**ABSTRACT**

**Objetivo:** exponer la experiencia en la elaboración de una de las fases de construcción de un protocolo de atención de enfermería a usuarios hipertensos atendidos en las unidades de salud de la familia. **Método:** estudio descriptivo, tipo relato de experiencia sobre la elaboración de una fase del protocolo de atención referente a asistencia de enfermería a usuarios hipertensos. **Resultados:** se identificaron diagnósticos e intervenciones de enfermería que se utilizarán en la consulta de enfermería a los pacientes hipertensos. **Conclusión:** el protocolo permitirá guiar a los enfermeros que atienden a adultos con hipertensión arterial.
INTRODUCTION

High Blood Pressure (HBP) is one of the chronic diseases of major impact on morbidity and mortality of the world population, due to its prevalence and its socioeconomic repercussions.1,2 In addition, hypertension is a medical condition with low control rate, ranking among the highest rate of morbidity with poor treatment adherence, despite the rich therapeutic tools available in the market. However, it is necessary to consider how important the patient both as the non-drug treatment drug.3

In this context, SH is considered an important disease in public health because it represents a serious risk for cardiovascular diseases.4 It is estimated that hypertension is responsible for 40% of strokes and around 25% of strokes occurring in hypertensive patients that could be prevented with adequate antihypertensive therapy.5

In primary care professionals play a fundamental role in the strategies of hypertension control, both in defining the clinical diagnosis and therapeutic management, as required in efforts to inform and educate the hypertensive patient as follow the treatment.6 The early identification and construction of efficient flow within the network of care that ensures patients with SAH access to necessary health services for control and proper monitoring are today a challenge for the Unified Health System (SUS).

Given the above, it is urgent and necessary to develop protocols to guide, nurture and standardize, within the context of primary care, the care and monitoring of hypertensive patients, health professionals, allowing an increase in treatment adherence with consequent increase control rates in this clinical condition and reduction of unfavorable repercussions thereof.

The nursing within the context of a multidisciplinary team carries attributes of care to improve the quality of life of patients with hypertension. The nurse as a key member of this team, should take responsibility of the actions of care for health promotion and prevention of this disease.7 Thus, this professional plays an important role within the context of hypertension, covering aspects ranging from participation in early detection programs, to develop strategies for ensuring adherence to treatment.8

Therefore, this study aims to report the experience in drafting stage of the construction of a nursing care protocol to hypertensive patients in family health units.

METHOD

A descriptive study of experience report, on the construction of a phase of care protocol relating to users of nursing care with SAH. It was based on a systematic review of the literature. The update and revision were performed by questionable methodology of popular education, with wheels dialogues and generated discussions of a homogeneous group composed of five nurses. The Protocol has been revised and updated for the period January to June 2011. The stages of discussion were the following: tracking of initial care and nursing consultation: nursing diagnoses, planning (interventions) and implementation. The initial treatment was defined by drawing a flowchart, considering the routines of family health units and pressure levels identified in screening, from the measurement of blood pressure according to the VI Brazilian Guidelines on Hypertension.1

For the systematization of nursing care (SAE) held by nursing consultation, the main diagnoses and nursing interventions were identified based on the International Classification for Nursing Practice (ICNP®) version 2.0 to aid assistance and as the lexical inventory resulting from project International Classification of Nursing Practice in Public Health (CIPESC) in the period 1996-2000.9

RESULTS AND DISCUSSION

The screening of hypertension is aimed at an early detection of patients with hypertension, as well as to prevent possible injuries. These measures must be taken in units of family health and / or home visits. For this, we designed a flow chart (Figure 1) to guide the care of all users aged over 18 years, whether or not present symptoms for SAH.

This screening, and blood pressure levels, we investigated the presence of risk factors for hypertension. Such factors are classified as modifiable and non-modifiable. The modifications are: excessive intake of salt, fat, alcohol, smoking, as well as some environmental stressors, temperament and social or economic disadvantage. The non-modifiable are: a) age, since the blood pressure tends to rise with increasing age, b) gender, studies point to a higher frequency in women aged 40 years and men aged below 40 years c) ethnicity, black race has a higher prevalence for developing the disease compared to other races d) family history, as children of hypertensive parents are more likely to also be hypertensive.10
After the scan is performed the systematization of nursing care (SAE), which in primary care should be based on nursing consultation. When using the SAE, the nurse should identify the needs of diverse backgrounds, and from them, may establish diagnoses, interventions and outcomes. Thus, it becomes important that nurses perceive the care system as a means for applicability of their knowledge in care practice, as well as to characterize their professional.

Nursing consultation is a form of care that allows you to monitor the change in the lifestyle of the user, which is fundamental to the control of hypertension, in addition to strengthening the guidelines for self-care, using the nursing process. The nurse through the nursing consultation, develops a work that aims to improve the quality of life and prepare the patient for self-care. It also allows you to request examination routines.

Therefore, one of the duties of the nurse to the user with high blood pressure is to perform the nursing consultation, this procedure addressing the following aspects: risk factors, non-drug treatment, adherence to treatment and possible complications, referring the individual to the doctor when necessary and others. This filing is reaffirmed in the Resolution of the Federal Council of Nursing (COFEN) No 159/93 determining that nurses should perform nursing consultation at all levels of health care.

During the development of the nursing consultation, follow-up phases of SAE, which, according to COFEN Resolution No. 358/2009, consists of: data collection or nursing history nursing diagnosis, action plan or planning, intervention or implementation results and evaluation of nursing.

The history of nursing for hypertensive patients include: a family history, identification, cultural situation, socioeconomic, lifestyle (eating habits, elimination, hygiene, sexuality, physical activity practices, risk factors for stress, leisure, smoking, alcoholism, drug addiction, etc.), previous diseases, comorbidities, signs / symptoms, drug therapy (use, dosage, adverse reactions and adherence) and conditions for self care.

Possible nursing diagnoses that can be used in nursing consultation in primary care for users with high blood pressure are shown in Figures 2 and 3:
Nursing Negative Diagnoses | Nursing Positive Diagnoses
---|---
Adaptation compromised; | Adherence to the treatment regimen;
Committed attitude to nutritional status; | Positive attitude to care;
Conflicting attitudes about care; | Spiritual well-being;
Conflicting attitudes about the treatment regimen; | Psychological well-being;
Low self-esteem; | Social welfare;
Communication compromised; | Walk effective;
Conflict of decision; | Health-seeking behavior;
Deficit drug supply; | Effective interactive behavior;
Lack of knowledge of the process of behavior change; | Adequate knowledge;
Lack of knowledge about exercise; | Knowledge of the medication;
Self-care deficit; | Knowledge of security measures;
Adverse effects to the medication; | Knowledge of the process of behavior change;
Excess food intake; | Knowledge of the disease process;
Fatigue; | Knowledge of the dietary regimen;
Lack of family support; | Knowledge of the medication regimen;
Lack of social support; | Knowledge of community service;
Lack of knowledge of the disease; | Knowledge of the diagnostic test;
Lack of knowledge of the drug; | Ability to perform health maintenance;
Lack of knowledge of the dietary regimen; | Ability to perform provision of care;
Lack of knowledge of the medication regimen; | Ability to perform leisure activity;
Lack of knowledge of community service; | Positive Ability to perform self-care;
Inability to manage the medication regimen; | Ability to manage the medication regimen;
Lack of response to treatment; | Effective weight;
Family's ability to manage the system compromised; | Process of effective circulatory system;
Compromised nutritional intake; | Peripheral vascular process effective;
Activity intolerance; | Preparedness for effective self-care;
Social isolation; | Readiness for effective communication;
Medication non-adherence; | Readiness for positive religious belief;
Not exercise adherence; | Readiness for urinary elimination positive;
Weight compromised; | Preparedness ability to manage the scheme;
Blood pressure changes; | Preparedness for effective sleep;
Effective blood pressure; | Readiness for positive nutritional status;
Risk response to medication; | Response to medication;
overweight; | Adequate sleep;
Impaired nutritional status; | Status effective spiritual;
Alcohol use; | Tolerance effective activity;
Tobacco use; |  

Figure 1. Nursing Diagnoses for hypertensive users based on the CIPE ® Version 2.0. João Pessoa, 2011.

Regarding the interventions (actions) to be possible nursing care identified in arterial hypertension patients were listed in Figure 3.
Encouraging patient adherence to treatment;
Encourage community participation in health education activities;
Making nursing consultation to hypertension;
Making nursing consultation in the homes of hypertension;
Making emergency medication;
Making medication patient hypertensive crisis;
Make meeting with hypertensive and medical program of family health;
Do transcript prescription medication;
Make home visits to hypertensive;
Provide the patient referral form for other services;
Subscribe pregnant hypertensive group;
Subscribe hypertensive group;
Organize demand flow in the clinic;
Join groups of hypertensive patients;
Promote the welfare of the patient;
Conduct annual walk with hypertensive during the week of celebrations hypertension; perform inter consultation with other professional team;
Referencing hypertensive patient for medical care in case of emergency;
Request exams routine / standardized (blood glucose and glycosylated hemoglobin), quarterly and annually for diabetics (glucose and lipids) for hypertension in nursing assessments;
Request routine laboratory tests for hypertension;
Replacing drugs used by diabetics and hypertensive when they become unresponsive to prescribed medication;
Treating patients with hypertension and diabetes in the clinic;

Figure 3. Nursing actions for Hypertensive identified in the Vocabulary Inventory Resulting of the Project CIPESC CIE-ABEn. João Pessoa, 2011.

Plan actions and implement them with the user is an important strategy in the therapeutic process, because it facilitates the incentive to changes in lifestyle. The main duties of nurses in care for patients with hypertension, there is participation in this professional educational groups formed by family health units, as well as the realization of guidelines and recommendations for treatment and self-care during the nursing consultation such guidelines are also discussed in meetings with educational groups, where the nurse along with the remaining team members through health education, pass on information for self-care for people with high blood pressure, stimulate participation in support groups community contributing to emotional aspects and encouraging healthy lifestyles. These meetings are also identifying groups of patients at higher risk of complications, which will receive special care.

The use of affirmative diagnoses / outcomes and nursing interventions has the purpose of guiding care provided by nurses’ customer bearer of hypertension in primary care and enable improvement of nursing records. It is noteworthy that the affirmative diagnoses / outcomes and nursing interventions portray the unique needs that need to keep the hypertensive state healthy.

CONCLUSION

The set of recommendations for comprehensive care, presented in this study, focusing on the systematization of nursing care, serves as a guide for nurses working in the health strategy of the family do a follow-qualified people who live with the problem SAH, through early detection, monitoring and promotion of health actions that facilitate treatment adherence and minimizing evasion.

The protocol assistance SAH is a fundamental tool in nursing care as it qualifies the care provided. Thus, the nursing staff will provide the customer a humanized, full and continuous pursuit of excellence in care. It should be noted that the protocol will experience a moment of awareness and training in family health teams that can be deployed, which consist of the experimental phase of this work.

REFERENCES


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Systematization of nursing assistance


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