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CASE REPORT ARTICLE

NURSES' PROTOCOL IN THE FAMILY HEALTH STRATEGY: CASE STUDIES PROTOCOLO DO ENFERMEIRO NA ESTRATÉGIA SAÚDE DA FAMÍLIA: RELATO DE EXPERIÊNCIA

PROTOCOLO DE ENFERMERAS EN LA ESTRATEGIA DE SALUD DE LA FAMILIA: ESTUDIOS DE CASO

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ABSTRACT

Objective: reporting the experience of preparation of the Nurse's Protocol of the Family Health Strategy in the State of Paraíba, contemplating the Systematization of Nursing Care/SAE and the International Classification for Nursing Practice/CIPE. **Method:** a descriptive study, type case studies developed through weekly meetings between April 2011 and August 2013, at the headquarters of the Nursing Regional Council of Paraíba - COREN/PB. The drafting team started with a Technical Group (TG) formed by 14 nurses. **Results:** it was evidenced the sum of many looks and specific knowledge in each line of care, as well as a valuable contribution to improving the care provided to the population. **Conclusion:** the Protocol, an innovative work that nurses can standardize their work process, fulfilling the assistive role according to the legal principles of the profession and ministry manuals. **Descriptors:** Nursing; Family Health; Nursing Process.

RESUMO

Objetivo: relatar a experiência da elaboração do Protocolo do enfermeiro da Estratégia Saúde da Família no Estado da Paraíba, contemplando a Sistematização da Assistência de Enfermagem/SAE e a Classificação Internacional para as Práticas de Enfermagem/CIPE. **Método:** estudo descritivo, tipo relato de experiência, desenvolvido pro meio de reuniões semanais, entre abril 2011 e agosto 2013, na sede do Conselho Regional de Enfermagem da Paraíba - COREN/PB. A equipe de elaboração iniciou com um Grupo Técnico (GT) composto por 14 enfermeiros. **Resultados:** evidenciou-se a soma de muitos olhares e saberes específicos em cada linha de cuidado, bem como uma valiosa contribuição para melhoria do atendimento prestado à população. **Conclusão:** o Protocolo, um trabalho inovador, em que os enfermeiros poderão padronizar seu processo de trabalho, cumprindo com o papel assistencial, conforme os princípios legais da profissão e manuais ministeriais. **Descritores:** Enfermagem; Saúde da Família; Processos de Enfermagem.

RESUMEN

Objetivo: relatar la experiencia de la preparación del Protocolo de la enfermera de la Estrategia de Salud de la Familia en el Estado de Paraíba, contemplando la Sistematización de Cuidados de Enfermería/SAE y la Clasificación Internacional para la Práctica de Enfermería/CIPE. **Método:** un estudio descriptivo del tipo estudios de caso, desarrollado a través de reuniones semanales entre abril de 2011 y agosto de 2013, en la sede del Consejo Regional de Enfermería de Paraíba - COREN/ PB. El equipo de redacción comenzó con un Grupo Técnico (GT) compuesto por 14 enfermeras. **Resultados:** se evidenció que la suma de muchas miradas y conocimientos específicos en cada línea de cuidado, así como una valiosa contribución a la mejora de la atención prestada a la población. **Conclusión:** el protocolo, un trabajo innovador, en el cual las enfermeras podrán estandarizar su proceso de trabajo, cumpliendo con el papel asistencial, según los principios jurídicos de la profesión y los manuales de ministeriales. **Descriptor:** Enfermería; Salud de la Familia; Proceso de Enfermería.

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INTRODUCTION

The nursing process is about actions taken in accordance with the needs of the person, family or collective at a given moment of the health and disease process where it requires theoretical knowledge, practical experience and intellectual capability enabling the development and improvement of a planned assistive and dynamic process allowing to identify, understand, describe and explain the real needs of this population.

Based on the foregoing, we must consider that the professional nursing care is not a natural phenomenon but a skill developed through professional training and continuing education perfected by the next result in a reflective and critical practice. The Nursing Care System (ASN) and the Nursing Process, regulated by Resolution No. 358/2009 COFEN represent a supreme need more and more often by health services.¹

The need to upgrade the skills of nursing professionals for a systematic, of quality assistance has been a concern of both educational institutions as class entities.² In the setting of primary care, in permanent construction, it has been made possible a better understanding by a significant proportion of professionals, that the main problems faced have a direct relationship with how it is organized health care of the user, being necessary to building a common language and concepts and essential to think a new way to producing a comprehensive care in health.³ When considering the importance, relevance and necessity of deploying in Primary Care it is proposed that the development of a Protocol for nurses of the Family Health Strategy in the State of Paraiba, which in this work is reported the referred experience.

It noted the difficulty of the professional nurse in performing their activities regarding Systematization of Nursing Care (ASN) and Nursing diagnosis especially using the International Classification for Nursing Practice (ICNP) in its original form, before the form that is structured, causing a prolongation in the consultation and subsequent medical record entries.

Considering the need to equip professional nurses working in Family Health Teams about the actions undertaken in compliance with the assistant role that is inherent emerged the proposed development of the nurses Protocol of the Family Health Strategy in the State of Paraiba, according to the guidelines of the National Health System and legal principles of the profession. There was used as a specific

reference to the International Classification for Nursing Practice (ICNP) and the Resolutions COFEN No. 159/93 and No. 358/09 requiring nurses to perform nursing consultation at all levels of health care.^{1-3, 5}

The Protocol of the nurse in the Family Health Strategy/FHS of the State Paraiba/PB was prepared in accordance with Law No. 7.498/86 that regulates the professional practice, Decree No. 94.406/87, which provides for Nursing Practice, the Resolution No. 159/1993 which regulates Nursing Consultation, Resolution No. 195/1997 which regulates the Request of routine and complementary Exams by the nurse, other Resolutions COFEN, Decisions COREN, Ministerial Manuals and Technical Norms, emphasizing the compliance with the Code of Ethics for Professional Nursing and the requirements of Technical Responsibility.⁶⁻⁸

This is a innovative work in the State of Paraiba, where nurses can standardize their work process without fear of developing their activities.

Given the above, the present study has the following goal:

- Reporting the experience of making the Protocol of nurses of the Family Health Strategy in the State of Paraiba, contemplating the Systematization of Nursing Care/SAE and the International Classification for Nursing Practice/CIPE.

METHODOLOGY

A descriptive study type case study on the construction of the Nurse Protocol of the Family Health Strategy in the State of Paraiba held in the period between April 2011 and August 2013, through weekly meetings at the headquarters of the Regional Council of Nursing of Paraiba - COREN/PB.

The drafting team started with a Technical Group (TG) composed of 14 nurses from various areas within the Primary Care of João Pessoa and looked technicians of the Family Health Team, Technical Support of Sanitary Districts, nurses from the Technical Area of Municipal Health, representative Councillor of COREN-PB and a representative director of the National Federation of Nurses (FNE). Finalizing the construction of this Protocol with a Working Group (WG) composed of 04 nurses.

The authors also took into consideration the ethical observances included in the Code of Ethics for Professional Nursing - Resolution 311/2007 of the Federal Council of Nursing, with respect to the preparation of scientific papers, as shown in the following articles:¹

Chapter III - Teaching, Research and Technical Scientific Production.

Rights

"Art.88 - Having acknowledged its authorship or participation in techno-scientific production."

Responsibilities and Duties

"[...] Art.91- Respecting the principles of honesty and trustworthiness, as well as the copyrights in the search process, especially the dissemination of its results."

"Art.92 - Providing research results to the scientific community and society in general."

"Art.93 - Promoting advocacy and respect for the legal and ethical principles of the profession in teaching, research and techno-scientific production." ^{9: 2}

This protocol was submitted to the Technical Chamber of COFEN for consideration and culminated in the unanimous adoption.

DISCUSSION AND RESULTS

The construction of this instrument was given by the condensate of Public Health Programs for nurses of the Family Health Team distributed in 19 chapters, through the following lines of care: Women's Health, including Prenatal subtopics; postpartum; cytological; Mamas; menopause; Family Planning; STD/AIDS; Child Health Nursing Consultation contemplating the subtopics; Child Growth; Child Development; Classification according to IMCI and immunization; Hypertension; Diabetes Mellitus; tuberculosis; leprosy; Adolescent Health; Men's Health; Health of the Elderly; Black Population Health; Sickle Cell Anemia; Occupational Health; Mental health; Indigenous Health; dengue; sterilization; Biosafety and Wounds.

We sought to strengthen the implementation of nursing diagnoses and interventions, as well as prescription of medications and order tests in consultation with the nurse, based on the role of primary care from the Ministry of Health.

According to Resolution COFEN 358/2009, which provides on the Systematization of Nursing and implementation of the nursing process in public and private environments, professional nursing care, should be organized into five interrelated, interdependent and recurrent stages that they are: 1. History of Nursing (data collection); 2. Nursing Diagnosis;

3. Nursing Planning; 4. Implementation; 5. Evaluation of Nursing.¹

It is noteworthy that the listed diagnoses were based on the International Classification for Nursing Practice (ICNP), which was established by the International Council of Nurses (ICN) to enable scientific and unified language common to the nursing world, having as an objective to develop a classification of the components of nursing practice (findings, nursing diagnosis, nursing intervention and prescription drugs) in order to articulate a specific language that describes this practical system is unique because the patient and its care should be individualized, but it is necessary that the nurse is aware of the types of actions that you can use when serving its clientele.⁴

The CIPE is a technological tool that facilitates communication of nurses about their practice, either among themselves, with other professionals and / or health policy makers; facilitates the standardization of care provided to the user documentation; facilitates the exchange of data among populations, the provision of care environments, languages and different geographic locations; allows the use of these data for planning and management of nursing care for funding and forecasting analysis results with the action / nursing intervention, among other things.¹⁰

Also highlight several research and implementation experiences of CIPE in professional practice are underway worldwide. It is believed that the nursing care documentation using the CIPE will provide systematic and retrievable data on health care, enabling greater visibility and social recognition of the profession.

Based on the foregoing, the prospect of this work is to enhance the practice of the nurse in an updated health care clipping which are the lines of care, to improve professional performance and conduct in offering security. Given this, we chose to use a framework which would facilitate and prioritized consultation Nurses, including: clinical findings; Nursing Diagnoses; Nursing intervention; Prescription drugs in each chapter, as shown in Figures 1 and 2:

Findings	Nursing diagnosis	Nursing intervention	Prescription drugs
Abundant secretion Lumpy	Vaginal candidiasis	Guide about the hygiene of the underwear and iron the piece;	Miconazole, 2% cream, vaginally, an application at night at bedtime, for 7 days; or
		Use toilet paper and neutral absorbent;	Clotrimazole vaginal cream 1%, an application at night at bedtime, for 6 to 12 days; or
		Avoid daily absorbers;	Clotrimazole, ova of 100 mg, a vaginal application night at bedtime, for 7 days; or
		Prefer cotton than lycra underwear;	Nystatin 100,000 IU, an application, vaginally, night at bedtime, for 14 days; or
		Avoid use of jeans or tight clothing;	Fluconazole 150 mg single dose for the partner;
		Offer condom;	Embrocate with gentian violet if intense itching.

Figure 1. Systematization of nursing care with regard to Women's Health, João Pessoa/PB, 2013.

Findings	Nursing diagnosis	Nursing intervention	Prescription drugs
Pediculosis Capitis (louse)	Scalp Hygiene standard impaired	Guide to hair hygiene;	Benzyl benzoate 25%, diluted in water, after bathing and washing 6 hours later, then repeat in a week; or
		Guide to removing nits with a nit comb;	Permethrin solution 2%, diluted in water, after the bath, during 3 days.
		Guide to washing with warm water and vinegar.	

Figure 2. Systematization of nursing care with regard to Children's Health, João Pessoa/PB, 2013.

CONCLUSION

The Protocol of the nurse is an instrument that these professionals needed to guide their performance on the skills developed in Family Health Teams in the area of primary care, the qualitative expansion of activities, seeking not only the professional development of the nurse before its population, as well as more active participation to improve the quality of community life.

The experience of this construction showed the sum of many looks and specific knowledge in each line carefully as well as a valuable contribution to improving the care provided to the population.

This work may allow the service user to be performed in its entirety, ensuring complete safety for nurses with support in the law.

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