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Notification of brain death in an intensive care unit: a descriptive study

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ABSTRACT

This study will address the issue of brain death (BD) in an Intensive Care Unit and is linked to the Master's program in Professional Nursing Care of Fluminense Federal University. **Objectives:** To identify the knowledge of nurses in an intensive care unit regarding the notification process of brain death; to describe the facilities and difficulties encountered by nurses in the process of notification of BD and; to discuss the process of notification of BD and its implications for the donation and capturing of organs. **Method:** This is a descriptive study, in which we shall use a qualitative approach. The study setting is the intensive care unit of a public hospital, a large scale notifier, located in Niterói. The subjects are nurses employed within the sector.

Keywords: Brain Death; Organ Transplantation; Notification

PROBLEM SITUATION AND ITS SIGNIFICANCE

Nursing care in the intensive care unit (ICU) requires, from the nurse as part of a multidisciplinary team, specific scientific knowledge with regard to critical patient care. As a result of technological development, the transplantation of organs and tissues has become a therapeutic procedure for patients with disorders for which no conventional therapies are effective, thus raising new possibilities for the treatment for patients with intractable diseases which are of significant relevance in Brazil⁽¹⁾. In this context, the notification of brain death is a crucial action for achieving success in increasing potential donors. This requires, on the part of nurses, pathophysiological knowledge of this process and its peculiarities in order to assist potential donors. After the confirmation of the diagnosis of brain death, the notification of such brain death to the Center of Notification, Organ Procurement and Distribution of Rio de Janeiro (RJ-CNCDO), is the multidisciplinary team's responsibility, since speed in the process of the notification of brain death is of fundamental importance.

The nurse, given his/her scientific knowledge, has the ability to evaluate patients with clinical signs of BD. However, studies on how nurses cope in terms of patient care and dealing with family point out that throughout the whole process of dying in hospitals, a new model of care is recommended which recognizes the partnership between nurses, doctors and family in care situations at the end of life⁽²⁾.

During a seven year period taking care of na ICU of a major hospital, whose environment is characterized by neurological disease processes and/or post-operative neurosurgical disorders, it is observed that the recovery of these patients is marked by prolonged hospitalization, and sometimes progresses to clinical brain death, culminating in death. This hospital is referenced for kidney transplants. However, the institution lacks specific routines for notification situations. Another event that links with the lack of notification is the delay in the assessment of clinical signs and subsequent diagnosis, as well as the absence of an Intra-Hospital Organ and Tissue Donation Commission for Transplantation (IHOTDCT), which facilitates the whole exchange process in an UTI, Center of Notification

and Capture of Organs of Rio de Janeiro, and the family of the potential donor. With this study we intend to contribute to a better development of practices as part of the notification process, bringing benefits to the institution and society.

GUIDING QUESTIONS

What is the knowledge of the nursing staff about the process of the notification of BD?

What facilities exist, and what are the difficulties encountered in the process of notifying BD?

How does the process of the notification of BD happen in an ICU?

AIM

General aim: Identify the knowledge of nurses of an intensive care unit regarding the notification process associated with brain death (BD).

Specifications aim: To describe the facilities and difficulties encountered by nurses in the process of notifying BD; To discuss the process of the notification of BD in a intensive care unit and its implications for the donation and capture of organs.

METHOD

This is a descriptive study, in which we shall use a qualitative approach. The study setting will be the intensive care unit of a public hospital, a large scale notifier, located in Niterói. The study subjects are the nurses employed in the sector. For data collection purposes we shall use semi-structured interviews. A script of questions will be developed from the objectives of the study and characterization of the subjects. The data will be treated using content analysis, enabling the organization of the results into

categories. These will allow the grouping of elements or aspects with common characteristics, or which relate to each other⁽³⁾.

The study was approved under Opinion No 279/11, by the Research Ethics Committee of the hospital that will be the field of this study, ensuring that we will respect the ethical and legal principles related to research with human beings.

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Project Data

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