

Introduction

The identification of associations between factors related (RF) to a nursing diagnosis to which individuals were exposed is fundamental for understanding the causal process that is established.

Knowledge of the factors that are directly linked to the manifestation of the diagnosis or of those that enhance the effect of a causal factor can help diagnostic and therapeutic reasoning and is the starting point for the implementation of curative and preventive measures.

Purpose

To analyze the related factors of the nursing diagnosis Ineffective breathing pattern (IBP) in children with congenital heart disease (CHC).

Methodology

Cross-sectional study carried out in a tertiary hospital located in northeastern Brazil.

We applied an instrument divided into three parts: 1) sociodemographic and clinical characterization of children; 2) defining characteristics; 3) related factors of ineffective breathing pattern.

Ineffective breathing pattern in children with congenital heart diseases: analysis of related factors

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The subjects were 340 children with CHD.

A latent class model was used to determine the IBP. A univariate logistic regression analysis was performed for each related factor.

RESULTS

It was found that 56.89% of the children with CHC evaluated manifested the diagnosis.

All related factors showed high prevalence (> 50%).

RF with the highest prevalence: body position that inhibits lung expansion (78.9%), pain (76.4%) and increased CO₂ (74.2%).

The body position that inhibits lung expansion is the RF with the greatest impact for the occurrence of IBP (OR = 12.10), followed by physical exertion (OR = 6.82), pain (OR = 4.70) and age < 2 years (OR = 4.54).

Impact

The results obtained can guide the pediatric nurse in making a diagnostic decision, as they identify the related factors that increase the chances of children with congenital heart diseases to manifest the IBP diagnosis as the position of the body that inhibits lung expansion, physical exertion, pain and age younger than 2 years allows early intervention, favoring the maintenance of the breathing pattern.

References

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