

Introduction

Study purpose / aims

Methodology

Introduction: During the Covid-19 pandemic, patients who develop the severe or critical form of the disease often require hospitalization in the Intensive Care Unit (ICU) and invasive ventilatory support¹. Nursing care for these patients is complex and requires Clinical Reasoning, which, when anchored in the Nursing Process (NP) and using standardized language, contributes to patient safety by choosing the most appropriate interventions. The NOC² results "Mechanical Ventilation Response: Adult" (0411) and "Mechanical Ventilation Weaning Response: Adult" (0412), when well clarified, can guide decision-making and guide actions, as in the case of people with COVID-19, in the face of serious clinical conditions, using mechanical ventilation.

Aim: To develop conceptual and operational definitions for the indicators of the outcomes "Mechanical Ventilation Response: Adult" and "Mechanical Ventilation Weaning Response: Adult" for critically ill patients by COVID-19.

CONCEPTUAL AND OPERATIONAL DEFINITIONS OF INDICATORS OF THE OUTCOMES "MECHANICAL VENTILATION RESPONSE: ADULT" AND "MECHANICAL VENTILATION WEANING RESPONSE: ADULT" OF NURSING OUTCOMES CLASSIFICATION (NOC) IN CRITICALLY ILL PATIENTS BY COVID-19

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Methodology: A narrative review with queries to Scopus, Web of Science, PubMed, LILACS, CINAHL, Cochrane, Embase, and SciELO databases using specific terms. The gray literature was consulted to elucidate topics not addressed by the articles (textbooks, guidelines, and the official websites of specialized societies). The inclusion criteria were: primary studies, complete, in Portuguese, English, or Spanish, with no time limit, and that addressed the indicators of the NOC. The search of the databases for the elaboration of the definitions took place from July to December 2020. Conceptual definitions were constructed without considering a specific population. In contrast, operational definitions and magnitudes were constructed with reference to the population of critically ill adult patients with severe COVID-19.

Mechanical Ventilation Response: Adult	Mechanical Ventilation Weaning Response: Adult
<u>Respiratory rate</u>	<u>Apical heart rate</u>
<u>Respiratory rhythm</u>	<u>Spontaneous respiratory depth</u>
<u>Depth of breathing</u>	<u>PaO₂</u>
<u>Adventitious breath sounds</u>	<u>PaCO₂</u>
<u>FiO₂</u>	<u>Arterial pH</u>
<u>Oxygen saturation</u>	<u>Positive end expiratory pressure</u>
<u>Peripheral tissue perfusion</u>	<u>Anxiety</u>
<u>Respiratory secretions</u>	<u>Restlessness</u>
<u>Chest x-ray findings</u>	<u>Fear</u>
<u>Difficulty breathing with ventilator</u>	<u>Impaired gag reflex</u>
<u>Impaired skin integrity at tracheostomy site</u>	<u>Impaired cough reflex</u>
<u>Pulmonary infections</u>	<u>Difficulty communicating needs</u>
<u>Atelectasis</u>	<u>Discomfort (related with pain)</u>
<u>Tidal Volume</u>	<u>Difficulty breathing on own</u>
<u>Ventilation perfusion balance</u>	<u>Minute ventilation <10L/minute</u>

Results

Impact

Results: Conceptual and operational definitions were developed for thirty indicators of the two Outcomes and descriptions of the magnitudes for each of the five points on the *Likert scale*.

Impact: The theoretical support provided by the elaboration of the indicator definitions enables nurses to use this classification in clinical practice and assess the effectiveness of interventions along a *continuum*. The development of these definitions through a literature review can assist nurses in accurately and standardized evaluating indicators as well as identifying the phenomenon of interest.

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