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LOOK OF NURSING STUDENTS ABOUT PRESCRIPTION DRUGS IN FAMILY HEALTH STRATEGY

OLHAR DOS ACADÊMICOS DE ENFERMAGEM ACERCA DA PRESCRIÇÃO DE MEDICAMENTOS NA ESTRATÉGIA SAÚDE DA FAMÍLIA

MIRADA DE ESTUDIANTES DE ENFERMERÍA ACERCA DE LA PRESCRIPCIÓN DE MEDICAMENTOS EN LA ESTRATEGIA DE SALUD DE LA FAMILIA

Rômulo Wanderley de Lima Cabral[1], Ana Lúcia de Medeiros[2], Sérgio Ribeiro dos Santos[3], Cleidjane Gomes Faustino[4], Joab César Souza Campos[5]

ABSTRACT

Objectives: understanding the perceptions of nursing students about medication prescription made by the nurse in the Family Health Strategy (FHS) and verifying how they perceive their regulation. ***Method:*** a descriptive study of a qualitative approach conducted with 30 nursing students from a College of João Pessoa/PB, from a semistructured guide of interview. Data were analyzed using the Collective Subject Discourse. The research was approved by the Research Ethics Committee, Protocol No. 059/12. ***Results:*** the graduates recognize the main Laws, Resolutions and Ordinances that regulate the practice of drug prescriptions in the Family Health Strategy, as well as the regulatory limits; however, admit that nurses are not prepared technical and scientifically to prescribing. ***Conclusion:*** nursing students recognize that lack sufficient scientific knowledge about the applicability of legislation on medications prescription in the Family Health Strategy. ***Descriptors:*** Prescription of Medicines; Nursing; Family Health Program.

RESUMO

Objetivos: conhecer as percepções de graduandos de enfermagem sobre a prescrição de medicamentos realizada pelo enfermeiro na Estratégia Saúde da Família (ESF) e, verificar como eles percebem sua regulamentação. ***Método:*** pesquisa descritiva de abordagem qualitativa realizada com 30 acadêmicos de enfermagem de uma Faculdade de João Pessoa/PB, a partir de um roteiro de entrevista semiestruturado. Os dados foram analisados pela técnica do Discurso do Sujeito Coletivo. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa, Protocolo nº 059/12. ***Resultados:*** os graduandos reconhecem as principais Leis, Resoluções e Portarias que regulamentam a prática da prescrição medicamentosa na Estratégia de Saúde da Família, assim como os limites regulatórios, porém, admitem que os enfermeiros não estejam preparados técnica e cientificamente para prescrever. ***Conclusão:*** os graduandos de enfermagem reconhecem que não possuem conhecimentos científicos suficientes na aplicabilidade da legislação da prescrição de medicamentos na Estratégia de Saúde da Família. ***Descritores:*** Prescrição de Medicamentos; Enfermagem; Programa Saúde da Família.

RESUMEN

Objetivos: conocer las percepciones de los estudiantes de enfermería acerca de la prescripción de medicación realizada por la enfermera en la Estrategia de Salud de la Familia (ESF) y ver cómo perciben su regulación. ***Método:*** una investigación descriptiva del enfoque cualitativo realizada con 30 estudiantes de enfermería de una Facultad de João Pessoa / PB, con un guión de entrevista semi-estructurado. Los datos fueron analizados utilizando el Discurso del Sujeto Colectivo. La investigación fue aprobada por el Comité de Ética de la Investigación, el Protocolo número 059/12. ***Resultados:*** los estudiantes reconocen las principales Leyes, Resoluciones y Ordenanzas que regulan la práctica de la prescripción farmacológica en la Estrategia Salud de la Familia, así como de los límites reglamentarios; sin embargo, admite que las enfermeras no están preparadas técnica y científicamente para prescribir. ***Conclusión:*** los estudiantes de enfermería reconocen que no tienen suficientes conocimientos científicos sobre la aplicabilidad de la legislación de prescripción de drogas en la Estrategia de Salud de la Familia. ***Descriptores:*** Prescripción de Medicación; Enfermería; Programa Salud de la Familia.

[1]Nurse, Master Teacher of Public Health, Postgraduate Program in Obstetric Nursing - Lato sensu, College Santa Emilia de Rodat. João Pessoa (PB), Brazil. Email: romulopits@gmail.com; [2]Nurse, Doctoral student of Nursing, Postgraduate Program in Nursing, Professor at the Nursing Department, International College of Paraíba/FPB. João Pessoa (PB), Brazil. Email: aninhapits@gmail.com; [3]Nurse, Professor of Sociology, Department of Clinical Nursing/ Postgraduate Program in Nursing, Federal University of Paraíba/PPGENF/UFPB. João Pessoa (PB), Brazil. Email: srsantos207@gmail.com; [4]Student, Graduate Nursing, International College of Paraíba/FPB, Researcher of GEPAIE/UFPB. João Pessoa (PB), Brazil. Email: jannyfaustino@hotmail.com; [5]Student, Graduate Nursing, Higher Education Institute of Paraíba/IESP. João Pessoa (PB), Brazil. Email: amigo_joab@hotmail.com

INTRODUCTION

The Family Health Program - FHP aims to improving the health status of the population through the construction of a welfare model of care based on the promotion, protection, early diagnosis, treatment and rehabilitation of health, in accordance with the principles and guidelines of the Unified Health System - SUS, with actions directed to the subjects, their families and community.[1]

With the evolution in access, equity, comprehensiveness and the guidelines of SUS, both in qualitative development - with the improvement of indicators of morbidity and mortality, as quantitatively - with the progressive and rapid increase in deployment of a large number of teams throughout Brazil, the FHP is no longer a vertical program of governmental character and becomes a government policy, called the Family Health Strategy - FHS assumed by the Ministry of Health, which aims to reorganize the Brazilian healthcare model.[2]

In the FHS teamwork is the key to the ongoing search for communication and exchange of experiences and knowledge among team members and those with popular knowledge from the community. Thus, teams are composed by a doctor, a nurse, a nursing technician and six community health agents.[3]

It is worth noting that the nurse, as a member of the family health team, plays an extremely important role, including all common shares and other staff that are priority and custodial them as, for example, perform nursing consultation, request additional tests, prescribe drugs, perform actions comprehensive assistance in all phases of the life cycle of human beings, among other.[4]

The treatment or monitoring of individuals and families in the FHS, one of the advances achieved by nursing that makes the increasingly autonomous and independent nurses in their work, with respect to the prescription of medication, however this function have raised many questions involving long the legal support, as well as the competence of nurses to such assignment.

Regarding the legal backing, the legislation of Professional Practice of Nursing, Law N. 7.498, of June 25th, 1986, provides for the prescription of medicines by nurses, as members of the healthcare team, when previously established in public health programs and approved for routine health institution. The Federal Board of Nursing - COFEN has sought standardizing this action on the right of nurses to prescribe certain medications, within the parameters established in the Law of the Professional Practice of Nursing.[5]

Regarding the competence of the nurse to performing the prescription, it is necessary that the curricula of graduate courses in nursing include the technical preparation of the future nurse to carry out the actions involving prescription drugs. Based on this observation, the following questions were:

Which knowledge nursing students have about the prescription of medication made by the nurse in the FHS?

How do students understand the regulation of prescription of drugs within the nursing practice?

To answering these questions, this study has the following objectives:

- Recognizing the perceptions of nursing students about the prescription of medication made by the nurse in the Family Health Strategy.
- Checking how they perceive their regulation.

METHODOLOGY

A descriptive study of a qualitative approach performed in a private institution of higher education in the city of João Pessoa, Paraiba, Brazil, with 30 nursing students of both genders, aged 20 to 40 years old, attending the fifth to eighth Course periods. The reason for this was due to inclusion of these students have already taken the course Applied Pharmacology for Nursing, where knowledge regarding the action of prescription medications by nurses is part of the menu of this subject, thus allowing the students' understanding of how such allocation. The choice of participants was random and those who agreed to participate signed an informed consent after explanation of researchers to study the relevant information.

Data collection was performed from a script by semi-structured interview consisting of two parts: the first consisted of data regarding sociodemographic characteristics of students and the second part refers to the perceptions of nursing students about the prescription of medication made by the nurse in the FHS, containing three questions that guided the study, namely:

What do you understand by prescription of medication made by the nurse?

What are the legal limits of prescription of medications made by nurses?

In your opinion, is the nurse able to prescribing medications?

The interviews were conducted by following the following stages: prior contact with each participant where he explained the purpose of the study, the importance of their participation and presentation of IC. After reading the informed consent and agreement of the participants to record the interview, was also provided clarification regarding the guarantee of anonymity, procedures for the interview, information about the process of transcription and use of speech, as he was offered the choice of pseudonym necessary to ensure anonymity and identification.

Information obtained concerning sociodemographic data were presented in discursive form and information regarding the perceptions of nursing students were analyzed using the Collective Subject Discourse (CSD), the methodological strategy of grouping a set of individual descriptions that contain the essence the testimony of the discursive content, called Expressions Key (ECH). These were highlighted the central ideas (IC), which are names or linguistic expressions that reveal and describe as accurately and reliably as possible the meaning of each of the speeches analyzed. The central ideas of sense even formed a central idea and this synthesis housed the set of key expressions regarding the same. The key phrases were arranged in sequence to form the DSC.[7] Then, the inferences that allowed the discussion of data linking them to existing scientific literature was conducted.

The survey's project was approved by the Ethics Committee of the Faculty of Santa Emilia de Rodat, under protocol N. 059/12; and the development met the requirements of Resolution N. 466/12, of the National Health Council, which deals with the guidelines and standards of regulatory research involving humans.[6]

RESULTS

There were interviewed 30 nursing students, from whom 24 (80%) were single and 06 (20%) were married, as to the professional activity 05 (16%) were nursing technicians, 03 (10%) worked in offices, 03 (10%) were attendants from doctor's office and the remainder declared being students. Regarding the progress of the course, 20 (70%) reported to be attending the fifth period and 10 (30%) were coursing between the sixth and eighth periods.

Next, the core ideas and discourses of collective subjects, constructed from the perception of the issues proposed for the study will be presented.

CENTRAL IDEA (1)
Provisions made in accordance with the legal parameters in family health units by trained professionals.
THE COLLECTIVE SUBJECT DISCOURSE (DSC1)
It is a written order issued by the nurse, according to institutional routines and duly regulated by the Law of the Professional Exercise N. 7,498/86, used in the Family Health Strategy with the purpose of troubleshooting, and instructions on the medicine and its use.

Figure 1. Central Idea - 1 and DSC1 of the participants of the survey in response to question 1: What do you mean by prescription drugs held by the nurse?

The DSC1 expressed in the first Central Idea portrays that the graduate nursing students know the concept of prescription of medication made by nurses. This may be a reflection of the commitment that the higher education institutions and professional societies have to disclose and clarify the issue, considering that the prescription of medicines by nurses has been widely discussed in the national health scenario.

CENTRAL IDEA (2)
The limits of law and autonomy of nurses.
THE COLLECTIVE SUBJECT DISCOURSE (DSC2)
The legal limits for prescription medicines by the nurse in the family health strategy are the public health programs, the routines adopted by the health institution, the Ministry of health protocols and article 4 of the Collegiate Board resolution (DRC) of the national health surveillance Agency n° 20 of 2011, giving autonomy to the full exercise of its practice.

Figure *2*. Central Idea - 2 and DSC2 of the participants of the survey in response to question 2: What are the limits of legal prescription drugs by the nurse??

In DSC2 it was also observed that nursing students know some of Resolutions and Ordinances regulating the practice of prescribing medications performed by nurses in primary care. It can be noticed with this fact that educational institutions are concerned to teach the ethical and legal aspects of the profession in regard to prescription medications. In this aspect through DSC2 it cannot deny the knowledge that they have the law of the Professional Practice of Nursing that provides prescription medications by nurses, as well as the effort of the Federal Council of Nursing - COFEN which has sought to regulate this action within parameters established by law.

CENTRAL IDEA (3)
It realizes that nurses need professional qualification.
THE COLLECTIVE SUBJECT DISCOURSE (DSC3)
- The nurse is not scientifically prepared to prescribing because it does not have in-depth knowledge of Pharmacology to this practice.

*Figure 3. **Central Idea** - 3 and DSC3 of the participants of the survey in response to question 3: In your opinion, is the nurse able to prescribe drugs?*

DSC3 showed that the nurse is not prepared technical scientifically to prescribing medications; it does not have detailed knowledge of pharmacology to the practice. It is noticed in the speeches that nursing students feel insecure and fearful in prescriptive actions, as the lines:

> *[...] It is difficult, because usually the nurse does not acquire in-depth knowledge about pharmacology, so this action is complicated. (Elder Flower). [...] This practice requires a deep knowledge not acquired in the academic environment (Hope).*

It is perceived by the participants' speech that since its formation, the nurse was founded specifically for the preparation and administration of drugs and then supervise the nursing staff and administer more specialized medications, without any theoretical and practical preparation for a performance on the prescription medications.

From 1986 the nurse happened to be legally qualified to prescribe medicines according to the Federal Board of Nursing - COFEN which regulates the profession and currently the Ministry of Health from the deployment and evolution of the Family Health Strategy, with no ordinances 648/2006 and 1625/2007, ensuring the actions of nurses, with the support of manuals and care protocols.

DISCUSSION

In DSC1, was visible recognition of nursing students regarding the legalization of prescription medications by nurses, with a view to learning the discipline Applied Pharmacology for Nursing that specifically addresses this issue and highlights the practice of prescribing drugs by nurses in all the public health programs of the Ministry of health and the construction of nursing care protocols in hospitals with their medications used in these services.

The nurse as a member of the Family Health Team, the team develops common shares, as well as specific tasks, namely: nursing consultation, the request for laboratory and ancillary tests and prescription medications as established in the Ministry of programs health, however, this practice has been widely used only in the 2000s, through the publications of manuals and care guidelines by the Ministry of health[8].

Even provided by law, this practice has sparked intense debate with criticism, especially in the medical profession. Despite the legal support, and despite the court disputes, the discussion between professionals is still incipient, casting doubt on old and new professionals. As a consequence, observed in different health care practices related to this action, so that it is perceived in the discourses of nursing students and nurses in most a feeling of incapacity to this practice and uncertainty about the legalization of this atribution.[2] Furthermore, due to the constant technological advances, new laws are being implemented in health care and nursing slipping on prescription medications by nurses, constantly putting it to the test, since its boundaries do not seem clear to many health professionals, including the nurse.[8]

It highlights the great difficulty that nurses face in the Family Health Strategy, in relation to prescribing medications. And also with the freedom of action in them, which in most, it can be stated that these difficulties arising out of a health system that is changing, or even a hegemonic model centered on the doctor for a model of Health Strategy Family performed by an interdisciplinary team in order to improve the quality of health of the population.[9]

We observe, therefore, that the nurse plays an important role in health care for the individual, family and community in the FHS, and, from these actions it takes specific duties of the profession and those that can be developed by the professional team, making it an essential professional to developing this health strategy. However, despite this recognition and appreciation of the roles of the nurse in relation to prescription drug he has also faced obstacles to conquer their autonomy.

The legal limits for prescription drugs by nurses were approached in DSC2, where besides the Law No. 7.498/86, in Article 11, subsection II, paragraph "c" approved by Decree No. 94.406 of July 8, 1987 which ensures that assignment through the public health programs, instituted by the Ministry of health, have more recently established by COFEN Resolution No. 317 of 2007, which revoked Resolution No. 271/2002, where the actions of nurses in nursing consultation on prescription medications and order tests are

carried out, however, according to this document in its Article 3, the nurse has autonomy in the choice of drugs and their dosage answered fully by acts.[10]

Also in related to prescription drugs aspect, there is a Board Resolution (RDC) of the National Health Surveillance Agency n° 20/2011, which provides for the control of medicines made from substances classified as antimicrobials, use of prescription, alone or in combination. So, with the article 4 of this resolution, it is clear that the prescription medications should be regularly carried out by qualified professionals, not regarding an exclusively medical act.[11]

It is also important to note that nurses can prescribe medications contained in the protocols and manuals pertaining to public health programs or routine institutions; therefore, the managers of each dispensing unit may not refuse to providing drugs prescribed by nurses, since it is linked to the institution that contains the program. Thus, the Law and the Resolutions of the practice of nursing are supported in the following programs of the Ministry of Health: Sexually Transmitted Infections/ AIDS of the Healthcare Coordination; Live Woman; Integral Assistance to Women and Children's Health; Communicable Disease Control, among others. It also finds support in manuals Technical Standards published by the same Ministry, such as: Training of nurses in Public Health for Health System - Care Prenatal low risk; Family Planning, Control and Treatment of Hypertension and Diabetes Mellitus; Procedure for activity and control of tuberculosis; Technical Standards and Procedures for use of multidrug regimens in the treatment of leprosy; Guide leprosy control; and standards of care for comprehensive adolescent health.[4]

Regarding prescription medications by nurses is necessary to understand the act of professional nurses in the FHS, becoming essential knowledge, interpretation and implementation of legislation related to nursing practice, the assertion that the rights assigned to these professionals, regarding nursing visits and prescription medications are respected for a better service to users and a better quality of care.[12]

With regard to DSC3, we sought to investigate what the research participants knew in relation to the preparation and scientific capacity of nurses already working and future professionals for this function. So it was agreed that the nurse is not prepared to prescribe, requiring greater knowledge in pharmacology. One can realize this fact through speech of one participant: "*Most nurses do not have capacity, with fear and insecurity to prescribe*." (Carnation)

The answer of this question shows that nursing education should meet the social needs of the population's health, with emphasis on the principles of the NHS, ensuring comprehensive care, quality of care and humane assistance. From this viewpoint, it is observed that the State Law 10.241, of June 17, 1999, defends the right of the client to be informed in clear, comprehensive and accessible information on health goods and services, including shape, nursing care given and, obviously, the drugs used in treatment.

In the decades of 1990 and 2000, we have witnessed significant changes in the role and functions of nurses in many countries. The nursing job has become more technical and more specialized and the nurse started to have greater prominence as a member of the multidisciplinary team, with its own body of knowledge for the provision of customer care. According to the National Curriculum Guidelines for Graduate Nursing in article 6 of § 2 of the set of skills, content and skills to promote student and future nurse the ability to intellectual development and autonomous and permanent professional with a technical and scientific training that gives quality to professional practice.[13]

Besides the legal backing to prescribe medicines in certain circumstances, it is essential that there is an investment of educational institutions, representative associations, health facilities and nursing itself, in order to seek a professional training and constant updating, which make can exercise those specific activities. Thus, the curricula of undergraduate nursing must, among other skills, training for this academic reality, being at present the routine practice of prescribing drugs by nurses in the labor market.[14]

Another important topic is that the prescription of medicines by nurses is still a major challenge in Brazil, which is necessary to the union of the nursing category, and COFEN, CORENs to fight and demand the rights that are pertaining to the category. In this sense, it is clear the advancement of nursing regarding prescription of medications and the positive results that this practice has provided to society, as to the autonomy of the profession both, being greater commitment of educational institutions and professionals to greater and better preparation for prescription medications.[15]

FINAL REMARKS

The prescription of medicines by nurses has provoked many questions and even court disputes about its autonomy to implement this activity as an integral part of the healthcare team. In this sense, it is necessary to discuss and clarify the limits and scope of the alleged autonomy for prescription drugs, considering the fact that this can be a shared action between physicians, nurses, and other academic professionals from the area health, provided they are legally regulated and who hold expertise in this context, therefore, the autonomy of the professional nurse tends to configure from the professional identity, presenting tensions with social, political, market and cultural aspects in which professionals are located.

Not enough, however, that nurses know the ethical and legal limits to prescribe medications, it is necessary that educational institutions take into consideration during their training, the reformulation of the Brazilian health system, as well as market demands of working professionals who have sought increasingly competent and qualified to practice not only the prescriptive function, but other functions of nursing.

The prescription of medicines by nurses cannot be seen as an isolated activity, but something additional to nursing visits, with goals to meeting and speaking about health problems / disease, encompassing other actions, such as request for routine and complementary.

It is hoped that the actions listed above, come to raise awareness of these future professionals about the quality of their care to individuals and the community, thus transforming problems faced within the public health solutions, seeking to improve the health of our population. However, this study demonstrated an innovative and current scenario in the role of a nurse as a result of their growing role and credibility within the FHS, as well, these descriptions and analyzes sought to guide students in the struggle for actual implementation of the rights already guaranteed by law prescribe, also demonstrating how they can come to use these laws to support their professional practice.

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Corresponding Address

Ana Lúcia de Medeiros
Rua Juiz Arnaldo Ferreira Alves, 126
Bairro Jardim Cidade Universitária
CEP 58052-315 — João Pessoa (PB), Brazil