Cooperação diminuída

**Introduction**

The accuracy of the ND is defined as the evaluator's judgment regarding the degree of relevance, specificity and consistency of the existing clinical indicators for the diagnosis. Based on diagnostic accuracy measures, it is possible to differentiate individuals with and without ND, based on the defining characteristics.

**Purpose**

To identify the nursing diagnoses of patients with Coronavirus disease 19 (COVID-19) in critical condition.

**Methodology**

A diagnostic accuracy study with a cross-sectional design was carried out in four Brazilian cities. We evaluated 474 critical patients with COVID-19, admitted to public hospitals.

A latent class model with random effects was used to establish the sensitivity (Se) and specificity (Sp) of the defining characteristics assessed.

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**RESULTS**

Patients were 58 years old on average. Ten different problem-focused diagnoses were identified.

The most prevalent diagnoses were: Impaired skin integrity (38.6%), Dysfunctional family processes (42.7%), Impaired spontaneous ventilation (31.39%), Acute pain (33.4), Ineffective airway clearance (26.1%) and Dysfunctional adult ventilatory weaning response (26.8%).

**Impaired skin integrity: Se** – Altered skin color; **Sp** – Bleeding

**Dysfunctional family processes: Se** – Reports feeling emotionally isolated; **Sp** - Expresses feeling abandoned

**Impaired spontaneous ventilation: Se** – Decreased cooperation; **Sp** – Increased accessory muscle use

**Acute pain: Sp** - Evidence of pain using standardized pain behavior checklist for those unable to communicate verbally

**Ineffective airway clearance: Se** – Diminished breath sounds; **Sp** – Ineffective cough

**Dysfunctional adult ventilatory weaning response: Se** - Difficulty cooperating with instructions; **Sp** - Hypoxemia (Partial pressure of oxygen 50% or oxygen > 6 L/min)

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**Impact**

Inference from nursing diagnoses may allow for autonomous and targeted care of critically ill patients with COVID-19.

**References**

