

# NURSE'S ROLE IN POST-OPERATIVE THIRST MANAGEMENT: A SCOPING REVIEW PROTOCOL

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**Abstract:** Background: Thirst is an uncomfortable and extremely prevalent symptom in the post-operative period, yet it is often undervalued. It is important for the healthcare team to assess the patient and develop strategies to manage thirst more effectively in the post-operative period. Objective: To map the scientific evidence on nurse interventions in post-operative thirst management. Review method: Sco-

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ping review methodology proposed by the Joanna Briggs Institute. The process of analysing, extracting and synthesising the data will be carried out by independent reviewers. This protocol is registered on the Open Science Framework platform (DOI: 10.17605/OSF.IO/BY73C). Presentation and interpretation of results: The mapping of Nursing Interventions/Headquarters Management Strategies in the post-operative period will enable the creation of action protocols for the care of surgical patients in the post-operative period. Conclusion: The identification of post-operative thirst management strategies will improve the quality of nursing care provided to surgical patients.

**Keywords:** thirst, thirst management, nursing, post-operative period

## Introduction

According to the International Classification of Nursing Practice (OE, 2016), thirst is characterised by a “sensation of desire to drink water or other liquids referable to the mouth and oropharynx; dryness of the mucous membranes of the mouth and oropharynx”.

Considered to be a subjective and individual sensation (Garcia, Fonseca, Furuya, Rabelo, & Rossetto, 2019), thirst is distressing and uncomfortable, very common in perioperative context, yet often undervalued, being considered of less concern compared to other symptoms such as pain, nausea, vomiting or even the sensation of cold (Belete, Ashagrie, Workie, & Ahmed, 2022, Lee et al., 2020).

Scientific evidence shows that thirst is more uncomfortable and extremely prevalent in the post-operative period (Belete et al., 2022, Lee et al., 2020, Nascimento et al., 2019, Pierotti, Fracarolli, Fonseca, & Aroni, 2018). Lee et al. (2020) found in their study that the prevalence of moderate to severe thirst ranges from 53.2 - 69.8% in the immediate post-operative period, causing significant discomfort to the patient. This problem affects people of all age groups undergoing different surgical procedures (Conchon, Fonseca & Galvão, 2021, Pierotti et al., 2018).



Thirst is described as a multifactorial symptom that can be caused by different individual and external factors, such as age, comorbidities, diet and anxiety, which influence physiological processes and modulate the frequency and intensity of thirst (Garcia, Fonseca, Furuya, Rabelo, & Rossetto, 2019, Silva et al., 2019). However, thirst can naturally be triggered by physiological factors such as an imbalance in osmolarity and hypovolaemia (Lee et al., 2020, Silva et al., 2019).

Aspects such as pre-operative fasting, fluid loss in the perioperative period, anaesthetic drugs, prolonged endotracheal intubation, oxygen supply and time of surgery can lead to hyperosmolarity and hypovolaemia (Belete et al., 2022, Lee et al., 2020, Silva et al., 2019, Silva, Aroni & Fonseca, 2016).

Thirst presents identifiable signs that interfere with the patient's physical, mental and social state, so it is important for the healthcare team to understand the fragility of the surgical patient in order to early assess and develop strategies to deal with thirst (Silva et al., 2016).

In this regard, it is important to gain a better understanding of the strategies used to manage thirst in the post-operative period, as well as their effectiveness.

## **Review method**

The methodology of this scoping review will follow the recommendations of the Joanna Briggs Institute (JBI; Peter set al., 2020) and will be in accordance with the Preferred Reporting Items for Systematic Reviews - Scoping Reviews (PRISMA-ScR).

Eligibility criteria will be defined based on population, concept and context (PCC), according to the methodology proposed by the JBI.

The Scoping Review will only include a population over the age of 18 that has undergone a surgical intervention. Regarding the concept, the aim is to include studies that address nursing interventions in post-operative thirst management. Concerning the context, only the hospital environment, public or private, will be considered.



In regards of the type of study, we will include qualitative, quantitative or mixed studies (descriptive-exploratory, randomised and non-randomised clinical trials, intervention and observational studies), of any level of evidence, literature reviews and grey literature. Studies will be included in English, Portuguese and Spanish and with a time limit of the last 10 years (2012-2022). As exclusion criteria were that studies conducted on animals or carried out in the pre- and intra-operative period would not be included.

This scoping review protocol is registered on the Open Science Framework platform (DOI: 10.17605/OSF.IO/BY73C).

### **Search strategy and studies' identification**

With regard to the search strategy defined and the identification of studies, the following databases will be used: CINAHL Complete and MedicLatina (via EBSCO), in MEDLINE (via PubMed), SciELO and LILACS. In order to map unpublished literature such as academic thesis and dissertations developed in Portugal, the search strategy will be replicated in the Portuguese Open Access Scientific Repository (RCAAP) and Google Scholar.

Initially, the most frequently used keywords in titles and abstracts were identified by searching the MEDLINE and CINAHL Complete databases. Subsequently, the natural terms and keywords listed will be combined to form a search expression, appropriate to the specificities of each database or repository.

Once the articles have been exported, they will be screened by analysing the title and abstract to check eligibility. The article selection process will involve 2 independent reviewers (PT, ES), with discussion with a third reviewer to avoid disagreements. To clarify any doubts, the authors of the studies may be contacted to provide additional information.

Next, the documents that meet the eligibility criteria will be analysed in their entirety by



looking at the full text. Finally, the articles included through the screening process will be presented in accordance with the PRISMA-ScR recommendations (Tricco et al., 2018).

### Data extraction and synthesis

This phase will be carried out independently by four reviewers (AM, PT, ES, HM). The data will be extracted and synthesised according to the instruments developed by the reviewers (Table 1 and 2), and the most important data will be described narratively. After analysing the data obtained, the instruments may be amended.

Table 1 - Article characteristics.

ARTICLE CHARACTERISTICS								
Article	Title	Authors	Year of publication	Country of Origin	Study Design	Objective	Participants	Context

Table 2 - Extracted results.

EXTRACTED RESULTS				
Article	Title	Methodology	Nursing interventions/ Thirst management strategies	Results

### Data analysis and interpretation

Mapping existing interventions could be an essential tool for professional nursing practice, resulting in improved quality of care and health gains.

Identifying strategies for managing thirst in the post-operative period could lead to the creation of action protocols and guidelines for caring of surgical patients in the post-operative period.



## Conclusion

There is a need to identify strategies for managing thirst in the post-operative period, although it is a distressing symptom for the person and extremely common, it continues to be undervalued in clinical practice and, to a certain extent, neglected by health professionals to the detriment of other post-operative recovery factors. That said, there is an urgent need to deepen our knowledge of the latest scientific evidence on this subject in order to improve the quality of nursing care provided to people undergoing surgery.

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