



BRIEF ORIGINAL ARTICLES

Evolution of care indicators after an early discharge intervention in preterm infants[☆]



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KEYWORDS

Early discharge of preterm infants;
Evaluation of care outcomes;
Neonatal Nurse

Abstract

Objective: To evaluate the evolution of health outcomes in preterm infants included in an early discharge programme.

Method: Controlled, non-randomised trial with an intervention group and a control group children admitted to the Neonatal Intensive Care Unit of the University Hospital Virgen de las Nieves of Granada were included in the study. The intervention group comprised preterm infants admitted to the neonatal unit clinically stable, whose family home was located within 20 km from the hospital. They were discharged two weeks before the established time and a skilled nurse in neonatal care monitored them at home. The control group comprised infants who could not be included in home monitoring due to the distance to the hospital criterion or because their families did not give their consent and who received the usual care until their discharge.

The study variables were the outcome indicators of the Nursing Outcomes Classification.

Results: Differences were found in the Nursing Outcomes Classification scores in the intervention group compared to the control group.

Conclusions: The early discharge of preterm infants followed up at home by an expert nurse in neonatal care is a health service that achieves results in preparing parents for the care of their child, enabling them to learn about the health services, adapt to their new life, and establish breastfeeding times. It constitutes safe intervention for children and is beneficial to parents.

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PALABRAS CLAVE

Alta precoz prematuros;
Evaluación resultados cuidados;
Enfermera neonatal

Evolución de indicadores de cuidados tras una intervención de alta precoz en recién nacidos prematuros

Resumen

Objetivo: Evaluar la evolución de resultados en salud en recién nacidos prematuros (RNP) incluidos en un programa de alta precoz.

Método: Ensayo controlado no aleatorizado con grupo de intervención y grupo control. Se incluyen en el estudio los niños ingresados en la Unidad de Cuidados Neonatales del Hospital Universitario Virgen de las Nieves de Granada. El grupo intervención son niños ingresados en la Unidad Neonatal clínicamente estables, cuyo domicilio familiar esté situado en un radio de 20 kilómetros de distancia del hospital. Se adelanta dos semanas el alta hospitalaria y se realiza un seguimiento en domicilio por una enfermera experta en cuidados neonatales. El grupo control son niños que no se puedan incluir en seguimiento domiciliario por criterio de distancia al centro hospitalario o por falta de aceptación de la familia, los cuales recibirán la atención habitual hasta el momento del alta.

Las variables de estudio son los indicadores de resultado de la Nursing Outcomes Classification.

Resultados: Se han encontrado diferencias en evolución de la puntuación de las etiquetas de la Nursing Outcomes Classification en el grupo intervención respecto al grupo control.

Conclusiones: El alta precoz de recién nacidos prematuros, seguidos en domicilio por una enfermera experta en cuidados neonatales, es un servicio sanitario que tiene resultados positivos sobre la preparación de los padres en los cuidados del hijo, sobre el conocimiento de recursos sanitarios, en la adaptación al cambio de vida y en el tiempo de lactancia materna. Se comporta como una actuación segura para los niños y beneficiosa para los padres.

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What is known?

The assessment of experiences in the early discharge of preterm infants indicates lower mean stays and longer breast-feeding periods. The benefits attributable to nursing care have not been found in any studies.

What does this paper add?

This paper uses the NOC classification and confirms that it is a valid tool for evaluating health results in preterm infants and their parents in relation to neonatal nursing care.

Introduction

It is known that preterm infants (PTI) evolve more favourably if their parents are involved in their care. Hospitalisation is a factor of imbalance and requires a health team to facilitate the link and development of necessary skills for care.¹

Several authors have observed that the mean hospital stays of PTI continue to be high. This is related to the parents' lack of confidence in their ability to care for the infant in their home and to the belief from professionals that complications could arise outside the hospital.^{2,3}

The assessment of experiences of early discharge of PTI indicates lower mean stays and longer breast-feeding periods. Mothers also express less concern for the physical well-being of the baby. Other authors find that structured preparation for hospital discharge gives the parents the perception of control.²⁻⁵ No studies have been found to set down the health benefits attributable to nursing care in an early discharge PTI programme.

In 2010 an early discharge project was initiated in the Neonatal Intensive Care Unit of the University Hospital Virgen de las Nieves to advance discharge and prevent the newborn from suffering from the complications of a prolonged hospitalisation.

The aim of this paper is to evaluate the evolution of health results in the PTI included in the early discharge programme, with home follow-up by an expert nurse in neonatal care.

Method

Intervention consisted in: advancing the hospital discharge by two weeks, with a weekly home visit by a nurse with over 5 years of experience in neonatal care; training of the parents in the care of the preterm baby; 24 hour telephone assistance until final discharge, which was dependent upon the neonatologist's criteria.

The design was a controlled, non-randomised trial with the intervention group (IG) and control group (CG). The sample was not randomly selected because it was an intervention which provided patient benefits.

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