The Nurses' Understanding on Organ and Transplant Tissue Uptake and Donation


Summary

This paper draws some considerations about the duties incumbent on nurses in the transplant process. Based on existing legislation in the country and available literature. The ethical aspects and the importance of the nurse with the multiprofessional team and the society stand out. In addition, it is necessary to train professionals related to the transplantation process and to formal education, promoting clarifications and debates regarding the donation of organs for transplantation. The objective was to analyze the nurses' understanding according to the scientific productions in the period from 2001 to 2010, referring to the problematic. The method adopted was an integrative review of the literature. The results point out the need for improvements, taking measures of continuing education among these professionals and a broad approach on the subject. It is concluded that; Despite the increase in the number of organ transplants performed, there is still little literary production that describes and validates the results of the evaluation of nurses' knowledge about the transplantation process. Thus, this study shows that it is necessary to invest in scientific productions, which involve complex aspects, to intensify and value the level of knowledge development of nurses involved in the process of organ harvesting and transplantation.
to better elucidate the issue.

**Keywords:** Organ Donation, Legislation, Transplantation.

1. Introduction:

The fantastic development of medical technology, especially in the last forty years, has resulted in an increase in life expectancy, which in turn has influenced demographic growth with reflections on several other social and economic aspects and has had a major impact on Prevalence of chronic-degenerative diseases, many of them without alternative treatment other than organ or tissue transplantation (BARTIRA, 2010)

Potential donor PD; E) - Family interview, when there is identification of a potential donor in an intensive care unit or emergency room, there is a compulsory notification to the Central Organ Procurement and Distribution Notification (MATTIA, 2010).

The notification of a potential donor is an obligation under a compulsory notification law to the CNCDO, decentralized in OPOs, is made via telephone call to CNCDO by the professionals of the PS or the ICU. A (CNCDO) relays the notification to the (OPO) Organ Procurement Organization, which in turn evaluates the clinical conditions of the potential donor, such as age, cause of encephalic death time of diagnosis of encephalic death. (CINQUE, 2010).

To understand the difficulties involved in the organ donation process, it is essential to know the exact reasons for the organ shortage, the main limiting factor in the increase in the number of surgeries performed. Although the transplants are based on technical procedures that present a great technological advance, it can not occur without an organ donor (MAGALHÃES, 2011).

The activity of organ and tissue transplantation in Brazil began in 1964 in the city of Rio de Janeiro and in 1965, in the city of São Paulo, with the first two kidney transplants in the country, the first heart transplant. Also occurred in the city of São Paulo in the year 1968, performed by the team of Dr. Euriclides de Jesus Zerbini. Having the recipient survived 28 days. This occurred less than a year after the pioneering transplant by Dr. Christian Bernard in South Africa (DOMINGOS, 2010. ABOTO, 2011).

**Legislation:**

The Brazilian legislation on organ donation has been undergoing intense modification in recent years. The first law, approved in 1968, had the capacity to initiate a discussion about the behavior of people towards organ donation (DALBEN, 2010). According to the Official Federal Gazette (2008), the
Brazilian legislation governing the donation of organs and tissues, considering the provisions of Law No. 9,434 of February 4, 1997, in Decree No. 2668/97, all regarding on the removal of organs and parts of the human body for the purpose of transplantation or tissue grafting, Decree No. 2668 of June 30, 1997—Regulates Law 9,434 and creates the National Transplant Center (CNT) was responsible for centralizing all Cases of brain death in the national territory through the single technical register and the Centers for Notification and Distribution of Organs (CCNDOs). This Law, however, was amended by Law No. 10,211 in 2001, introducing the national registry of donors, establishing the priority of donors in performing necropsy (Medical Legal Institute) in case of violent death, giving back to the family the decision for the donation (consented donation) and returning the obligation of judicial authorization for non-related inter vivos transplants.

**Donors and Recipients**

The process of donating organs and tissues for transplantation is complex and consists of different steps. It begins with the identification of a patient in brain death (ME) and ends only with the completion of the transplant. To become a donor it is necessary that the individual fulfills some basic requirements: To be well and in good physical and mental health, to have blood compatibility with the recipient, to perform all the tests recommended for this type of surgery, to have more than 21 years old, has passed the immunological study and is a volunteer. (CINTRA, 2005)

The world literature reports the exponential increase in waiting receptors for the various organs as a universal issue, whose insufficiency of capture results in death by waiting for the organ that is not effective in a timely manner, it is necessary to perform laboratory tests that confirm the compatibility between donors and recipients.

**Barriers to non-organ donation**

Religious belief; The lack of understanding of the family; Distrust assistance and fear of trade in organs for transplantation; The non-acceptance of the manipulation of the body, the fear of the family's reaction; The absence or delay of confirmation of the diagnosis of brain death, the mismatch of the information transmitted to the family by the hospital staff, general doubts about the patient's condition and is a reason to refuse to donate organs even if the family member has requested to be donated; The inadequacy of the donation process; Or even by not knowing the wish of the deceased patient, manifested in life, of not being an organ donor, fear of the loss of the loved one, fear of their relative not being really dead.

**Concept of brain death.**

The first conception of brain death was developed by a French neurologist group, the significance of
Apnea was recognized and described by Mollaret and Goulon in 1959, through a clinical condition called coma dépasseé, a situation in which a dead brain finds in a living body.

The team needed to confirm brain death (ME) was established by Decree No. 2.268 / 97. The diagnosis should be performed by two physicians not belonging to the transplant teams, one with the title of specialist in neurology. The date and time of death will be verified at the time of diagnosis of brain death (ME). Victims of violent death, after removal of organs, must be autopsied. The diagnosis of brain death varies from country to country. In Brazil, the Federal Medical Council, in CFM Resolution 1346/91, defines brain death as the total and irreversible cessation of encephalic functions, of known and indisputable cause. In the diagnosis of (ME) a doctor conducts the medical examinations that give the diagnosis of brain death (ME), the test includes a clinical examination evidencing the absence of brain reflexes, after six hours of observation, the second test is done by the physician Neurologist who is not part of the transplant team, the test includes blood flow tests (brain angiography), or electroencephalogram, this test is to confirm the absence of blood flow in the brain.

Attempts should be made during the clinical examination for body temperature (SANTOS, 2005). In view of the above, because it is a relatively new area for nurses, the literature has sought the understanding of this professional. The objective of this work is to analyze the understanding of nurses and the national scientific production from 2001 to 2010, referring to the thematic understanding of nurses on the collection and donation of organs and tissues for transplants.

2. MATERIALS AND METHODS

It is a research of bibliographical, integrative revision. The study is a systematic review that consists of an objective, efficient and reproducible scientific technique that represents a reflection on the importance of the actions of the nurse professional, in front of a potential organ donor. The present research had the purpose of searching in the scientific literature to identify the understanding of the professional nurse in relation to the capture and donation of organs for transplantation. Based on the theoretical perspectives adopted, the articles related to the topic addressed between the years 2001 to 2010 were investigated through readings and text files. Initially, we checked the titles, authors and abstracts, in order to separate the repeated publications, then all the publications found and selected were the articles inherent to the subject addressed. The texts were selected for analysis because of the implications for the practice that guides nursing actions, regarding protocols and care with a potential organ donor. The data will be stored in Word 2013 computer program and will be discussed in the qualitative approach.

3. Results and Discussions
From the scientific articles found that were available in Portuguese, at the dates of publications, we can see in the figure above that the year 2010 was the year that had the highest number of articles published with 7 publications, followed by the year 2007 with 6 publications. There is a marked oscillation of the year 2007 to 2010. In the year 2001 and 2004, no articles were found that fit the theme. In the years of 2002, 2003 and 2009 only one article was found inherent in the subject addressed.

It is necessary to emphasize that the majority of the published articles were elaborated by the professionals of nursing followed by the medical professionals and other categories. The Brazilian Transplant Association believes that in the transplant scenario all medical patients and donors are important, since there is no transplant if donor. According to Bartira and Dimas et al., the great challenge of the professional working with organ and tissue procurement is to have ethical competencies for continuous improvement of care. The author Matias, says that it is necessary to take measures of continuing education among those professionals involved in the process of capturing and donating organs and tissues. In their study, they point out a deficient and limited knowledge of the professionals in relation to brain death. Although there is this deficiency of the professionals in relation to the whole common process, that without the effective participation of the nursing in face of the singularities and peculiarities that involve the entire transplant process, we would not have achieved such expressive and accepted results by society.

Nursing has gained its place with responsibility and credibility with society, the Federal Nursing Council due to the high complexity involved in the transplantation process, according to the Law on Organ Transplants regulated in the country, Resolution COFEN No. 292 / 2004, determined and specified the attributions of the nurse (to plan, execute, coordinate, supervise and evaluate the nursing procedures to organ and tissue donors.) The issue of donation and transplantation of organs and tissues should be more
divulged among the academic environment. That in the process of transplantation the donation is not an obligation but a particular option of each family member.

The fact of the denial of the donation of organs and tissues is the ignorance of the desire of the potential donor. The lack of clarifications and beliefs are also pointed as limiting factors of the donation of organs and tissues. Studies conducted by the author Domingos show that the quantification of the possibility of organ donation was limited by family refusal, as well as donation of organs and deaths occurred in the periods in which tests were performed for brain death (ME).

It is the responsibility of the nursing team to perform the control of all hemodynamic data of the potential donor. Potential donor is the patient diagnosed with brain death in whom the clinical contraindications that represent risks to organ recipients have been ruled out. Attention must be paid to the evolution of patients with brain death hospitalized in intensive care units (ICUs), so that care with the potential PD is taken in time, thus avoiding the non-effective donation of possible complications and infections.

Nursing must attend to the basic physiological needs of the potential donor, all general care should be provided, bedside maintenance at 30 °, aspiration of pulmonary secretions, catheter care, continuous measurement of vital signs, systemic blood pressure, oximetry of Pulse, PVC measurement central venous pressure, urine output and blood glucose test should be performed every hour, diets and antibiotics should be maintained.

In order to increase the number of organ and tissue donation and collection and consequently the reduction of the queue, it is necessary the adequate training of the professionals involved in the organ capture process. With this in mind, the Ministry of Health began to teach courses for intra-hospital transplant coordinators.

Although transplantation is an opportunity to improve the quality of life of patients with chronic terminal diseases, in many cases the transplantation process may take days, months or years, and the patient may not reach development levels and die before the end of the transplant. Transplantation process.

4. Conclusion

The data of the present study conclude the understanding that the quality of the relation between the professional of the capture of organs and the society favors measures in the accomplishment of the practices realized in the transplant process, assuming that the care is the raison d'être of the Nursing, the technical, scientific and human training of this professional is essential.

Among the nurse's variability, it should be pointed out that the professional performance of the
Multiprofessional team, in face of the process of organ and tissue donation and donation, is ensured by Law. With the discussions raised by the new transplantation law, the Brazilian society can verify various information regarding organ donation.

Nurse assignments in the transplantation process include: planning nursing care, performing the phases of the process, coordinating, supervising, and evaluating nursing procedures for donors and recipients of organs and tissues.

Other duties incumbent on nurses in the transplantation process are the notification of the centers of abstraction and distribution of organs, the existence of the potential donor, interviewing the legal guardian of the donor, ensuring the legal responsible of discussing with the family about the donation, prevailing the family consensus and the application of the systematization of assistance (SAE), in the process of abstraction and donation of organs and tissues. Despite the increase in the number of organ transplants performed, there is still little literary production that describes and validates the results of the Nurses' Knowledge assessment on the organ donation and donation process for transplants.

With the reduced number of scientific publications, it shows in advance the low production and understanding of nurses about the process of capturing and donating organs and tissues for transplants. It should be noted that the broad incorporation of this subject into curricula of all levels of education is necessary, especially a broader approach in undergraduate courses. This study continues this research, supporting the need to invest in the training of nurses, since their action is a fundamental element in the process of donating organs and tissues for transplants.

5. REFERENCES


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