

## Nursing Care In A Pregnant Adolescent With Urinary Tract Infection In A Barranquilla Clinic 2019-1

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### ABSTRACT

The Nursing Care Process, defined as a systemic, organized, logical and sequential method, which allows providing effective, timely and precise interventions, which favor the satisfactory evolution of patients inside and outside health institutions

**Objective:** Provide nursing care A pregnant adolescent with impaired urinary elimination in a level II clinic in Barranquilla 2019-1.

**Methodology:** clinical case report of a 15-year-old pregnant woman who applied the nursing process from the point of view of Betty Neuman's theory with the support of family health instruments.

**Results:** The primary nursing diagnosis was impaired urinary impairment R/C urinary tract infection, identifying it according to a scale of 1. Seriously compromised evidenced by frequent urination and urinary incontinence; having intervened on the patient according to her complaints, it went to a scale of 3. Moderately compromised. The other nursing diagnosis was ineffective protection, related to ineffective health self-management, evidenced by lack of knowledge about urinary infection and 15-year-old first-time pregnant, indicating a scale of 1. Seriously compromised, where the patient underwent a change of style of life to reduce the risk, passed to a scale of 4. Slightly compromised, evidencing improvement in his state of health.

**Conclusions:** Care from the nursing care process favors quality care and with a comprehensive view of the subject, benefiting the patient's evolution.

**Keywords:** Nursing care, self-care, health, Betty Neuman.

### INTRODUCTION

The nursing care process is "a method based on clinical judgment to achieve a result expected by a patient by a health professional", that is, it is a mediation to achieve a better quality of life; nursing mediation can be direct and indirect and can be both physiological and psychosocial or supportive; with the patient or family directly or without the patient, but in favor of the patient or a group with similar characteristics (1).

The Nursing Care Process (PAE) is based on the scientific procedure, which provides characteristics of order, organization, logic and sequential nature, which consists of 5 stages: assessment, includes registration and mapping of health-related information, identification of abnormal activity of the risk of health complications; diagnosis, consists of examining the data and discovering current and future problems under the care plan, in addition, it is necessary to determine the resources for the implementation of a plan of this effectively; planning, are the key activities of how to establish immediate priorities, establish goals, review measures and define or individualize a care plan; execution, is putting into practice everything planned and finally, evaluation, which consists of comparing people's responses and checking if the established objectives have been achieved (2).

In nursing interventions, the first stage begins with the assessment, which is carried out through the domains, understood according to the NANDA, as the representation of the most indeterminate level according to the categorization, in its case, it is the meaning of diagnoses grouped in the same area. Each domain refers to an individual's field of activity and/or behavior; On the other hand, there is the NOC (Nursing Outcomes Classification) or CRE (Nursing Outcomes Classification) and the NIC (Nursing Interventions Classification) or ICN (Classification of Nursing Interventions) (3).

The nursing diagnosis of urinary tract infections according to the NANDA taxonomy must be susceptible to the invasion and proliferation of infectious bodies that complicate health (4). Urinary tract infection (UTI) as a pathology is a series of factors that modify the urinary system and frequently have the presence of microbes, usually bacteria, in the urine (5). UTIs start in any segment of the urinary tract: the kidneys, ureters, bladder, and urethra are formed; and the most common microbes that cause infections are: *Escherichia coli*, *Enterobacter*, *Klebsiella*, *Enterococcus*, *Pseudomonas*, *Proteus* and *Staphylococcus saprophyticus*, less frequently due to urinary tract-linked candidiasis; multiplying and causing edema and pain. (6).

Conditions associated with the urinary tract is one of the diseases that affects people of different sexes throughout their lives. It is the most common in the community and hospital setting, followed by respiratory diseases (7). They occur 14 times more in women than in men, indicating that 10 to 30% of women will experience at least one UTI in their lifetime, and more than 40% will be repeat offenders. These statistics increase in the case of pregnancies, due to the influence it exerts on hormonal, metabolic and anatomical changes. Pregnancy has also been shown to predispose to complications of kidney diseases and their sequelae in the female population, generating greater probabilities of damage at the level of renal organs (8).

A review of an article on this pathology in pregnant women found that contamination is increasing mainly, with *Escherichia coli* accounting for 75-90% of *Escherichia coli* infections in pregnancy and an estimated prevalence of 2-10% of infection rates. Therefore, lower socioeconomic status, normal sexual activity, and gestational diabetes indicate this morbidity. Another important aspect of UTIs is the complication of acute nephritis skin, which is estimated or represents 30% of cases, this is due to the site of systemic colonization of the urinary system and is indicated during pregnancy (9)

UTIs during pregnancy cause changes in the normal and structural functions of the urinary tract, which in many cases contribute to and aggravate the infection. Approximately 80% of pregnant women experience urinary tract dilation and mild hydronephrosis, in part due to decreased smooth muscle tone, impaired ureteral peristalsis, and urethral sphincter relaxation (10). In addition, the uterus expands and puts pressure on the bladder and ureters, which helps collect waste after urinating. The contribution of the hormonal components that help these changes was also determined. For example, progesterone reduces the tone and contractility of ureteral smooth muscle fibers, which weakens urethral peristalsis and causes urinary stasis and vesicoureteral reflux (10). Degrading factors are: biochemical changes in the urine, increased production of glucose, amino acids and hormone breakdown products, which raise the pH of the urine (11). In addition to all of the above, the case report of a pregnant adolescent with UTI in a clinic in Barranquilla is revealed.

### Presentation Of The Case Report

A 15-year-old primiparous woman with a gestational age of 22 weeks in the second trimester ultrasound and diagnosed on February 12, 2019, was admitted to the gynecological emergency service of a clinic in Barranquilla, together with her partner.

**Subjective data:** During the interview with the teenager, she stated "I am pregnant and I am voting liquid, abdominal pain".

**Assessment: Objective data** revealed vital signs, blood pressure 120/70, 26 breaths per minute, physical examination revealed: normal head, no flagellum, nasal enlargement, chloasma; movable neck, symmetrical, no lymphadenopathy; symmetrical chest, cheerful breasts with hyperpigmented areola; symmetrical upper limbs directed to the right hand; spherical abdomen due to heavy uterus, signs of linea alba; Genitals of normal shape, leukorrhea profuse, lower limbs mobile, symmetrical, without swelling.

**Obstetric history:** G1, menarche 12 years, LMP: 18-Sep-2018, IVS: 14 years, IVO: 15 years, PS: 1, STD: denies.

Upon reviewing the medical history, it is evident that the doctor orders a control ultrasound and vaginal smear by which Premature Rupture of the Membrane (PROM) is ruled out, with a new diagnosis of urinary tract

infection with symptoms of leukorrhea, perianal pain. For all of the above, the research group chooses the case report, because they are competent topics of the clinical practices of the current semester, and because it is one of the most transcendental sources of knowledge, which allows diversifying the form and content of the cases that are intended to be described; in addition, it will serve the authors as a reference to prepare this type of publications. From the focus of the nursing discipline, it is to provide nursing care interventions to patients with UTIs in a clinic in Barranquilla, offering care to maintain and improve their health, through the implementation of the nursing process; using the NANDA, NOC and NIC taxonomies that identify areas of altered health status in an individual.

Therefore, the present work proposes the following objectives.

### Objectives

#### General Objective

- To provide nursing care to an adolescent pregnant woman with urinary tract infection in a 2019-1 level II care clinic.

#### Specific Objectives

- Use the nursing care process, taking into account the NANDA, NIC and NOC taxonomy, to early adolescent pregnant women with urinary tract disorders to avoid consequences for the fetus and the mother.
- Characterize the adolescent and her family nucleus, through health instruments, to prevent and predict diseases and provide health education.
- Apply Betty Neuman's systems model, detailing the phenomena that allow nursing practice.

### METHODOLOGY

This case report is framed in the qualitative approach, because are succinct descriptions of an important clinical case from the point of view of the diagnostic approach, in this sense "The qualitative approach aims to glimpse and deepen the phenomena, to study them from the point of view of the participants in the natural environment. and with the context" [12]. A 15-year-old adolescent pregnant woman was chosen and the sampling was non-probabilistic because the sample was collected in a process that gives all participants the same opportunity to be chosen, and at their convenience.

#### Inclusion criteria

- Users who are in the gynaecological emergency service.
- That they met the competencies of clinical partner VI semester which are:
- Knows, identifies and applies the model of the theory to plan nursing care to the mother-child binomial, assuming the needs of the individual, family and communities.
- Demonstrates scientific knowledge of pathologies to work within the context of the code of ethics, legal regulations and interact in an interdisciplinary team with the ability to resolve and improve the priority and special health problems of the mother and child.
- It manages care in accordance with the human life cycle and responds to real and potential needs, minimizing risks and adverse events, based on compliance with human rights and none.

#### Exclusion Criteria: None

**Primary Source of Information:** The data were collected through interviews with the first pregnant woman and the completion of family health tools (Familiogram, Apgar and Ecomapa).

**High school:** the medical history. For the collection of information, the interview was used, which is the technique where the scientist obtained the data in a verbal and personified way. "The data deals with direct facts and subjective aspects of a person, such as opinions, qualities or values in relation to the scenario investigated." [13]. And the instruments that were applied were those of family health such as:

- **FAMILIOGRAM:** instrument that allows the identification of the key person(s) and relationships in the life of an individual. It also shows patterns in the links and generational patterns that bother a person, the problems and concerns that you usually can't talk about. [14].
- **ECOMAPA:** It is a technique that facilitates the health team to visualize the mutual relationships of the family with the environment and the sociocultural environment in which it develops, that is, it reveals data on aspects of resources outside the family [15].
- **APGAR:** It is a tool that indicates how family members globally track their level of family activity. This tool consists of five items that give a score of 7-10 for a functional family, 4-6 indicates moderate dysfunction, and 0-3 indicates a family with severe dysfunction [15].

### Collection of information

On February 12, 2019, during the nursing round, a 15-year-old pregnant patient with an early pregnancy of less than 23 weeks (22.4s), hospitalized in the gynecological emergency department, was evaluated, once it was specified with the researchers on the choice of this case because they are competent to the clinical practices of the current semester. The patient is informed of the case and what the objectives are, subsequently, the informed consent is given, he is informed that home visits will be made at the time of discharge. In addition, the evaluation of the family health instruments is carried out through personal and family questions. finally, the results of the Familiogram, Apgar and Ecomapa were obtained, being able to direct the nursing interventions to the domains that were affected.

### Ethical Considerations

This study took into account Resolution No. 8430 of 1993, which establishes scientific, technical and administrative standards for health research. It also establishes that the criteria of respect, human dignity and the protection of their rights and well-being are applied in all studies where a person is examined. The subject's informed consent was also taken into account. And finally, Article 11. Where it was considered that the case report was classified as risk-free research, because retrospective documentary exploration methodologies and processes were used. [16]

### Plan for presentation and analysis of the results

The data of the case report were carried out through the Nursing care plans prepared in their own way, where the information was collected qualitatively and quantitatively, in addition to the analysis of the results of the family health tools.

## RESULTS

### Stages Of The Nursing Care Process

#### Assessment Of The Pregnant Adolescent

Beginning with the first stage of the nursing process, it includes data collection, organization, and certification. The data sources that helped in the collection of information were:

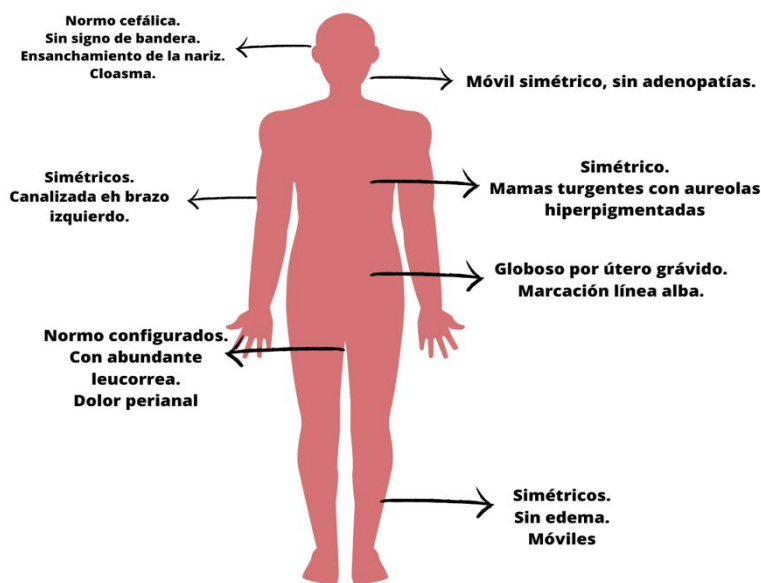
#### Valuation By Domains According To Nanda Taxonomy

- 1. Health promotion:** In the patient we could notice that during her pregnancy she shows interest in improving her state of health, creating self-care activities for optimal health
- 2. Nutrition:** The patient has an adequate diet according to what she tells us, she does not create diets and maintains a good appetite.
- 3. Elimination:** Through the medical history we were able to determine that the patient has a low infection of the genital tract (abundant whitish leukorrhea) with pharmacological treatment during her hospital stay, in addition to showing polyuria which is normal during pregnancy.
- 4. Activity/rest:** The patient shows a willingness to change certain habits prior to her pregnancy, which limits her physical mobility.
- 5. Perception/cognition:** The patient is aware of and recognizes her pregnancy status, which allows us to identify factors that alter her health from various points of view such as physical and psychological.
- 6. Self-perception:** The patient is aware of her state of health and we observe that she has a weak emotional state due to her body image and self-esteem.
- 7. Role/relationship:** We could observe that the patient has the support of his relatives since they are aware of his health status and encourage him to move forward.
- 8. Sexuality:** Due to her pregnancy, the patient has an inactive sexuality.
- 9. Coping/tolerance to stress:** In what we could notice when talking to the patient we see that she is in a stressful state since she does not feel prepared for such a great responsibility, stating that her family always tries to support her.
- 10. Vital principles:** Has a good social development and at the family level a good relationship is reflected by their family environment.
- 11. Safety and protection:** The patient has a lower genital infection with which she has to take care to reduce the obstetric risk, she has the help of her relatives who provide her protection when she has to perform her daily activities by helping her to perform them.
- 12. Comfort:** It was evident that there is discomfort on the part of the patient, since she sometimes feels as if she were a burden at home.
- 13. Growth and development:** A good growth line is observed in terms of normal parameters within their pregnancy stage.

**DATA**

- **Subjective:** On 02/24/19 she was admitted to the emergency room, she revealed "I am pregnant and I am voting liquid, abdominal pain".
- **Objectives:** vital signs, A.T. 120/70, 26 breaths per minute, at the time of physical examination it was identified: (See Table 1)
- **Historical:** Denies having no record.
- **Current:** She was admitted to the gynecological emergency department of a clinic in Barranquilla due to contractionary pain in the hypogastrium with intensity 8/10 according to the pain scale, radiating to the lumbar region with liquid secretion.

**Table 1.** Physical examination of a pregnant adolescent. In original language English



Source: own elaboration

Once the assessment has been carried out, the following are identified:

**Altered Domains:** According To The Nanda Taxonomy Where Altered Domains Were Prioritized According To The Patient's Need

**Nursing Diagnosis** It is a hospital decision related to the practices/responses of the individual, their environment or community, which may be real or potential for a health problem/life process. (17)

Next, the following altered domains are prioritized, class, nursing diagnoses and their related (Table 2).

**Table 2.** Altered Domains, Class, Diagnostic, and Related

Altered Domains	Class	Diagnosis
Deletion and exchange	1. Urinary function	Impaired urinary elimination R/C Urinary tract infection
Health promotion	2. Health Management	Ineffective R/C Protection Ineffective Health Self-Management

Source: own elaboration

**Table 1.** Impaired urinary elimination R/C Urinary tract infection

**Domain 3, Elimination and Exchange, CLASS: 1 Urinary function. Impaired urinary elimination (00016), related to urinary tract infection, manifested by frequent urination, - Urinary incontinence**

NOC Results	NIC Nurse Interventions
<b>(0503) Urinary Elimination</b>	<b>(0590) Urinary Elimination Management</b>
Measurement scale: 1. Severely compromised 2. Substantially compromised 3. Moderately committed 4. Slightly compromised 5. Not Committed	Activities
Indicator: 50301 Pattern Elimination	<ul style="list-style-type: none"> <li>✓ Urinary elimination was monitored, including frequency, odor, volume, and color</li> <li>✓ Signs and symptoms of urinary retention were</li> </ul>

	observed ✓ The signs and symptoms of urinary tract infection were explained to the patient ✓ The time of the last urinary elimination was noted in the control notes of ingested and eliminated fluids ✓ Tell your doctor if you have any other signs and symptoms of a UTI ✓ The patient was explained the correct hygiene of the genital apparatus. ✓ The use of loose underwear was explained to the pregnant woman to reduce the proliferation of infections
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**Evaluation:** After having performed the interventions on the patient according to her needs, this step of a scale of 1. Severely compromised on a scale of 3. Moderately Engaged

**Table 2.** Impaired urinary elimination R/C Urinary tract infection  
**Domain 3, Elimination and Exchange, CLASS: 1 Urinary function. Impaired urinary elimination (00016), related to urinary tract infection, manifested by frequent urination, - Urinary incontinence**

NOC Results	NIC Nurse Interventions
<b>(0503) Urinary Elimination</b>	<b>(2300) Medication Management</b>
Measurement scale: 1. Serious 2. Substantial 3. Moderate 4. Mild 5. None	Activities
Indicator: 50331 frequent urination	<ul style="list-style-type: none"> <li>✓ The doctor's order was verified before the medication was administered</li> <li>✓ The correct rules of the administration of the drug were followed</li> <li>✓ The medication was administered with the appropriate techniques and route</li> <li>✓ The patient's vital signs were monitored every four hours</li> <li>✓ The therapeutic effects of the medication on the patient were observed.</li> <li>✓ The patient was helped to take the medication.</li> <li>✓ It was taken into account whether adverse effects, toxicity and interactions occur in the patient due to the drugs administered.</li> <li>✓ Medication administration and patient responsiveness (including generic name, dose, time, route, reason for administration, and effect achieved with medication) were documented, according to the clinic's protocol.</li> </ul>

**Evaluation:** After having performed the interventions on the patient according to her needs, this step of a scale of 1. Serious on a scale of 3. Moderate

**Table 3.** Ineffective R/C Protection Ineffective Health Self-Management  
**Domain 1: Health promotion. CLASS: 2 Health Management. Ineffective protection (00043), related to ineffective self-management of health, evidenced by lack of knowledge about urinary tract infection and 15-year-old pregnant woman**

NOC Results	NIC Nurse Interventions
<b>(0900) Cognition</b>	<b>(5250) Decision Support</b>
Measurement scale: 1. Severely compromised 2. Substantially compromised 3. Moderately Engaged 4. Slightly compromised 5. Not Committed	Activities
Indicator: 90003 attends	<ul style="list-style-type: none"> <li>✓ Communication was established with the patient at the beginning of her admission.</li> <li>✓ The patient was helped to clarify values and</li> </ul>

	<p>expectations that can help her make fundamental life decisions.</p> <ul style="list-style-type: none"> <li>✓ The patient was facilitated the articulation of the objectives of care</li> <li>✓ He served as a liaison between the patient and the family</li> <li>✓ Educational talks were given on behaviors aimed at improving health; that is, the signs and symptoms of urinary tract infection, personal hygiene, continuity in medical treatment, among others, were explained.</li> <li>✓ The patient was encouraged to adopt and change lifestyles that help improve her health status.</li> <li>✓ The patient was informed about the existence of alternative points of view and solutions in a clear and fully supported manner.</li> <li>✓ Refer to support groups, as appropriate.</li> </ul>
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**Evaluation:** After having performed nursing interventions on the patient according to her needs, this step of a scale of 1. Severely compromised on a scale of 4. Slightly compromised.

**Execution**

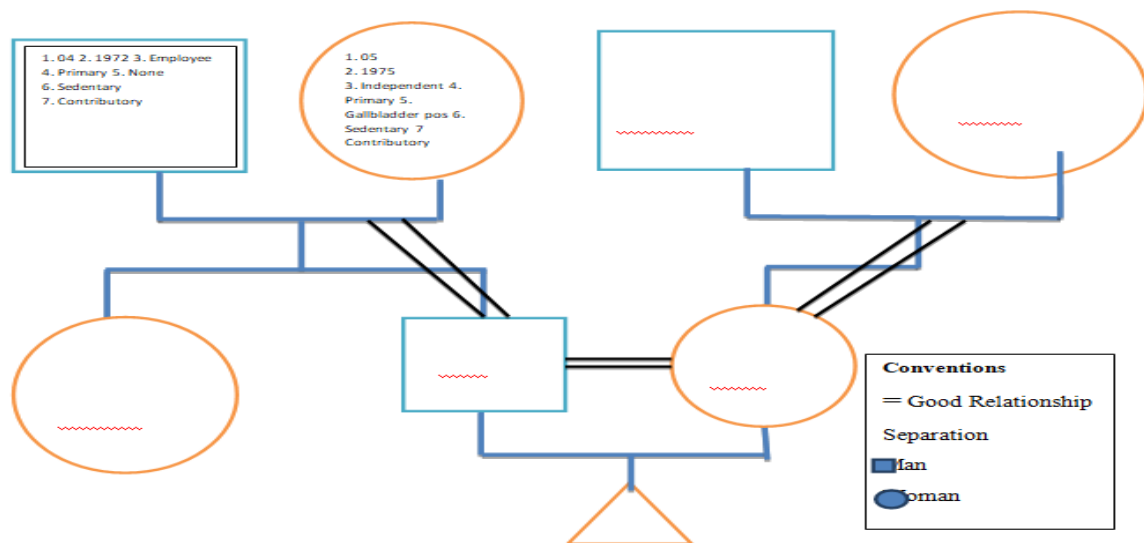
After applying the care plan where the nursing care interventions were carried out under the standard language NANDA – NIC – NOC; in which three aspects are developed: elaboration, realization and file, where the health team intercedes with the direction of the nursing professional.

Therefore, the research group in the execution carried out nursing interventions during the hospital stay, contributing to the patient's recovery, such as: monitoring of vital signs, administration of medications, psychological support, control of ingested and eliminated fluids, educational activities in relation to the management and treatment of urinary contamination.

**Care Assessment**

With the execution of the nursing interventions, it was evaluated that there were changes on the part of the patient, being on a scale of 1. Severely compromised on a scale of 3. Moderately engaged; because self-care behaviors were created to ensure the overall well-being of her and her child, adhering to prescribed pharmacological treatment and raising awareness of specific recommendations dictated by students, warning signs, and what care she should take at home. This care process opens up possibilities for chosen articulation between practice in order to improve professional nursing care approaches, not only for the individual, but also for their family from a comprehensive care approach.

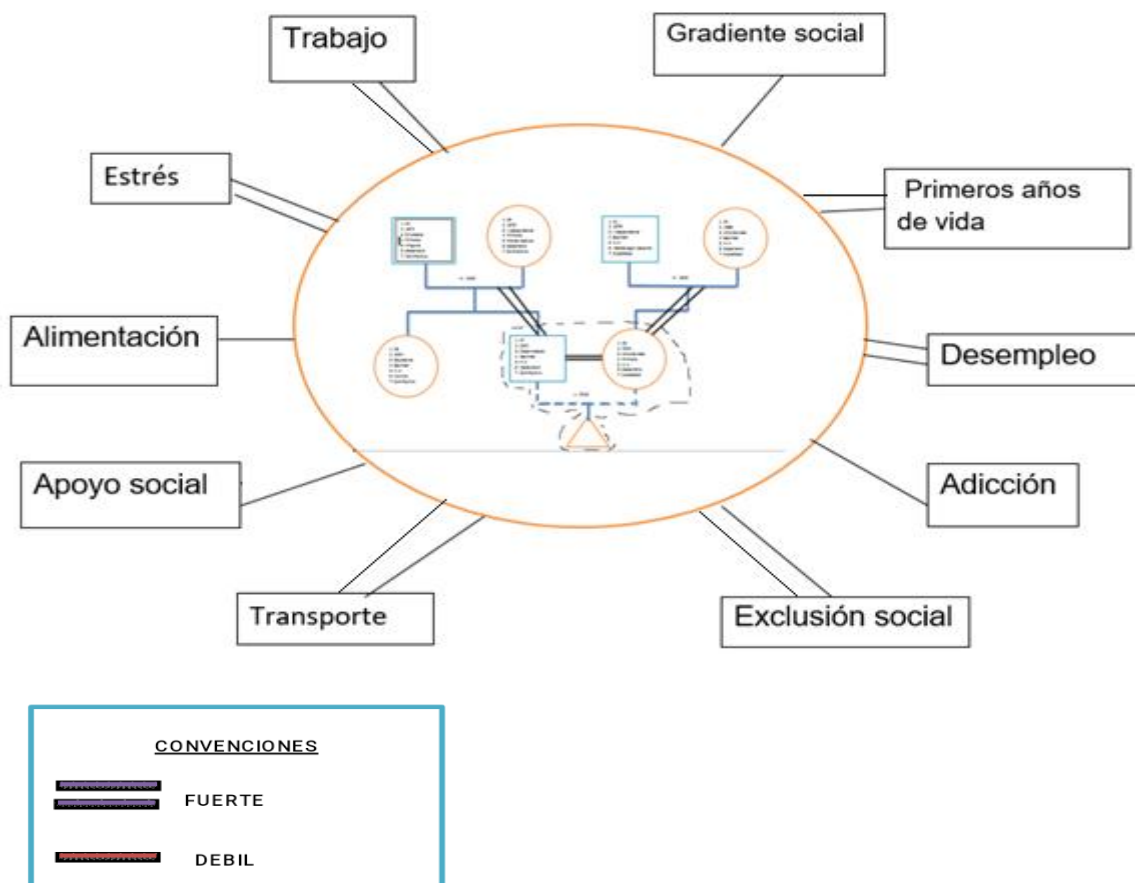
**7.1 Family of the pregnant Mishell Barros Payares**



Source: Prepared by the authors. In original language English

**Family Analysis:** extended family because it was formed by the father, mother and children. All members of the family are affiliated to the contributory regime and only one to the subsidized regime. There is no type of morbidity that affects them. The couple stated that they had a strong type of relationship.

**7.2 Ecomap of the pregnant Mishell Barros Payares**



Source: Prepared by the authors. In original language English

**Ecomap Analysis**

It is analyzed that most of the six (6) gradients, 60% presented that the interaction of the family with the environment is strong and (4) with (40%) is weak, because the members of the family have inequalities in health that disturb everyone, addiction because they stated that many young people near the house consume psychoactive substances and this affects the environment and health, social support because they do not feel a certain type of help from the neighbors or receive at least some support from the state, and in food because they do not have good healthy eating habits, because they do not eat breakfast, they consume a lot of soft drinks, are some of the bad eating habits that they often repeat daily.

**7.3 Apgar Relative of the surrogate Mishell Barros Payares**

FUNCTION	NEVER	ALMOST NEVER	SOMETIMES	ALMOST ALWAYS	ALWAYS
	0	1	2	3	4
A I am satisfied with the help I receive from my family when I have a problem and/or need.					X
Q : I am satisfied with the participation that my family provides and allows.				X	
G I am satisfied with how my family accepts and supports my desires to undertake new activities.				X	



A I am satisfied with how my family expresses affection and responds to my emotions such as anger, sadness, love.	X				
A I am satisfied with how we share as a family: a) The time to be together, b) The spaces in the house, c) The money.					X

FUNCTION	SCORE
Good family function	18-20
Mild family dysfunction	14-17
Moderate family dysfunction	10-13
Severe family dysfunction	9 or less
Severe	

Source: authors' own elaboration

### Apgar Analysis

The result was 14 points, which reflects mild dysfunction in the family, because she likes the help she receives from relatives when they have difficulties or needs, she also likes the intervention that the family offers and allows, in addition, it satisfies her, the family recognizes and supports her desire to undertake new things, offering her a lot of support and tolerance. On the other hand, the individual is never compensated as the family enunciates its affections and recognizes its shocks; Finally, she is satisfied with how they share moments with their family.

### Betty Neumann Systems Model

Betty Neuman's theory 'systems model' was taken for this synthesis, in which the environment of bodies and the relationship with the neighbor is referenced. Neuman based himself on Selye's definition of stress, which considers it as a non-precise reaction of the body to any stimulus received.

Therefore, the nature of stress is the request for specific activity. Neuman proposes in his thesis that he intends to intervene when he has identified the presence of a stressful situation, with the aim of making the individual sensible of the variables, independent of the technical concepts of medical wisdom such as the characterization and suspicion of difficulties. This type of mediation is based on the type of response, the flows, the objectives and the expected effects. Neuman proposed mediation in three horizons: Principal, second and third.

The main suspicion acts to protect the preceding organism from entering into the distressing component involved. This implies avoiding stressful principles or strengthening in the reactions of these media. Secondary reduces the sequelae, through treatments and early diagnosis. The tertiary decreases the rectum of the results.

- Primary prevention: When a stressful situation is presumed or has been identified. Although there has not been an effect that shows the level of danger, the important thing is to make the intervention that reduces the option that the type encounters stressful situations, can help him face it or can strengthen his line of malleable protection so that the disposition of a hypersensitivity is reduced.

- In second prevention: It is the set of mediations or methods indicated later that the signs of stress are shown, using both the internal and external tools of the patient to balance the method with the conclusion of providing the internal figures of resistance, reducing the effects and enlarging the circumstances of tolerance.

- Tertiary prevention: It is executed after the active procedure or the secondary prevention phase, its objective is to ensure that the sufferer recovers the optimal balance of the regime, its main purpose is to cover the protection of the factors that cause stress to help prevent the intermittency of the obstruction as a setback.

Reconstitution: It is caused by the process of the forces of stressful situations. It symbolizes the rotation of government to persistence, which achieves an outstanding or lesser degree of bliss that precedes the retreat of stress-producing means. (20)

### DISCUSSION

According to the case report on an adolescent pregnant woman with pathology in the urinary tract in the hospital of Barranquilla 2019-1, in which its causative agent was *Escherichia coli*, this bacterium being the most common, continuous of *Klebsiella pneumoniae*, as well as different types of enterobacteriaceae, streptococci and staphylococci, these data coincide with the study by Mattuizz [9], where it states that UTIs are common and dangerous infections during the season and that their contamination is caused by *Escherichia coli* and is guaranteed 75 -90° Severe contamination of urine.

Regarding the nursing diagnosis of the patient about the ineffective management of their own health related to a deficiency in knowledge related to their disease, a result that coincides with the study by Arias (21), where she found that "the educational approach is the most effective and in which nursing experts mostly participate, raising awareness among patients about better management of their own disease and self-care behaviors".

In relation to stress due to overload related to insufficient resources, the effects of the research coincide with the article by Pérez Núñez (22), where he stated that "If stress-related symptoms are not addressed in a timely manner, a person may have disorders reflected in their health, which would cause various problems, such as dissatisfaction, conflicts and difficulties in social development."

As for the family health measures applied to the patient and his family, it was noted in the family file that it is an extended family, which is in full expansion; With the application of the ecomap, the family can recognize that, according to 9 social gradients, 60% (6) (first years of life, unemployment, social exclusion, transportation, stress and work) have a strong family communication environment and 40% (4) (social gradient, dependence, social support and nutrition) are weak because the members of the family nucleus have health inequalities that afflict everyone and with the family Apgar is in mild family dysfunction because you offer and You receive help from the family when you have emotional economic difficulties, for example, the family also receives cooperation, consent for events or daily activities.

This coincides with the research results of Castro Moreno, et al., (23) where the family that is in an extended family, schooled, economic scarcity, sedentary life, which shows vulnerability to display diseases. Through the completion of the apgar, the family can be defined as having a severe family dysfunction, because they argue about various problems, and in the case of the ecomap in the family it was found that 70% of the 10 existing social factors were strong due to the sociocultural relationships of the family, the environment and its environment of action. In other words, with the help of family health instruments, it was possible to graphically illustrate the family studied, providing how the main functions are fulfilled and what role the family can play in the pathology process.

It was identified by applying the theory of Betty Neumann's system model, the patient crossed the first line of defense as a result of his state of health, and through nursing interventions it was possible to move to the second line of defense, thanks to which treatment was started and his progress was satisfactory and he was discharged. According to the study by Gómez, Díaz and Cortés (24), where he reported that "by reducing the presence of environmental stressors, you benefit from an attractive and familiar context that consists of the necessary nursing care". With this, there should be enough information about the person to be able to intervene in the identification of the risk components related to stressors.

## CONCLUSION

By providing high-quality nursing care and comprehensive care to the patient using the nursing process, it allowed for improved health from the different stages of care. And with the application of the model, which served as a guide in the different stages, providing us with a broad perspective of the biological, psychological and social factors that affect the patient's health and the necessary interventions, and according to the findings, it was possible to reduce the appearance of contextual stressors by preferring a pleasant and familiar environment. In this way, it constitutes an essential dispensary surveillance for the arbitrariness of other diseases, especially the prevention of UTIs, contributing to the improvement and maintenance of physical and emotional health.

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