COVID-19 AND COMORBIDITY IN NURSING: ABOUT A CASE

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INTRODUCTION

COVID-19 began in Wuhan, China, at the end of 2019, spreading all over the world. PETROVA observed in their study that pre-existing non-communicable diseases worsen the prognosis of COVID-19 infections, especially in patients with cardiovascular, respiratory and metabolic diseases.

OBJECTIVE OF THE STUDY

Provide comprehensive care to patients with COVID-19 and comorbidities.

Identify the nursing experience on the effectiveness of interventions and the NOC evaluation.

METHODOLOGY

The nursing assessment focused on the 11 functional health patterns of Marjory Gordon was carried out.

Nursing diagnoses were identified from the patient's human responses, using the NANDA -NOC-NIC International taxonomy, then individualized care plans were implemented.

For data collection, we rely on observation, physical examination and clinical history

RESULTS

The NANDA is an instrument that allows us to integrate a theoretical framework for the identification of problems, interventions and results in care. Despite having a negative indicator due to his critical condition, it allowed us to provide individualized and holistic care until the end of life.

IMPACT

Noc and Nic are two fundamental pillars in nursing care. It guarantees individualized and comprehensive care to the patient, allowing active participation and continuity of care.

REFERENCE

Center for disease control and Prevention National Diabetes Stadistics Report,2020

Petrova,et.al 2021 Salamanca.La Obesidad como factor de riesgo en personas con Covid-19

Nursing diagnosis(00030): impaired gas exchange related to ineffective respiratory pattern evidenced by PH 7.49 PaCO2, 38.1mmHg, PaO2 58mmHg, HCO3, 29.2mmol/L.

PLANNING			EXECUTION		EVALUATION	
Results and Indicators	Baseline score **(2)**	**Intervention**	D	N	**Final score (2)**	
0402): respiratory status: gas exchange(3)	**Scale**: severe deviation from the normal range (1) without deviation from the normal range (5).	(3320):oxygen therapy (4)			**Change Score (0)**	
Indicators		**Activities**			**Indicators**	
PaO2.	2	-Maintain airway patency.			PaO2.	2
PaCO2.	2	-Administer supplemental oxygen as indicated			PaCO2.	2
O2 saturation	4				O2 saturation	4
Indicators	Scale: severe (1) to none (5).	-Monitor the flow of liters of oxygen.			Indicators	
Sleepiness.	2	-Check the correct position of the oxygen supply device. -Monitor the skin for friction from the oxygen device. -Observe for signs of oxygen-induced hypoventilation. -Observe the patient's anxiety related to the need for oxygen. -Assess and interpret arterial blood gas values -Check the efficacy of oxygen therapy through the pulse oximeter and arterial blood gas.			Sleepiness	2

Note: being a critically ill patient, with the intervention and activities planned, the initial assessment with a measurement scale of substantial deviation from the normal range(2), continued to the final assessment of (2) achieving a score without any change(0). . It is recommended to prolong the care plan for as long as possible in patients in this state.

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