

A.R. Alconero-Camarero (PhD)^{a,*},
M.I. Ibáñez-Rementería (Grado de Enfermería)^b,
C. Sarabia-Cobo (PhD)^a

^a *Departamento de Enfermería, Facultad de Enfermería
Casa de Salud Valdecilla, Universidad de Cantabria, Grupo
DIVAL, Santander, Spain*

^b *Hospital Universitario Marqués de Valdecilla, Santander,
Spain*

* Corresponding author.

E-mail address: alconear@unican.es
(A.R. Alconero-Camarero).

<https://doi.org/10.1016/j.enfie.2022.03.003>

2529-9840/ © 2022 Sociedad Española de Enfermería Intensiva y
Unidades Coronarias (SEEIUC). Published by Elsevier España, S.L.U.
All rights reserved.

In response to "Nursing methodology applied to a patient through structural intervention in cardiology"



En respuesta a «Metodología enfermera aplicada a una paciente mediante intervencionismo estructural en cardiología»

Dear Editor,

We would like to thank Alconero-Camarero et al.¹ for the interest shown, as well as the observations and comments in relation to the article recently published in ENFERMERÍA INTENSIVA "Valve in valve mitral: about a case report." We would like to respond to the questions raised, as we consider that the case has been read or contextualised in a preconceived and erroneous way. Their letter to the editor gives us the opportunity to clarify any aspect or doubt.

Firstly, as described in the article,² the patient was admitted to the Acute Cardiac Care Unit from outpatient cardiology consultations, as she presented symptoms compatible with severe mitral regurgitation due to dysfunction of the mitral bioprosthesis implanted in 2016 by cardiac surgery. It was during her stay in this unit that the management and care for clinical stabilisation before the percutaneous valve in valve mitral implant was optimised in order to arrive at the procedure in optimal conditions.

It was during admission to the unit that this therapeutic option was proposed to the patient, as she is not a candidate for a new valve replacement due to the high surgical risk, and where she returned after the structural procedure, for close monitoring and control of possible alterations and complications.

This is reflected in the article, specifically in the summary, introduction and description of the case: "The clinical case describes the admission of a patient to the acute cardiac care unit, where, once clinically stabilised and treatment optimised, percutaneous mitral valve implantation is performed as a therapeutic alternative due to severe symptomatic mitral bioprosthetic mitral regurgitation and high surgical risk".²

Secondly, the nursing assessment and the corresponding individualised care plan was carried out on admission to the Acute Cardiac Care Unit, and given that it is a dynamic process and in no way static, it was updated and modified according to the alterations resolved and the problems that arose during their stay in the Acute Cardiac Care Unit.

Thirdly, Alconero-Camarero et al. state that: "All clinical nursing judgments identified by the authors are collaborative problems", and "The nursing diagnoses (DXE) identified by the authors are *erroneous* because we cannot solve them autonomously"¹ (*italics added*). NANDA Internacional³ defines DXEs as "clinical judgements about the reactions of the individual, family or community to actual or potential health problems/life processes". Following this criterion, *all* the DXE proposed (both actual and risk) are included in the NANDA Internacional³ and follow a nursing methodology, where care of the cardiovascular critically ill patient is approached from an autonomous perspective without any intrusion of labour or competencies, with objectives and activities specific to our role, which are described in the care plan of the article² and included in the classification of outcomes (NOC)⁴ and nursing interventions (NIC)⁵ with the aim of resolving the problem detected or minimising its impact on the patient.

The article² is based on the international nomenclature, where we do not find an activity that is not reflected in this nomenclature, and we firmly believe that it is the total competence of the nurse. Even so, discussion and divergence of opinions are positive aspects, as they encourage reflection and enrich the profession.

Another aspect they comment on: "the disturbed sleep pattern (00198) cannot be considered a DXE at the moment when pharmacological support is needed to treat it, as the nurse does not prescribe such treatments" makes us doubt the critical reading of the article made, where you can see that the nursing intervention is NIC 2304 Administration of oral medication, where, of course, the nurse is in charge of preparing, informing the patient, administering, observing the response and recording its effects.

Thus, we consider that these are indeed competencies of our profession and clinical nursing judgements in the face of the diagnoses identified: monitoring haemodynamic status, assessing the respiratory pattern and lung sounds, providing comfort measures to relieve tachypnoea and dyspnoea, administering prescribed pharmacological treatment and assessing its effectiveness, assessing skin integrity and implementing preventive measures, monitoring the presence of oedema and water balance, provide help and

knowledge until the patient is able to assume self-care, monitor activity tolerance, apply universal precautions for the control and prevention of healthcare-associated infections, assess sleep quality and apply environmental and professional measures to reduce arousals and promote sleep in cardiovascular critical care units.

Whilst grateful for the letter, we encourage the dissemination of methodological knowledge from a critical but constructive point of view in order to encourage the nursing community to move forward.

Funding

No funding or grant was received for this study.

References

1. Alconero-Camarero AR, Ibáñez-Rementería MI, Sarabia-Cobo C. Metodología enfermera aplicada a una paciente mediante intervencionismo estructural en cardiología. *Enferm Intensiva*. 2022;33.
2. Parellada-Vendrell M, Prat-Masana M, Pérez-Ortega S. Valve in valve mitral: a propósito de un caso. *Enferm Intensiva*. 2021, <http://dx.doi.org/10.1016/j.enfi.07.002>. In press.
3. Herdman TH, NANDA International. Diagnósticos enfermeros: definiciones y clasificación. 2015-2017. Barcelona: Elsevier; 2015.
4. Moorhead S, Johnson M, Maas ML, Swanson E. Clasificación de resultados de enfermería (NOC). 5.ª ed Barcelona: Elsevier; 2014.
5. Bulechek GM, Butcher HK, Dochterman J, Wagner CM. Clasificación de intervenciones de enfermería (NIC). 6.ª ed Barcelona: Elsevier; 2014.

M. Parellada-Vendrell (MSc)*, M. Prat-Masana (RN),
S. Pérez-Ortega (PhD(c))

Unidad de Cuidados Cardiológicos Agudos, Instituto Cardiovascular, Hospital Clínic, Barcelona, Spain

* Corresponding author.

E-mail address: maparell@clinic.cat

(M. Parellada-Vendrell).

<https://doi.org/10.1016/j.enfi.2022.05.002>

2529-9840/ © 2022 Sociedad Española de Enfermería Intensiva y Unidades Coronarias (SEEIUC). Published by Elsevier España, S.L.U. All rights reserved.