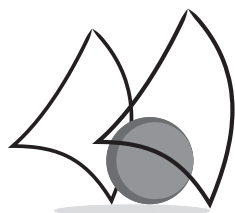


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**MULTIDISCIPLINARY (NURSING, PSYCHOLOGY, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, PHARMACY, ORAL MEDICINE, SOCIAL SERVICES)
Nursing interventions in patients submitted to Allogeneic and Autologous Hematopoietic
Stem Cell Transplantation (HSCT) with the Nursing Diagnosis for Bleeding Risk**

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Introduction: In the autologous and allogeneic HSCT, the patient goes through a thrombocytopenia phase, which is characterized by platelet counts below $150,000/\text{mm}^3$. Because this condition causes severe alterations that must be identified and treated quickly, these patients receive the Nursing Diagnoses (ND) for bleeding risk, which leads to the prescription of specific care for this phase. **Objective:** To describe the nursing care procedures for the patient with the (ND) bleeding risk. **Method:** This is a descriptive study, based on nursing experience in a Protected Environment Unit. **Results:** The care procedures consist in: recommend full bed rest if platelet count is $<10,000/\text{mm}^3$; assist in ambulation; evaluate the surgical wound aspect; assess circulatory conditions; evaluate vaginal losses; actively seek signs and symptoms suggestive of bleeding; communicate hematoma formation; ambulate only if accompanied; avoid risk behaviors; avoid punctures; avoid use of sharp materials; recommendations on oral hygiene with a soft bristle toothbrush; advise patients to avoid blowing their noses; explain to the patient the importance of complication prevention; implement care of arterial/venous puncturing of great vessels; implement care of arteriovenous fistula puncture; maintain the bed at the lowermost position; keep the bell within reach of the patient; maintain compressive dressing; maintain elevated bed rails; monitor bleeding; monitor signs of bleeding; advise patients to apply pressure on the spot when sneezing or coughing; advise patients to avoid physical exertion; advise patients and their families about risks and severity of trauma when platelet counts are below $150,000/\text{mm}^3$; advise patient/ family about the risks and prevention of falls; advise patients and families to avoid trauma; advise patients and families about warning signs that require immediate attention; advise partial bed rest if platelet counts are between $20,000/10,000 \text{ mm}^3$; advise about oral hygiene; perform manual compression after punctures until hemostasis is attained; perform compressive dressings; request the presence of family member or companion; check for the presence of hematuria; check vital signs. **Discussion:** The nursing prescriptions guide the nursing staff actions and are created based on the care procedures deemed necessary to promote a comprehensive and individualized attention, ensuring the safety of a thrombocytopenic patient. For the choice of care, the nurse employs logical reasoning, taking into account the clinical situation and what stage of treatment the patient is, in addition to the particularities of each one. **Conclusions:** It was observed that the thrombocytopenic patients receiving specific care related to (ND) bleeding risk have lower complications in this period. The nursing prescription and implementation of a care plan for these patients is essential for their safety and quality of care.

Keywords: Nursing Diagnosis, Nursing Care, Thrombocytopenia