Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

NURSING CONSULTATION - A RESTRUCTURING STRATEGY OF THE PROGRAM HIPERDIA

CONSULTA DE ENFERMAGEM - UMA ESTRATÉGIA DE REESTRUTURAÇÃO DO PROGRAMA HIPERDIA

CONSULTA DE ENFERMERÍA – UNA ESTRATEGIA DE REESTRUCTURACIÓN DEL PROGRAMA HIPERDIA

Waleska Alves de Castro Valle[1], André Luiz de Souza Braga[2], Marilda Andrade[3], Maria Estela Diniz Machado[4], Deise Ferreira de Souza[5], Andreia Palmeira Aloi[6]

ABSTRACT

Objective: meeting the actions developed by nurses in nursing consultation in line with the proposed restructuring of Hiperdia Program. ***Method:*** a descriptive study of a qualitative approach performed in a Regional Polyclinic in Niterói/RJ with nurses who perform the nursing consultation, through semi-structured interview. The research had the project approved by the Research Ethics Committee, CAAE nº 2941.0.000.258-10. **Results:** the way how the consultation is carried out, as well as the instruments and tools used were recognized. It presented the Hiperdia, an information system that generates knowledge to monitor the health/disease of the assisted population. ***Conclusion:*** it was evidenced the need for awareness of nurses about the importance of their participation in health programs, because, when developing the consultation, gets involved, and becomes responsible and acquire skills which allow that its operation and performance occur in the most productive and problem-solving way. ***Descriptors:*** Consultation; Nursing; Hypertension; Diabetes Mellitus; Information Systems in Health.

RESUMO

***Objetivo*:** conhecer as ações desenvolvidas pelos enfermeiros na consulta de enfermagem em consonância com a proposta de reestruturação do Programa Hiperdia. ***Método*:** estudo descritivo de abordagem qualitativa, realizada em uma Policlínica Regional no município de Niterói/RJ com os enfermeiros que realizam a consulta de enfermagem, por meio de entrevista semiestruturada. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa, CAAE nº 2941.0.000.258-10. ***Resultados*:** a forma como é realizada a consulta, bem como os instrumentos e ferramentas utilizadas, foram reconhecidos. Apresentou-se o Hiperdia, um sistema de informação que gera conhecimentos para o acompanhamento do estado de saúde/doença da população assistida. ***Conclusão*:** evidenciou-se a necessidade de conscientização dos enfermeiros quanto à importância de sua participação nos programas de saúde, pois, ao desenvolver a consulta, se envolve e se responsabiliza e adquire competências que permitem que sua atuação e desempenho ocorram da forma mais produtiva e resolutiva. ***Descritores*:** Consulta; Enfermagem; Hipertensão; Diabetes Mellitus; Sistemas de informação em Saúde.

RESUMEN

Objetivo: conocer las acciones desarrolladas por las enfermeras en la consulta de enfermería en línea con la reestructuración propuesta del Programa HIPERDIA. ***Método:*** un estudio descriptivo de enfoque cualitativo realizado en un Policlínico Regional de Niterói/RJ con las enfermeras que realizan la consulta de enfermería, a través de entrevista semi-estructurada. La investigación tuvo el proyecto aprobado por el Comité de Ética en Investigación, CAAE nº 2941.0.000.258-10. ***Resultados:*** como se realiza la consulta, así como los instrumentos y herramientas utilizadas fueron reconocidos. Presentó el HIPERDIA, un sistema de información que genera el conocimiento del controle salud/enfermedad de la población asistida. ***Conclusión:*** destacó la necesidad de concienciación de las enfermeras con respecto a la importancia de su participación en programas de salud, por lo tanto, en el desarrollo de la consulta, implicado y responsable y adquiere habilidades que permitan su actuación y desempeño se produzcan más productivamente y resolutivo. ***Descriptores:*** Consulta; Enfermería; Hipertensión; Diabetes Mellitus; Sistemas De Información En Salud.

[1]Nurse Specialist in Clinical Medicine, Waterway (Brazilian Navy), acting as a Waterway Nurse and Offshore. Niterói (RJ), Brazil. Email: wkcastro@gmail.com; [2]Nurse, Master Teacher, Nursing School Aurora de Afonso Costa/Fluminense Federal University/EEAAC/UFF. Niterói (RJ), Brazil. Email: andre.braga@globo.com; [3]Nurse, Doctor Professor, School of Nursing Aurora de Afonso Costa/Fluminense Federal University/EEAAC/UFF. Niterói (RJ), Brazil. Email: marildaandrade@uol.com.br; [4]Nurse, Doctor Professor, School of Nursing Aurora de Afonso Costa/Fluminense Federal University/EEAAC/UFF. Niterói (RJ), Brazil. Email: medmachado@id.uff.br; [5]Nurse, Master Teacher, School of Nursing Aurora de Afonso Costa/Fluminense Federal University/EEAAC/UFF. Niterói (RJ), Brazil. Email: dfsnit@hotmail.com; [6]Nurse, Specialist in Nursing Home Care, Ministry of Health. Niterói (RJ), Brazil. Email: andreiaaloi25@gmail.com

INTRODUCTION

The Nursing Consultation (NC) can be defined as an activity directly given to the patient, through which are identified problems of health and illness, prescribed and implemented nursing measures to contribute to the promotion, protection, recovery or rehabilitation. In this context the nurse develops important role in monitoring of patients with hypertension and/or diabetes, besides acting as a health educator in working with groups of people with these disorders, their families and the community, is responsible for developing the EC activity Private Nurses.

EC in the Nurse directs customer nursing actions, being founded on the need for scientific of the actions developed. The NC consists of interview for data collection, physical examination, the establishment of the nursing diagnosis, prescription, implementation of care and guidance of shares related to problems.[1,2]

The same authors emphasize that the nurse must fulfill this clientele systematizing their actions, so that their work and knowledge lead to continuous rethinking of professional practice. Therefore, it is necessary to develop specific skills in basic health units for nurses achieve a satisfactory NC to the person with hypertension and/or diabetes.

The Ministry of Health (MOH), in order to reduce morbidity and mortality associated with diseases like Hypertension (AH) and diabetes mellitus (DM), has committed to take action in partnership with states, municipalities, the Brazilian Society of Cardiology, Hypertension, Diabetes and Nephrology, the National Federation of High Blood Pressure and Diabetes Carriers, the National Council of Health Secretaries (CONASS) and the National Council of Municipal Health (CONASEMS) to support the reorganization of the health system, improving Attention to the holders of these diseases through the Care Reorganization Plan for Arterial Hypertension and Diabetes Mellitus.[3]

The Care Reorganization Plan to AH and DM are mainly intended to establish guidelines and targets for the care of people of these diseases in the Unified Health System (SUS), by restructuring and expanding the primary care facing the HA and the DM, with emphasis on primary prevention, expansion of early diagnosis and linking patients to primary care network.[3]

The Hiperdia part of this plan and is a system of Registration and Monitoring Hypertensive Diabetics raised in all outpatient clinics of the SUS, which generates information for local managers, managers of municipal, state and Ministry of Health (MOH). Besides registration, the system allows the monitoring, ensuring receipt of prescribed drugs, while in the medium term, you can define the epidemiological profile of this population, and the consequent triggering of public health strategies that will lead to frame modification current, improving the quality of their lives and to reduce the social cost.[4]

According to the previous paragraph, the Regional Polyclinic Largo da Batalha (PRLB), in Niterói / RJ - Brazil, in partnership with the Fluminense Federal University (UFF), organized the first therapeutic event for the implementation of actions of the Hiperdia program. After it, there was the need to emphasize with users the importance of self-care with a focus on prevention and control of hypertension and diabetes.

The event held in PRLB aimed at the implementation of Hiperdia through the users' profile of knowledge, resumption of users have registered, conducting registrations for new patients, ensuring the realization of hemoglucotest (HGT), measurement of blood pressure (BP) nutritional, medical and social.

Tables were allocated in a semicircle in the central courtyard of the Polyclinic, where patients are identified, passed by the nursing team, to be weighed and their height measured, analyzed the body mass index (BMI), BP was measured and performed the HGT, shortly after they passed through nutritional counseling and finally were served by the clinician who finished the event with specialized scheduled visit (cardiologist and endocrinologist) when necessary.

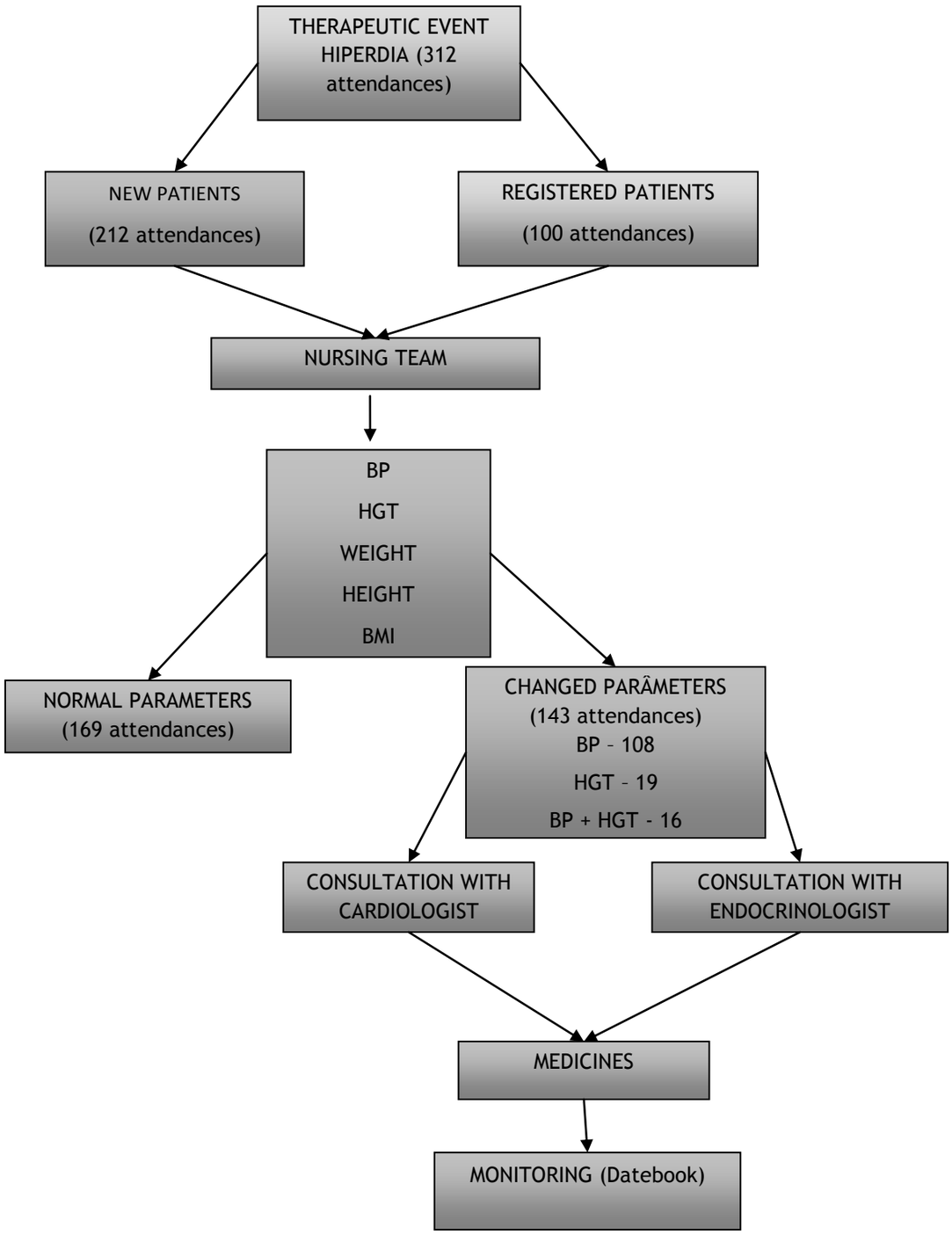

Figure 1. Flowchart of the first therapeutic event. Made by the authors.

After an evaluation of the event held, the NC, as determined by the nursing coordination and other managers, was implemented in the routine of the unit as a strategy for the inclusion of patients in Hiperdia program, due to the reduced number of medical professionals.

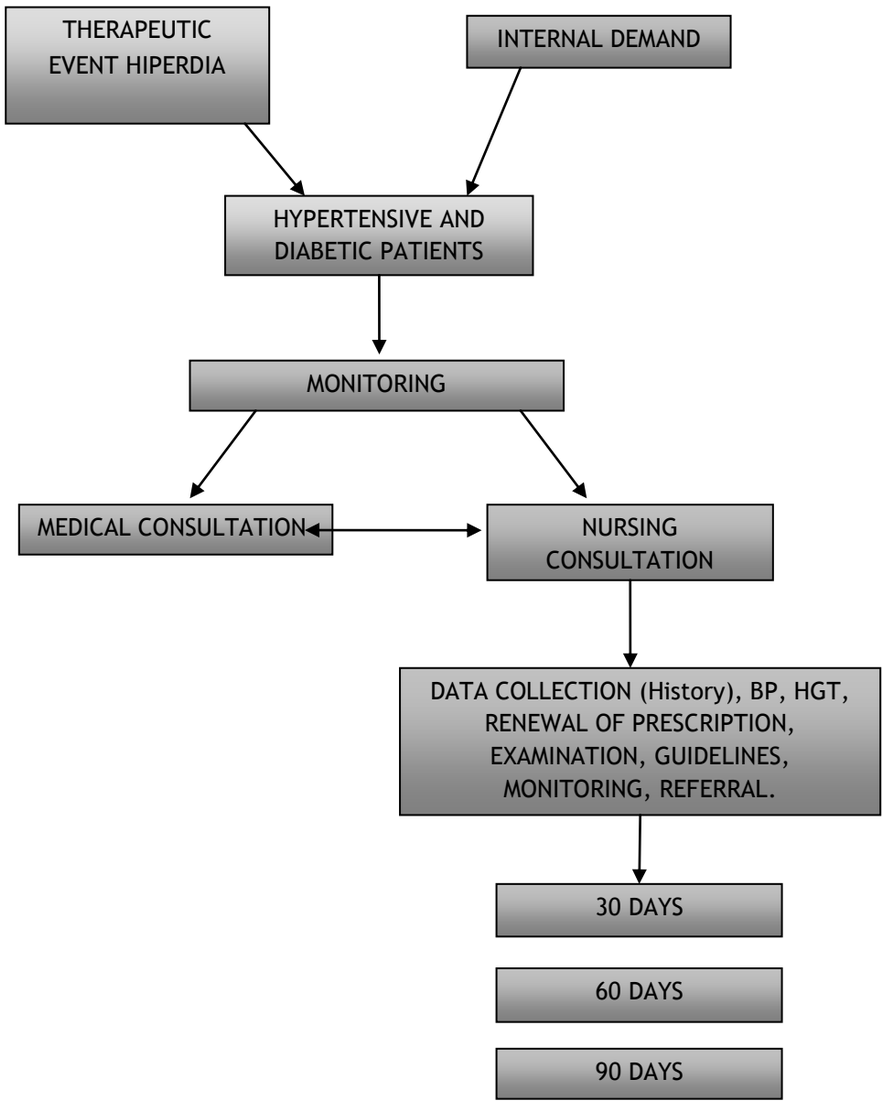

Figure 2. Flowchart of patients after the routine of nursing consultation. Made by the authors.

The events are held periodically with spontaneous demand which the following professionals participated: Social Workers, Academic Nursing of UFF, nursing staff, Doctors, Nutritionists, Psychologists and the support of the Administrative professional. The close relationship between health team professionals and the community assists in acceptance of people for frequent monitoring and the pursuit of meeting the needs of health.[5]

This study aims to recognizing the actions developed by nurses Polyclinic Regional Largo da Batalha, the nursing consultation in line with the proposed restructuring of Hiperdia Program.

Recognition of the nurse's role during NC agrees understand the systematization of their actions and the development of specific skills to act in basic health units. Establishing link between the user and the team in order to improve the quality of life of these makes the offered assistance is more humane, more receptive, and combining the technical competence of the NC, held in a contextualized and participatory manner and contributes to improving the quality of nursing care offered to users.

The NC as an independent activity and private of the Nurse appreciates its activity, provides an opportunity to understand the tools used by him to build the health of the population served and evidenced as part of joint/user aggregator to Hiperdia program. I think the nurse through the EC acts as a mediator provides the patient insertion in the entire context of PRLB.

METHOD

This is a descriptive, exploratory study of a qualitative approach,[6] in which the subjects were nurses who perform the NC (Nursing Consultation). The research environment was the Regional Largo da Batalha Polyclinic (PRLB) in Niterói/RJ, a reference unit, resolute and warm, expressive demand and service in various specialties.

The collection of information in the field was conducted from semi-structured interview addressed. They were recorded in MP4,

transcribed and categorized. To preserve the identity of the subjects, each interview was identified through alphanumeric code (Interviewee 1)

The content analysis described by Bardin was the technique of choice for analysis. Thus, after systematic reading of the collected reports, the pre analysis was performed (initial reading); exploration of material and treatment of results; inference and subsequent interpretation of the data obtained.[7]

Coding was performed in clippings of context and units of records that formed the clipping of semantic order that expresses the essence of the subject's speeches, covering the objectives of the study and the categorization phase, which were grouped because of units' record. Consonant, the data obtained following these steps, followed by discussion of the results in the light of theoretical frameworks that address the theme of the study.[7]

This study had the project approved by the Ethics Committee of the Faculty of Medicine of UFF, and also determines the resolution 196/96 of the National Health Council (CNS), which normalizes health researches involving human subjects. This received opinion approved CAAE nº 2941.0.000.258-10 at 7th September, 2010.

RESULT

We presented the following registration units (RU) obtained from the responses of the subjects for each question asked during the interview:

Questions of the data collection instrument	Registration units (RU)	Frequency of RU
What are the activities (tasks) that you develop in consultation with nursing?	Guidance	6
	Monitoring	4
What are the activities (tasks) that you develop in consultation with nursing?	Nursing process	4
	Communication	3
	Hiperdia	3

Figure 1. Submission of registration units (RU)

DISCUSSION

From the interpretation and analysis of emerged registration units, the following categories were built: Developed activities and assignments in the NC and instruments, skills and tools used in nursing consultation, as described below:

♦ Activities and assignments developed in nursing Consultation.

The nursing job requires, in addition to technical knowledge and skills, human skills to conduct an interactive consultation between the nurse and his assisted.[8] In the analysis of this first group of answers about the activities and tasks performed by nurses in the NC, we obtained the following cores of thought: Direct and monitor the patients, who become clear in the following testimonials.

> *Orientation, mainly orientation (...) we sometimes guides about food, about exercise, all that part of orientation with self-care on the use of insulin (...) (Interview 1).*
>
> *(...) See how he is, if it is responding to the medication the doctor prescribed program and agent will track, monitor (...) (Interview 2).*
>
> *(...) Some of our assignments renew the prescription, follow the patient (...) patient who has come for us to monitor glucose because they are altered and must follow more closely and make insulin therapy guidance (...) (Interview 3).*

The workforce is fundamental because in the NC guidelines with the nurse encourages patient participation, clarifies doubts on the guidelines provided by the doctor on the pharmacological treatment, etc.[2]

Communication in nursing practice is of paramount importance because it allows the professional to establish a working relationship with patients, helping them to meet their needs in relation to health, while creating conditions for the nursing professional effective changes in order to promote the well-being of the patient.[9] Consonant, the NC, to have practical validity, should provide favorable changes in the health of the individual and demonstrate through the various studies cited that the actions of the nurse, through the NC improves adherence to treatment accelerates restoration of the patient and reduces the final cost of the tour.[10]

The actions developed by nurses during consultation, aim to educate the customer, to promote changes in their quality of life, leading him to adopt healthy habits. Among the actions related to the guidelines provided by nurses during the NC, is a frequently cited factor, according to the testimony, as responsible for patient adherence to treatment.

> *(...) do guidelines that enrich the consultation and make up to them to return, because I notice that when a patient does not return to a medical professional is because he was not satisfied and it does not happen in the NC, they come back and look for me . (Interview 1)*
>
> *(...) I'm even surprised me, there are people who came with me and I said, that person will never return! Because it was more closed I thought it was not interested by the NC, but not within two months later came straight and realized that I cannot pass certain things understood everything right (...) (Interview 2)*

The speeches showed that dialogue with the patient is an important assignment to achieve fully meeting the needs of the patient, but the development of other skills should be encouraged, since the same pose greater resolution health actions performed by nurses in the NC.

Be competent is to stop technical knowledge, as well as adding other skills to carry out activities related to the position. Competence is also considered as the ability to judge certain issues or perform certain acts. The authors emphasize that not just the individual master certain knowledge he must assimilate this knowledge with their experiences and bring to a specific context.[11]

In this perspective, it is of fundamental importance for health professionals, especially nurses, developing communication skills because communication in nursing can be seen as a basic human need, a skill that nurses should use to develop and improving the professional know-how.[9]

It is necessary that the nurse seek strategies to encourage behavior change by the patient, because only the adoption of management measures is not enough for these patients to change their behavior, we need to motivate them to follow treatment more effectively.[12] In this context the act of directing, prescribe medications and tests, monitor the results obtained from the use of drugs, monitor blood pressure and blood glucose, refer to other professionals form the set of knowledge, skills and attitudes developed by nurses that go beyond the Context activities and extend skills as well performed by nurses in the NC.

♦ Instruments, skills and tools used in nursing consultation

Nursing care drives up the recovery and the individual well-being and is based on scientific knowledge and professional autonomy, focusing mainly on attention to holistic way of individuals within the health/disease process. It helps ensure that interventions are designed to the individual, not just the disease, makes the diagnosis and treatment of potential and existing health problems are accelerated by reducing the incidence and duration of hospitalization, promotes flexibility of thought independent, improves communication and prevents errors, omissions and unnecessary repetitions.[9]

The statements leave evident that the EC is performed with the holistic approach to patient needs. With clear objectives and methodologies for its development, it is clear that the nurse has a defined role in the health service, which generates impact on meeting the health needs of the population served.

> *Physical examination in the EC you will see the patient as a whole, the psychological needs and his physiological (...) (Interview 1)*
>
> *"First talk to the patient, we reap the story, is kind of a history in relation to hypertension and diabetes is in data collection that we feel the needs of the patient (...) of the information you realize where you have to act (...) (Interview. 2)*
>
> *(...) Measures the blood pressure, makes blood glucose testing, weighing, (...) has some hypertensive peak you make the emergency medication and begins to decline the query interval him (...) (Interview 3)*

Nurses appropriated from the Nursing Process as a methodological instrument which serves both to organize and to promote nursing care because the assistance is planned to meet the specific needs of the patient, their application with an emphasis on self-care in non-hospitalized individuals, it allows nurses to exercise their professional autonomy, as well as explore new dimensions of the profession.[10]

The nursing process involves the use of an organized approach to achieve its purpose and requires Nurses interest in knowing the patient as an individual, using this to their knowledge and skills, as well as orientation and training of nursing staff for the implementation of systematic actions.[9]

Nursing Consultation to systematically understand the making of a record with a broader focus that medical history, the development of nursing diagnosis should, in turn, include actions, adopting or not, consecrated taxonomies or the name problems or service needs and, finally, the assistance plan includes techniques, standards and procedures that guide and control the realization of actions aimed at collecting, analyzing and interpreting information about the health of the clientele, as well as decisions regarding the guidance and other

measures that may influence the adoption of favorable practices to health.[12]

It is understood that the EC is the way to consolidate the activity as private Nurses, so it should be systematic and understand the completion of all stages and should not prioritize the nurse just some over others, the adoption of decisions and health measures are essential in the query, which should directly and effectively influence the health of the clientele.[12]

Regarding the quality of nursing care, numerous discussions have taken place, but not only systematic way to care is responsible for contributing to the improvement of such assistance is necessary that nurses want to make a difference, as we noted in the speech:

> *(...) We're here doing the query and I think that's it, like doing what you are doing, I think the greatest instrument is that you appreciate what you do and be able to convey this to the patient. (Interview 1)*

The act of Nurse with your target audience is intended to promote health and their well-being and should be seen as an interactive moment in a rich context of interpersonal relationships. For this, a simple procedure is required: Listening[(9)].

> *(...) The tools, so the listening must have a good listening, have to be patient, you have to be prepared to listen and try to comfort him, you cannot solve his problem, but you can give comfort, guidance (...) is not only do you get and measure the pressure, hemoglucotest and bye, no, he needs to talk, need to feel confidence in you, then it opens, sometimes has poor patient who just wants to talk (. ..) he needs consultation to expose what is distressing you, then the nursing consultation gives it to him. (Interview 1)*
>
> *(...) The opportunity for the patient to speak, put the needs felt by him (...) (Interview 2)*

The interaction can be considered as a core component of care because it is through it that the nurse begins to establish a relationship with the customer and thus tends to meet their needs in order to watch it, but some factors influence this interaction as the physical, mental and customer need to state, culture, social, among others, which requires the nurse experience and knowledge to influence positively the interaction and perception. Still serves many purposes during the care process, such as information on the main health concern, the lifestyle, the systems function, assess needs and provide information to develop the assistance provided. In this sense it is necessary that the nursing professional use interaction as a basic instrument, which is effected through communication.[9]

Communication is a process to share and understand the message. It is a basic tool used in the context of Nursing and means "the ability to exchange ideas, talk, and talk seen the good relationship between the people." We understand then that communication promotes the relationship and the exchange of ideas and knowledge (interaction), thus constituting a new consciousness capable of producing changes in the human being and the world.[9,13]

To develop an effective and efficient nursing care are needed to nurse the following basic instruments of care: observation, communication, creativity, teamwork, planning, evaluation, the scientific method and manual dexterity.[14] In this perspective, nursing communication can be seen as a basic human need, a skill that nurses should use to develop and perfect the professional know-how. Thus communication must be recognized by the nurses as art and responsibility, so they can better assist the patient.

The Hiperdia Program is responsible for monitoring and control of the Hypertension and Diabetes Mellitus, as part of primary care, seeks to prevent the progression of complications and reduce the number of hospital admissions and mortality due to these diseases.[4,15]

In this context, the EC is the early identification instrument cases and the appropriate use of health information system is the essential element for the successful control of these diseases.

> *(...) The importance of it is a program, a program which has the involvement of many professionals in a multidisciplinary team, both dietitians, as endocrine, clinical, cardiologists and nurses. The important thing is participation, the integration of the professional program. (Interview 2)*
>
> *The program is excellent, you adapt the network that he does not have the nursing consultation it's hard, we do not have any ordinance, the city still does not recognize the CE (...) (Interview 3)*
>
> *(...) You have to have knowledge of the program because you're working on what the program calls for the program is a closed protocol you have to follow and then associate the program to the needs of the patient, I did not learn the program in college (...) learned the program in the course at that time the Ministry of Health offered the course Hiperdia, and I associated it to my query. (Interview 3)*

In this context the SUS created the Health Information System (SIS), a system that can

monitor all production data and perform periodic assessments of the health situation of the entire population, being of fundamental importance for the SUS, as monitors the health conditions around the country and aims to reach the quality of care through promotion activities, prevention and health recovery. It contributes to the production of knowledge about health and evaluates the services provided, as well as their effectiveness, efficiency and impact on the health status of the population.[16]

The Health Information System Hiperdia is cited by respondents as a useful tool for professionals in primary monitoring of patients with diabetes and hypertension, but it is stressed the need for training to use this as a promotional tool and maintenance of population health attended the service.

The purpose of health information is to identify individual and collective problems of the health situation, that provide instruments to store, produce, organize and analyze the data needed to identify the problems and health risks, and create subsidies for new practices care and management health .[17-21]

The inclusion of the SIS in all health care levels is necessary, as required content, as the health technologies bring many benefits available to specific tools to generate professional care. Especially for nurses, caregivers and holders of many assignments, these instruments facilitate actions, promote relationships, optimize the service and enable improved quality of care offered.

In this research, within the categories raised and presented reports, we identify important peculiarities of the NC, we realize what kind of activities and duties are performed by nurses, brought information about the tools, skills and tools used in the query, understand how is the performance of nurses and, we talk about the importance of NC for Hiperdia system and its restructuring.

Finally, understand that the NC can be used by nurses as an important tool for designing new strategies for prevention, promotion and recovery of health of chronic degenerative disease carrier.

CONCLUSION

The study provided an opportunity to understand how the NC is carried out, know the actions and activities undertaken by nurses and recognize the instruments and tools used by them for maintaining and restoring the health of the population served in PRLB.

The establishment of the link between people with chronic degenerative diseases and basic health units has been identified as being essential elements for the successful control of injuries. NC acts providing this bond and even more efficiently performs the monitoring of patients and makes the control of Hypertension and Diabetes Mellitus in the context of primary care, preventing the emergence and progression of complications.

This study presented the Hiperdia Program as a major information system that generates information for health professionals to monitor the health and illness of patients, so that there is an improvement in health care offered to the population.

The research highlighted the need for empowerment of nurses on the importance of their participation in health programs because in developing the query, it engages with the customer, responsibility and acquire skills that allow its operation and its performance occur Fashion more productive and problem-solving, it is noticeable that the appreciation of the professional nurse is linked to the recognition of their role as health care provider.

Recognition of the nurse's role in the consultation will enable to understand the systematization of their actions and the development of specific skills to act in basic health units. Establishing link between the user and the team in order to improve the quality of life of these will cause the offered assistance is humanized, receptive and determined, thus minimizing the expense and aggravation.

Because of the range of actions that the nurse carries, it emphasizes the need for health care professionals to provide continuing education in health because the Hiperdia Program and patients with hypertension and diabetes require specific and specialized care that will contribute to solving of user health problems health System.

Points to integrity and fairness, coupled with the expertise of the nurse, the principles that should guide and guide the NC, through these one can build and provide conditions for improving user quality of life of this service.

Recognize the importance of Nursing Consultation is it effective and give the Nurse autonomy.

REFERÊNCES

1. Brasil. Resolução COFEN-159, de 19 de abril de 1993. Dispõe sobre a consulta de enfermagem. Código de ética e legislações. Plenário do COREN-RJ. Gestão 2005/2008. Rio de Janeiro. p. 32. 136 pg.

2. Felipe GF, Abreu RNDC, Moreira TMM. Aspectos contemplados na consulta de enfermagem ao paciente com hipertensão atendido no Programa Saúde da Família. Rev Esc Enf USP [Internet]. 2008 Dec [cited 2010 Nov 26];42(4):621-27. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342008000400002&lang=pt

3. Brasil, Ministério da saúde. Departamento de Ações Programáticas Estratégicas. Plano de Reorganização da Atenção à Hipertensão Arterial e ao e Diabetes Mellitus [Internet]. Brasília: 2001 [cited 2011 Nov 26]. Available from: http://www.telessaudebrasil.org.br/lildbi/docsonline/4/1/114-Plano_de_Reorganizacao_da_Atencao_a_Hipertensao_Arterial_e_Diabetes_Mellitus_2001.pdf Acesso em: 10 out. 2010.

4. Brasil, Ministério da Saúde. Sistema de Cadastramento e Acompanhamento de Pacientes Hipertensos e Diabéticos [Internet]. Brasília: 2002 [cited 2011 Nov 26]. Available from: Available from: http://www.saude.sp.gov.br/resources/gestor/acesso_rapido/auditoria/manual-HIPERDIA_1.5_M.02.pdf.

5. Coutinho FHP, Souza IMC. Perception of individuals with hypertension regarding their disease and medication adherence in the family health strategy program. Rev Baiana Saúde Pública [Internet]. 2011 Apr/June [cited 2011 Nov 26];35(2):397-411. Available from:

6. http://files.bvs.br/upload/S/0100-0233/2011/v35n2/a2460.pdf

7. Figueiredo AM, Souza SRG. Como elaborar Projetos, Monografias, Dissertações e Tese: da redação científica à apresentação do texto final. Rio de Janeiro: Lumen Juris; 2010.

8. Bardin L. Análise de conteúdo. Trad. Luis Reto e Augusto Pinheiro. Lisboa : Edições 70; 2005.

9. Machado MMT, Leitão GCM, Holanda FUX. O conceito de ação comunicativa: uma contribuição para a consulta de enfermagem. Rev Latino-Am Enfermagem [Internet]. 2005 Set/Oct [cited 2010 Nov 22];13(5):723-28. Available from: http://www.scielo.br/pdf/rlae/v13n5/v13n5a17.pdf

10. Nobrega MML, Silva KL. Fundamentos do Cuidar em Enfermagem. 2nd ed. Belo Horizonte: ABEn; 2008. 232 p.

11. Margarido ES, Castilho V. Aferição do tempo e do custo médio do trabalho da enfermeira na consulta de enfermagem. Rev esc enferm USP [Internet] 2006 Sept [cited 2010 Nov 1];40(3):[about 5 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342006000300016&lng=en&nrm=iso

12. Ruthes RM, Cunha ICKO. Entendendo as competências para aplicação na enfermagem. Rev bras enferm [Internet] 2008 Feb [cited 2011 Jan 3];61(1):[about 5 p]. Available from: http://www.scielo.br/pdf/reben/v61n1/17.pdf

13. Maciel ICF, Araujo TL. Consulta de enfermagem: análise das ações junto a programas de hipertensão arterial. Rev latino-am enfermagem [Internet]. 2003 Mar/Apr [cited 2011 Jan 10];11(2):207-14. Available from: http://www.scielo.br/pdf/rlae/v11n2/v11n2a10.pdf

14. Saraiva RJ, Rosas AMMTF, Rodrigues BMD, Domingos AM, Cardoso MMVN, Valente GSC. Intentional action of nursing education of consultation: phenomenological study. Online braz j nurs [Internet]. 2012 April; [cited 2012 May 14];11(1):[about 5 p]. Available from: http://www.objnursing.uff.br/index.php/nursing/article/view/3518

15. Horta WA, Hara Y, Paula NS de. O ensino dos instrumentos básicos de enfermagem. Rev. Bras. Enf [Internet]. 1971 [cited 2012 May 14];24(3,4):159-169. Available from: http://www.fcfar.unesp.br/arquivos/517282.pdf

16. Valle WAC, Silva CS, Braga ALS, Rosas AMMTF. Hiperdia, health information system, producting knowledge to improve nursing practice in primary care. Rev enf bras. 2011 Mar/Apr;10(2) 108-14.

17. Oliveira CA, Palha PF. Sistema de Informações Hiperdia, 2002–2004, Adequação das Informações. Cogitare Enferm [Internet]. 2008 July-Sept [cited 2012 May 14];13(3):395-402. Available from: http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/view/12992.

18. Thaines GHLS, et al. Produção, fluxo e análise de dados do sistema de informação em saúde: um caso exemplar. Texto contexto-enferm [Internet] 2009 July/Sept [cited 2010 Nov 15];18(3):466-474. Available from: http://www.scielo.br/pdf/tce/v18n3/a09v18n3.pdf

19. Jardim ADI, Leal AMO. Qualidade da informação sobre diabéticos e hipertensos registrada no Sistema HIPERDIA em São Carlos-SP. Physis [Internet]. 2009 [cited 2012 Aug 11];19(2):405-17. Available from: http://www.scielo.br/pdf/physis/v19n2/v19n2a09.pdf

20. Moraes IHS, SANTOS SRFR. Informações para gestão do SUS: necessidades e perspectivas. Informe Epidemiológico do SUS

[Internet] 2001 July-Sept [cited 2010 Oct 22];10(3):49-56. Available from: http://bvsms.saude.gov.br/bvs/periodicos/informe_epi_sus_v10_n3.pdf

21. Alves KYA, Salvador PTCO, Almeida TJ de et al. Perfil dos hipertensos e diabéticos cadastrados em uma unidade básica de saúde. J Nurs UFPE on line [Internet]. 2011 May [cited 2012 Nov 08];5(3):658-69. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/1450/pdf_479

22. Barreto PA, Braga ALS, Andrade M. Evaluation of completeness of dengue records: exploratory study of compulsory notices. Online braz j nurs [Internet]. 2012 Dec [cited 2012 Dec 12];11(3):[about 5 p]. Available from: http://www.objnursing.uff.br/index.php/nursing/article/view/3920

Submission: 12/08/2014
Accepted: 20/04/2015
Published: 15/05/2015

Correspondence

Andre Luiz de Souza Braga
Universidade Federal Fluminense
Escola de Enfermagem Aurora de Afonso Costa
Rua Dr. Celestino, 74 / 4º andar
Bairro Centro
CEP 24020-091 – Niterói (RJ), Brazil