

Introduction

Currently, Guillain Barré Syndrome (GBS) has become one of the most frequent causes of acute generalized paralysis, patients experience devastating disorders due to its unexpected appearance and affects one in 100,000 inhabitants per year. The World Health Organization (WHO) indicates that Guillain-Barré syndrome affects the body's immune system, attacking part of the peripheral nervous system (1). The Peruvian Ministry of Health indicates that Guillain Barré Syndrome is a rare nervous system disorder in which a person's own immune system damages neurons and causes muscle weakness and sometimes paralysis (2). The data provided by the Ministry of Health in 2015-2017 (MINSA) indicates that Guillain Barre Syndrome was more frequent in men than in women and the most affected age group was 20 to 59 years. Likewise, the global mortality rate was 3.5%, which was higher in those over 60 years of age. On the other hand, the highest incidence rate occurred in those over 60 years of age and in men. Lima is the department that concentrates more than 40% of GBS cases (3). The first manifestations of this disorder consist of tingling or numbness in the feet, it is bilateral and progressively ascends in the legs, thigh and can extend to the arms and face. Another symptom that manifests is paralysis in the extremities. In certain cases it can cause paralysis of the legs, arms or facial muscles. The respiratory system may be affected, in this case, it will require a ventilator to breathe (4). Nursing care must be focused in a holistic and comprehensive way to cover basic needs, activities of daily living, must take into account the potential risks that are numerous. In the same way, monitor the psychological mechanism derived from the acute situation in which a healthy person, in a few hours, sees how his body deteriorates, feeling unable to do anything, even becoming a quadriplegic. For this reason, it is essential that the nursing team constantly provide emotional and psychological support to both the person and the family (5).

Clinical Case

A 68-year-old male patient was admitted to the emergency room due to decreased strength in the lower limbs, a doctor diagnosed Guillain Barre syndrome. Patient refers: "I have weakness in my legs and arms", "2 weeks ago I feel tingling and burning in my feet and hands", "when I walk a lot I get fatigued" "I feel lonely" "I am useless I am paralyzed", "I cannot move". On physical examination: LOTEF patient, anxious in a semi-Fowler position, presents a peripheral pathway in the right upper limb and Foley catheter, with muscle strength in the lower limbs on a 4/5 Daniels scale. The results of the laboratory tests indicated: creatinine 0.58 mg/dl, leukocytes 8980 mm3, red blood cells 5.08 million/mmm3 and c-reactive protein (CRP) 52.5 mg/dl.

Method

The method is a single case study with a qualitative approach. "The case study is a useful method to analyze different clinical situations, identify strong and weak points of the care relationship established by the nurse and propose solutions and strategies to improve it" (6). The theory of 11 functional patterns by Marjory Gordon was used as an assessment instrument, for data processing the international taxonomic nomenclatures of nursing diagnoses 2021-2023 from NANDA Int. Twelfth Edition (7). For the evaluation of results, the NOC sixth edition results classification taxonomies (8) were used. Likewise, for nursing interventions, the taxonomy of the classification of nursing interventions NIC seventh edition (9) was used, which were codified in didactic plans which are developed in tables 1.

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NURSING CARE PROCESS APPLIED TO A PATIENT WITH GUILLIAN BARRE SYNDROME IN A NATIONAL HOSPITAL IN PERU

Dr. PhD. Sc. Rodolfo Arevalo Marcos ¹⁾
 Dra. Susan Haydee Gonzales Saldaña ²⁾
 Mg. Erika María del Carmen Benavides Silva de Sender ³⁾

1, 2, 3 **NORBERT WIENER UNIVERSITY**
 School of Health Science, Nursing School, Perú
 * E-mail : rodolfo.arevalo@uwiener.edu.pe

Table No. 1 Nursing diagnosis care plan: (00091) Impaired physical mobility related to decreased muscle strength evidenced by decreased fine motor skills was prioritized, Daniels scale in lower and upper limbs 4/5, gait changes, decreased fine motor skills.

NANDA nursing diagnosis	Initial evaluation criteria NOC	NIC nursing interventions	NOC Achievement Assessment
(00091) Impaired physical mobility related to decreased muscle strength evidenced by decreased fine motor skills was prioritized, Daniels scale in lower and upper limbs 4/5, gait changes, decreased fine motor skills.	<p>0918 ATTENTION TO THE AFFECTED SIDE</p> <p>091801 Recognize the affected side as one's own</p> <p>(2) Rarely shown</p> <p>Diana: Increase to:4 Hold to: 3</p> <p>110113 Stimulates the strength and dexterity of the affected side.</p> <p>(2) Rarely Demonstrated</p> <p>Diana: Increase to: 4 Hold to: 3</p> <p>0917 PERIPHERAL NEUROLOGICAL STATUS</p> <p>091710 Bilateral motor function</p> <p>(3) Moderately compromised.</p> <p>Diana: Increase to: 5 Hold to: 3</p> <p>091705 Bilateral tenderness</p> <p>(3) Moderately compromised.</p> <p>Diana: Increase to: 5 Hold to: 3</p>	<p>2660 MANAGEMENT OF ALTERED PERIPHERAL SENSITIVITY</p> <p>Activities:</p> <p>2660.01 Observe and record in the nursing report signs of numbness, tingling, paresthesias.</p> <p>2660.02 Assess pain scale</p> <p>2660.03 Administer prescribed analgesic treatment, corticosteroids.</p> <p>2660.04 Monitor for signs of impaired circulation or neurological function</p> <p>2660.05 Comment or identify the causes of abnormal sensations or sensitivity changes.</p> <p>2760 MANAGEMENT OF UNILATERAL NEGLECT</p> <p>Activities:</p> <p>2760.01 Perform amplitude movements and massages on the affected side.</p> <p>2760.02 Coordinate with the physical therapist strategies to facilitate the recovery of the affected members.</p>	<p>0918 ATTENTION TO THE AFFECTED SIDE</p> <p>091801 Recognize the affected side as one's own</p> <p>(4) frequently demonstrated</p> <p>change score: (+2)</p> <p>110113 Stimulates the strength and dexterity of the affected side.</p> <p>(4) frequently demonstrated</p> <p>change score: (+2)</p> <p>0917 PERIPHERAL NEUROLOGICAL STATUS</p> <p>091710 Bilateral motor function</p> <p>(4) Mildly compromised</p> <p>change score: (+1)</p> <p>091705 Bilateral tenderness</p> <p>(5) Uncommitted</p> <p>change score: (+2)</p>

Source: Own elaboration with information from the Nanda, Noc, Nic taxonomies based on Herman H (2021), p. 303; Moorhead S (2018), p. 278; Butcher H (2018), p. 367.

Discussion

The present clinical case was carried out on a patient diagnosed with Guillain Barre syndrome, nursing interventions were carried out taking care of the patient's integrity. 3 nursing diagnoses were identified in which (00091) Impaired physical mobility related to decreased muscle strength evidenced by decreased fine motor skills was prioritized, Daniels scale in lower and upper limbs 4/5. The interventions were carried out in 100%, according to NANDA Int. It defines the Impairment of physical mobility as the "independent, intentional limitation of movement suffered by the person in the whole of his body or one or more extremities." (7). For Peña, the first manifestations of this disorder consist of tingling or numbness in the feet, it is bilateral and progressively ascends in the legs, thighs and can extend to the arms and face. Another symptom that manifests is paralysis in the extremities. In certain cases it can cause paralysis of the legs, arms or facial muscles. The respiratory system may be affected, in this case, it will require a ventilator to breathe (4).

Conclusions

The nursing care process is linked to the taxonomies of nursing diagnoses, taxonomies of classification of results and the classification of nursing interventions. Nursing diagnoses were prioritized and objectives were established based on the target score, which were partially achieved. For the diagnosis (00091) Impaired physical mobility, the change score was based on the indicators: Recognize the affected side as one's own (+2), Stimulates the strength and dexterity of the affected side. (+2), Bilateral motor function (+1), and for the Bilateral Sensitivity indicator, the score changed (+2).

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BOSTON COLLEGE
 Connell School of Nursing