

## EXPERIENCE REPORT

### APPLICATION OF NURSING ACTIVITIES SCORE IN HOSPITALIZED PATIENTS WITH HIV/AIDS: EXPERIENCE REPORT

#### APLICAÇÃO DO NURSING ACTIVITIES SCORE EM PACIENTES PORTADORES DE HIV/AIDS HOSPITALIZADOS: RELATO DE EXPERIÊNCIA

#### APLICACIÓN DE LA HERRAMIENTA NURSING ACTIVITIES SCORE EN PACIENTES INTERNADOS CON VIH/SIDA: INFORME DE EXPERIENCIA

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Submitted on: 02/25/2013

Approved on: 09/26/2013

### ABSTRACT

This is an experience report on the implementation of the Nursing Activities Score (NAS) to measure demand for nursing care of hospitalized patients with HIV/AIDS, aiming to discuss the adequacy and comprehensiveness of the instrument, as peculiarities that concern the assistance for these patients. This study is the result of a data collection from a research dissertation of a Master's Degree in Nursing of the Graduate Program at Federal University of Piauí, developed in a public hospital reference to the diagnosis and treatment of individuals with infectious diseases. The NAS score allows checking for compatibility between the demand for patient care and nursing staff dimensioning, thus becoming a promising tool in the management of nursing services. The results of this experiment show that the score covers many aspects involved in the care of individuals with chronic diseases, such as HIV/AIDS. However, there is still a need for adaptations, especially with regard to the item "Medication". It is suggested that changes be made so that the NAS can contemplate more reliably some care and become stronger as a management tool capable of contributing to the quality of care and preservation of nursing professional's health due to the work in units that treat patients carrier of the retrovirus.

**Keywords:** Nursing; Scales; Acquired Immunodeficiency Syndrome; Nursing Care.

### RESUMO

Trata-se de um relato de experiência sobre a aplicação do *Nursing Activities Score* (NAS) para mensurar demanda de cuidados de enfermagem de pacientes portadores de HIV/AIDS hospitalizados, objetivando discutir sobre a adequação e abrangência do instrumento, conforme peculiaridades que concernem à assistência a esses pacientes. Este estudo é resultado de uma coleta de dados de uma pesquisa de dissertação de mestrado do Programa de Pós-graduação Mestrado em Enfermagem da Universidade Federal do Piauí, desenvolvida em um hospital público referência para o diagnóstico e tratamento de indivíduos com doenças infectocontagiosas. O escore do NAS possibilita verificar se há compatibilidade entre a demanda de cuidado dos pacientes e o dimensionamento da equipe de enfermagem, constituindo-se em um instrumento promissor no gerenciamento dos serviços de enfermagem. Os resultados dessa experiência mostram que o escore abrange muitos aspectos que envolvem a assistência ao indivíduo portador de doenças com caráter de cronicidade, como é o caso do HIV/AIDS. No entanto, ainda existe necessidade de adaptações, principalmente no que diz respeito ao item "Medicação". Sugere-se que alterações sejam feitas para que o NAS possa contemplar de forma mais fidedigna alguns cuidados e se fortaleça como instrumento gerencial capaz de contribuir para a qualidade da assistência e preservação da saúde dos profissionais de enfermagem no que diz respeito a unidades que atendem pacientes portadores da retrovírose.

**Palavras-chave:** Enfermagem; Escalas; Síndrome de Imunodeficiência Adquirida; Cuidados de Enfermagem.

### RESUMEN

Se trata de un informe de experiencia sobre el uso de la herramienta *Nursing Activities Score* (NAS) para medir la demanda de atención de enfermería de pacientes internados con HIV/SIDA. Su objetivo es discutir su adecuación y alcance en este ambiente. El presente estudio, que se llevó a cabo en un hospital público de referencia para diagnóstico y tratamiento de personas con enfermedades infectocontagiosas, es el

*resultado del conjunto de datos de una tesis de investigación del programa de postgrado Máster en Enfermería de la Universidad Federal de Piauí. El score del NAS permite comprobar la compatibilidad entre la demanda de atención de los pacientes y el tamaño del equipo de enfermeros. Se trata de una herramienta muy útil para la administración de los servicios de enfermería. Los resultados de esta experiencia muestran que el score incluye varios aspectos que intervienen en la atención de personas con enfermedades crónicas como en el caso del HIV/SIDA. Sin embargo, habría que hacer algunas adaptaciones, sobre todo en lo que se refiere al aspecto "Medicación". Se sugiere que se realicen los ajustes necesarios para que el NAS sea una herramienta más confiable y que sirva para mejorar la calidad de la atención y preservar la salud de los enfermeros que atienden pacientes con retrovirus.*

**Palabras clave:** Enfermería; Escalas; Síndrome de Inmunodeficiencia Adquirida; Atención Enfermería.

## INTRODUCTION

Acquired immunodeficiency syndrome, globally known by the acronym AIDS, is a highly socially relevant infectious disease which is considered to have an obscure prognosis leaves individuals carrying the virus to ponder their mortality. Regarding the nursing assistance to patients carrying HIV/AIDS, it highlights the importance of care practices, with the purpose of expanding the possibilities and quality of life of these individuals, since a cure is not yet a possible intervention in the current scenario. It becomes, therefore, a disease of chronic nature.

The Joint United Nations Programme on HIV/AIDS estimates that there were 33.3 million people (based on latest data from 182 countries) living with HIV at the end of 2009. In South and Central America, HIV epidemics have changed little in the past few years, with the total number of people living with this virus rising, but going from 1.1 million in 2001 to about 1.4 million in 2009, due largely to the availability of antiretroviral therapy. This therapy has prolonged the lives of people living with the virus. About a third of all people living with HIV in South and Central America reside in Brazil, where there have been early efforts, which are ongoing, seeking to contain the epidemic by prevention and treatment of HIV.<sup>1</sup>

As investigated with improved crossover methodology for database information, Brazil showed 608,230 reported cases of AIDS between 1980 to June 2011. Of those, 78,688 cases were listed in the Northeast region and 3,657 in Piauí.<sup>2</sup>

The development of antiretroviral therapy is one of the main factors in the history of combatting HIV, although it does not represent a cure, it is bringing new possibilities and perspectives as a therapy that is capable of changing the progression of the disease. However, these advances are still unable to remedy the losses caused by limitations imposed by AIDS-related diseases.<sup>3,4</sup>

People living with HIV/AIDS report the need to learn how to live with a tumultuous daily routine of consultations, treatments, and frequent laboratory exams, besides possible hospitalizations. The health professionals must be prepared to interact with these people, trying to understand the complexities of their lives, their beliefs, attitudes, and values; in order to adjust the offered psychological and emotional care to their personal situations, reaching a better quality in the provided care.<sup>5</sup>

Thus, at a certain point in the progression of the infection, when the immunosuppression is aggravated and the symptoms of AIDS become evident, the nursing care to HIV carriers becomes very significant and aims to meet the biological and vital necessities of those patients who present some loss of autonomy in self-care, in addition to consider the psychosocial and spiritual effects that this disease causes.

HIV/AIDS patients experience both physical and psychological burnout during the progression of their disease, which enforces the need for supportive, welcoming care. Also, the patients' perception about the care provided is broader, which includes the emotional aspect of care. The expanded dimensions of qualified assistance increase the capacity to contribute to the best hospitalization experience possible and ultimately reestablishment of good health.<sup>3</sup>

The options of nursing interventions available for these specific patients are vast. However, it is noteworthy that there is a need of better description and quantification of the care required by them, through the use of objective measurement tools. Thus, it is possible to more adequately plan care and provide the allocation of human resources for the nursing staff, sufficiently providing quality care.

For such purpose, the Nursing Activities Score (NAS), which is an instrument capable of measuring the demand of nursing care, was chosen. It was originally written in English by Miranda et. al, in 2001, and was adapted and validated in Portuguese by Queijo and Padilha in 2002. The instrument considers not only the activities related to care assistance, but also the ones associated to family support and administrative actions.

It consists of 23 items and is divided in seven major categories: basic activities, ventilatory support, cardiovascular support, renal support, neurological support, metabolic support and specific interventions. Those categories describe a set of intensive care activities, which total score ranges from 0 to 176.8% and cover 80.8% of the time spent by nursing professionals in patient care during 24 hours.<sup>6</sup>

Considering its objectivity and reliability, the experience report reflects on the application of NAS to measure the demand of nursing care to hospitalized patients HIV/AIDS carriers and aims to discuss the appropriateness and comprehen-

siveness of this tool with regard to peculiarities observed in the nursing care assistance to these specific patients.

This research is originated from a master thesis of the Master in Nursing Graduate Program (PPGMENF) of the Federal University of Piauí (UFPI), and has as its objective the “demand of nursing care to hospitalized patients with HIV/AIDS”. All the ethical and legal procedures were observed and the study was approved by both Ethics in Research Committee (CEP) of the hospital and of UFPI (CAAE: 02750012.0.0000.5214), in October 2012.

## MEASURING DEMAND FOR NURSING CARE THROUGH NAS

Currently, many scales and tests have been elaborated, translated, adapted, validated and applied in the healthcare area, aiming to measure and/or identify situations in which it is possible to perform in a more scientific and effective manner, each of them with their advantages and disadvantages. The professional should be able to determine what is the best instrument to be applied within its care assistance needs and work reality.<sup>7</sup>

However, it is essential that the instruments chosen be of easy use, broad, accurate and valid, in order to avoid biases in the measurement of the studied phenomenon and in making the application procedure too tiring.<sup>8</sup>

When the goal is to evaluate the demand of patient care, among the new generation of instruments developed in the international scenario, the NAS is revealed as a sensitive and promising instrument, for being a simplified version, offering ease in data collection, which is vital in front of the dynamism and numerous attributions of the nursing team.<sup>9</sup>

Among the seven major categories that compose the NAS, the “basic activities” are comprised of eight items: monitoring and titration; laboratory, biochemical and microbiological investigations; medication; hygiene procedures; care of drains; mobilization and positioning; support and care of relatives and patient; and administrative and managerial tasks (Table 1). The items “monitoring and titration”, “hygiene procedures”, “support and care of relatives and patient” and “administrative and managerial tasks” are also composed of sub-items, mutually exclusive, differentiated according to gradual time in which the proposed activities were performed and/or with the number of staff involved in each shift.<sup>10</sup> The other categories of NAS do not have this largest division, being subdivided only on items that specify the developed activities, likewise receiving points according to time for their completion.

In this way, the NAS totals 23 items with distinct scores. The final attributed score results from the sum of points from the items, in which each point is equivalent to 14.4 minutes that correspond to the needs of direct and indirect patient care assistance. Therefore, if the score is 100, it is inferred that

the patient required 100% of a nursing professional's time in his or her care in the last 24 hours.<sup>11</sup> If the score is greater than 100, it is interpreted as requiring more than one professional to assist in the care for that specific patient, at least in one shift.

In addition to measuring the demand for patient care, the results obtained from the application of this instrument can also assist in the budget calculation of the nursing service and act as proof for the hospital administrator of the need for additional staff, and be supplemental to decisions referring to recruitment and selection of nursing staff.<sup>6,12</sup>

The evaluation of applications of NAS also allows associations between the obtained scores with personal aspects of the individual assisted by the nursing team, considering the nurse as responsible for the task of tracking the quality of care, since he or she is directly linked to the care provided to the patient during 24 hours per day.

Although NAS was developed to measure demand of nursing care in adult Intensive Care Units (ICU), there are studies that show the adaption of its applicability to other inpatient units, such as: neonatal units; medical and gastroenterological surgery units; semi-intensive units; pediatric intensive care units, and emergency units.<sup>13</sup> Thus, in the research on which this study reports, the NAS has been applied both adult ICU and inpatient units of a hospital.

## NAS APPLIED TO HOSPITALIZED PATIENTS WITH HIV/AIDS

Considering the aspects cited above that drive and justify the choice of NAS, and knowing that there have not been, until this date, specific instruments to measure the demand for nursing care to HIV/AIDS patients, this instrument has been applied for that purpose, in a midsize hospital (120 beds) mandated to diagnose and treat infectious diseases in the city of Teresina-PI.

Prior to the period of data collection, a team composed of a practicing nurse with a Master's in Nursing, a student nurse following a Master's Degree in Nursing (both specialists in Occupational Health Nursing) and three nursing students at UFPI. The more experienced nurses trained the students in applying NAS. The nurses had previous experience with use of the instrument in other studies. To standardize the collection, the training was conducted initially through simulations of patients in different clinical conditions, in order to compare the scores awarded by the different collectors, seeking to minimize the discrepancies. Two weeks before starting the data collection, the team went to the hospital where the study took place and each collector applied NAS to the same 10 patients (which were not part of the sample), to do a validation of the instrument, verifying the reliability among team members and clarifying possible doubts, concluding the standardization process.

Table 1 - Nursing activities score<sup>6</sup>

Basic Activities	Score
<b>1. Monitoring and titration</b>	
1a. Hourly vital signs, regular registration and calculation of fluid balance.	4,5%
1b. Present at bedside and continuous observation or active for 2 hours or more in any shift, for reasons of safety, severity, or therapy such as: noninvasive mechanical ventilation, weaning procedures, restlessness, mental disorientation, prone position, donation procedures, preparation and administration of fluids or medication, assisting specific procedures.	12,1%
1c. Present at bedside and active for 4 hours or more in any shift for reasons of safety, severity, or therapy.	19,6%
<b>2. Laboratory Investigations: Biochemical and Microbiological.</b>	<b>4,3%</b>
<b>3. Medication, vasoactive drugs excluded.</b>	5,6%
<b>4. Hygiene Procedures</b>	
4a. Performing hygiene procedures such as: dressing of wounds and intravascular catheters, changing linen, washing patient in special situations (incontinence, vomiting, burns, leaking wounds, complex dressing with irrigation), and special procedures (e. g. barrier nursing), etc.	4,1%
4b. Performance of hygiene procedures took more than two hours in any shift.	16,5%
4c. Performance of hygiene procedures took more than four hours in any shift.	20,0%
<b>5. Care of Drains – All (Except gastric tube)</b>	<b>1,8%</b>
<b>6. Mobilization and positioning, including procedures such as: turning the patient; mobilization of the patient; moving from bed to chair; team lifting (e. g. immobile patient, traction, prone position).</b>	
6a. Performing procedure(s) up to three times per 24 hours.	5,5%
6b. Performing procedure(s) more frequently than 3 times per 24 hours, or with two nurses, any frequency.	12,4%
6c. Performing procedure with three or more nurses, any frequency.	17,0%
<b>7. Support and care of relatives and patient, including procedures such as: telephone calls, interviews, counseling. Often, the support and care of either relatives or patient allow staff to continue with other nursing activities (e. g. communication with patients during hygiene procedures or communication with relatives while present at bedside and observing patient).</b>	
7a. Support and care of either relatives or patient requiring full dedication for about 1 hour in any shift such as to explain clinical condition, dealing with pain and distress, difficult family circumstances.	4,0%
7b. Support and care of either relatives or patient requiring full dedication for 3 hours or more in any shift such as death, demanding circumstances (e. g. large number of relatives, language problems, hostile relatives).	32,0%
<b>8. Administrative and Managerial Tasks</b>	
8a. Performing routine tasks such as processing of clinical data, ordering examinations, professional exchange of information (e. g. ward rounds).	4,2%
8b. Performing administrative and managerial tasks requiring full dedication for about 2 hours in any shift, such as research activities, protocols in use, admission and discharge procedures.	23,2%
8c. Performing administrative and managerial tasks requiring full dedication for about 4 hours or more of the time in any shift, such as death and organ donation procedures, coordination with other disciplines.	30,0%
<b>Ventilatory Support</b>	<b>Score</b>
9. Respiratory support. Any form of mechanical ventilation/assisted ventilation with or without positive end-expiratory pressure, with or without muscle relaxants; spontaneous breathing with or without positive end-expiratory pressure (e. g. CPAP or BiPAP), with or without endotracheal tube, supplementary oxygen by any method.	1,4%
10. Care of artificial airways. Endotracheal tube or tracheostomy cannula.	1,8%
11. Treatment for improving lung function. Thorax physiotherapy, incentive spirometry, inhalation therapy, intratracheal suctioning.	4,4%
<b>Cardiovascular Support</b>	<b>Score</b>
12. Vasoactive medication, disregard type and dose.	1,2%
13. Intravenous replacement of large fluids losses. Fluid administration > 3L/m <sup>2</sup> /day, irrespective of type of fluid administered.	2,5%
14. Left atrium monitoring: pulmonary artery catheter with or without cardiac output measurement.	1,7%
15. Cardiopulmonary resuscitation after arrest, in the past period of 24 hours (single precordial thump not included).	7,1%
<b>Renal Support</b>	<b>Score</b>
16. Hemofiltration techniques. Dialysis techniques.	7,7%
17. Quantitative urine output measurement (e. g. by indwelling urinary catheter).	7,0%

Continues...

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Table 1 - Nursing activities score<sup>6</sup>

Neurologic Support		Score
18. Measurement of intracranial pressure.		1,6%
Metabolic Support		Score
19. Treatment of complicated metabolic acidosis/alkalosis.		1,3%
20. Intravenous hyperalimentation.		2,8%
21. Enteral feeding through gastric tube or other gastrointestinal route (e.g. jejunostomy).		1,3%
Specific Interventions		Score
22. Specific intervention(s) in the intensive care unit. Endotracheal intubation, insertion of pacemaker, cardioversion, endoscopies, emergency surgery in the previous 24 hours, gastric lavage. Routine interventions without direct consequences to the clinical condition of the patient, such as radiographs, echography, electrocardiogram, dressings or insertion of venous or arterial catheters are not included.		2,8%
23. Specific interventions outside the intensive care unit. Surgery or diagnostic procedures.		1,9%

The sub-items of the items 1, 4, 6, 7 and 8 are mutually exclusive.  
Source: (QUEIJO; Padilha, 2009).

Thus, in November 5th 2012, the application of NAS began in five inpatient units and the ICU of the referred hospital: the number of hospital beds per unit varies from three (isolation rooms with negative pressure) to 41 and the ICU has seven beds. However, according to the goals and study subject, the NAS was not applied to the entire population of the hospital, only to the patients with HIV/AIDS older than 18 years, who agreed in participate of the research by signing a Informed Consent (IC) form.

The NAS was applied daily, from Monday to Friday, preferably in the afternoon shift, being this period the one in which the patient records are not often needed by the multidisciplinary team, giving the researchers more availability to data, and it is when the majority of patients are awake and can sign the IC. The research participants are able to integrate the study when they complete 24 hours of admission and are followed until hospital discharge, when they evade the hospital or evolve to death. The score is punctuated based on care interventions registered in medical records that were performed within the 24 hours of the day preceding data collection. Until the moment of conducting this study, the instrument, to evaluate the demand of nursing care, was applied to 111 patients and 1,229 measures of the score were calculated, and the data collection will continue until reaching a sample of 150 patients, which was previously calculated (with sampling error of 5%).

As for limitations, one of the difficulties that are being encountered in the application of the instrument is related to the registers in the charts. In the inpatient units, it is verified that important nursing records sometimes are absent or insufficient. The Systematization of Nursing Assistance (SAE) has not yet been implemented in those units, so the collectors have resorted to other notes and observations present in the medical records, to questions done to the nursing staff, besides their own knowledge and monitoring the patients.

As the members of the team who collect the data are present every day doing the data collection, it is possible to note changes in the patient status, even though some are not registered in the medical records. However, due to the underreporting, some details may go unnoticed and interfere in the research results. Those may even result in a demand of care smaller than the actual one, although the very fact that the records are not being performed properly can be a reflection of a possible excessive workload of the nursing staff, which may also interfere in the quality of care provided and in the occupational health of the professionals.

Nevertheless, this finding is not a reality restricted to the hospital setting of this study. Aiming to understand the perception of a nursing team about the records for SAE in a clinical inpatient unit of a teaching hospital in southern Brazil, another study also found decentralization and lack of nursing records, even though the nurses of the unit were aware of their importance. The authors moreover concluded that the limitations identified were focused in the shortage of human resources, lack of time, excess of administrative/bureaucratic activities and in the culture of nursing understood as a support service.<sup>14</sup>

In this context, it is realized that, despite the widespread discussion of relevance of a reliable and complete record of the nursing care, the employment situation in which many nursing professionals are exposed combined with lack of awareness by the other portion of these workers, exposes these notes as needing improvement. The improvements will contribute both to the communication among members of the team and to protect them legally, and also as being a trustworthy source for scientific research.

Contrary to this finding, in the ICU it has been observed that the registers in medical records are made in a reliable manner, containing the care assistance provided by nursing professionals and include all the information necessary to enable the measurement of NAS score.

Regarding the scope of the instrument to enable its application to patients with HIV/AIDS, it is observed that NAS comprises a large number of activities performed by the nursing staff in the assistance to these patients, since some do not differ of the nursing care offered to other patients who are not retrovirus carriers.

In a study developed in an inpatient unit of a state public hospital in the city of Fortaleza-CE, it was noted that among the causes that warrant hospitalization of HIV-positive patients, were: diarrheal syndrome, dehydration, bronchitis, fever, genital herpes, respiratory failure, vomiting and tuberculosis.<sup>3</sup> The majority of interventions necessary to control or reverse these conditions, that are also being found in the subjects of the present study, can be addressed in the NAS score, such as: in the category "cardiovascular support", there is the item "intravenous replacement of large fluid losses", which is usually indicated to patients with diarrheal syndrome, vomiting and severe dehydration; in the category "respiratory support", there are items that can be scored during the treatment of bronchitis, tuberculosis and respiratory failure; the category "basic activities" contains the item "medication", which allows the application for patients with fever, and the item "hygiene procedures", that can be applied to patients with genital herpes, diarrhea and/or vomiting who requires use of dressings or the ones not capable of performing self-care regarding bodily hygiene.

Also considering the specifics that surround the care assistance to patients with retrovirus, some points are contemplated in NAS, while some limitations to the metric are noticed when concerning others. Thus, a positive point regarding psychological support can be scored starting from the item "support and care of relatives and patient" of the category "basic activities". This is considered an essential aspect in the care assistance to the individual living with HIV/AIDS and his family, due to stigma and a range of negative feelings encompassing the diagnosis of this disease.

In research about the self-care of HIV/AIDS carriers, conducted in the National Network People Living with HIV/AIDS in Ceará, some of the main nursing diagnosis raised, according to the taxonomy II of the North American Nursing Diagnosis Association (NANDA-I) were: risk for loneliness, fear, situational low self-esteem, complicated grieving and ineffective coping.<sup>15</sup> Some of these diagnosis have also been observed during the implementation of NAS to the individuals of the present study.

At the moment in which the researchers approach the patients to sign the IC, it is clearly understood how much these individuals have more need of therapeutic listening, of having someone to listen their complaints, to encourage them, with whom they can share the feelings of distress, anxiety and also the feelings of joy when they present clinical improvements. These aspects are perfectly compatible with the item "support and care of relatives and patient" of NAS, as previously mentioned.

A poor aspect of NAS score is related to the use of medication, among them the antiretroviral cocktail. The item "medication" is part of the instrument, as it was mentioned before, and it belongs to the category "basic activities" which applies to any patient that receives medication, regardless the route or dose, except for vasoactive drugs<sup>16</sup> (there is a specific item in NAS for vasoactive drugs). However, as there is not an item specific for antiretroviral drugs, the item "medication" is scored for both patients receiving the antiretroviral medications, and for patients using any other type of medication. The value of the score is the same, regardless the quantity of medication administered to the patients.

Thus, according to that item, there is no distinction of demand for care required by patients that use or not the cocktail, although it is understood that individuals who use antiretrovirals and/or have in their prescription a larger number of medications demand more time of nursing care, deserving a differentiated score. In some cases, the patient already receiving antiretroviral medication regularly keeps the drug themselves, which is not a time-consuming task for the nursing staff in the provision and preparation of the medication. Yet, even in the above cases, the ideal would be the professional who is providing the care checking if the patient is using the prescribed medications correctly, which would increase the nursing care demand for patients, for that verification and counseling in cases of patients resilient to treatment. A possible solution for this deficiency in NAS would be dividing this item in sub-items, considering quantity and type of medication, as it was done for other items of the instrument.

## FINAL CONSIDERATIONS

For the development of a viable and of quality therapeutic project, it is the nurse's responsibility to know the needs of patient care under his or her service, so he or she can propose a plan of care more suitable to this demand. Doing a glimpse of the care assistance profile in an inpatient unit (without failing to pay attention to the individuality of patients) through application of NAS, can provide management with a more in-depth view of nursing staff realities.

The outcomes of this study are allowing verification that NAS presents itself as comprehensive in many aspects involving care assistance to individuals living with chronic diseases, such as HIV/AIDS. However, it has been observed that there is the need to adapt some items of the instrument, in order to contemplate more reliably some individualized care focused on these patients.

Therefore, it is suggested that alterations be made in the score (especially with regard to the item "medication"), with the assistance of scholars who have expert knowledge and experience in the use of NAS, and/or elaboration of a new instrument specific for measurement of the nursing demand for hospitalized patients with HIV/AIDS.

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