

## 125 - DIAGNOSES, RESULTS AND NURSING INTERVENTIONS ACCORDING TO CIPE 1.0 AND THE DEGREES OF DEPENDENCE IN THE ELDERLY LIVING IN EXTENDED CARE INSTITUTIONS.

ELIZABETH MOURA SOARES DE SOUZA  
EDUARDO ARAUJO PINTO  
LUANNA DOS SANTOS ROCHA  
DANNYELLY DAYANE ALVES SILVA  
CÉLIA ALVES ROZENDO  
UNIVERSIDADE FEDERAL DE ALAGOAS, MACEIÓ, ALAGOAS, BRASIL.  
elizabethmss@uol.com.br

### INTRODUCTION

The aging of the Brazilian population became one of the principal concerns for administrators in the health field and begins to influence profoundly the practice of nursing.

Aging already is a fact noted universally and in Brazil we can see that it occurs, as shown in various epidemiologic studies, with an upward and continuous increase in the number of elderly people (GANDOLPHO, 2006). One of the most important demographic changes that Brazil experienced at the close of the twentieth century was the pronounced increase in the number of elderly people in the age structure of the population, which brought as a consequence a larger relative and absolute presence in the population of people 60 years and older, estimating that there are at the present time approximately 17.6 million elderly people in Brazil (MIYATA, 2005; BRASIL, 2006).

These estimates have implications in the need to create public policies that look at the protection and the promotion of health in the elderly population, in the sense of meeting their needs, inclusion in the social structure, security, living accommodations, food and transportation among others, guaranteed from the legal point of view by the Federal Constitution of 1988 (BRASIL, 2008).

Beginning with this Constitution, there is the inclusion of the question of the elderly in the social and political decisions and a few years later the National Policy for the Elderly-PNI (BRASIL, 1994), the National Policy for the Health of the Elderly-PNSI (BRASIL, 1999) and the Statute of the Elderly (BRASIL, 2003), which look at securing the rights of the elderly emphasizing autonomy, independence, participation in the social structure, physical and moral integrity and assistance in its integrity, with the objective of promoting a healthy elderly population, taking into account the maintenance and the improvement of the functional capacity of the elderly, the prevention of diseases, recovery of health and rehabilitation when needed (BRASIL, 2007; MOTTA, 2007).

These policies are based on the idea that to be elderly doesn't mean just being a certain age, but that increasing age has implications in a group of biological, psychological and social alterations. It is important to remember that no two people age in the same way and that the alterations caused by aging develop at a different rhythm in each person depending on external, internal and environmental factors (AGOSTINHO, 2004).

Aging needs to be understood in an inter-disciplinary form, needs to be perceived in the human being and in an ecological dimension, besides considering questions such as gender, social class and ethnic group. The normal aging process presents itself as an important indicator in the health/disease process (BRÉTAS, 2005).

Nevertheless, this process is not only in the biological field, but passes through the psychological field as well, reflecting in variables such as attitude, and personality that determine the capacity of the individual to face physiological changes which occur in the elderly population. The ability to handle the inevitable physiological decline as well as the accumulation of losses in life is a great challenge in the last stage of life (AGOSTINHO, 2004).

The association of biological, psychological, social and environmental factors may have as its result the development of diverse limitations that occur in the elderly, becoming at times a state of increased dependence, defined according to the Resolution of Collegiate Direction- RDC #283 on September 26, 2005 (BRASIL, 2005) in which the individual requires the help of others or of special equipment to carry out the activities of daily life.

Following this definition the state of dependence in the elderly can be classified into three degrees: level of dependence I- independent elderly people, including those who require the use of self-help equipment; level of dependence II- elderly people who have dependence in up to three activities of self-help in their daily life such as eating, locomotion, hygiene; but without any cognitive implications or with controlled cognitive alterations; Level of dependence III- elderly people with dependence that requires assistance in all of the activities of self-help in their daily life or with cognitive implications (BRASIL, 2005).

The care, in this manner, can be understood as a process that involves more than just a moment of attention, dedication and diligence, but is the encounter of two beings in which each benefit, construct a relationship of respect and establish a trust (TOMERELE, 2007).

So, we can understand that assistance is an intrinsic action/attitude of the human being, developing in the most diverse environments (home-care or institutionalized care), and being carried out by non-professionals or professionals. These professionals, in their time, should try to carry-out their assistance based on the complete care of the individual and his family, taking into consideration and respecting the culture and the social-economic level of the individual, giving care with ethics and quality (BRASIL, 2007).

Among the professionals who care for the elderly we can distinguish the nursing professionals as promoters of special care, based on scientific knowledge. This care has as its objective to permit people to develop their own capacities and abilities in life, for the process of caring for/ being cared for involves not only action but also reflection on the necessities of the people involved in the act, having a vision of the improvement of the physical, psychic and social conditions, flowing in the caring for/ being cared for interaction. In this way a relationship of power over the person being cared for is not the case, but rather a relationship with equality in which the needs of the caretaker and the person being cared for are considered, in a dialogic process of assisting someone and interpreting his story (TOMELERI, 2007).

The use of a method of organizing the process of care is fundamental to giving the best quality assistance and having a qualified person caring for the individual. This method can incorporate a classification system known as the International Classification for Nursing Practice (CIPE). This is a system which has as its objective to unify and establish a common language that represents nursing care throughout the world, create concepts of nursing practice, define nursing care, make possible a comparison of nursing data among populations, estimate research, gave data on nursing practice that is possible to influence the education in nursing and the politics in the health field, project tendencies about the patient needs, and the utilization of resources

and results in nursing care (SILVA, 2008/2009).

CIPE can be used as a constant base for the documentation of nursing practice in all areas that give health assistance (CIPE, 2007).

### OBJECTIVE

Suggest diagnoses, results and nursing interventions, following the International Classification for Nursing Practice (CIPE) version 1.0 and by degree (level) of dependence according to the Resolution of ANVISA #283, of September 26, 2005, as a form of facilitating the care of the elderly in extended care institutions (ILPI).

### METHODOLOGY

This is a descriptive study, where initially we separated the degrees of dependence in the elderly (level I, level II and level III) according to CIPE 1.0, and we emphasized the areas that characterized each level of dependence. Following this we made a decision on each case, and constructed the diagnoses and came to the conclusion on the results. Finally, we elaborated the nursing interventions for each nursing diagnosis by the degree of dependence.

### RESULTS

Following the RDC #283 of September 26, 2005 (BRASIL, 2005) the state of dependence of the elderly can be classified into three degrees, from this division we could suggest some diagnoses, results and nursing interventions starting with the necessities of the elderly to offer the most therapeutic care possible.

Chart #1: Description of diagnoses, results and nursing interventions for the elderly with a dependency level of I, according to CIPE 1.0, Maceió, 2009.

Nursing Diagnoses (DE) and Results(RE)	Nursing Interventions
Risk of constipation (DE) Absence of constipation (RE)	<ul style="list-style-type: none"> <li>Identify the risks for the development of constipation</li> <li>Explain the importance of body movement</li> <li>Encourage a walk after meals</li> <li>Offer liquids frequently</li> </ul>
Impaired personal hygiene (DE) Improved personal hygiene (RE)	<ul style="list-style-type: none"> <li>Help with personal hygiene several times</li> <li>Plan for personal hygiene in the morning, afternoon and at night</li> <li>Explain the necessity for personal hygiene</li> </ul>
Impaired sleep pattern (DE) Normal sleep pattern (RE)	<ul style="list-style-type: none"> <li>Evaluate the causes of an impaired sleep pattern</li> <li>Instruct not to sleep during the day</li> <li>Give a back massage with oil at night</li> <li>Remove disturbing noises always</li> </ul>
Impaired ability to walk (DE) Ability to walk within the expected level (RE)	<ul style="list-style-type: none"> <li>Encourage walking in the morning and the afternoon</li> <li>Supervise the walk period</li> <li>Walk using a self-help device always</li> <li>Refer to the physical therapy service</li> </ul>
Impaired self-esteem (DE) Improved self-esteem (RE)	<ul style="list-style-type: none"> <li>Give frequent compliments</li> <li>Offer recreation activities a few times</li> <li>Make conversation always with the elderly</li> <li>Encourage interest in self-image</li> </ul>
Impaired communication (DE) Normal communication (RE)	<ul style="list-style-type: none"> <li>Evaluate the causes of communication difficulties</li> <li>Stimulate communication always</li> <li>Encourage participation in musical events weekly</li> </ul>
Risk of Loneliness (DE) Absence of loneliness (RE)	<ul style="list-style-type: none"> <li>Promote family encounters weekly</li> <li>Encourage continual communication</li> <li>Involve in family events always</li> </ul>
Impaired family relationships (DE) Improved family relationships (RE)	<ul style="list-style-type: none"> <li>Speak with the family about the importance of a weekly visit</li> <li>Intervene in the weekly family visit</li> <li>Demonstrate confidence during visiting hours</li> <li>Refer to the social service department</li> </ul>

Chart #2: Description of diagnoses, results and nursing interventions for the elderly with a dependency level of II, according to CIPE 1.0, Maceió, 2009

Nursing Diagnoses and Results	Nursing Interventions
Impaired ability to feed oneself (DE) Improved ability to feed oneself (RE)	<ul style="list-style-type: none"> <li>Supervise at meals a few times</li> <li>Provide always a self-help device for eating</li> <li>Help at meals from time to time</li> </ul>
Impaired ability to perform personal hygiene (DE) Improved ability to perform personal hygiene (RE)	<ul style="list-style-type: none"> <li>Explain the importance of performing personal hygiene</li> <li>Teach how to wash the entire body during bath time</li> <li>Help with the morning bath</li> </ul>
Impaired memory ability (DE) Improved memory ability (RE)	<ul style="list-style-type: none"> <li>Teach memory exercises</li> <li>Watch television frequently</li> <li>Inform time sequences</li> </ul>
Feeling pain (DE) Degree of pain lessened (RE)	<ul style="list-style-type: none"> <li>Identify cases of pain</li> <li>Instruct in comfortable body positions</li> <li>Evaluate the psychio-social response to pain management</li> <li>Observe always for signs of infection</li> <li>Note intervals of continuous pain relief</li> </ul>
Impaired mobility (DE) Mobility within the expected level (RE)	<ul style="list-style-type: none"> <li>Explain the importance of body mobility</li> <li>Maintain safety measures</li> <li>Refer to the physical therapy service</li> <li>Supervise walking</li> </ul>
Risk of falling (DE) No falls(RE)	<ul style="list-style-type: none"> <li>Evaluate any obstructed areas in the environment</li> <li>Monitor continuously the ability to walk</li> <li>Help with the morning bath</li> </ul>
Impaired skin integrity (DE) Normal skin integrity (RE)	<ul style="list-style-type: none"> <li>Reposition the elderly frequently</li> <li>Observe always skin integrity</li> <li>Change wound dressings from time to time</li> <li>Change bed sheets (folded sheet) frequently</li> </ul>
Impaired substructure (DE) Improved substructure (RE)	<ul style="list-style-type: none"> <li>Promote physical well-being in the elderly</li> <li>install hand railings</li> <li>Evaluate the ability to walk</li> </ul>

Chart #3: Description of diagnoses, results and nursing interventions for the elderly with a dependency level of III, according to CIPE 1.0, Maceió, 2009

Nursing Diagnoses and Results	Nursing Interventions
Risk of dehydration (DE) No signs of dehydration (RE)	<ul style="list-style-type: none"> <li>Simulate oral intake always</li> <li>Weigh daily in the morning</li> <li>Monitor fluid intake continuously</li> </ul>
Impaired ability to perform oral hygiene (DE) Normal ability to perform oral hygiene (RE)	<ul style="list-style-type: none"> <li>Help always with oral hygiene</li> <li>Clean the mouth with a toothbrush after meals</li> <li>Instruct in the importance of frequent oral hygiene</li> </ul>
Impaired mobility in a wheelchair (DE) Normal mobility in a wheelchair (RE)	<ul style="list-style-type: none"> <li>Teach always how to position the body</li> <li>Protect the skin after a bath</li> <li>Maintain safety measures</li> <li>Supervise always the skin integrity</li> </ul>
Impaired mobility in bed (DE) Improvement in mobility in bed (RE)	<ul style="list-style-type: none"> <li>Reposition always the elderly in bed</li> <li>Examine the skin during the bath</li> <li>Change bed sheets (folded sheet) frequently</li> </ul>
Risk for pressure ulcers (DE) Absence of pressure ulcers (RE)	<ul style="list-style-type: none"> <li>Apply oil to the skin in the morning</li> <li>Reposition always the elderly in bed</li> <li>Examine the skin from time to time</li> </ul>
Frequent urinary incontinence (DE) Improvement in urinary incontinence (RE)	<ul style="list-style-type: none"> <li>Maintain the skin dry always</li> <li>Monitor always the urinary output</li> <li>Change diapers frequently</li> <li>Perform personal hygiene always</li> </ul>
Impaired ability to bathe alone (DE) Improved ability to bathe alone (RE)	<ul style="list-style-type: none"> <li>Explain always the importance of hygiene to maintain health</li> <li>Bath the entire body each morning</li> <li>Stimulate constantly self hygiene</li> </ul>

### CONCLUSION

The diagnoses, results and the nursing interventions presented are a guide to nursing care in the extended care institutions for the elderly. The utilization of CIPE 1.0 makes the creation of information and the knowledge of nursing easier, through an easy language that is essential to the development of nursing practice. The utilization of the systematization of

nursing care according to the language of CIPE favors a better organization of the assistance in the ILPI and proportions the elderly a better quality of individualized and structured life.

#### REFERENCES

- AGOSTINHO, P. Perspectiva psicossomática do envelhecimento. *Revista portuguesa de psicossomática*, 2004; 6(1):31-36. Disponível em: <http://redalyc.uaemex.mx/redalyc/pdf/287/28760104.pdf>. Acessado em: 31 Jul 2009, às 10h 40min.
- BRASIL. Constituição da República Federativa do Brasil. Brasília, DF: Senado; 1988. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/constituicao/constitui%C3%A7ao.htm](http://www.planalto.gov.br/ccivil_03/constituicao/constitui%C3%A7ao.htm). Acessado em: 31 Jul 2009, às 10h 02min
- \_\_\_\_\_. Lei nº 8.842, de 4 de janeiro de 1994. Dispõe sobre a Política Nacional do Idoso, cria o Conselho Nacional do Idoso e dá outras providências. Brasília: Diário Oficial [da] República Federativa do Brasil, vol. 132, n. 3, pp. 77-79, Seção 1, pt. 1.
- \_\_\_\_\_. Política Nacional de Saúde do Idoso, aprovada pela Portaria nº 1.395, de 9 de dezembro de 1999. Brasília: Diário Oficial [da] República Federativa do Brasil, no 237-E, pp. 20-24, 13 dez. Seção 1.
- \_\_\_\_\_. Lei nº 10.741 de 1o de outubro de 2003. Estatuto do idoso. Diário Oficial [da] União, Disponível em: [https://www.planalto.gov.br/ccivil\\_03/Leis/2003/L10.741.htm](https://www.planalto.gov.br/ccivil_03/Leis/2003/L10.741.htm). Acesso em: 01 out. 2009.
- \_\_\_\_\_. Agência Nacional de Vigilância Sanitária. Resolução da diretoria colegiada - RDC nº 283. 2005. Disponível em: <http://legis.anvisa.gov.br/leisref/public/showAct.php?id=18850>. Acessado em: 30 de Jul 2009, às 21h 04min.
- \_\_\_\_\_. Ministério da Saúde. Secretaria de atenção à saúde. Departamento de atenção básica. Envelhecimento e saúde da pessoa idosa. Brasília: Ministério da Saúde, 2006.
- \_\_\_\_\_. Secretaria de Estado de Saúde do Mato Grosso. Superintendência de Atenção Integral à Saúde. Coordenadoria de Ações Programáticas e Estratégicas. Diretrizes para elaboração de protocolo de atenção à saúde da pessoa idosa (proposta). 2007.
- BRÉTAS, A. C. Políticas públicas de saúde para o envelhecimento: a ousadia de cumprir a lei. *Revista de Ciências da Saúde da UFSC*. 2005; 24(1 / 2): 51-55.
- CIPE Versão 1: Classificação Internacional para a Prática de Enfermagem /Comitê Internacional de Enfermeiros; [tradução Heimar de Fátima Marin]. - São Paulo: algol; 2007.
- GANDOLPHO, MA; Ferrari, MAC. A enfermagem cuidando do idoso: reflexões bioéticas. *Mundo Saúde*. 2006; 30(3):398-408. Disponível em: [http://www.scamilo.edu.br/pdf/mundo\\_saude/38/enfermagem\\_cuidando\\_idoso.pdf](http://www.scamilo.edu.br/pdf/mundo_saude/38/enfermagem_cuidando_idoso.pdf) Acessado em: 31 Jul 2009, às 10h 23 min.
- MOTTA, LB; Aguiar, AC. Novas competências profissionais em saúde e o envelhecimento populacional brasileiro: integralidade, intersetorialidade e intersetorialidade. *Ciência & Saúde Coletiva*, 2007; 12(2):363-372. Disponível em: [http://www.scielo.br/scielo.php?pid=S1413-81232007000200012&script=sci\\_arttext&lng=e](http://www.scielo.br/scielo.php?pid=S1413-81232007000200012&script=sci_arttext&lng=e) Acessado em: 31 Jul 2009, às 10h 20min.
- MIYATA, DF; Vagetti, GC; Fanhani, HR; et al. Políticas e programas na atenção à saúde do idoso: um panorama nacional. *Arq. Ciênc. Saúde Unipar*, 2005; 9(2): 135-140. Disponível em: <http://revistas.unipar.br/saude/article/view/209/183>. Acessado em: 25 Abr 2009, às 19h 48min.
- SILVA, K. L. et al. Classificação Internacional para a Prática de Enfermagem. In: NÓBREGA, M. M. L.; SILVA, K. L. (orgs.). *Fundamentos do Cuidar em Enfermagem*. Belo Horizonte: ABE n 2008 / 2009. P.213-232.
- TOMELERI, K.R.; Andrade, B.B.; Santos, M.E.S; Mai, L.D.; Marcon, S.S. Concepções de enfermeiros de Saúde Pública sobre o cuidado. *Online Brazilian Journal of Nursing*, 2007; 3(6). Disponível em: <http://www.uff.br/objnursing/index.php/nursing/rt/printerFriendly/j.1676-4285.2007.996/260>. Acessado em: 27 Mai 2009, às 15h 37min.

#### DIAGNOSES, RESULTS AND NURSING INTERVENTIONS ACCORDING TO CIPE 1.0 AND THE DEGREES OF DEPENDENCE IN THE ELDERLY LIVING IN EXTENDED CARE INSTITUTIONS.

##### INTRODUCTION:

This work had its beginning in the experience of the development of practical activities in the subject of Intervention and Nursing Management of the Health/Disease Process in Adults and the Elderly of the Nursing course at the Federal University of Alagoas, utilizing an extended care institution for the elderly (ILPI). OBJECTIVE: Suggest diagnoses, results and nursing interventions, according to the International Classification of Nursing Practice (CIPE) version 1.0 as well as by the degree of dependence as stated in the Resolution of ANVISA, #283, September 26, 2005, as a way of better caring for the elderly in extended care institutions. METHODOLOGY: Initially we separated the elderly according to their degree of dependence (level I, level II, and level III) and according to CIPE we distinguished the sites which lead to each degree of dependence. Following this, we evaluated each site, constructed the diagnoses and developed the results. We concluded this work by developing the nursing interventions for each nursing diagnosis according to the degree of dependence. RESULTS: According to the Resolution cited above the state of dependence of the elderly can be classified into three degrees: level of dependence I-the elderly who are independent, even if they use self-help equipment; level of dependence II-the elderly who are dependent on assistance in up to three self-help activities in their daily tasks such as eating, locomotion, or hygiene, but without cognitive deficiencies or with controlled cognitive responses; level of dependence III- the elderly who require assistance in all of their self-help activities in their daily tasks and/or have cognitive impediments. With the results of this work we suggest diagnosis and nursing interventions considering the needs of the elderly. CONCLUSION: The diagnoses, results and nursing interventions presented here make the care of the elderly easier in extended care institutions, contributing to the well-being of the elderly and the organization of the care activities in the institutions.

**DESCRIBERS:** Nursing; elderly; dependence.

#### DIAGNOSTIQUES, RESULTATS ET INTERVENTIONS DE SOINS INFIRMIERS SELON LA CIPE 1.0 ET LES DEGRES DE DEPENDANCE POUR LES PERSONNES AGEES DES INSTITUTIONS DE LONG SEJOUR

##### RÉSUMÉ

Ce travail a été basé sur l'expérience du développement des activités pratiques de la discipline Intervention et Administration de Soins Infirmiers dans le Processus Santé-Maladie de la Personne Adulte et Âgée dans le cours de Soins Infirmiers de l'Université Fédérale d'Alagoas, dans une institution de long séjour pour des gens âgés (ILPI). OBJECTIF: proposer diagnostics, résultats et interventions de soins infirmiers selon la Classification Internationale pour la Pratique de Soins Infirmiers (CIPE) version 1.0 et par degré de dépendance selon la Résolution de l'ANVISA n° 283, du 26 septembre 2005, sous forme de faciliter le soin avec la personne âgée dans les Institutions de long séjour. METHODOLOGIE: premièrement,

nous avons séparé les degrés de dépendance des gens âgés (degré I, degré II et degré III) et selon la CIPE, nous avons mis en évidence les centres qui s'adaptent à chaque degré de dépendance. Ensuite, nous avons réalisé le jugement de chaque centre, nous avons construit le diagnostic et nous avons élaboré les résultats. Nous avons finalisé avec les interventions de soins infirmiers pour chaque diagnostic par degré de dépendance. RESULTATS: En suivant la Résolution citée au-dessus l'état de dépendance d'un âgé peut être classé en trois degrés: Degré de dépendance I - des âgés indépendants, même s'ils requièrent l'utilisation d'équipements d'aide à soi-même; Degré de dépendance II - âgés avec dépendance en trois activités même de soigner à soi-même pour la vie quotidienne tels que alimentation, mobilité, hygiène, sans affecter la partie cognitive ou avec une altération cognitive contrôlée; Degré de Dépendance III - âgés avec dépendance qui demandent une assistance dans toutes les activités de soins à soi-même pour la vie quotidienne et/ou avec un propos cognitif. À partir de ces observations, nous proposons des diagnostics et interventions de soins infirmiers en considérant les nécessités de l'âgé. CONCLUSION: Les diagnostics, résultats et interventions de soins infirmiers ici présentés facilitent la réalisation du soin dans les institutions de long séjour, contribuent pour augmenter le bien-être des personnes âgées et pour organiser les activités qui prêtent assistance aux institutions.

**MOTS-CLES:** soins infirmiers; Personnes Âgées; Dépendance.

### **DIAGNÓSTICOS, RESULTADOS Y INTERVENCIONES DE ENFERMERÍA SEGÚN LA CIPE 1.0 Y LOS GRADOS DE DEPENDENCIA PARA PERSONAS DE EDAD DE INSTITUCIONES DE LARGA PERMANENCIA**

#### **RESUMEN**

Este resumen se originó en la experiencia del desarrollo de las actividades prácticas de la disciplina Intervención del curso y de Gestión de Enfermería en el proceso Salud-Enfermedad de los adultos y de las personas de edad del colegio de enfermería de la Universidad Federal de Alagoas, en una institución de larga permanencia para las personas de edad (LPI). OBJETIVO: Proponer diagnósticos, resultados y intervenciones de enfermería, según a la Clasificación Internacional para la Práctica de Enfermería (CIPE), versión 1.0 y por el grado de dependencia de acuerdo con la Resolución de la ANVISA n. 283, de 26 de septiembre de 2005, para facilitar el cuidado de las personas de edad en instituciones de larga permanencia. MÉTODOS: sobretodo separamos los grados de dependencia de las personas de edad (grado I, grado II y grado III) y según la CIPE, destacan se los focos que se adecuan a cada grado de dependencia. Luego se realizó el juzgamiento para cada foco, construimos los diagnósticos y preparamos los resultados. Terminamos con las intervenciones de enfermería para cada diagnóstico de enfermería por grado de dependencia. RESULTADOS: según la resolución mencionada el estado de dependencia de las personas de edad se pueden clasificar en tres grados: Grado de dependencia I - personas de edad independientes, mismo que requieran el uso de equipos de auto-ayuda; grado de dependencia II - personas de edad dependientes en un máximo de tres actividades de auto-cuidado para con la vida diaria como la alimentación, la movilidad, la higiene, sin comprometimiento cognitivo o con alteración cognitiva controlada; grado de dependencia III - personas de edad con dependencia que necesiten de asistencia en todas las actividades de auto-cuidado para la vida diaria y / o con comprometimiento cognitivo. De esto proponemos los diagnósticos y intervenciones de enfermería, considerando las necesidades de los ancianos. CONCLUSIÓN: Los diagnósticos, resultados y intervenciones de enfermería que aquí se presentan facilitan el cuidado en las instituciones de larga permanencia, contribuyen para el bienestar de los ancianos y para organizar las actividades asistenciales de las instituciones.

**PALABRAS CLAVE:** Enfermería; dependencia; personas de edad.

### **DIAGNÓSTICOS, RESULTADOS E INTERVENÇÕES DE ENFERMAGEM SEGUNDO A CIPE 1.0 E OS GRAUS DE DEPENDÊNCIA PARA IDOSOS DE INSTITUIÇÕES DE LONGA PERMANÊNCIA**

#### **RESUMO:**

O presente trabalho teve origem na experiência de desenvolvimento de atividades práticas da disciplina Intervenção e Gerenciamento de Enfermagem no Processo Saúde-Doença da Pessoa Adulta e Idosa do curso de Enfermagem da Universidade Federal de Alagoas, em uma instituição de longa permanência para idosos (ILPI). OBJETIVO: propor diagnósticos, resultados e intervenções de enfermagem, segundo a Classificação Internacional para a Prática de Enfermagem (CIPE) versão 1.0 e por grau de dependência conforme a Resolução da ANVISA n. 283, de 26 de setembro de 2005, como forma de facilitar o cuidado a pessoa idosa, em instituições de longa permanência. METODOLOGIA: inicialmente separamos os graus de dependência dos idosos (grau I, grau II e grau III) e de acordo com a CIPE, destacamos os focos que se adequavam a cada grau de dependência. Em seguida realizamos o julgamento para cada foco, construímos os diagnósticos e elaboramos os resultados. Finalizamos com as intervenções de enfermagem para cada diagnóstico de enfermagem por grau de dependência. RESULTADOS: Seguindo a Resolução acima citada o estado de dependência do idoso pode ser classificado em três graus: grau de dependência I - idosos independentes, mesmo que requeiram uso de equipamentos de autoajuda; grau de dependência II - idosos com dependência em até três atividades de autocuidado para a vida diária tais como alimentação, mobilidade, higiene, sem comprometimento cognitivo ou com alteração cognitiva controlada; grau de dependência III - idosos com dependência que requeiram assistência em todas as atividades de autocuidado para a vida diária e/ou com comprometimento cognitivo. A partir disso propomos diagnósticos e intervenções de enfermagem considerando as necessidades do idoso. CONCLUSÃO: Os diagnósticos, resultados e intervenções de enfermagem aqui apresentados facilitam a realização do cuidado nas instituições de longa permanência, contribuem para aumentar o bem-estar dos idosos e para organizar as atividades assistenciais das instituições.

**DESCRIPTORES:** Enfermagem; idoso; dependência.

PUBLICAÇÃO NO FIEP BULLETIN ON-LINE: <http://www.fiepbulletin.net/80/a2/125>