



NURSING PRACTICE IN THE SYNDROMIC APPROACH TO PATIENTS COMPLAINING FOR VAGINAL DISCHARGE

PRÁTICA DE ENFERMAGEM NA ABORDAGEM SINDRÔMICA DE PACIENTES COM QUEIXA DE CORRIMENTO VAGINAL

LA PRÁCTICA DE ENFERMERÍA CON ENFOQUE SINDRÓMICO A LOS PACIENTES CON QUEJA DE FLUJO VAGINAL

Antonio Wendel Nogueira Oliveira¹, Thatylla Rayssa Alves Ferreira Galvão², Karla Torres de Queiroz Neves³,
Lígia Laura de Sousa Castro⁴, Ilziane Tomaz Ferreira⁵, Leilane Barbosa de Sousa⁶

ABSTRACT

Objective: to evaluate the nursing practice in the syndromic approach to patients complaining for vaginal discharge. **Method:** An evaluative, exploratory and descriptive study developed in seven Health Basic Units from two municipalities in the interior of Ceará. The data collection occurred through direct observation on the nurse's practice. Each nurse was valued in three attendances to patients with vaginal discharge. **Results:** risk evaluation, exams and vaccines, guidance about the importance of the accession to the treatment, convocation of the partner, scheduling for return and guidance about sexual relations presented an unsatisfactory pattern. **Conclusion:** there is the necessity of an improvement course to the nurses aiming that them use the syndromic approach as a care strategy. **Descriptors:** Sexual and Reproductive Health; Sexually Transmitted Diseases; Nursing.

RESUMO

Objetivo: avaliar a qualidade da prática de Enfermagem na abordagem sindrômica de pacientes com queixa de corrimento vaginal. **Método:** estudo avaliativo, exploratório e descritivo, desenvolvido em sete Unidades Básicas de Saúde de dois municípios do interior do Ceará/CE. A coleta de dados ocorreu por meio da observação direta da prática dos enfermeiros. Cada enfermeiro foi avaliado em três atendimentos a pacientes com corrimento vaginal. **Resultados:** avaliação de risco, oferta de exames e vacinas, orientações sobre a importância da adesão ao tratamento, convocação do parceiro, agendamento de retorno e orientação sobre relações sexuais apresentaram padrão insatisfatório. **Conclusão:** há necessidade de curso de aperfeiçoamento para os enfermeiros a fim de que estes utilizem a abordagem sindrômica como estratégia de cuidado. **Descritores:** Saúde sexual e reprodutiva; Doenças Sexualmente Transmissíveis; Enfermagem.

RESUMEN

Objetivo: evaluar la calidad de la práctica de enfermería en el manejo sindrómico de las pacientes con queja de flujo vaginal. **Método:** estudio de evaluación, exploratorio y descriptivo, desarrollado en siete unidades básicas de salud de los dos municipios del Ceará. Los datos fueron recolectados a través de la observación directa de la práctica de las enfermeras. Cada enfermera se evaluó en tres visitas a los pacientes con flujo vaginal. **Resultados:** evaluación de riesgos, el suministro de pruebas y vacunas, orientación sobre la importancia de la adherencia al tratamiento, la llamada pareja, programación de retorno y orientación sobre el sexo mostró estándar insatisfactoria. **Conclusión:** existe la necesidad de curso de seguridad para las enfermeras para que utilicen el enfoque sindrómico como estrategia de atención. **Descriptor:** Salud Sexual y Reproductiva; Enfermedades sexualmente transmisibles; Enfermería.

^{1,2,3,4,5}Nursing Students, University of International Integration Lusophone African-Brazilian. Redenção (CE), Brazil. E-mails: wendeloliveira9636@yahoo.com.br; thatyllarayssa@hotmail.com; thekarlatorres@gmail.com; ligialaura@live.com; ilzianne2010@yahoo.com.br; ⁶Nurse, Nursing PhD; Professor; University of International Integration Lusophone African-Brazilian; Science Institute; Redenção (CE). Brazil. E-mail: Leilane@unilab.edu.br

INTRODUCTION

The vaginal discharge is the most frequent complain during the genealogical appointments and one of the main reasons that drive the women to search for a specialized care in the area.¹ This complaint may have physiological or pathological origin.

The non-pathological vaginal discharge is a discharge influenced by the menstrual cycle and not by infectious invaders. It is a response of the body changes in dosages of hormones, especially in women of childbearing age. This is characterized by its color is lighter or white, have a very different look and a variable amount.²

The pathological vaginal discharge is excreted abnormal discharge from the vagina usually accompanied by inflammation and in some cases has a bad smell. May appear linked to various other symptoms such as itching, burning with urination, textures and different colors, such as a thicker liquid and whitish, or more pasty with a more yellowish.¹

The discharge may be caused by a body's reaction to certain invasions as fungi, bacteria and protozoa. Depending on the invasive infection may appear in different forms, with specific characteristics for each type of discharge. And some habits can influence the most frequent occurrence of discharge, vaginal douches as internal or absorbent daily, broad spectrum antibiotics and using IUDs.³

The main causes of vaginal discharge are due to candidiasis, chlamydia, gonorrhea and trichomoniasis. Candidiasis, which is caused by a fungus *Candida Albicans* is manifested when there is a drop immunity and is characterized by secretion of a white, thick, accompanied by itching and burning on urination.³ In a late treatment this inflammation exposes the patient to some sequels such as urinary infection, prematurity, postpartum endometritis and some other.¹

Chlamydia and gonorrhea are caused by bacteria and can cause discharge that is usually linked to pain when urinating and during sex. In case of inadequate treatment can cause infertility and tubal pregnancy.⁴

In trichomoniasis infection occurs from contact with the protozoan *trichomonas vaginalis*. Usually presents secretion expelled by the body linked or bad smell and severe itching. Proving some consequences when not treated as infertility in 20% of cases due to tubal occlusion, premature birth and low birth weight of the fetus and others.⁵

The syndromic approach to patients with vaginal discharge complaint is necessary

because it provides the diagnosis and more effective treatment for STDs. It is encouraged by the Ministry of Health and is based on the model that came to Africa in the mid 70.⁶

It is the syndromic approach to the patient is introduced to her new reality, the treatment he will have to follow, which estimated time, what are the steps that your partner will have to perform if it is a procedure, a careful, or just put something in their relationship during treatment or thereafter, is when the client discovers the disease, the consequences of non-treatment and which treatments.

From the syndromic approach data it is possible to perceive the reality of the social body and set goals in order to reach satisfactory results in individual and collective level. The individual level of syndromic approach aims to recover the patient as quickly as possible without sequelae or complications. And collectively work to minimize the number of people infected by the transmission chain breaks as soon as the syndrome is identified.

The nurse's role in syndromic management of patients with vaginal discharge complaint is of paramount importance, since this is professional who performs more tests prevention of cervical cancer. And it is on this occasion that are identified vaginal discharge and complaints to be made pipes through the syndromic approach based on such complaints to avoid complications and break the chain of transmission of any sexually transmitted diseases.

Based on the above, this research was developed from the following question: which is the quality of nursing practice in the syndromic management of patients with vaginal discharge complaint?

In front of the relevance of the syndromic approach on the vaginal discharge as a individual care strategy and the chain scission of transmission of sexually transmitted diseases, well as the scarcity of researches with focuses on the syndromic approach evaluation, this article was developed with the objective to evaluate the nursing practice quality on the syndromic approach to patients complaining with vaginal discharge.

METHOD

Na evaluative, exploratory and descriptive study, developed with nurses who work at the Basic Health Units (BHU) from two cities in the Ceará State's interior. The sample consisted of seven nurses, who met the inclusion criteria to be performing service at

least three patients with vaginal discharge complaint in the period of data collection.

In search of scientific articles based on the keywords "sexually transmitted diseases" and "therapy" in the databases MEDLINE, LILACS, BDNF, MED CARIBE and HOMEO INDEX, on 12 September 2014, 62 publications were identified, 61 in the database MEDLINE and the database LILACS. Of these, only two consisted scientific articles with summary available: one at MEDLINE and one at LILACS. The first study addressed intervention in the treatment of patients with HIV-tuberculosis co-infection in South Africa.⁷ The second study is a review of clinical features, diagnosis and treatment of the most common STD.⁸ No research focuses on assessment of conduct, especially using as object the syndromic approach to STD.

The data were collected through direct observation of health professionals, guided by the data collection instrument and the participatory observation. Direct observation happened through a "check system", it was verified the fulfillment of the actions recommended by the Ministry of Health to syndromic approach in cases of patients complaining vaginal discharge. The contents presents points to be checked from the history to the guidelines after the physical examination and / or clinical gynecologic.

For this research we chose to collect data in all seven existing BHU in the urban area in order to obtain the situational diagnosis of the municipality. The survey took place from August 2013 to August 2014, with data collection conducted from January to July 2014.

Data collection was held on examination prevention of cervical cancer. This exam is offered one day a week in each BHU and is the time when patients seek care with complaints related to sexual health, when there is more likely to evaluate the care of patients with complaints regarding the flowcharts of syndromic approach to STD. The survey was conducted by evaluating 21 practices syndromic approach to patients who reported vaginal discharge complaint. The study gathered seven health professionals who performed service in the investigated BHU.

The first contact with the professionals took place at the study site, when was the invitation to participate in the research and explained the objectives, procedures and benefits of the study. The activities were developed soon after the acceptance of the invitation. The research began with the presentation of the researchers of the project, objectives and reading Terms of

Consent. Each participant signed the Terms of Consent. After, obtaining the Terms of Consent signed, data collection began.

Data were recorded on the instrument as follows: When the procedure was properly carried out it was categorized as YES (Y), when it was not performed or was performed inadequately it was categorized as NO (N) and when the specific situation of a call was not made necessary to perform a particular step, this was categorized as Not Applied (NA). For the evaluation, the implemented syndromic approach was observed at least three situations, in order to avoid false reviews by conditions "made-up" by the participants. That is, each professional was evaluated in three visits to patients with vaginal discharge. When all health professionals in the BHU that composed the field of research were evaluated, data collection has ended.

For overall performance assessment was adopted the following scale: satisfactory performance for the procedures that have relative frequency of yes and/or does not apply above 90%; Intermediate performance relative to frequency of between 70% and 90% and unsatisfactory performance relative to frequency below 70%.

During the bureaucratic process for this research was requested to Attention Coordination Basic Health of the two municipalities the authority to develop the study. After approval, the project was submitted to UNILAB Ethics Research Committee. The study was approved by the Ethics Committee of the University of International Integration Lusophone African-Brazilian (UNILAB), CAAE nº19530713.9.0000.5576. Health professionals who participated in the study underwent Terms of Consent. After understanding and consent itself and confirmed in writing Terms of Consent, data with the participants of the study were collected. This operation was kept secret the identity of participants. After collecting the data, the information collected was presented to the participants themselves. In the sample of the studied results, was guaranteed their anonymity.

RESULTS

Table 1. Distributions of technical behavior to the syndromic approach to patients who complains for vaginal discharge conducted by Basic Health Units' nurses.

Behavior	Yes		No		Not applied		Total	
	n	%	n	%	n	%	n	%
Conduct anamnesis	21	100%	0	0%	0	0%	21	100%
Conduct risk assessment (Partner with syntoms, Patients with many partners without protection, Patient think they were afetected by STD, Patient coming from a region with high prevalence of gonococcal and chlamydial)	3	14%	16	76%	2	10%	21	100%
Conduct Gynecological Examination	20	95%	1	5%	0	0%	21	100%
Verify positive risk criterious and/or cervicitis signals with mucopus/test with swab/ friability/uterine bleeding	3	14%	18	86%	0	0%	21	100%
Positive case, offered treatment to gonorrhea and chlamydia	0	0%	3	14%	18	86%	21	100%
Verify vaginal pH using the KOH test in 10% putting, by a minute, the paper indicator tape on the vaginal wall (avoid touching the cervical)	0	0%	21	100%	0	0%	21	100%
In case of pH > 4,5 and/or KOH (+), offers treatment to bacterial vaginosis and trichomoniasis	0	0%	0	0%	21	100%	21	100%
In case of pH < 4,5 and KOH (-) and the aspect of lumpy discharge or vulvar erythema, offers treatment to candidiasis	0	0%	0	0%	21	100%	21	100%
In case of pH < 4,5 and KOH (-) and dischard without lumpy or vulvar erythema, didn't care.	0	0%	0	0%	21	100%	21	100%
If the microscopy is available, verify the presence of hyphae or treated candidiasis	0	0%	0	0%	21	100%	21	100%
If the microscopy is available, verify the presence of clue cels and treated vaginosis	0	0%	0	0%	21	100%	21	100%
Total Media	47	20%	59	26%	125	54%	231	100%

The anamnesis is carried out satisfactorily in the city. It was observed that nursing professionals discusses data on the history of the patient as well as information on any current complaints.

Unlike anamnesis, the risk assessment was not carried out in the ratings, classifying the conduct as unsatisfactory. The gynecological examination was constant conduct in assessed BHU. The only situation in which the cytological collection is made consists of cases in which the patient was in menses or 5 days after this.

In cases where the patient had sex 48 hours before the exam, there was also no cytological collection. This approach was justified by the fact that the presence of other people's secretions to the patient's own can lead to errors in reading the slides. This

variable was assessed therefore as satisfactory as the methodology applied.

In 86% of cases dealt with nursing professionals did not realize the target of cervicitis tests recommended by the Ministry of Health. The percentage classifies such conduct in the municipality as unsatisfactory.

Verification of vaginal pH and observance of the secretions content by microscope using an important conduit to aid the diagnosis of vaginal diseases, it was found, however, unavailability of the tape test for pH and evaluated in microscope HUS. This unavailability implied the impossibility of verifying the performance of health professionals, which resulted in satisfactory assessment of conduct, but showed insufficient supplies and equipment in the municipalities.

Table 2. Distribution of behaviors on advises about syndromic approach when patients complains about vaginal discharge; conducted by nurses from basic health units.

Behavior	Yes		No		No applied		Total	
	n	%	n	%	n	%	n	%
Conduct advices	14	67%	7	33%	0	0%	21	100%
Offer tests anti-HIV	0	0%	21	100%	0	0%	21	100%
Offer VDRL	0	0%	21	100%	0	0%	21	100%
Offer serology to hepatitis B and C, if available.	0	0%	21	100%	0	0%	21	100%
Offer vaccine against hepatitis B, if the age is < 30 years old (restrict by vaccine availability	0	0%	16	76%	5	24%	21	100%
Emphasizes accession to the treatment, even if the symptoms or signals had gone.	1	5%	20	95%	0	0%	21	100%
Notifies	0	0%	0	0%	21	100%	21	100%
Call the partner	0	0%	20	95%	1	5%	21	100%
Offer treatment to the partner	1	5%	19	90%	1	5%	21	100%
Schedule a return to 7 days or before if necessary	0	0%	21	100%	0	0%	21	100%
Guide about interruption of the sexual relations till the end of the treatment and the symptoms disappearance	1	5%	19	90%	1	5%	21	100%
Offer preservatives, guiding about the technical of use.	2	10%	18	86%	1	5%	21	100%
Encourages the patient to tell all their sexual partners from the last month, so that they can be attended and treated	1	5%	19	90%	1	5%	21	100%
Provide to the patient calling cards to partners properly filled	0	0%	20	95%	1	5%	21	100%
Recommends the return to health services if the patients have others genital problems	4	19%	17	81%	0	0%	21	100%
Guide about the necessity by, after healing, use preservatives in all the intercourses, if there is not the wish to get pregnancy, or adopt other safer sex ways.	4	19%	16	76%	1	5%	21	100%
Total Media	28	8%	275	82%	33	10%	336	100%

Paradoxically, HIV and syphilis tests, serology for hepatitis B and C, and vaccines for hepatitis B and C were available, but were not offered by health professionals evaluated.

After the examination, counseling occurs unsatisfactorily without emphasis on compliance, partner call and return schedule. This finding was rated unsatisfactory.

The condom supply is not practical held during the syndromic approach to patient with vaginal discharge complaints investigated in the municipalities; It was also not checked.

The assessment related to counseling in general and health education regarding the prevention of STDs, and break the transmission cycle were judged unsatisfactory, the addressed units.

DISCUSSION

The anamnesis is a behavior always conducted by the evaluated health professionals. The Ministry of Health recommends that, with vaginal discharge complaint, the health professional should carry out assessment of risk criteria for identifying cases where there is a greater possibility of cervical infection by gonococcal or chlamydial. Although this procedure is filed by the upper body, as necessary to conduct

more and better research evaluated nursing professionals do not realize it when needed. ⁹

The collection in the menstrual period was not performed, confirming what is recommended by the Ministry of Health, which points out that the presence of blood in the collected material could harm the cytological diagnosis. ¹⁰

In most cases they observed the professionals did not realize the target of cervicitis tests, and it is important to remember that these tests can help diagnose for endocervical and chlamydial infection or gonorrhea by cervical mucopus identification (positive test swab) or loose neck pain or the mobilization of the colon or presence of risk criteria. ¹⁰

The professionals evaluated did not perform verification of pH and the observation of the secretion of content by using the microscope, due to lack of resources to check tape pH and microscope in BHU.

The Ministry of Health recommends that are not available to measure the vaginal pH and testing of amines and being viewed vaginal discharge during speculum examination, the woman should be treated for all possible diseases they cause, most commonly, infectious vulvovaginitis:

trichomoniasis, bacterial vaginosis and candidiasis.⁹

As mentioned in the results, even with the anti-VDRL and HIV test, serology and vaccines for hepatitis B and C and being available is not offered to patients. It occurred thus breach of conduct, perhaps by ignorance about the syndromic approach to STD process, setting the offer of tests and vaccines as variable with unsatisfactory approach. This procedure is important especially in cases where STD signs and symptoms are identified.⁹⁻¹¹

The counseling was rated as unsatisfactory in the investigated reality. This failure may result in the maintenance of transmission of STDs chain, since the act of counseling aims to prevent the spread of new cases and/or recontamination with no partner treatment. The absence of this approach may hinder the processing and transmission chain breaks.^{9,12-13}

Failure to supply condoms can damage healthy sexual practice, since the lack of information is allied to women's inefficiency in negotiating condom use with their partner, including compromising the treatment of couple.¹⁴

The act of the advises can be seen as a prevention strategy, what characterize it as a health action, that help to the discourses development that induces the user to reflect, to overcome the difficulties facing problems related to STD /HIV and adopt prevention ways searching for a better life quality, taking them to conquer the autonomy in their prevention and care process.^{13,15}

CONCLUSION

The evaluation process is necessary to obtain the diagnosis about how the care is being given, considering that this is reflected directly on the individuals' health. In the case of syndromic approach, the quality of practice is a determining factor in preventing complications and transmission chain breaks.

The assessed municipalities have a satisfactory standard in relation to anamnesis. It is, however, unsatisfactory pattern in regard to the tests indicative of cervicitis, test ordering (anti-HIV and VDRL), prescription of vaccines (Hepatitis B and C) and counseling. It is important to note that some important procedures were not carried out for lack of supplies and equipment, such as verification of the vaginal pH and the test of the amines. Therefore, it is recommended that training courses of syndromic approach are offered to health professionals who perform gynecological.

Because it is municipalities located within the State of Ceará, the results brought relevant information about the reality far from large urban centers; However, this research shows how limited the small number of professionals who perform gynecological care in the investigated municipalities, given that it is cities with relatively small population. In order to obtain more information, it is suggested that similar studies be developed in other States, especially in large urban centers. In this way, will be obtained data subject to comparison and association to factors which make it harder or easier the syndromic approach practice.

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Corresponding Address

Antonio Wendel Nogueira Oliveira
Rua São Sebastião
Pov. Susto, 60
Distrito de Antônio Diogo
CEP 62791-000 – Redenção (CE), Brazil