Nursing diagnoses in patients with AIDS and oral *Candida Albicans*, according to Dorothea Orem’s theoretical framework, and the Taxonomy II, of the North American Nursing Diagnosis Association (NANDA): case study.

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**Introduction:** The HIV spread is still highly alarming around the world; this pandemia has created a dramatic and frequently devastating impact on many countries. Although researchers have learned a lot about this condition, they can not predict its cure for the near future, with the consequent increase in the number of HIV-infected individuals. The acquired immunodeficiency syndrome (AIDS) was first described in 1981 in the United States, when cases of pneumonia by *Pneumocystis carinii*, now called *Pneumocystis jiroveci*, and Kaposi’s sarcoma in previously healthy homosexual men were first reported to the Centers of Disease Control and Prevention (CDCs). The surveillance process developed since then by the United States of America has had great impact and has been a reference for many other countries, including Brazil. With the introduction of potent antiretroviral drugs into the clinical practice, and the routine usage of primary profilactic measures as well, for opportunistic infections, there has been a significant fall in the mortality rate and the morbidity rate related to HIV infection. From 1998 on, in many European and North-American centers death causes for HIV-infected individuals have not been opportunistic infections any more, which then have given room for the same causes to be reported for individuals of the same age level, although not HIV infected. From 1995 to 1999 there happened a fall of about 50% of the death rate in men in the country; admissions due to opportunistic diseases, such as tuberculosis and pneumonia, decreased about 80%. From 1997 to 2005, about
500,000 admissions due to opportunistic infections were avoided, thus generating an economy of US$ 1,100,000,000. Not less important is emphasizing that Brazil is one of the very few countries that totally pays for the caring of AIDS patients, with an expenses’ estimate of R$670,000,000,000 only with medicines. If it were not for the production of some Brazilian retroviral medicines (eight), expenses would reach R$1,325,000,000, a condition that would make the free and universal distribution program unviable. Nursing, as any other human activity, has a set of ideas and action modes that make its body of knowledge, and is the foundation for healthcare in our society. This knowledge has changed and evolved along the historical process. For many years, the nursing profession was driven to face the immediate situations spontaneously, intuitively and traditionally. Under the influence of many factors, nurses’ actions started to encompass written procedures as the art of nursing, which along the first decades of the 20th century were systematically organized into nursing techniques. The nursing care commitment requires the decisions about the proposed interventions to be essential to assess the individual’s health status. This assessment demands the use of the nursing diagnosis as a reference. Nursing is a caring profession, and all nursing professionals must care for patients in a systematic and planned way, by considering the significant fact that all people involved in this caring/care process must be perceived within their own social context, and that the nurse/client, professor/student/client relationships must show outcomes that had successfully changed them. Nursing professionals must use the most useful theories and models for the given situations. A combination of theories and models has to be considered; when repeatedly used, they have to be analysed for their efficacy by the users. By employing different theories or models, there can occur different focuses and outcomes from the nursing practice. The nursing diagnosis is a clinical judgement of the individual’s, the family’s and the community’s responses to actual and potential (risk) health problems, and to vital processes which are the foundation to select the nursing interventions to achieve the outcomes the nurse is responsible for. In 1958 Dorothea Orem, a North-American nurse, started the study and the development of a conceptual model to guide the nursing practice based on selfcare. She developed concepts for the practical actions the individuals start and complete by themselves in order to maintain, promote,
recover and/or live with their consequences and development. Orem’s selfcare theory has been pragmatically applied to the nursing practice, used in nursing agencies in a series of circumstances. It has also been a basis for curriculum development in nursing schools and information systems. According to Orem, after the nursing identification of the selfcare deficit, it is developed the action plan with the client, a moment when nurse and client state the client’s and the other professionals’ responsibilities to meet the therapeutic need. The selfcare deficit theory is still in progress; its international impact and disseminated usage are a reflection of its usefulness for professional nursing, and the development of nursing theories. **Objectives:** To identify the main nursing diagnoses for this patient admitted to a Public General Hospital in the Grande São Paulo, based on the Taxonomy II of the North American Nursing Diagnosis Association (NANDA), at the light of Dorothea Orem’s theoretical framework. **Methodology:** descriptive study with a quantitative approach. Data were collected from September to October 2006, when the investigation was carried out, based on Orem’s theory. The case study involved EEF, 43 years old, male, Caucasian, married, two children, catholic, living in Rio de Janeiro. He came to the hospital for ambulatory care, with complaints of sore throat, and oral cavity injuries. He reported an earlier admission for ambulatory care 40 days ago, with an AIDS diagnosis, and a *Candida albicans* infection diagnosis, when he was admitted with clinical symptoms of fever; weight loss; asteria, and general low energy level. At home he uses Nelfinavir 1250mg twice a day; Lamivudina 150mg twice a day; Zidovudina 300mg twice a day; Xylocaina spray before meals; Metoclopramida 40mg three times a day; Ranitidina 150mg twice a day, morning and evening; and sodic Dipirona. From data collection we tried to identify the nursing diagnoses, by interacting with this patient to achieve the same objectives. **Results:** The surveyed nursing diagnoses included: **Altered dentition,** characterized by excessive dental calculi; tooth-crown cavities; halitosis; tooth loss; wasted teeth, related to economical and access barriers to professional tooth care, nutrition deficits, and information deficit about oral health. **Altered oral mucosa membrane,** characterized by oral pain and lack of comfort; vesicules; nodules, and papules; oral injuries; tongue; reported difficulty to eat and swallow, related to immunosuppression, infection, poor oral hygiene. **Impaired Swallowing,** characterized by food refusal; abnormalities in
the esophagical phasis through swallow examination, perceived evidence of swallowing difficulties; refusal and limitation of food volume; lack of tongue activity to make the bolus, and sialorrhoea, related to protein energy lack, and oral and esophagic phases abnormalities. Risk for infection, characterized by biochemical agents that interact with immunity; nourishment problems; increased environmental exposition to pathogens; immunosuppression, and poor secondary defenses. Fluid volume deficit, characterized by weakness; decreased skin turgor, and sudden weight loss, related to active loss of fluid volume, biochemical agents (antiretrovirals), and other prescribed medicines. Acute pain, characterized by oral report; facial expression; appetite changes; feeding changes, related to biological harmful agents (anal uneasiness, ulcers in oral cavity); biochemical agents (antiretroviral; antimicrobial, and anti-inflammatory). Risk for impaired skin integrity, characterized by bone prominences; immunological factors; altered metabolic state; changes in nutritional state; night sweats, and biochemical agents. Fatigue, characterized by tiredness, reports of a continuous and oppressive lack of energy, lack of interest in the surrounding environment; introspection, decreased performance; impaired libido, and guilt feelings for not fulfilling his responsibilities, related to anxiety, stress, weakened physical status, a disease condition status, poor nutrition, and biochemical agents. Sexuality patterns altered, characterized by difficulties, limitations, and changes reported in behaviors and sexual activities, related to sexual orientation conflicts; impaired relationship with significant others; knowledge and skill deficits regarding alternative responses to transitions, related to health, disease, and medical treatment. Ineffective protection, characterized by deficient immunity; impaired healing; weakness, and fatigue, related to poor nutrition, immunological disturbs, multiple-drug therapy. Relocation stress syndrome, characterized by anxiety; physical symptoms; unsafety; frustration; concerns, and fear, related to powerlessness; impaired psychosocial health, and decreased health status. Nutrition altered: less than the body requirements, characterized by body weight below normal limits; reported poor food ingestion, less than the advised daily allowances; injured and inflamed oral cavity; reported and evidenced food deprivation, and perceived inability to ingest, digest, and absorb nutrients, due to biological factors (immunosuppression, pain and client’s drugs). Diarrhea, characterized
by at least three bowel movements of fluid stools a day; hyperactive bowel sounds, and urge, related to high levels of stress and anxiety, drug adverse effects, infectious processes, and biochemical agents. **Risk for ineffective coping strategies: individual**, related to situational crisis (recent HIV diagnosis, first hospital admission). **Risk for altered body temperature**, related to drugs (antiretroviral and anti-inflammatory), and weight extremes. **Anxiety**, characterized by behavioral factor (uncertainty, affliction, fear, increased caution, restlessness, and concerns), physiological factor (weakness, fatigue, facial stress, and dry mouth), and cognitive factor (impaired attention span, and concerns), related to conflicting factors regarding significant life valuables and objects. **Fear**, characterized by apprehension; frigthening; impulsivity (cognitive); fatigue; dry mouth, and diarrhea (physiological), related to elements such as institutionalization and lack of familiarity with health resources. Two kinds of nursing systems were identified for all the nursing diagnoses, both characterized by Orem, to achieve the selfcare therapeutic demand. They included: support and education, partially compensatory. **Conclusions:** This study allowed us to improve the scientific body of knowledge and offer an individualized nursing care, based on the NANDA’s theoretical framework, and at the light of Dorothea Orem’s theory, both regarded as essential elements for the patient’s development of a systematic care to bring him back to a situation that allows him to take responsibility for his own/independent care.