CLINICAL VALIDATION OF THE NURSING DIAGNOSIS OF FEEDING SELF-CARE DEFICIT IN STROKE SURVIVORS

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Abstract (300 word limit)

Statement of the Problem: The stroke mortality rates have declined, as well as reduced case fatality, though the absolute number of stroke survivors and number of new strokes each year are increasing(1). The role nursing is assessment and provision of care needs, to give support and education for patients and families, and to discharge planning. Such knowledge is important because it may help identifying subgroups of patients in need of additional specialized care/attention. Then, the use of the nursing language, as the NANDA-International, Inc.(2), enables nurses to communicate better. **The purpose of this study** is to evaluate the clinical validity of indicators of the nursing diagnosis of "feeding self-care deficit" (FSCD) (00102) in stroke survivors. **Methodology & Theoretical Orientation:** A diagnostic accuracy study (3) was performed with 135 from October 2016 to March 2017. Operational definitions were created for each clinical indicator based on integrative review and content validation. The data were sent to diagnosticians for diagnostic inference(4). Statistical packages were used for data analysis. Measures of sensitivity, specificity, predictive values, likelihood ratios, diagnostic odds ratio, and area under the ROC curve were calculated. The study was approved by a research ethics committee and was supported by a grant from National Council for Scientific and Technological Development (CNPq). **Findings:** 38.5% of the stroke survivors presented the diagnosis under study. The main indicators showed high specificity and noone had high sensitivity. In a stratified analysis, two defining characteristics showed an increase in the likelihood of stroke survivors having FSCD: Impaired capacity to open containers and Impaired ability to feed on entire meal. The FSCD was related to motor problems and dysphagia (5). **Conclusion & Significance:** Some clinical indicators were more related to the presence or absence of "feeding self-care deficit" than others. Measures of accuracy can contribute to an accurate diagnostic inference process, improving patient assessment and facilitating rapid, accurate diagnosis.

Image

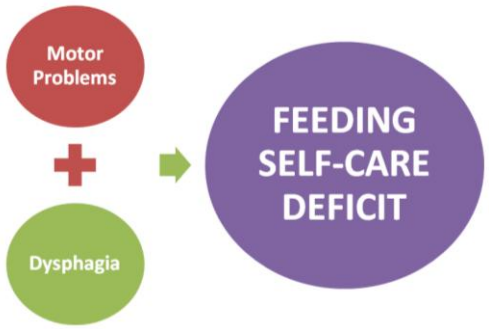


Figure 1 - Development of nursing diagnosis of Feeding self-care deficit in stroke survivors

Recent Publications (minimum 5)

1. O'Donnell MJ, Xavier D, Liu L, Zhang H, Chin SL, Rao-Melacini P, et al; INTERSTROKE Investigators. Risk factors for ischaemic and intracerebral haemorrhagic stroke in 22 countries (the INTERSTROKE study): a case-control study. *Lancet*. 2010;376:112–123. doi: 10.1016/S0140-6736(10)60834-3.
2. Herdman, T.H. & Kamitsuru, S. (Eds.). (2014). N*ANDA International Nursing Diagnoses: Definitions and Classification 2015-2017*.
3. Lopes, M.V.O., Silva, V.M. & Araujo, T.L. (2013). Métodos de pesquisa para validação clínica de conceitos diagnósticos. In: NANDA International Inc.; Herdman, T.H. & Carvalho, E.C. (Eds). PRONANDA – Programa de Atualização em Diagósticos de Enfermagem – Conceitos Básicos. Porto Alegre: Artmed Panamericana, p.85-129.
4. Oliveira, A.R.S., Rodrigues, R.C., Sousa, V.E.C., Costa, A.G.S., Lopes, M.V.O. & Araujo, T.L. (2013). Clinical indicators of caregiver role strain in caregivers of stroke patients. Contemp Nurse. 44(2):216-25.
5. Oliveira ARS, Araujo TL, Carvalho EC, Costa AGS, Cavalcante TF, Lopes MVO. (2015). Construction and validation of indicators and respective definitions for the nursing outcome Swallowing Status. Rev. Latino-Am. Enfermagem. 23(3):450-7. DOI: 10.1590/0104-1169.0377.2575



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Notes/Comments: