

POSTOPERATIVE CARE FOR COVID-19 PATIENTS: CHALLENGES FOR PERIOPERATIVE NURSING PRACTICES

<https://doi.org/10.5327/Z1414-4425202100020001>

The COVID-19 pandemic brought several obstacles to health care, with a great impact on surgical patient care. In addition to the suspension of elective surgeries, which led to the increase of waiting lists for surgical interventions and the reduction of revenues in health institutions, surgeons faced ethical issues and uncertainties regarding decision making for elective surgical procedures and clinical outcomes in the postoperative period.

Among the possibilities of action in the pandemic scenario, patient classification levels were proposed to define surgical intervention priorities, along with the elaboration of strategic planning for the adequate sizing of human resources that could meet the demand of critical patients in the different health services¹.

Surgical procedures, including cardiovascular and oncological interventions, had several implications with the resission of elective surgeries. The reason is that surgeons experienced the difficult choice to perform surgical procedures in patients considering the situation's risks of infection and postoperative complications due to COVID-19, besides systemic deterioration and aggravation of the disease with the increase in the waiting time for surgical interventions.

The study pointed out that patients undergoing cardiac surgery had a low incidence of COVID-19 in the postoperative period (8.1%), indicating the possibility of intervention with adequate planning of care and testing of patients that would have improved quality of life in the postoperative period and the prevention of clinical complications associated with previous comorbidities.²

In contrast, research indicated that patients with COVID-19 during the preoperative period or acquired in the postoperative period had an increased risk of mortality in the 30 days after surgical intervention and postoperative pulmonary complications associated with high levels of physical condition-ASA (III to V); age over 70 years old; execution of emergency procedures and diagnosis of cancer.³

In addition to the issues related to decision-making for the execution of the surgical procedure, the challenges of health teams also include the need to organize an adequate management of human resources in the surgery center (SC) and physical structure to assist patients infected with SARS-CoV-2 in the intra- and postoperative periods.

During the intraoperative period, the institutions needed to develop care protocols that allowed the execution of the surgery without exposing professionals to contamination, with the adequate supply of personal protective equipment (PPE), as well as an air-conditioning system structure with negative pressure in order to avoid environmental contamination by aerosols. In the postoperative period, surveillance of patients was intensified both in the prevention of SARS-CoV-2 infection and in the adequate control of the respiratory pattern of patients with a positive diagnosis, aiming to reduce postoperative complications.

The monitoring of possible complications, such as pneumonia and pulmonary thromboembolism¹ was added to the need for planning and assertive decision by the anesthesiologist and surgeons team, regarding the urgency of referring patients in the immediate postoperative period to the intensive care units (ICUs).

The perioperative nursing teams had to adapt to the needs of ICU care, contributing significantly to the workforce of this sector in the face of the growing demand for critical care in the postoperative period, besides the execution of anesthesia recovery of patients who were not referred to the ICU in the operating room. Thus, a new work routine scenario for these professionals was designed, modifying the flow of care in the SC, and developing or updating skills and knowledge to meet the new profile of patients in the postoperative period.

Through numerous challenges imposed by the COVID-19 pandemic for postoperative care, the perioperative nursing team had the opportunity to strengthen its practices and obtain scientific knowledge with a focus on critical patient care, aiming at carrying out actions in the health team for

assertive surgical interventions and effective control of postoperative complications.

Thus, consistent actions of permanent education services that promote the improvement of professionals to act with scientific basis and skills according to the real needs of patients assisted in this new scenario of surgical care is of utmost importance.

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