“Back to basic”: ripartire dall’assistenza “di base” per migliorare gli esiti dei nostri assistiti

“Back to basic”: starting again from the “basics” of nursing to improve patient outcomes

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Riassunto
L’implementazione dell’evacuazione intestinale in terapia intensiva assume una bassa priorità rispetto al sostegno multiorgano offerto dal contesto di cura, e seppure la costipazione venga considerata una complicanza maggiore, il problema è ad oggi scarsamente oggetto di attenzione nella letteratura internazionale. Eppure l’incidenza costipazione varia tra il 5% e l’83%, e nonostante il 52% su 143 terapie intensive riconosca che questa rappresenta un problema, soltanto il 3,5% ha un protocollo di diagnosi e trattamento. Il ritardo nella canalizzazione si correla con esiti negativi quali l’aumento del numero di tentativi di weaning falliti, mentre l’evacuazione entro il 6º giorno di degenza si associa ad una riduzione del tempo passato in ventilazione meccanica e della lunghezza di degenza. Il tempo di canalizzazione del paziente sembra essere un fattore indipendente di mortalità del malato critico. Ad oggi gli studi pubblicati sull’implementazione di protocolli standardizzati per l’evacuazione intestinale sono molto scarsi. E le evidenze di efficacia altrettanto, dal momento che in alcuni lavori mancano del tutto i report dei risultati per l’impiego di tali protocolli, mentre laddove lo sono, non si rilevano percentuali di miglioramento statisticamente significative in termini di riduzione del problema. I limiti degli studi, oltre alla mancanza di disegni sperimentali, risiedono talvolta nella scarsa numerosità dei campioni, e nei criteri di inclusione dei malati ai protocolli di trattamento. Ciò che di buono emerge invece dai lavori pubblicati, è la presa in carico del problema entro il 3º giorno di degenza accanto al miglioramento dell’adesione al sistema documentale dopo l’implementazione dei protocolli di gestione dell’alvo. Esiste quindi la necessità e l’urgenza di cercare soluzioni mediante il confronto multidisciplinare nell’équipe di lavoro della terapia intensiva, la produzione di protocolli che tengano in considerazione anche l’ampia variabilità delle categorie di assistiti, e la condivisione dei risultati attraverso la letteratura, ma prima ancora, facendo rete.

Parole chiave: Gestione, Alvo, Nursing, Terapia intensiva.

Abstract
The implementation of fecal elimination in the intensive care unit (ICU), is given a lower priority compared to the multi-organ support offered by the clinical setting. Even if constipation is considered a major complication, to date the problem is scarcely taken up by international scientific literature. Nevertheless, the incidence of constipation varies between 5% and 83%, and although 52% of 143 ICUs acknowledge it as a problem, only 3.5% have a diagnosis and treatment protocol. Delay in fecal elimination is related to negative outcomes such as the increasing number of weaning trial failures, whereas bowel opening within the 6th day of permanence in the ICU is related to a reduction of mechanical ventilation days and length of stay. Bowel elimination time seems to be an independent mortality risk factor in critically ill patients. Currently, very few studies have been published regarding standardized bowel management protocols, and with no evidence of efficacy, since some papers did not report any results in the application of these protocols, or show any statistically significant improvement of the problem. Research limitations were due to lack of experimental design, numerically poor samples, and inclusion criteria for the enrollment. The positive features of those studies highlighted the beginning of bowel management within the 3rd day of confinement in the ICU, and improvement of nursing documentation after the implementation of fecal elimination protocols. To conclude, urgent and necessary solutions must be found through multidisciplinary teamwork in the ICU, the design of protocols considering the wide variability of patients’ case mix, sharing of results through scientific literature, but above all, the building of a real network of cooperation among the ICUs.

Key words: Management, Bowel, Nursing, Intensive care unit.
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In intensive care, the mean frequency with which the problem of bowel opening seems to be an independent mortality risk factor in intensive care therapies (su 143) riconosca che questa rappresenta un problema, sottototato il 3,5% ha un protocollo di diagnosi e trattamento.

The complications that may arise from the failure to implement bowel-channeling procedures on the patient are all important: embarrassment, stress, nausea, vomiting, increase of gastric stagnation, pain, proliferation of bacteria in the digestive tract (also one of the major causes of sepsis) up to intestinal block stagnation, pain, proliferation of bacteria in the digestive tract (also one of the major causes of sepsis) up to intestinal blockage.

Constipation is furthermore associated to high SO FA (Sequential Organ Failure Assessment) scores. But does constipation really have an impact on the outcomes of critical patients? In 2009, De Azevedo et al. published a review which highlighted how in three studies out of four, delay in bowel opening is correlated to negative outcomes such as increased weaning failures, whereas evacuation by the 6th day of enrollment is associated with reduced mechanical ventilation times and shorter hospital stays. Timing of bowel opening regimen seems to be an independent mortality risk factor for the critically ill patient. A more recent observational study conducted on 609 patients under mechanical ventilation, evidenced mortality rates of 30% among the patients with late bowel opening (after the 5th day) against the 18% of those with early bowel opening (p<0.001), and the percentage of the onset of bacterial infections at any bodily part, in the two groups, respectively at a rate of 66% vs. 34% (p<0.001).

As to whether or not it is objectively difficult to define the “normal” intestinal functions, when discussing about constipation, we generally refer to the condition described as “failure of the bowels to evacuate for three consecutive days.”
appears is high, because of the many and simultaneous predisposing factors ranging from immobility, stress and the person’s incapability to properly respond to the defecation stimulus, dehydration and hypovolemia induced by pathological processes and hyper-production of endotoxines, up to the use of opiates, vasoactive drugs, diuretics, anticonvulsants and antidepressants. In fact assessment performed through the Norgine Risk Assessment Tool substantially categorizes all the patients interned in the ICU under the group of those highly in danger of developing sepsis. Though our daily practical experience acquired at the patient’s bedside has made us aware of how difficult it is to handle constipation in an effective manner, to date there are limited studies published on the implementation of standardized protocols for bowel evacuation. And yet the studies regarding these protocols give absolutely no recommendations on the effectiveness of their use, whereas existing reports do not offer significant improvement ratios in terms of a reduction of the problem. The limitations of these studies, besides the lack of experimental schemes, at times lies in the scarce number of samples, and in the criteria for the inclusion of the patients in treatment protocols. Instead, the positive aspect highlighted in the published works, regards the undertaking of a solution within the 3rd day of internship, along with improved adhesion to the documentation system after the implementation of bowel management protocols. With respect to what we have outlined, we urgently need to find solutions through multidisciplinary dialogue between the team members of the ICU, production of protocols that take into consideration also the broad variability of the categories of patients, and the sharing of results through literature, but above all through a network of cooperation. After all, we must not overlook the impact a person will have on the workload if on the 6th day after arrival, the patient becomes “diarrhea” after repeated and massive administration of laxatives, only because the issue was faced too late... but this would all be another story altogether.

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