ORIGINAL ARTICLE

PROTOCOL OF IMPLEMENTATION OF NURSING INTERFACES PROCESS WITH LOCAL LEGISLATION

PROTOCOLO DE IMPLANTAÇÃO DO PROCESSO DE ENFERMAGEM INTERFACES COM A LEGISLAÇÃO

PROTOCOLO DE APLICACIÓN DE ENFERMERÍA CON LA LEGISLACIÓN

Felipe Santana e Silva1, Francidalma Soares Sousa Carvalho Filha2, Giorgie Andre Lando3

ABSTRACT

Objective: to develop a clinical protocol of Nursing, through the main identified nursing problems. Method: evaluative research, document, developed in a dialysis center with nurses using a questionnaire and analysis of records. The data were subjected to content analysis technique. Results: elaborated the Welfare Protocol based on the most frequent nursing problems: the absence of printed and materials, lack of training and professional qualification; about the diagnosis, it was seen that excess weight, poor diet, lack of exercise, blood glucose control and blood pressure were the main contributors to the worsening health of these clients. Conclusion: the main obstacles to the realization of nursing process contrary to applicable law and hinders, the provision of care, making clear the need for creation and insertion of a care protocol. Descriptors: Nursing Care; Protocol; Legislation; Responsibility; Chronic Kidney Disease.

RESUMO

Objetivo: elaborar um protocolo assistencial de Enfermagem, através dos principais problemas de enfermagem identificados. Método: pesquisa avaliativa, documental, desenvolvida em um Centro de Diálise, com enfermeiros, utilizando um questionário e análise de prontuários. Os dados foram submetidos à Técnica de Análise de Conteúdo. Resultados: elaborou-se o Protocolo Assistencial com base nos problemas de enfermagem mais frequentes: a ausência de impressos e materiais necessários, falta de capacitação e qualificação profissional; quanto aos diagnósticos, viu-se que o excesso de peso, a alimentação inadequada, a falta de exercício físico, o controle da glicemia e pressão arterial foram os que mais contribuíram para o agravamento da saúde destes clientes. Conclusão: os principais entraves para a realização do Processo de Enfermagem contraria a legislação vigente e dificulta a oferta dos cuidados, tornando evidente a necessidade de criação e inserção de um protocolo de assistência. Descriptores: Assistência de Enfermagem; Protocolo; Legislação; Responsabilidade; Doença Renal Crônica.

RESUMEN

Objetivo: desarrollar un protocolo clínico de enfermería, a través de los principales problemas de enfermería identificados. Método: la investigación evaluativa, documental, desarrollado en un centro de diálisis con las enfermeras mediante un cuestionario y el análisis de los registros. Los datos fueron sometidos a análisis de contenido. Resultados: elaborado el Protocolo de Bienestar basado en los problemas de enfermería más frecuentes: la ausencia de materiales impresos y, la falta de formación y cualificación profesional; sobre el diagnóstico, se vio que el exceso de peso, la mala alimentación, falta de ejercicio, el control de la glucosa en sangre y la presión arterial fueron los principales contribuyentes al empeoramiento de la salud de estos clientes. Conclusion: los principales obstáculos para la realización del proceso de enfermería contraria a la ley y dificulta la prestación de atención, lo que hace evidente la necesidad de la creación e inserción de un protocolo de atención. Descriptores: Cuidados de Enfermería; Protocolo; Legislación; Responsabilidad; Enfermedad Renal Crónica.

1Nurse, Post graduate in Emergency Department, Faculty of Science and Technology of Maranhão/ FACESMA. Caxias (MA), Brazil. Email: felipe_santana_silva@hotmail.com; 2Nurse, Professor in Nursing, Faculty of Science and Technology of Maranhão/FACESMA/Maranhão State University/UEMA. Caxias (MA), Brazil. Email: francidalmafilha@gmail.com; 3Lawyer, Post Università Degli Studi PhD di Messina (UNIME), Professor and Law Course Coordinator, Faculty of Science and Technology of Maranhão/FACESMA. Caxias (MA), Brazil. Email: giorlandolando@hotmail.com

English/Portuguese

J Nurs UFPE on line., Recife, 10(Suppl. 3):1368-77, Apr., 2016 1368
INTRODUCTION

The Nursing Process is an essential technology in the care of the human being, in favor of the effectiveness and efficiency of health services. Moreover, it is a possibility of recognition and expansion of theoretical knowledge of nursing, it serves as a reference for the daily practice indicates a specific professional work and requires a series of dynamic actions and interrelated to their accomplishment.¹

This method, also called Systematization of Nursing Care Methodology of Nursing Care or Nursing Care Process, is characterized by the interaction of its five phases or steps: Nursing History, Nursing Diagnosis, Nursing Planning, Implementation or prescription and Nursing Evaluation or Evolution.²

The Systematization of Nursing Care enables the development of nursing care guided by the scientific and critical judgment that allows nurses to make the right decision, treating the patient/client in its uniqueness, individuality and integrity. It also provides an opportunity to perform coordinated actions and appropriate to the case, ensuring attention with minimal errors and risks.

Meanwhile, applying the nursing process is essential at all stages of human development, from intrauterine life to senescence in various situations of illness or promotion, protection and recovery of health, and also be applied in order individual or collective, in acute or chronic conditions. Therefore, the systemic diseases, such as nephrology, nursing professionals need to subsidize their care with scientific methods and techniques and appropriate.

Renal disease or renal failure refers to the inability of the kidneys remove metabolic wastes from the body or perform their regulatory functions. Therefore, substances normally eliminated in the urine accumulate in body fluids as a result of impaired renal excretion, leading to a breakdown in endocrine and metabolic functions, classified in acute or chronic renal failure.³

The chronic renal failure has been increasing object of attention by the Brazilian health system in recent decades, considering the conditions for the gradual evolution of the grievance without alternatives speedy recovery and demand for the use of highly complex therapies for its treatment. In Brazil, one in 2009 study revealed that there were 77,589 patients on dialysis and the prevalence and incidence of the disease in terminal stage corresponded to about 405 and 144 per million population, respectively.⁴

According to Decree nº 154 of June 15, 2004, which establishes the technical standard for the operation of Renal Therapy Services Replacement and guidelines for the registration of such establishments by the National Health System, is regulated that the drive hemodialysis should be a nephrologist doctor for every 35 patients with expertise in the area, one nurse for every 35 patients should have training in dialysis recognized by the Brazilian Society of nursing in Nephrology and a technician or nursing assistant for every 4 patients per shift hemodialysis.⁵

Nursing care starts with an accurate analysis of their general appearance and pre-sesession evaluation to verify the weight and vital signs. During the dialysis procedure, nursing professionals pay attention to any changes, interact with the customer regarding the symptoms presented and carefully observe all their reactions. In the post-hemodialysis assessment should be seen signs of bleeding at the site of venipuncture, check vital signs and weight measurement, as well as advising on the daily care in their homes.

During nursing care to dialysis patients, it is essential to use the nursing process, sustained, above all, the legal components: the Professional Practice Law, Hospital Accreditation Program, and the resolutions of the Federal Council of Nursing. Meanwhile, according to the first device art. 11 c, the nurse performs all nursing activities, and is responsible for: 1) Privately: §3 planning, organization, coordination and evaluation of nursing care services; 59 Nursing Consultation; §10 Limitation of Nursing Care.⁶⁻⁷

There are also the resolutions of the Federal Council of Nursing n. 159/1993, which provides for the Nursing Consultation; 272/2002 deals with the systematization of nursing care; 311/2007 approves the Code of Ethics of Nursing Professionals; 358/2009, regulates the mandatory implementation of the nursing process in public or private environments in which occurs the professional nursing care; 429/2012, rules over the registration of professional actions in the patient record and other documents of Nursing, regardless of whether traditional or eletronic.⁸⁻¹²

Despite this legal framework, the nursing process is not yet consolidated in most of the country's health services or when it is deployed, usually occurs inefficiently and/or incomplete; for various reasons, such as the time that nurses have to meet each patient is insufficient, the available materials do not
always supply the need, reduced human resources, involvement in administrative activities, some professionals are not interested in nursing process, or, health managers are unaware of or do not give due importance to the Nursing Assistance Systematization.13

It is emphasized that the right to health is a fundamental right, safeguarded by the state and guaranteed to all people, without any kind of distinction. So when user rights are violated, because of lack of care or inappropriate assistance, because the professional did not realize the attention of qualified way, the public prosecutor is entitled to demand that care is provided in the manner established by the legislation. Therefore, the noncompliant and/or inadequate care can lead to damage to health and, consequently, the worker's civil liability and the establishment of health.14

In this sense, this research was conducted with the goal of developing a clinical protocol of Nursing, through the main identified nursing problems.

### METHOD

This is an evaluative research, documentary, with a qualitative approach. had as scenario one Dialysis Center, located in Caxias, State of Maranhão, Brazil, responsible for the specialized care of several Maranhão’s municipalities.

The study subjects were seven nurses working in the Dialysis Center, distributed on a scale that covers two professionals in each work shift and a manager/head nurse. All have graduate degrees in nephrology and at least 3 years of experience in Dialysis Center.

Initially, data collection was used a questionnaire composed of open and closed questions addressing socio-demographic aspects of nurses and with questions about the difficulties / obstacles to the implementation of the NCS, availability of resources to systematize nursing care to patients in the Dialysis Center, suggestions for the improvement of care, acceptance of the deployment of a proposed clinical protocol and the priority nursing issues in dialysis users.

The following was developed secondary assessment, using the analysis of records whose care of people with dialysis have been developed between the months of January 2013 to July 2014, whose situations observed were: chronic kidney disease, the presence of underlying diseases, such as hypertension, diabetes and obesity, changes in laboratory tests, sadness and anxiety by falling ill condition, lack of family support and engagement and with most living far from the city where dialyzed.

Thus, the identification of nursing problems based the construction of Nursing Diagnoses and from there settled Expected Outcomes and Nursing Interventions for preparing the implementation of Protocol of the Nursing Process. In this regard, 189 records of users who were regularly receiving treatment, 40 records were analyzed and, as the nursing problems began to repeat the critical examination ended and was followed by the preparation stage of Diagnostics nursing, establishment of results and nursing interventions.

The answers arising from the questions the nurses were subjected to content analysis proposed by Bardin, which aims to understand the meaning of the statements of the subjects beyond the limits of what is described, opting for thematic analysis, which seeks the core sense, which formed the communication and whose expression revealed something important for the studied object.

Possession of the material proceeded categorization, inference, description and detailed interpretation of all content. Organized three categories: Difficulties application Systematization of Nursing Assistance, Resources Relationship available x resources necessary to apply the Systematization of Nursing Care and Nursing priority problems found in patients in the Dialysis Center. Thus, after the comprehensive reading of the statements and the notes, the exploitation of the same was made, and therefore the actual examination.

As for the subjects, to ensure the privacy of individuals, the questionnaires were deposited in envelopes and left in the center of management and, as the nurses were to return, was given the acronym Nur to identify them, then a cardinal number, the instrument of enforcement order to differentiate each subject as: Nur1, Nur2 ... Nur7.

The research project was approved by the Research Ethics Committee of the State University of Maranhão and approved with the following number CAAE 26451414.9.0000.5554.

### RESULTS

For the preparation of the protocol, it was decided to organize research findings into three categories: 1) Difficulties in implementation of systematization of nursing care; 2) Resources Relationship available X
resources necessary to apply the Systematization of Nursing Care; 3) Priority Nursing problems in patients in the Dialysis Center.

Category 1 - Difficulties in implementation of the Systematization of Nursing Care

They were observed: Overload functions by nursing staff. (Nurse 1). Lack of time and great demand of patients. (Nurse 2). Although we were not charged for it; also we have an organization for application thereof, nor the necessary forms. (Nurse 3). Lack a determination of the directors for the implementation of systematization of nursing care routine. In fact the difficulty in the implementation of the Systematization of Nursing Care starts at graduation when viewed in theory, but the practice is not experienced and extends to the practice of professionals who do not make this knowledge a daily routine. (Nurse 4). Nurses have no interest in implementing the systematization of nursing care. It also has an established protocol. (Nurse 5). The large number of patients to care for a short break and other technical activities and bureaucrats end up absorbing long. (Nurse 6). When a student, teachers talk and we know the importance of systematization of nursing care, but in practice, we do not have the necessary conditions. (Nurse 7).

Category 2 - Resources Relationship available and resources necessary to apply the Systematization of Nursing Care

Addressed to both human and material, such as professionals in sufficient quantity, printing, equipment and instruments that favor the implementation of the Systematization of Nursing Care and goods that, in fact, would be required for such action occurred, as seen in speech: There are printed with accurate assessments, we have difficult to apply and very time consuming. (Nurse 1). Lack deploy a protocol aimed to systematization of assistance. (Nurse 2). Missing more nurses to apply the Systematization of Nursing Care. (Nurse 3). The resources exist, even partially, lack institutionalize the unit. (Nurse 4). The Dialysis Center has printed suitable for application of systematization of nursing care and human resources required for this service. (Nurse 5).

Category 3 - Priority Nursing problems in patients in the Dialysis Center.

The priority issues were hypotension and hypertension; muscle cramps; headaches; Punctures, Vascular Access. (Nurse 1). Excess fluid intake; Little control of blood pressure levels. Inappropriate diet control. (Nurse 2). Lack of adherence to proper diet and control of water intake. (Nurse 3). Prejudice with body image. (Nurse 4). The lack of patient information and family. (Nurse 5). Diabetes, heart disease, infections. (Nurse 6). Overweight and lack of control of blood pressure levels. (Nurse 7).

Protocol done for implementation of the Systematization of Nursing Care in Dialysis Center

As previously reported, for the preparation of Nursing Care Protocol that service, as well as listening to professionals, readings were taken in Medical records of patients. Thus, according to the Nursing Notes and the results of laboratory and imaging tests were formulated 42 (forty-two) Nursing Diagnoses guided by the North American Nursing Diagnosis Association (NANDA) and formulated the Nursing Interventions and Expected results removed, respectively Nursing Interventions Classification (NIC) and Nursing outcomes Classification (NOC).

It is emphasized that the document was delivered to managers of the Center for Dialysis in format A4, portrait, with margins of 1 cm and has also held a training course with the nurses and technicians/sector nursing assistants to have necessitated the implementation of Assistance Protocol.

Therefore, in the following figure shall be made available as model number 15 Diagnostics removed from the Protocol:
15. Title Nursing Diagnosis (NANDA): Volume of excessive liquids

**Related factors**
- ( ) Excessive intake of fluids;
- ( ) Excessive intake of sodium;
- ( ) Regulatory mechanisms; compromised.

**Defining characteristics**
- ( ) Hematocrit decreased;
- ( ) Decreased hemoglobin;
- ( ) Greater than the intake flow rate;
- ( ) Change of urine specific gravity;
- ( ) Change in blood pressure;
- ( ) Oliguria;
- ( ) Increased central venous pressure;
- ( ) Edema;
- ( ) Weight gain in a short period.

**EVALUATION/NURSING ASSESSMENT**

**Expected Outcomes (NOC):**
- ( ) Check vital signs;
- ( ) Control the renal function;
- ( ) Keeping the Balance Hydride;
- ( ) Improve knowledge;
- ( ) Controlling High Blood Pressure;
- ( ) Improve Knowledge Standards Process disease; Others( ):

**Nursing Interventions**

<table>
<thead>
<tr>
<th>NIC</th>
<th>Responsible for Intervention</th>
<th>Schedules</th>
<th>Signature/Stamp the Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Weigh and monitor trends on a daily basis;</td>
<td>( ) Nur ( ) Tec ( ) Aux</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) Monitor renal function;</td>
<td>( ) Nur ( ) Tec ( ) Aux</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) Control intake and disposal;</td>
<td>( ) Nur ( ) Tec ( ) Aux</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) To monitor changes in the patient's weight before and after dialysis;</td>
<td>( ) Nur ( ) Tec ( ) Aux</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) Monitor the volume infused and return;</td>
<td>( ) Nur ( ) Tec ( ) Aux</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) Monitor laboratory results relevant to fluid retention</td>
<td>( ) Nur ( ) Tec ( ) Aux</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other provisions:</td>
<td>( ) Nur ( ) Tec ( ) Aux</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nurse responsible for requirements:**

Signature/Stamp

Caption: Nurse - Nurse (e); Tec - Technician (a) Nursing; Aux - Nursing Assistant.

Figure 1: Presentation of individual page of the protocol created by the researchers and implanted in the Dialysis Center. Caxias, MA, 2015.

**DISCUSSION**

Category 1 in which it discusses the difficulties in the implementation of systematization of nursing care, there was the claim that the nursing process is not part of routine health care, harming in greatly nursing care and making attentive only to problems as they arise during shifts without himself up to prevent them and/or eliminate.1,3

The massive presence of the nurse in bureaucratic activities also has weakened the process of implementation and application of the systematization of nursing care; other
frequently encountered barriers are: reduction in the quantity of staff, workload and functions, high number of patients, inadequate conditions of service and lack of appreciation and discontinuity of the Nursing process.  

In this regard, it is noteworthy that the amount of less nurses to the need, especially in hospital settings, is an issue that needs to be discussed, as this leads to increased workload and decreased quality of care, and disfigure the remarkable attribute of this category, to be one that longer stays next to the patient and fail to carry out the relevant notes to the care offered in a proper way.  

Furthermore, it was found in some lines that the great difficulty begins at graduation, where the student is not prepared for the experience of the application of the nursing process, which implies the lack of nurses on the Systematization of Nursing Care. On this, it should be noted that most nurses do not have knowledge of the nursing process and the teaching of systematization of nursing care adopted by teachers is an aspect that needs to be reviewed as it has been done in unsystematic and isolation. Therefore highlights the importance of reflecting on the curriculum and the thematic content offered at nursing schools must prioritize the verticalization of knowledge and enabling the student his enhancement.  

It should be emphasized the importance of holding the nursing consultation, following established protocols, as well as compliance with the Code of Ethics of Nursing Professionals, highlighting the technical and legal skills of nursing professionals and determining management assignments, coordination and prescription of nursing assistance to the nurse.  

In Category 2 the available resources which are necessary to the implementation of the Systematization of Nursing Care in Dialysis Center were discussed, perceiving different and even contrary opinions, because while some nurses say there own documents for the implementation of systematization Assistance nursing, others reveal that printed that have are difficult to understand and do not help to carry out the Nursing process. It is noteworthy that the lack of adequate material and the lack of nursing staff, especially nurses, qualified to perform this activity are important barriers to Nursing Assistance Systematization.  

Thus, we must remember that the absence of printed with accurate assessments and easy applicability hinders the realization of nursing process, requiring more time consuming.  

Furthermore, it is known that there is a deficit in the effective implementation of instruments proposed to systematize the nursing care because, in general, the available materials require a high consumption of time at each visit and the number of professionals is scarce to implementation; contrary to the legislation regarding the realization of nursing notes in specific documents.  

Furthermore, it is common for nurses to indicate difficulties for the applicability of the Systematization of Nursing Assistance to lack of time, the number of assisted users and the shortage of human resources and materials. Besides, the availability of clinical protocol and the lack of initiative team to implement the Nursing Process, are other outstanding issues such as barriers. Also report that printed used were inadequate, confirming that the design and implementation of a clinical protocol facilitates attention and ensures the care standardization and systematization.  

In Category 3 sought is the priority nursing issues in the care and realized that the lack of health education actions is a major impediment in the control of systemic hypertension and other chronic diseases such as diabetes and obesity, which are risk factors for chronic renal failure. Therefore, overweight and poor diet, and lack of physical and blood glucose and blood pressure control exercise can cause major problems in the lives of these people.  

Thus, there is a lack of realization or implementation incipient educational, besides the lack of targeted and regular physical activity and alcohol use as harmful factors to treatment adherence of hypertensive and/or diabetic users, facilitating the emergence of other clinical complications and aggravating the framework of existing chronic diseases.  

Note that health education can be a great ally in the prevention of cardiovascular disease, cerebrovascular, endocrine, renal and others. Therefore, health professionals, mostly working in primary health care can and must make a commitment to develop such actions in order to empower their patients in maintaining a healthy life free of complications and sequels, such as chronic renal failure.  

In this sense, the nurse is essential and can contribute to the prevention of chronic kidney disease and their complications, using their knowledge to patient care, offering prophylactic suggestions as well as organizing and preparing the health teams with the establishment of protocols aimed at education in the care of patients at risk, since education
is an important aspect for improving health population.6,8

Other events were also cited and observed the medical records of dialysis users, such as muscle cramps, headaches and infections at the sites of punctures. In this regard, it was noted that much of dialysis patients is based diseases systemic hypertension and diabetes mellitus and also realize laboratorial changes related to worsening of renal function, worsening of cardiovascular disease and increased morbidity and mortality.16

Regarding the developed and implemented Protocol Dialysis Center, each nursing diagnosis was prepared individually, based on nursing issues identified during the reading of the Medical records and other nursing notes. Thus, the instrument created starts with the identification of the patient, his age, the shift and date of service, as well as the nursing problems noted by (the) nurse (a). Then presents the Nursing Diagnosis, based on NANDA, with appropriate related factors and defining characteristics available so that professionals need only mark (s) appropriate (s) to the case. There is also a space for nurses perform nursing evolution, to verify that the prescribed and implemented nursing interventions were appropriate to the customer in question and there is a need to remain or change those requirements.

Results Expected based on NOC were available, which can either be marked as there is space to be described by the nurse; the same occurs in relation to the Nursing Interventions removed from NIC. Also, professional responsible for the realization of intervention mark a specific field, depending on the category to which it belongs, describes the time, signs and stamping (s) conduct (s) developed (s) and finally, the nurse responsible for all prescription signs and stamps the document.

It reiterates that nurses can score at specific sites related to nursing diagnoses, goals and interventions, instead of writing it will allow the reduction of the time between critical judgment and the provision of care and maximize the improvement of life and health of these users, and facilitate the work of nursing professionals.

It should be stressed that the protocols are important tools for dealing with different problems in the care and management of various types of services. So, they focus on the standardization of clinical and surgical procedures in ambulatory and hospital’s environments and, in most cases, involve the incorporation of new technologies and emphasize the technical actions and the use of scientific-technical and medical procedures.

Article 196 of the Federal Constitution states that health is a right for all. In order to make effective this right, the constituent also made requirements of Article 197, which established the competence of the Government to provide, in accordance with the law, regulation, control and supervision of health actions and services and should their implementation be done directly or through third parties, and also by individuals or private corporations.14

The standards set out in Decree No. 154 of June 15, 2004, the Professional Practice Law, Hospital Accreditation Program and the resolutions of the Federal Council of Nursing, n. 159/1993, 272/2002, 311/2007, 358/2009 and 429/2012, regulations are legitimated by the Federal Constitution, therefore, the implementation of these texts are of paramount importance to the protection of the right to health and, although standards below legal or administrative, are backed by constitutional mantle.5 6 7 9 10 1-2

This means that the non-application of the aforementioned regulations, aimed at equipping of health actions and services, can cause damage to the right to health. Thus occurred the violation of the right to health, rather than a voluntary omission conduct, and verified the occurrence of damage, an obligation which entails civil liability of those who committed the illegal act. In this sense the injury to this right because the so-called harm to health or biological, which is a non-material damage, in the strict sense, and moral, the object or interest that it affects.19

The damage to the person is the injury in whatever aspect of the human being from that predominantly affects the sphere of the body or the psychic sphere, results in immediate affectation, to a greater or lesser extent, the health of the subject aggravated. Furthermore, making use of the concept of health, as defined by the World Health Organization, it is known that covers the physiological, psychological and social. Therefore, when there is injury to the right to health, for sure, leads the imbalance of their welfare, which will interfere with your private and social life.20

The injury to the right to health implies the occurrence of health damage, also called biological damage, which is a non-material damage, in the strict sense, and moral, the object or interest affecting. Comprises the damage to life and body (physical), and also the psychic damage, which is damage to the psychic functions of man. As noted, the
damage to health directly affects the rights of personality and fundamental rights.19

Also, if you see that nurses must be ready to decide on the relevance of certain diagnosis over another, thus being able to choose what more has significance for the customer. Thus, for this process to be carried out in a systematic way, this route can not get along with the simple filling out forms without a clinical reasoning.21

CONCLUSION

Given the implemented discussion is based state that the Protocol drawn up seeks to meet the needs of dialysis users, nurses and the institution, through the systematization, qualification and improve the care in order to establish a holistic care, integral and equanimous, since these patients due to medical condition, have several deficiencies and likely to get worse is because of the typical problems of nephrology disease.

Besides contributing to the Systematization of Nursing Care in Dialysis Centre de Caxias, in the state of Maranhão, this document may also serve as a basis for further development of protocols, which demonstrates the relevance of the research that will bring benefits to both patients, the improvement of care for nursing professionals, who will develop a more specialized attention, to the managers, who will have more skilled workers and, finally, to the health institution, which will develop a differentiated nursing service based in scientific and critical judgment.

The legal framework that supports the Systematization of Nursing Care of course, extensive and fully disclosed. This implies that the non-application of the nursing process infringes such devices and may cause injuries and irreparable losses to assisted users. The damage to health, as seen, is the injury of physical and/or psychological, so any of them that is reached imply the obligation to repair it, either by professionals or by health institutions, since the physical integrity regarding the state or characteristic of what is whole, must be sought the safety of the human body, the state or quality intact, unharmed, which suffered no damage.

REFERENCES

Protocol of implementation of nursing interfaces...
Protocol of implementation of nursing interfaces...