

Introduction

In Brazil, the prevalence of Heart failure (HF) of chagasic etiology is estimated at 4.2% in the country, with the number of people infected with *T. cruzi* ranging from 1.9 million to 4.6 million people and in many cases the only treatment is heart transplantation (HTx).^{1,2}

In this context, it is essential that nurses are knowledgeable about these patients' characteristics, regarding their needs, capabilities, limitations and difficulties, in order to propose a personalized health education plan.²

Orem's Theory considers the importance of self-care in the therapeutic process. Patients' knowledge of the disease is an important prerequisite for an individual to implement behavioral changes and perform effective self-care in controlling the disease during the HTx phases and post-HTx recovery.³

Objective

To describe the nursing care to a patient undergoing HTx.

Methods

A case report described according to Care guidelines.

Cardiology hospital in São Paulo (SP), Brazil.

Planning of nursing care for a patient with Chagas' cardiomyopathy before and after heart transplantation: a case report

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- Orem's Self-Care Theory
- Assessment: physical examination and anamnesis:
 - cognitive functioning (Mini Mental State Examination)
 - depressive symptoms (Cardiac Depression Scale)
 - coping mode (Problem Coping Scale)
 - knowledge about HF (Disease Knowledge Questionnaire for Patients with Heart Failure)
 - self-care (Self Care of Heart Failure Index)

- Priority NANDA-I diagnosis, NOC outcomes and NIC interventions.

Results

- *Deficient knowledge*
- *Knowledge: Heart Failure Management*
- *Teaching: Disease Process*
 - educational videos
 - game about medications
 - instructional folder

| Knowledge: Heart Failure Management | No knowledge | Limited knowledge | Moderate knowledge | Substantial knowledge | Vast knowledge |
|--|--------------|-------------------|--------------------|-----------------------|----------------|
| Causes and contributing factors | | | x | | x |
| Signs and symptoms of the disease | | | x | | x |
| Benefits of disease management | | | x | | x |
| Role of diagnostic tests for the disease | x | | | | x |
| Basic actions of the heart and signs and symptoms of complications | | x | | x | |
| Strategies to increase diet acceptance | | | x | | x |
| Therapeutic, side and adverse effects of the drug | | | x | x | |
| Self-monitoring techniques | | | x | | x |
| When to get help from a healthcare professional | | x | | | x |
| Healthy behaviors to promote physiological stability | | x | | | x |

Results

| Assessment instrument | Pre-intervention outcome | Post-intervention outcome |
|---|---|---|
| Cardiac Depression Scale | 60 points (minimum degree of depression symptoms) | 35 points (no symptoms of depression) |
| Problem Coping Scale | "problem-focused" (3 points) | "focused on religious practices" (1.3 points) |
| Disease Knowledge Questionnaire for Patients with Heart Failure | 34 points (acceptable level of knowledge) | 51 points (great level of knowledge) |
| Self Care of Heart Failure Index | 27 points (inadequate self-care) | 47 points (adequate self-care) |

Conclusion

The nursing assessment allowed for the identification of the patients' risks and vulnerabilities and the definition of the priority ND. A personalized care plan was implemented, respecting patient's autonomy and adequacy of self-care in the HTx process. The health interventions contributed to the reduction of the self-care deficit.

References

1. Annual Review of Pathology: Mechanisms of Disease 2019 14:1, 421-447
2. Il Consenso Brasileiro em Doença de Chagas, 2015.
3. ESC Heart Fail. 2014 Sep;1(1):4-25.



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