N, Veiga P, Andrade R	Importance of anamnesis and of the physical exam for care of the nurse.	Rev bras enferm. 64(2): 355-358, Apr.	2011	SciELO
02	Brito NTG, Carvalho R	Humanization according to cancer patients with long stay in the hospital.	Einstein (São Paulo). 8(2)Apr-June.	2010	Lilacs
03	Calil AM, Prado C	Teaching in oncology of the nursing education.	Rev bras enferm. 63(4): 671-674, Aug.	2010	SciELO
04	Tannure MC, Chianca TCM, Bedran T, Werli A, Andrade CR.	Validation of instruments for data collection in nursing Intensive Care Unit for adults.	REME rev min enferm. 12(3): 370-380, July-sept.	2008	Lilacs
05	Vaz AF, Macedo DD, Montagnoli ÉTL, Lopes MHB, Grion RC.	Implementation of the nursing process in a radiotherapy unit: development of an instrument to record.	Rev. Latino-Am Enfermagem. 10(3): 288-297, June.	2002	SciELO
06	Meirelles NF, Alves DY, Andrade N.	Restructuring of the SAEP to the oncological customer according to the taxonomy of Nanda and theory of King.	Esc. Anna Nery Rev. Enferm;6(3): 465-473, Dec.	2002	Lilacs
07	Lopes RAM, Macedo DD, Lopes MHB.	More frequent nursing diagnoses in a hospital oncology unit.	Rev Latino-Am Enfermagem. 5(4): 35-41, Oct.	1997	SciELO

Figure 2. Selected articles (according to the criteria for inclusion and exclusion).

RESULTS

• Characterization of the articles

Among the authors stands out most production-related research themes by nurses from the oncology service, but with only one specialty oncology.

Importantly, the thematic history of nursing, is searched by nurses of varying levels of education, currently doing research which use these data for the Systematization of nursing assistance in several areas.

The proposition Imogenes King, the application of theory in the form of nursing record facing the goal, proposed to apply it to nursing practice, developing Systematization of Nursing Perioperative directed at achieving goals, so simple, widely generalizable and not just for a specific situation.

Another aspect discussed was regarding local studies that were conducted in the research. We observe a larger number of studies conducted in the State of São Paulo. This is due to their greater implementation of Systematization of Nursing (SAE). And Rio de Janeiro, in particular the National Cancer Institute, was the place where the studies are being conducted SAE.

The evaluation concerning the places of publication, it was noted that the study in Belo Horizonte was published by the journal in Minas Gerais. Of the four studies conducted in Rio de Janeiro (RJ), three were also published in RJ, two of these studies dissertations. However, a study published in RJ was in the state of São Paulo (SP) and other four studies were published in São Paulo. There were two studies, conducted in SP and one in Bahia which were published in Brasília.

Therefore, there were more publications in the journals of the State of São Paulo. Such magazines were: Latin American Journal of Nursing and the Journal of the Israel Institute of Education and Research Albert Einstein. Then comes the state of Brasília with two publications in the Brazilian Journal of Nursing. The State of Rio de Janeiro with a publication in the Anna Nery School of Nursing Magazine. The State of Minas Gerais with only one publication in the Journal of Mining Nursing.

Since this is a research in nursing by finding one of descriptors in databases have been "nursing" that justifies all selected publications were made by nurses, not having therefore publications with multidisciplinary team.

It is worth mentioning also the analysis of the year of publication of the articles found since despite the oncohematologic area being studied by many researches, the systematization of nursing care is a recent theme in science. In the 1997 publication shows that NCS was used in nursing, but not in oncology. And now the systematization has been approached in different fields in oncology, is perioperative and in palliative care.

In recent decades, there has been increased by Brazilian nursing publications, as there is a need for the profession face the complexity of health care of the population in the XXI century and monitor technical and scientific advances in the area of health, for the sake of quality of care and the construction of their scientific knowledge.⁹

Important data related to the method that has been used in nursing research. Note that

the characteristic of the methodology and data collection was homogeneous, with reference to two types: Literature Review, Survey and Experimental and a reference to: Documentary.

The Literature Review is essential to base any kind of study, since it is the initial step to all types of research. It is through a suitably carried out research it becomes possible to investigate all data from one point and therefore provides the theoretical basis for the problem.¹⁰

The field is also very rich data, especially for publishing and actions performed by the exchange of experiences with other nurses, customer and even other professionals of the multidisciplinary team. The field consists of observing the facts or phenomena spontaneously, usually at the place where such phenomena occur.¹¹

Moreover, it can be noted that only one study had a quantitative approach, which meant the study of the most frequent nursing diagnoses in an oncology inpatient unit, which sought to raise nursing diagnoses based on the history of nursing and medical procedure. Thus, highlighting the importance and necessity of the increasing utilization of the nursing process to nursing care practice.

To assist the client properly, it is necessary that the nurse knows the problems he is experiencing and the lack of clarity in its identification involves loss of time and energy, or even money.¹¹

It is worth mentioning that some articles had no clarity in the classification of the type of methodology used, demonstrated the need to conduct research with a rigorous methodology to ensure the quality and reliability of results.

• Categorization of subjects

This analysis is presented regarding the categorization of the common themes found in the research demonstrating how the subject has been discussed in the scientific literature.

Table 3 lists the common themes found in their respective references in categories. Note that these categories are totally interlinked since nursing care is not in itself a single action but a set of actions that includes both health care practices as planning for their assistance. Thus some references are repeated in certain categories.

Themes	Articles used	Total
Importance of Nursing Records	01, 05, 07,	03
Composition of Nursing History	04, 05, 07,	03
Team and Client in Oncology	02, 03, 06	03

Figure 3. Categorization of articles relating to common themes found

• Importance of Nursing Records

In reference to N. 01 portrays the importance of clinical history and physical examination for nursing care, being used as a method for this research literature. In a review of nursing had its beginnings its formation facing the biomedical model, not theoretical foundations that had the profession and therefore it developed its activities in a technicist way. However, the Nursing Process, a methodological tool, was introduced in 1970, in Sao Paulo, from the contributions of Wanda Horta with the Theory of Basic Human Needs Maslow (1970) and Mohammed (1964). The history of nursing, the first step of the nursing process, which includes the history and physical examination were not yet well established and implemented by the nursing staff, were already considered acting medical procedures.

It is noticed that the nurse watch and rate the customer a holistic, inclusive biopsychosocial and spiritual aspects. You must redeem the principles of basic human

needs cited by Maslow, Muhammad and Horta. So, to all steps of the nursing process are performed is essential that these initial steps, history and physical exam, are properly addressed and thus enable a more scientific nursing performance and better outcomes.

However, due to the benefits provided by Care System Nursing (ASN) is still difficult to apply this method as a tool for work and are directly related to poor working conditions, the quantitative insufficient staff, the academic training of nurses that is not geared towards the appreciation of the applicability of SAE, learning technicalities at the expense of a more scientific and logical prioritization of remedial treatment.

It is worth mentioning, that is by physical examination and medical history that you can better understand customers and plan to assist not only curative but also preventive. The clinical history, to recall the events relating to health conditions, will be more reliable the more it is reported by the patient. Have a physical examination to validate the findings from the history, identify

problems, define nursing diagnoses plan and implement nursing actions and monitor the patient. It must be done in a cephalocaudal order, with thorough review of all body regions and segments and are used basic tools such as sphygmomanometer, stethoscope, thermometer, tuning fork, reflex hammer, flashlights, otoscopes, sterile procedure gloves and nonsterile, among others. Besides using the organs of sense: sight, hearing, touch and smell. And as propaedeutic techniques: inspection, palpation, percussion and auscultation.

Can be seen in reference nº 05 that nursing records in all phases of the nursing process are critical and there is a need to develop tools that facilitate both the record as data recovery, so that nursing care be increasingly autonomous, specific, skilled and quality.

The reference nº 07 reports on the Systematization of Nursing, in particular, the stage of nursing diagnoses, which means that nurses routinely conduct an interview with the patient who will undergo surgery and these data are contained history, physical examination and type of surgery. It was based on an analysis of medical records, containing historical data, such as history and physical examination, and medical procedure, that the defining characteristics and risk factors collected retrospectively.

The low frequency in the identification of certain diagnoses, especially related to sexuality, the article points to the probable underestimation, since historical data nursing were incomplete for lack of depth the issues relating to sexuality. Moreover, the history was played only at the time of admission, not being collected also in the postoperative period, which could be identified other nursing diagnoses.

Clearly the importance of records of data regarding customer mobility after surgery, as are essential to the development of diagnostics impaired physical mobility. And in this article the author relates the low frequency of this diagnosis not making history postoperatively.

It can be observed that the standard of nursing diagnoses were identified change and move with greater frequency because, as the article portrays, training grounded in the biomedical model, but the best guidance in collecting data for these types of patterns of human responses. It was also detected, the difficulty in interpreting the findings involving psycho and spiritual aspects, both by the lack of clarity as by insufficient data.

Therefore, some limitations were detected that could not be better validated or supplemented, such as the study is based on data from medical records retrospectively analyzed; history have been done only at the time of admission, so that nursing care was not adequately planned, since data collection is an ongoing process and customer responses change with the experiences during the hospitalization, and the other limitation is related to the lack of data regarding oncology clientele, which need more attention and nursing care.

• Composition of the History of Nursing

The reference article nº 04 reports the development and validation of an instrument to collect data for patients admitted to the Intensive Care Unit (ICU), based on the theory of Basic Human Needs (NHBS), Wanda de Aguiar Horta.¹⁴

As the article reference nº 04 elected NHBS theory, this study also applies this theory as a proposal to develop a history of nursing oncohematologic customer is already a theory that can be applied to both the ICU and the oncology unit in addition to understanding the human being and his family as subjects of their care. Also considered in assisting the physiological needs, and psychospiritual and psychosocial.

Like the patients in the ICU, patients also have oncohematologic its complexity, both for its immunocompromised state, either because their basic human needs are affected. Therefore, the data collection instrument for such services shall include the NHBS and items that composed so that it is relevant and appropriate to the client to be careful.

To construct the instrument to collect data from the article under reference nº 04 were backed up data used in nursing theory of NHBS, Wanda de Aguiar Horta. In part that corresponds to the instrument's history, were included data related at:

- Date and time of admission;
- Identification: name, registration, date of birth, age, sex, education, race, profession, place of birth, nationality, bed, clinical diagnosis, origin and informant;
- Perceptions and expectations related to the disease: reasons for hospitalization, history, changed data from additional tests before admission, the patient and family knowledge about the disease and treatment, and control of health / lifestyle;
- Psychospiritual needs: Do some religious-spiritual practice?, Calls monitoring some religious / spiritual?

- Psychosocial Needs: security / emotional state prior guidance prior in time and space / communication / attention, social interaction (gregarious / share / love), recreation / leisure / creativity, learning, self-esteem, self-image, self-realization, freedom and acceptance.

- Needs psychobiological: are subjective data concerning perception of sensory organs, body care, habit of sleep and rest, nutrition and hydration, body mechanics / motility / locomotion, exercise and physical activity, physical / mucocutaneous, urinary eliminations and intestinal therapy, sexuality, environment and shelter requests of the patient / family.

- Print the nurse about the patient / family / other relevant

These data are essential to be identified and recorded once from the same nurses can assess and monitor the evolution of the customer and thus oncohematologic intervene so early, appropriate and specific to each need presented.

Regarding the evolution of nursing, it is worth mentioning the inclusion of data on the physical exam and physiological needs, and psychosocial psychospiritual. As the article reports the development of a data collection instrument to ICU patients, data items in outcome were neurological, such as regulating neurological (Glasgow Coma Scale and Ramsay scale); beyond safety information emotional, sleep and rest, thermoregulation, coloration and hydration of the skin and mucous membranes, body care, examinations in the head, eyes, ears, throat and neck, food, chest, oxygenation, vascular regulation, regulation abdominal, genitalia, urinary elimination, intestinal elimination, upper and lower limb / mucocutaneous, infusion solutions, medications taken, data related to CBG, assistive devices, events and actions while on duty for the next shift.

It is felt that this information may also be part of the evolution of the oncohematologic customer, since these are immunologically affected and thus present risk for bleeding and infection, so it is critical to neurological assessment and monitoring in order to be identified early any signs disorientation and / or cerebrovascular accident (CVA) bleeding. The infection can also cause febrile and possible outbreaks in ears and throat. The skin and deletions should be investigated for possible hemorrhagic. The evaluation and monitoring tissue perfusion as the limbs and extremities is important, since the anemia is commonly present in these customers. One

should also consider that during the same hospitalization is used intravenous devices required the administration of medications and infusions therapeutic purposes. Finally, patients are complex and unstable, therefore, the need increased attention on the part of the multidisciplinary team and in particular the nurses, so that the complications are resolved soon and preventive actions planned.

In reference to paragraph 5 of the article discusses on building chips that allow succinctly and complete the most relevant data for nursing care, since the records held by the nurses of section radiotherapy dispend long time and they had several interventions specific were performed by the nurse.¹³

In these forms should contain some information, such as: history, general guidelines regarding the treatment, leading collaborative problems and nursing diagnoses, interventions, outcomes and developments. Advocated that records should be concise and, at the same time complete, using wherever possible, only checking ("checklist"), with some open spaces for additional information.

So, we tried to optimize the time by using the method of "assessment", avoiding research data not relevant to the purpose of nursing care.

With respect to identification data and medical history of the nursing care plan of the Section of Radiotherapy, was raised as relevant data: name, registration number, Hospital das Clinicas, age, and Chemotherapy cycle, smoking, Hypertension, Diabetes Mellitus; heart, allergies, other illnesses, medication use; Contraceptive Method / what?; sexually active; complementary information and referrals.

When questioned as to pathologies stunted and current medications aims to know the history of morbidity and adherence to treatment. Now with regard to the use of contraception and sexual activity in women of reproductive age, may become pregnant in the course of radiotherapy, and therefore should be addressed to family planning services if not using any contraceptive method. As additional data are used to record information, problems and complaints by the client during the interview.

As the customer is an oncologic be complex and require a multidisciplinary team to serve you, all referrals (family planning, psychology, physiotherapy, nutrition, among others) are noted for future reference and the client is asked about the same attendance service, improvement or worsening of complaints and resolving problems.

It was also discussed in this reference No 05 must contain the information that the general guidelines regarding the procedure of radiotherapy. Another clinical situation that the nurse intervenes collaborative problems are well known for collaborating with other disciplines.¹⁰ These problems are understood as physiological complications that nurses monitor to detect the subsequent establishment or modification in your state. Were considered frequent collaborative problems in radiation therapy and therefore should be monitored: myelosuppression, anemia and vaginal bleeding (this gift in women with cervical cancer in advanced stage). Registration for both situations, guidelines and associated problems, were performed by checking, i.e. the adoption of the system of "check-list".

Regarding the most frequent nursing diagnoses in radiotherapy, were defined according to the literature and clinical experience, i.e., diagnoses are made based on signs and symptoms experienced only by the client undergoing radiation oncology and subsequently are checked according to its manifestation.

From the evolution of nursing are noted relevant data identified during consultations nursing, i.e., improvement, maintenance or worsening of the previous frame, adherence to prescribed recommendations and the emergence of new problems. And so through evolution to evaluate the care provided, as well as change the care plan, aiming at the achievement of expected results.

Staff and Client in Oncology

The reference n ° 02 reports on aspects that contribute and detract from hospital care on customer feedback oncology. We used interviews with ten patients on the concept, factors that contribute to and impede the implementation of humanization.¹⁵

The cancer patient carries with him, beyond the disease, its stigma, the prognosis uncertain, fear of death, depression, anxiety, but in return the will to live. Customers are commonly require long hospital stay and therefore the psychological fragility that meet client and family, it is necessary to humanize and continuous help in the daily life of these subjects.

It is important the interaction between the patient and the nursing staff in order to establish emotional bonds between them, so that through active listening is the quality care provided. The caregiver who understands and values the ideas of the patient, enables the acquisition of confidence and better

treatment adherence.

The article reported that health professionals should focus their assistance on the sentimental aspects, the supply of the patient's wishes and understanding are part of subjective data that must be addressed in order to ensure historical humanized care. Furthermore, humanized behavior implies oncology patients also consider the human being as an individual in society, endowed with knowledge, spirituality and culture, and make him feel part of the process, through the engagement of technical, and sentimental personal characteristics.

The reference n ° 03 depicts the profile of nursing education in Brazil, i.e., generalist, humanist, critical and reflective, which follows a scientific and intellectual rigor, based on ethical principles. However, there are some questions that lead to ponder whether these nurses are formed according to the guidelines proposed by the curriculum? The newly formed nurse is able to be absorbed into the labor market? They are able to recognize and intervene in situations of health and illness prevalent in the epidemiological profile nationally?¹⁵

It was because of Undergraduate Nursing courses in Brazil do not have in their curriculum discipline of oncology, the increase in demand for cancer patients in the hospital and the need for professional training focused on practice and the morbidity profile of the population, who became interested in thinking about education in oncology nursing education.

Currently neoplasms are second as a cause of mortality among the population. Thus, the rapidly growing number of patients who are suffering from some disease and cancer, so the search for health services to meet their growing needs cutting. It is, however, necessary that the education institutions to rethink their strategies and priorities about the formation of these new professionals, primarily the training of nurses.

Among the pillars covering customer support are included cancer prevention, surgery, preoperative and postoperative chemotherapy, radiotherapy and care intensives.

As the article reference n ° 02, n ° 03 also reports that it is crucial that health staff give importance and value the emotional aspects of cancer clients, such as depression, anxiety, fear related to death, apathy, among others.¹⁵ It is these as priority care to these clients, so that the negative effects of a low-situational esteem, fear and anxiety cannot

dissociate itself from the overall picture of the patient and family.

Therefore, it is vital to have adequate preparation of future nurses during their training to become professionals able to recognize and intervene in situations of health and illness of our clientele.

The reference nº 06 focuses on the development of a Care System for Perioperative Nursing, second the proposition Imogenes King, the application of theory in the form of nursing record toward the achievement of goal, emphasizing the practical applicability customers specifically oncological.⁸

Every surgical procedure has been preceded by some emotional reaction, evidenced or not. Sometimes customers to be admitted to the surgery center are unsure as to the surgical procedure or even anesthetic, either because there is no explanation or even uninformed of the act to be performed. And as regards the customer cancer, the situation becomes delicate considering that in surgery it may be concerned by the possibility of extent of disease, and metastasis because there loss of a body part and have to face reactions such as modification of image and negative reactions from family. Moreover, the lack of knowledge on the part of the customer to the procedure in which it will be subjected may result in suspension of surgery, since it is emotionally unprepared.

Therefore, it is essential that the interaction between nurse and client make it necessary for the client to have prior knowledge of what will happen during surgery or once all doubts are resolved in the preoperative period, thus contribute to the anticipation and solving any problems, customer acceptance and contribution to the surgical procedure. However, the care system should extend also the other steps, trans and postoperative thus contemplating the customer's needs at all times perioperatively.

Records of data collection in preoperative make all the difference during surgery, once identified and known situations of health and illness of the client, the prescribed interventions can be evaluated and adjust them if appropriate.

Independent preoperative physical and emotional closeness of anesthetic and surgical procedures in the operating room may intensify the emotional stress of the client. Therefore, the nurse must at all times, in-room anesthesia and surgery, promote continuity of interaction that occurred in the preoperative period.

And in the postoperative period is common that the client introduce yourself drowsy, pain, hypothermia, bradycardia, excess secretion and fear. It is essential that the nurse's Post Anesthesia Recovery Unit record vital signs, data observed and reported by the patient, so that they can follow the framework of recovery from anesthesia and thus safely be referred to the inpatient unit.

Moreover, the interaction and communication between nurse and client is essential to establish trust between them and consequently to the success of the surgical procedure. Thus, it may also be noted that with respect to customers oncohematologic this interaction, communication, relationship building and safety at work, are essential for the achievement of various therapeutic procedures they undergo during the period of hospitalization.

Therefore, it is observed that nursing plays a predominant role in controlling the consequences and side effects of treatment at the level of physical performance, psychological and social aspects of patients.

So when this nurse identifies and records the health problems and needs presented in the admission of the client, the professional will know in advance their particularities and thus identify a clinical and / or complications earlier than if the customer oncohematologic are essential to avoid worsening of clinical status, reduce hospital stays and even early death.¹⁷

CONCLUSION

Despite the thematic Nursing Process (PE) is being increasingly used as a working methodology for nursing, perform the search in the database on one of the stages of the same, history of nursing, was not a simple task. Despite the variety of descriptors used, I realized that very few works address the historical stage of nursing.

It was also thought to broaden the search to the English language, due to low frequency of articles found, however, by reading the abstracts of the articles surveyed in this language, I found no studies that addressed the history of nursing. Therefore, the search was limited to English only.

Nevertheless, we selected seven articles that contributed to the historical development of nursing customer oncohematologic hospitalized, based on the Theory of Basic Human Needs Wanda de Augier Horde.

Of the studies selected for the composition

of the research, five addressed historical nursing and nursing diagnosis, and independently associated, highlighting the importance of the initial stage, the survey record data, the PE for the other stages of their development, diagnosis, prescription, evolution, prognosis.

In one of the articles that made the nursing diagnosis in their study addressed that in many cases lacked deepening of important information, because the historical data only admission by the customer and is not structured according to the patterns of human response, difficult the identification of factors related to the composition of the necessary nursing diagnoses.

Another mentioned that even though the EP be a contributing factor to the scientific development of the profession, many nurses have not considered the diagnostic phase an important stage of the process. Therefore, by not considering the nursing diagnosis as structure your working tool, and therefore not consider the records of the fundamental needs of the clientele for their assistance.

The record of human needs of the client under our care is essential for nurses to initially know their quirks, their possibilities and limitations so that it can develop a policy prescription of nursing, quality and resolute.

Thus, the history of nursing directly was prepared for the needs that customers have oncohematologic and that the nurse cannot but observe, since the manifestations of these problems are sometimes subtle, but significant worsening of the clinical evolution. Furthermore, it is essential that the nurse is knowledgeable of these peculiarities, for the simple manifestations, such as petechiae a hemorrhagic manifestation, an unexplained tiredness and a fever, do not go unnoticed and that interventions are readily established and implemented in order to prevent devastating complications.

We can consider that despite the few historical works selected nursing is an important tool for the development of nursing intervention for primary and continuity of all phases of PE. From a history of nursing and prepared in a specific way that fulfills the basic human needs of the customer will contribute to the scientific and technical development of the profession and thus for the Systematization of Nursing.

However, it is clear that there is need for further studies be conducted with respect to this issue, especially regarding the client oncology, since it is an area where the patients themselves are stigmatized by the

content of the disease. So we nurses, health professionals, we need to use our nursing theories to build instruments that guarantee customers a quality life psychological, psychosocial and psychospiritual.

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