



## NURSING CARE

# Assistance continuity from primary care in an inter-level nursing plan for a case of pediatric liver transplant<sup>☆</sup>



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**Abstract** Spain is one of the countries where most solid organ transplants are performed each year, in the year 2014 a 2.7% of them were given in childhood. Given the complexity and severity of this disease it is necessary to establish a care plan that covers both pre-transplant and post-transplant, with close cooperation between different levels of care, to approach the several problems that can appear and assure continuum of care. In the following example, a Gambian teen with risk of social exclusion fostered a collaboration between the primary care nurse and transplant nurse that was the key to continuum care. Multiple strategies were used in the care plan to ensure better adherence and compliance of the treatment. However, the knowledge of the culture of origin must be deepened to establish more individualised care plans and thus improve results. The care plan included problems according to the NANDA, NOC, NIC taxonomy. © 2016 Elsevier España, S.L.U. All rights reserved.

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**PALABRAS CLAVE**

Atención de enfermería;  
Continuidad de la atención al paciente;  
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Pediatria

**Continuidad asistencial desde atención primaria en un plan de cuidados interniveles para un caso de trasplante hepático pediátrico**

**Resumen** España es uno de los países donde más trasplantes de órgano sólido se realizan al año, de los cuales, según datos del 2014, un 2,7% se dan en la edad pediátrica. Dada la complejidad y la gravedad de la patología es necesario establecer un plan de cuidados que abarque tanto el pretrasplante como el postrasplante, con una estrecha colaboración entre los diferentes niveles asistenciales para abordar los variados problemas que se presentan y así asegurar la continuidad asistencial. En el siguiente caso, una adolescente de origen gambiano en riesgo de exclusión social hizo que la colaboración entre la enfermera de asistencia primaria y la enfermera de trasplante de órgano sólido fuera clave para dar continuidad a los cuidados. Se utilizaron múltiples estrategias en el plan de cuidados para garantizar una mejor adherencia y cumplimiento terapéutico. A pesar de ello, se ha de profundizar en el conocimiento de la cultura de origen para establecer planes de cuidados más individualizados y mejorar así los resultados. El plan de cuidados incluyó problemas formulados de acuerdo con la taxonomía NANDA, NOC, NIC.

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**Introduction**

According to data by the National Transplant Organisation (NTO), in the year 2014, Spain again beat its donation and transplant record, with a rate of 36 donors per million inhabitants and a total of 4360 solid organ transplant recipients. Pediatric age (<16 years of age) transplants account for 2.7% of the total transplant activity in Spain, with 118 patients.<sup>1</sup>

From the moment the patient is diagnosed with a serious pathology requiring transplant, a care plan needs to be established. This care plan has to cover both the pre and post transplant periods. The success of the transplant and the patient's quality of life depends, to a large extent on correct follow-up of this therapeutic plan. It should be personalised and adapted to patient needs and should also take into account the carers and all those factors influencing their environment. Clinical management of a transplanted child is complex and requires a multidisciplinary team.<sup>2,3</sup> This is only possible through assistance continuity and coordination work between different levels of care (hospital, primary care (PC), social workers, environment and school, and even the tertiary sector) and the family. If the patient is a child or teenager it is also essential for transition work to be undertaken,<sup>4-6</sup> whereby the patient is trained in their own self-care and responsibility prior to transferring them to adult teams. It is only in this way that adherence may be maintained. The aim of this article is to describe the PC nursing care plan and the need for multidisciplinary coordination in cases of pediatric transplant.

**Case description**

A girl aged 14, who was born in Spain of Gambian parents and who had lived intermittently in Gambia. The pathological background was as follows: she was diagnosed and treated for malaria in Gambia in 2013. She is the third of 6 siblings who are aged between 18 years and 3 months.

Socio-cultural level of the parents is low. Their mother tongue is Soninke. The father has a partial language barrier and the mother a total language barrier. The patient has no language barrier and has been educated irregularly, suffering from low academic performance, alternating between schools, depending on the place of residence.

In March 2014 the patient presented at the pediatrician in the primary health care centre with dizziness, asthenia, and bleeding gums. Haemostasis was difficult to achieve in the wounds. She was referred to the emergency hospital services where portal hypertension and non-alcoholic fatty liver disease was observed. She was referred to a tertiary level hospital centre for further study and treatment. Polycystic liver disease was diagnosed and she was added to the list for a liver transplant from cadaveric donor in December 2014.

Prior to the transplant, the pediatric solid organ transplant nursing manager got in touch with the PC pediatric nurse to establish a follow-up and cooperation plan within the care plan.

**Assessment**

The data generally grouped into the following areas for Marjory Gordon from different interviews conducted by PC and case management nurses are as follows.

**Perception and maintenance of health**

*Pre transplant.* Non smoker, no passive smoking in the family. Presents with fatigue and dizziness. Does not state pain. Good vaccination control.

The house is clean, it has 3 bedrooms where 8 people live, she shares a room with her sister.

Bad adherence to treatment with non compliance of agreed visits, lack of awareness of the patient with regards to pathology and irregular adherence to pharmacological

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