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ADVANCED NURSING PRACTICE FOR PEOPLE WITH STOMAS IN PRIMARY HEALTH CARE

PRÁTICA AVANÇADA DE ENFERMAGEM ÀS PESSOAS COM ESTOMIAS NA ATENÇÃO PRIMÁRIA À SAÚDE

PRÁCTICA DE ENFERMERÍA AVANZADA PARA PERSONAS CON OSTOMÍA EN LA ATENCIÓN PRIMARIA DE SALUD

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ABSTRACT

Objective: to analyze the scientific evidence on Advanced Practice Nursing for patients with elimination stomas in Primary Health Care. ***Method:*** integrative review of six stages in the time frame from 2011 to 2021. Sampling was of primary research and editorials with searches in the first half of 2021, organization aided by the online application Rayyan, collection using a validated instrument and subsequent selection of two reviewers. Data synthesis was of the descriptive convergent integrated type. ***Results:*** a total of 22 articles were obtained. As for the levels of evidence, 13 (58.5%) have level VI and nine (40.5%) have level VII. Three categories were constructed that orbit around Advanced Nursing Practice in the context of Brazilian and international health policies; propositions of care technologies as evidence-based practice and the roles of the "clinical nurse specialist" and "advanced practice nurse". ***Conclusion:*** the recommendations of Advanced Nursing Practice aimed at people with stomas in Primary Health Care corroborate actions in the clinical and socioemotional evaluation, proposals of evidence-based soft technologies, guidance in the management of the equipment, interventions with health education and referrals to high complexity, using tools that indicate the physical and psychosocial status of the user.

Descriptors: Advanced Practice Nursing; Stoma; Primary Health Care; Nursing; Health Policy; Enterostomal Therapy.

RESUMO

***Objetivo*:** analisar as evidências científicas sobre a Prática Avançada de Enfermagem aos pacientes com estomias de eliminação na Atenção Primária à Saúde. ***Método*:** revisão integrativa de seis etapas no recorte temporal de 2011 até 2021. A amostragem foi de pesquisas primárias e de editoriais com buscas no primeiro semestre de 2021, organização auxiliada pelo aplicativo *online Rayyan*, coleta empregando instrumento validado e posterior seleção de dois revisores. A síntese de dados foi do tipo descritiva convergente integrada. ***Resultados*:** obtiveram-se 22 artigos. Quanto aos níveis de evidência, 13 (58,5%) possuem nível VI e nove (40,5%) possuem nível VII. Construíram-se três categorias que orbitam em

torno da Prática Avançada de Enfermagem no bojo das políticas de saúde brasileiras e internacionais; proposições de tecnologias cuidativas como prática baseada em evidências e os papéis da “enfermeira especialista clínica” e “enfermeira de prática avançada”. ***Conclusão***: as recomendações de Prática Avançada de Enfermagem destinadas às pessoas com estomia na Atenção Primária à Saúde corroboram atuação na avaliação clínica e socioemocional, propostas de tecnologias leves baseadas em evidência, orientações no manejo do equipamento, intervenções com educação em saúde e realização de encaminhamentos para alta complexidade, valendo-se de ferramentas indicadoras do *status* físico e psicossocial do usuário.

***Descritores*:** Prática Avançada de Enfermagem; Estomia; Atenção Primária à Saúde; Enfermagem; Política de Saúde; Estomaterapia.

RESUMEN

Objetivo: analizar las evidencias científicas sobre la Práctica Avanzada de Enfermería para pacientes con ostomías de eliminación en Atención Primaria de Salud. ***Método:*** revisión integradora de seis pasos en el marco temporal de 2011 a 2021. El muestreo fue de investigación primaria y de editoriales con búsquedas en el primer semestre de 2021, organización asistida por la aplicación en línea *Rayyan*, recolección mediante instrumento validado y posterior selección de dos revisores. La síntesis de datos fue del tipo descriptiva convergente integrada. ***Resultados:*** se obtuvieron 22 artículos, en cuanto a los niveles de evidencia, 13 (58,5%) tienen nivel VI y nueve (40,5%) tienen nivel VII. Fueron construidas tres categorías que orbitan en torno a la Práctica Avanzada de Enfermería en medio de las políticas de salud brasileñas e internacionales; proposiciones de tecnologías del cuidado como práctica basada en evidencias; y los roles de la “enfermera especialista clínica” y la “enfermera de práctica avanzada”. ***Conclusión:*** las recomendaciones de la Práctica Avanzada de Enfermería para personas con ostomía en la Atención Primaria de la Salud corraboran desempeño en la evaluación clínica y socioemocional, propuestas de tecnologías ligeras basadas en la evidencia, lineamientos para el manejo de equipos, intervenciones con educación en salud y derivación para alta complejidad, con herramientas que indican el estado físico y psicosocial del usuario.

Descriptores: Enfermería de Práctica Avanzada; Ostomía; Atención Primaria de Salud; Enfermería; Política de Salud; Estomaterapia.

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INTRODUCTION

The clinical complexity, mostly due to cancer and to the physiological and psychosocial repercussions of surgical treatment with elimination stomas - the exteriorization of a segment of a hollow viscera to divert the normal transit for feeding or the elimination of effluents (feces, urine or secretions) - is ratified by international entities of specialists and governmental bodies.[1] In the Brazilian context, the recognition of the condition of physical disability of the person with stomas occurred with the National Policy for Integration of the Person with Disability, in the Decree nº 5.296, from December 2nd, 2004.[2]

Despite the recognition of this condition, the Ministry of Health only established the National Guidelines for the Health Care of People with Stomas, in the Unified Health System (UHS), with Ordinance No. 400, November 16, 2009, classifying Type I Services and Type I Services: the assistance and equipment have been offered for those with elimination stoma (ileostomy/colostomy/urostomy). The proposal is of interdisciplinary nature for the promotion of rehabilitation, with self-care, prevention of complications, and supply of collecting and adjuvant protection equipment, having a federal grant whose implementation is managed by the states and municipalities. For this, there is the need for an interprofessional team, equipment, and physical facilities integrated into the structure of polyclinics, hospital outpatient clinics, specialty outpatient units, and rehabilitation units.[3-4]

As for Nursing, it has had an important participation in Primary Care for the development of actions to improve access and universal coverage, priorities for improving the overall health of the population, and, for its achievement, the provision of inputs and health professionals is fundamental. It is inferred that the Advanced Practice Nurse (APN) has greater responsibility for improving the health care system. Nurses have competence in advanced health assessment, disease, wound prevention, and therapeutic management.[5]

To be an advanced practice nurse, in addition to generalist education, formal recognition is required of educational programs that prepare APN nurses, with a focus on care delivery, disease prevention, and cure based on advanced direct and indirect services, including rehabilitative care and chronic disease management, ability to conduct research (evidence-based practice), education, clinical management, requesting diagnostic tests and therapeutic treatments, and the authority to refer users.[6] Thus, Nursing care for people with stomas constitutes a branch of the APN whose role needs to be established in the Health Care Network

for People with Stomas nationwide, attending to historical aspects of UHS, clinical, therapeutic, and its repercussions.

Most of the patients assisted are users with ileostomy/colostomy, mainly due to inflammatory diseases and colorectal cancer, with different degrees of difficulties in accessing the points of care, resulting in diagnosis at an advanced stage, aggravated by the lack of appreciation regarding gastrointestinal symptoms of the population and health professionals, generating radical surgeries with permanent ileostomy/colostomy. The stomas will be temporary or definitive, and yet, due to the need for care, there are significant public expenses for specialized assistance, which demand more time due to rehabilitating these people.[4,7-8]

Surgical treatment is attached to the hospital context and after it, these people should be counter-referred to PHC, indicating the need to integrate points of care. This review is justified because of elucidating evidence on the APN in order to support recommendations, indicate interfaces with health policy, pointing out the state of clinical practice of Primary Health Care nurses in relation to people with a stoma in the context of APNs. Given the above, as an objective, it is sustained: to analyze the scientific evidence on the Advanced Practice of Nursing to patients with elimination stomas in Primary Health Care.

METHOD

This is an Integrative Review (IR) of six steps, namely: identification of the topic and selection of the research question; establishment of criteria for inclusion and exclusion of studies; categorization of studies; evaluation of studies included in the integrative review; interpretation of results and synthesis of knowledge of the main results evidenced in the analysis of the articles included.[9-10]

In addition, the PICo strategy was used,[11] in which: P= participants; I= topic of interest; Co= context. It has that: P= people with intestinal stomas; I= Advanced Practice Nursing; Co= Primary Health Care. Thus, the question formulated was: "*What is the scientific evidence on Advanced Practice Nursing for People with Stomas in Primary Health Care?*".

The study sample included articles indexed in the National Library of Medicine National Institutes of Health (PubMed), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Latin American and Caribbean Literature on Health Sciences (LILACS) and Web of Science (WOS), which were searched using controlled Descriptors in Health Sciences (DeCS) connected by the Boolean operators AND and OR: Advanced Nursing Practice, Primary Health Care and Stoma.

The search strategy in PubMed, CINAHL, and WOS was built with Medical Subject Headings (MeSH), namely: *(("Primary Health Care" OR "Advanced Practice Nursing" OR "Nursing Specialties" OR "Human Resources in Health" OR "Public Health Nursing" OR "Nursing care" OR "enterostomal therapy nurse") AND (Ostomy OR Ostomies OR Stomas OR "Intestinal Stomas" OR "Stoma care" OR "enterostomal care"))*. The LILACS database was searched using the DeCS: Primary Health Care, Advanced Nursing Practice, Stomal Therapy, Stoma, and Nursing Specialties.

In order to encompass publications from the last decade, we established as inclusion criteria: scientific articles and clinical comments from experts published in the last ten years in Portuguese, English, and Spanish, available in these databases. Exclusion criteria were dissertation, thesis, literature review, and laboratory studies. We used the Rayyan automation tool[12] with loading in March 2021, and this selection was deduced by two researchers, independently, with comparison for establishing consensus.

For data collection, a validated instrument[13] with information on identification (article title, journal title, authors, country, language, year and journal of publication, an institution where the study was conducted; methodological characteristics of the study; type of publication, objective, sample, type of study design, aspects addressed, topic categorization, results and conclusions, and level of evidence). For this context, the topics included were[6,14] autonomy to prescribe, autonomy to order medical tests and devices, autonomy to perform diagnosis or evaluation, referral, responsibility over a set of users (caseload), organization of equitable access, and strengthening management with social determinants.

For the analysis of the evidence, the classification was adopted Level I: systematic review or meta-analysis of randomized controlled clinical trials; Level II: well-designed randomized controlled clinical trial; Level III: well-designed clinical trial studies without randomization; Level IV: well-designed cohort and case-control studies (non-experimental); Level V: systematic review studies of descriptive and qualitative studies; Level VI: evidence from a single descriptive or qualitative study; and Level VII: evidence derived from editorial authority opinion and/or expert committee reports.[11]

For primary studies, the Critical Appraisal Skills Programme (CASP) tools were employed for a total of ten questions about research purposes, methodological rigor, and robustness of results. Yes", "Cannot answer", and "No" responses must be marked for consensus: score "A" (six to ten points) and score "B" (less than or up to five points).[15]

Publications were coded as "P1", "P2", "P3" in sequence. The interpretation of the results and the discussion were elaborated with conferences by specialists in stomal therapy. The method of analysis was descriptive of the similarities, being of the Convergent Integrated approach for synthesis, which combines data from different types of designs.[16] Thus, for the presentation of results and for the discussion, tables were used. The search steps were based on the flowchart of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) recommendation.[17]

RESULTS

The search captured 527 publications (Figure 1). Twenty-two publications remained due to the political-organizational differences between the health systems of the countries. The international publications highlighted the term "community care" or "community assistance" when referring to PHC. Nine were developed in Brazil (40.5%), 12 in the United Kingdom (54%), and one in Australia (4.5%). Another relevant element in the analysis of the articles was to capture studies on evidence of APN that were already being carried out in a fragmentary manner in Brazil and include them in the synthesis.

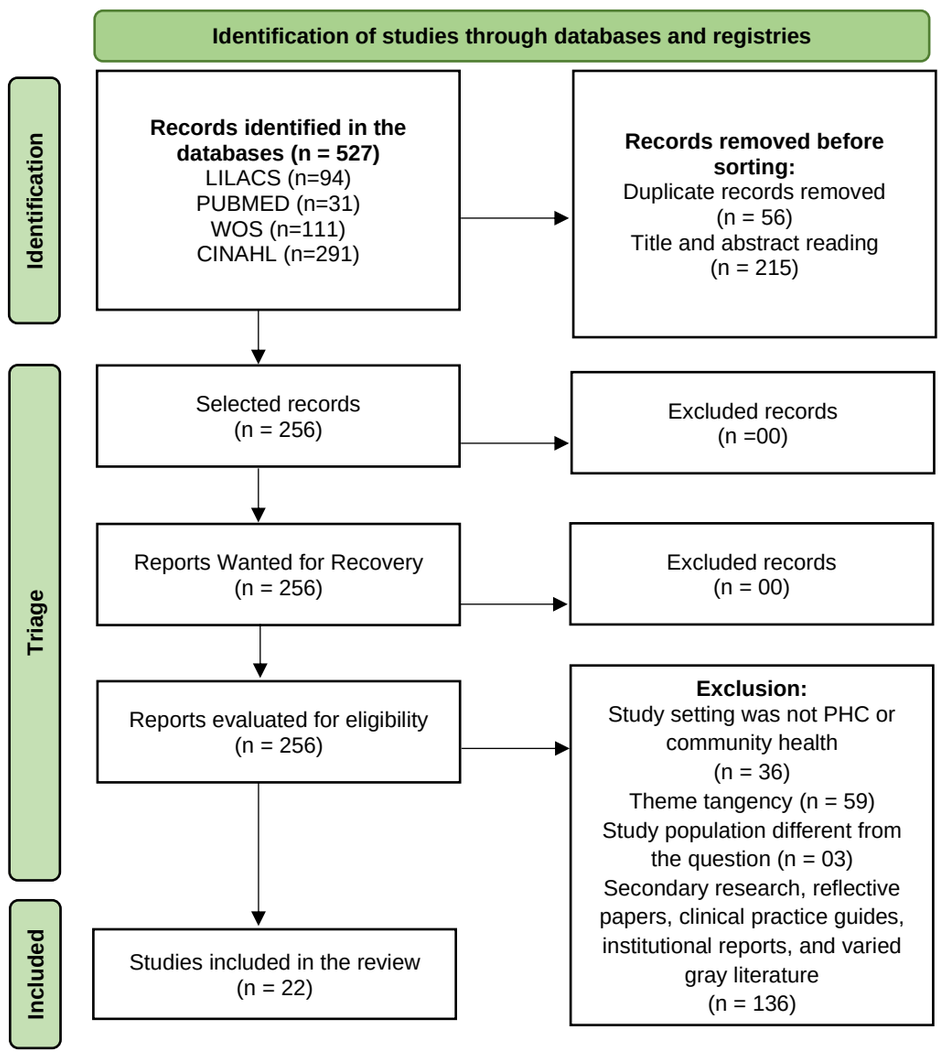

Figure 1 – Search flowchart. Ribeirão Preto, SP, Brazil (2021). Source: PRISMA 2020[17].

The distribution of years revealed that the most incidents were in 2020 and 2014 with four each (n=8/ ≅ 37%); 2015 with three (≅ 13%); 2019, 2016, 2013, and 2012 with two each (n=8/ ≅ 37%), 2018, 2017 and 2011 with one each (n=3/ ≅ 13%). Editorial type (n=8/ 36%) and clinical commentary (n=1/ 4.5%) were determined to be included for synthesis. Thus, as a method, the remaining articles were: six qualitative (27%); four descriptive, among which one segmented into two phases and another pilot report (18.8%); two of the methodological type (9%) and one multiethnic (4.5%). Figure 2 shows the identification of the purposes of each research.

Changing services with technologies and evidence-based care models
Validate educational booklet for people with intestinal stomas as a technological resource in teaching self-care (P6)
Describe the construction of a technology on peristomal skin care (P7)
Develop an intervention program (P8)
Validate a printed primer-type technology for self-care in sexual and reproductive health of ostomized women (P9)
Propose a simple referral assessment tool to facilitate the practice of Clinical Nurse Specialists (P11)
Develop an evidence-based model for community-based services for stomal therapist nurses (P12)
Describe the significant service redesign work in Rotherham town, which has improved the way prescriptions are provided to those who need stoma products (P17)
To know and identify the demands of people with a stoma in PHC
Identification of multiprofessional care actions (P1)
Appreciation of the knowledge and performance of nurses in the care of ostomized people in primary care (P2)
To know the sharing of knowledge and practices in the maintenance of intestinal and urinary elimination stomas in the ambulatory and domiciliary context (P3)
Describe needs and demands of care, discussing guidelines for a program of integral attention to the ostomized client and his family, based on macrosociology (P5)
Identify the ecosystemic and gerontotechnological actions in the complex paradigm to the ostomized elderly (P10)
Stoma care and challenges provided by the stoma care nurse (P19)
Authoritative editorial or expert committee reports on APN
To demonstrate how the Royal College of Nursing's Principles of Nursing Practice and the 6Cs - care, compassion, competence, communication, courage and commitment - can be applied to Nursing in Stomal Therapy (P4)
Inform about changes imposed by COVID-19 in the provision of services in stomal therapy (P13)
Briefly describe the complexity of advanced nursing practice combined with specialized knowledge and clinical skills in stomal therapy (P14, P15, P16)
Discuss quality of life of patients undergoing surgery (P18)
Highlight common care and complications and provide guidance on evidence-based management in the community setting (P20 and P22)
Discuss safe discharge and collaborative practices between intensive care and community services (P21)

Figure 2 - Key characteristics and objectives of the publications. Ribeirão Preto, SP, 2021.

Evaluation and interpretation of results

Regarding the level of evidence, 13 (58.5%) have level VI and nine (40.5%) have to level VII. The CASP evaluations of the methodological qualities were only for the six qualitative studies (P1, P2, P3, P5, P7, and P10); following the checklist, all of them scored A: two with a score of ten, two with a score nine, one with score seven, and one with score six. Figure 3 goes

back to the category of discussion about the realization of the APN and health policies.

	Author (Year)/Database	Methodological design/Data sources/Country/Levels of Evidence	Recommendations
P1	Bandeira *et al*. (2020)/LILACS	Qualitative study/Patients diagnosed with colorectal cancer and using ileostomy or colostomy/Brazil/Level VI	- Orientation about making the stoma, complications, care in the handling and maintenance of the stoma; - Stomal Therapist Nurse; - Orientation about the care of the peristomal skin and exchange of collecting bags, collecting devices and stoma hygiene, nutrition, psychological support and stimulation of self-care; - Educational actions for self-care and patient autonomy; - Autonomy to refer and counter-refer.
P2	Oliveira, Lopes, Decesaro (2017)/LILACS	Qualitative, exploratory and descriptive study/26 municipal primary care nurses/Brazil/Level VI	- Nursing consultation; - Health education; - Guidance on peristomal skin care; - Performs care and dressings in ostomized patients.
P3	Martins, Alvim (2012)/LILACS	Qualitative research of Convergent Care type supported by Freirian pedagogy/17 adult and elderly ostomized clients in ambulatory care in the city of Campos dos Goytacazes-RJ/Brazil/Level VI	- Responsible for health education; - Orientation regarding the maintenance of the collecting bag, the use of adjuvants, possible complications, and psychosocial aspects.
P4	Foulds *et al*. (2015)/CINAHL	Editorial on the 6Cs/Describes the applicability of the Principles of Nursing Practice of the Royal College of Nursing and the 6Cs with the Nursing care directed to the stoma/United Kingdom/Level VII	- Assurance in the quality of care; - Promoting safety and quality of care; - Role in improving patient outcomes; - Training and education - Clinical leadership.
P5	Figueiredo, Alvim (2016)/WOS	Qualitative study/ Participated in a total of 17 clients, involved and affected by stoma problems in their daily lives/Brazil/Level VI	- Nursing consultation; - Continuing Education; - Rehabilitation of the client; - Provide guidance on stoma care, feeding, hygiene and resumption of activities of daily living.

Figure 3 - Nursing work and quality of care: compliance with Brazilian and international health policies. Ribeirão Preto, SP, 2021.

Figure 4 goes back to the category of care technologies.

	Author (Year)/Database	Methodological design/Data sources/Country/Levels of Evidence	Recommendations
P6	Sena *et al*. (2020)/LILACS	Methodological study/People with intestinal stoma treated at the Adult Rehabilitation Center of Rio Grande do Norte (Natal/RN)/Brazil/Level VI	- Guidance about the surgical process from hospitalization to discharge; - Planning for self-care; - Nursing consultation;

			- Educational strategies for rehabilitation; - Care related to the stoma.
P7	Carvalho *et al*. (2019)/LILACS	Qualitative study, action research method/Data were collected using the focus group technique with eight stoma patients/Brazil/Level VI	- Assess, care, teach and assist with peristomal skin integrity; - Nursing consultation; - Promotion of self-care and independence in the Nursing consultation; - Encourages the use of educational technologies to clarify the doubts of patients and family members; - Guidance on treatment, recovery, and self-care.
P8	Sousa, Santos (2019) / LILACS	Sequential multistep study/guided by the Medical Research Council framework, with development in three stages/Brazil/Level VI	- Responsible for promoting self-care; - Interventions to improve quality of life.
P9	Albuquerque *et al*. (2016)/LILACS	Methodological study, construction, and validation of an educational technology/participated in the content and appearance validation stage 11 nurses and 9 ostomized women/Brazil/Level VI	- Responsible for educational strategies that facilitate communication with the client; - Establish strategies for the resumption of activities in an inclusive manner, having, as a focus, sexual and reproductive health; - Role in ensuring the completeness of care, promoting autonomy and self-care, in addition to the transmission of new knowledge in the process of adaptation of basic activities in relation to sexuality, self-image, and self-concept.
P10	Barros *et al*. (2014)/LILACS	Qualitative, descriptive case study/ten elderly people from a Stomal Therapy Service in the South of Brazil/Brazil/Level VI	- Orientation about stoma care, feeding and the collecting bag, and referral to support groups; - Encouragement about the use of educational gerontotechnologies; - Management of the educational process and guarantee of physical access; - Autonomy to provide products, materials, and equipment for self-care.
P11	Hanley, Adams (2015)/CINAHL	Descriptive study/Describes the development and evolution of a simple stoma care referral assessment tool/UK/Level VI	- Encouragement in the implementation of a simple assessment tool for referral to stoma care in order to improve the quality of care for the client.
P12	Schluter, Sinasac (2020)/CINAHL	Descriptive study segmented in two stages: 1. quantitative design; 2. extensive literature review to compose an evidence-based care model for community services/Project developed in two phases: the first involved an	- Role in improving self-care and rehabilitation; - Stomal therapist nurse; - Model of care with the aim of improving care.

		analysis of the current demand for community services in the region and the second, a literature review/Australia/Level VI	
P13	Fulham et al. (2020)/CINAHL	Editorial/The article includes topics with the constraints imposed by the pandemic and the need to implement alternative ways to ensure continuity of care for patients/UK/Level VII	- Virtual consultations as an alternative, aimed at stoma care; - Implementing new ways to maintain client care during the COVID-19 pandemic.

Figure 4 - Care Technologies: the materialization of evidence-based practice in Advanced Nursing. Ribeirão Preto, SP, 2021.

Figure 5 demonstrates the inclusions in the category of terms related to APN and pipelines.

	Author (Year)/Database	**Methodological design/Data sources/Country/Levels of Evidence**	**Recommendations**
P14	Black, Pat (2014) / CINAHL	Editorial/United Kingdom/Level VII	- Skills as an educator, researcher, and consultant; - Manager and leader; - Colorectal specialist nurse and stoma care.
P15	Williams (2014)/CINAHL	Editorial/Description of colorectal nurse practice/UK/Level VII	- Specialist in Clinical Nursing; - Responsible for imparting information, and guidance to the patient and their family members; - Advise on stoma management, prescribing appropriate accessories and offer psychological support to patients, caregivers and family.
P16	Williams (2015)/CINAHL	Editorial/Report on Specialist Nursing Practice in the care of people with a stoma/UK/Level VII	- Clinical competence; - Ensuring the patient's adaptation to the surgery.
P17	Mangnall et al. (2013) / CINAHL	Descriptive study on an initial pilot project undertaken in relation to centralizing the prescribing of stoma devices/UK/Level VI	- Prescription of stoma devices; - Guarantee of continuity of care.
P18	Black, Pat (2018)/CINAHL	Editorial/United Kingdom/Level VII	- Autonomy to prescribe stoma care accessories; - Educator.
P19	Davenport (2014)/CINAHL	Descriptive study/Sixteen stomal therapist nurses were invited to form a working group to examine their working practices/United Kingdom/Level VI	- Psychological support, assessment of self-care ability with the stoma, physical identification for the stoma site; - Follow-up on the continuity of care (post-surgical); - Prevention of injuries related to the stoma.
P20	Williams (2012)/CINAHL	Clinical Opinion Editorial/United Kingdom & Ireland/Level VII	- Counseling on peristomal skin care, training for the prevention of aggravations with the stoma, and helping the client to maintain a good quality of life.
P21	Smith, Boland (2013)/CINAHL	Clinical commentary/Recommendations on safe discharge, stoma management, and patient education prior to discharge/United Kingdom/Level VII	- Support patients and educate them; - Provide support and advice in care;

			- Promote independence; - Educate the patient regarding stoma-related symptoms and exits; - Promotion of self-care after hospital discharge.
P22	Burch (2011)/CINAHL	Editorial/Author explains the types of stoma, some care and types of devices/United Kingdom, Ireland/Level VII	- Post-operative wound care; - Provides stoma care devices; - Intervention in case of stoma problems; - Counseling for stoma care at home; - Evaluate the use of stoma care accessories.

Figure 5 - The roles of the "clinical nurse specialist" and "Advanced Practice nurse". Ribeirão Preto, SP, 2021.

The synthesis pointed out that, in Brazil, there are strategies linked to the formulation of care technologies and models of care within graduate programs. In the international scenario (United Kingdom and Australia), such elements, based on evidence, are better favored by governmental management initiatives that regulate the APN and ensure longitudinality of care in PHC. Specialized skills, such as health educator and interprofessional team educator, optimize follow-up when they are within the scope of some care model that indicates complications and prescribes adjuvant equipment, medications, and accessories. However, in the Brazilian PHC, this still needs to be clarified.

DISCUSSION

The results corroborate other studies that refer the APN in stomal therapy to an effective clinical role in the continuity of coordinated care. Indicators point out that timely hospital referral helps to reduce costs, increase healing rates, and unburden the system.[18] Therefore, problem-solving from primary and secondary care consultations is easily encompassed in advanced practice, especially in the selection of actions for each problem and the sharing of insights, even though it is said that it is the models of care that fit the users and not the other way around. Ongoing training encompasses international: wound assessment; improvement in clinical skills; selection of the best stoma appliance; changes in population demographics; and costs to implement programs.[19-20]

Nursing Work and Quality of Care: Compliance with Brazilian and International Health Policies

The care for stoma patients depends on the efficiency of coordination, including referral and counter-referral to ensure the integrality and continuity of assistance in the health network. An example of this urgency is when the patient is followed since the diagnosis in primary care, receiving referrals to levels of greater complexity according to their demands, and being counter-referred to the basic unit after specialized care.[21]

Such referral has, as a premise, the effective communication between the levels of care performed by the nurse navigator, since the patient needs to be accompanied throughout the adaptation and rehabilitation process, regardless of the type of treatment. Therefore, the nurse has the managerial responsibility, as well as the registration in a system to receive free material for self-care, ensuring access to all the resources offered.[21]

The problematizing pedagogy strengthens the live work in the act in the educative process with the person with a stoma, as well as the development of co-constructed and active care plans. Interdisciplinarity and transdisciplinarity enable advanced nursing to increase the organization of services and, in the Brazilian context, the nursing technician performs dressings when there are no intercurrences, always supervised by the nurse and, in cases of inflammation, loss of skin integrity, variations of the stoma and need for tracheal suction, the nurse comes into action.[22-23]

To combat the knowledge deficit, the implementation of continuing education advances the healthcare network in the assumption of longitudinality and the management of underlying diseases and complications. Offering educational proposals with guidelines avoids the reduction of avoidable hospital admissions and relieves the system.[22-23] One of the logical models of conduct for stomal therapist nurses aligns with the 6Cs (Figure 6) as key areas of practice and management (care, compassion, competence, communication, courage, and commitment). The implementation steps are: 1) Preparation; 2) Launch; 3) Diagnosis; 4) Implementation; 5) Evaluation.[24]

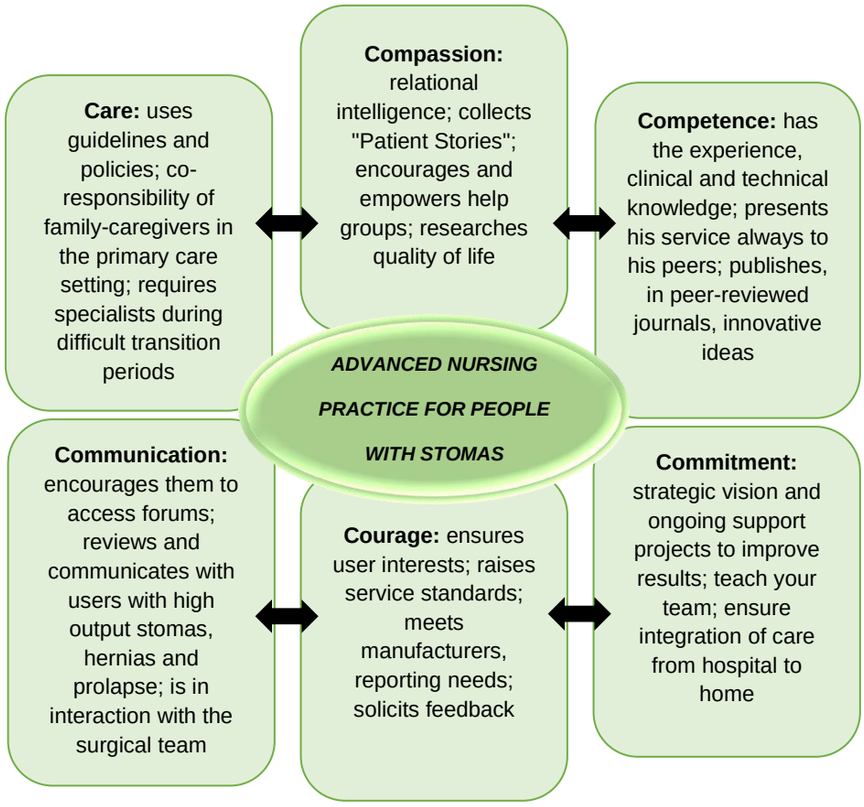

Figure 6 - Principles of the 6C model. Adapted from Foulds et al.[24]

Therefore, in the fulfillment of integrality, the proposal of guidelines for a comprehensive care program is a must, basing the care on a macro-sociological structure, aiming at biopsychosocial and spiritual issues according to personal needs. In this context, the nurse has the role of ensuring the rights of the user and of guaranteeing completeness.[25]

Care Technologies: the materialization of evidence-based practice in Advanced Nursing

Often the primers are focused on the peristomal skin[26-27], but also the construction of an intervention program and tools to refer and direct patients depending on the degree of priority, ensuring continuity of care.[28-30]

Similarly, a care model, with ecosystemic interventions, directed to stoma elders (the ecosystemic interventions are based on the construction of therapeutic environments, professional-family links, and the theoretical model of complex care) and another focused on the sexual and reproductive health of women, presenting a booklet focused on self-care.[31-32]

In turn, the UK technology is an assessment tool for patient referral, providing the nurse with guidance on when to refer to the stomal therapist nurse and the priority of referral, through colors, namely: always refer (red); sometimes refer (amber) and rarely refer (green). Its use is implemented even in the planned discharge, which is why we considered its use in the context of PHC.[28]

In this sense, it is understood that such models of care in PHC tend to strengthen the longitudinality of care. An Australian care model provides monitoring by self-referral or referral of people of all ages with a stoma, temporary or permanent (colostomy, ileostomy, and urostomy, excluding tracheostomy and gastrostomy), and work with self-care for the independence of users. There is an initial assessment, monitoring, and discharge by registered nurses, who visit them preferably at home and with telephone support. Risk determination is guided by the level of self-care, current health status, and specific stoma characteristics (output, peristomal skin, hernia, and leakage).[29]

High risk will be assessed within two working days; medium risk within seven working days and low risk within 14 working days of receipt of referral. All clients must be re-evaluated at least once every two years to ensure successful follow-up. Discharge occurs if the intestinal transit is reconstructed, if the user moves from the area, or if he or she dies.[29]

In this aspect, based on the Medical Research Council, Brazilian researchers assembled a panel of interventions comprising the follow-up: Self-care (ICNP focus): Stoma care, Improving self-competence, Facilitating self-responsibility, Facilitating learning, Caregiver support, Diet planning; Self-concept (ICNP focus): Strengthening self-esteem, Improving body image; Coping (ICNP focus): Improved coping, Supported decision making, Teaching the disease process, Counseling, Assistance in coping, Emotional support, Improved support system; Hope (ICNP focus): Promoting hope; Social Interaction (ICNP focus): Increased support systems, Promoting family involvement, Lifelong care, Guidance regarding the health care system; Sexual Interaction (ICNP focus): Sexual counseling.[30]

The challenges imposed during the pandemic of COVID-19 were presented, and one of them was the interruption of face-to-face care, so the stomal therapist nurses found a way to continue the care. As a way to ensure the counseling, they counted with the help of technology and performed the consultations remotely, which ensured the APN during the pandemic period.[33]

The care technologies analyzed contribute to advanced Nursing practice to the extent that they complement the process of health education, assist in the provision of care, and strengthen the quality and completeness of care in PHC. Therefore, they provide a glimpse into the adherence of new knowledge and skills, both for the professional and for the patient and family, facilitating rehabilitation and the promotion of autonomy.

The roles of the "clinical nurse specialist" and "advanced practice nurse"

The most frequently used terminologies were: community nursing,[34-35] clinical nurse specialists,[33,36-38] specialist stoma nursing,[33,39-40] specialist nursing practice,[41] specialists stoma care nurse.[42] According to the evidence, the nurse is inserted in the management of the health system to ensure the improvement of the quality of care. For this to occur, the specialized level of practice involves the ability to carry out health education, the provision of qualified care, and participation in management and research.[36] This set of activities culminates in skills and knowledge to make decisions and provide care according to evidence-based practice.[41-42]

The advanced practice nurse was emphasized as responsible for providing information, support, guidance, and advice to patients and families on the care of the stoma and its accessories, in order to meet community demands regarding adaptation with the stoma, and improve the quality of life of these patients.[36,38,40]

The ability in performing follow-up, health assessment, analysis of risk for diseases, prevention, and treatment of wounds stands out. In this context, the nurse offers support, and education, and works to prevent complications with the stoma in follow-up, focusing on the level of self-care.[35,42]

Five domains of care were advocated as a "Clinical Pathway to Outcomes and Intervention in Stoma Care" from the hospital setting: preventing users from dying prematurely; improving quality of life for people with long-term illnesses; helping people recover from periods of ill health or after injury; ensuring people have a positive experience of care and treatment and caring in a safe environment and protecting them from avoidable harm.[42]

The following guidelines are explained in relation to follow-up on user navigation: 1) Two home visits in the first postoperative month: assess physical and psychological condition, peristomal skin and output, treating resulting complications (if any), provide supplies if needed, or provide details on prescribed items; 2) Three months: the components already addressed, assess lifestyle with health promotion guidelines, review product requirements; 3) Six months: the components already addressed, provide guidance on stoma reversal, if temporary; 4) Annual review: the components already addressed.[42]

The stoma specialist nurse appears in the studies as the one who works with the nutrition team, being responsible for teaching patients about the functioning of fluid balance and informing about signs of dehydration, rehydration, and the action of medications used in the

treatment. Therefore, the nurse's leadership in promotion and health education is essential to prevent adverse events and to promote patient autonomy.[40]

During the analysis, it was noted the importance of the establishment of advanced practice in the process of adaptation of the patient after discharge. Some studies brought the figure of "Community Nursing", highlighting attributions in the community: encouraging independence in self-management; help in the occurrence of leaks; evaluation of peristomal skin; offering psychological support and help in the resumption of normal life.[34-35,40]

It is also important to highlight the nurse's leadership role in the international literature; there is autonomy to prescribe devices and products. After the preparation, the user is monitored in the service and according to his adaptation with the stoma, and the change of device is evaluated when necessary. Therefore, there is a guarantee of better experience with the stoma and a decrease in the occurrence of leaks and peristomal problems.[35,39,42]

The descriptive synthesis of evidence and the lack of evaluation of research outcomes are considered limitations. In addition, the level of evidence was low, corroborating the need for more clinical studies on the subject. The researches found were from developed countries (United Kingdom and Australia), with the exception of Brazil, indicating that the results on the APN cannot be generalized.

CONCLUSION

The analysis of the scientific evidence points to a state of production linked to PHC as the entry into the network and the point of follow-up from diagnosis to return, something discussed as a follow-up in the international literature. The nurse navigator acts in the adaptation and rehabilitation in relation to the person with elimination stomas, organizing the community service in order to identify, above all, the physical and psychosocial complications, making use of the interprofessional team.

Similarly, soft technologies built on relationships have, as a substantial focus, the peristomal skin and self-care, representing, for advanced practice, a longitudinal link. Comprehensive care models, assessment, intervention, and referral/follow-up programs have been observed in research. As for the denomination of nurses, there is a polysemy of terms: community nursing, clinical nurse specialists, specialist stoma nursing, specialist nursing practice, and specialist stoma care nurse.

The APN, in this case, needs to help with adaptation and rehabilitation, therefore, it recommends assessment of the level of knowledge; level of autonomy; level of self-care (although instruments for this have not been explained); how to change the collection equipment; how to empty properly; how to care for the peristomal skin; indicate, in case of changes, to whom the user should report; intervene, primarily, with health education for the promotion of well-being and self-care; ask about the feelings of the person and family members at home; when necessary, make referrals to high complexity with tools indicating the physical and psychosocial status.

It is expected that the results will subsidize the development of recommendations that can be applied to protocols for Nursing care in PHC. From now on, as an agenda around topics for investigation, research with significant samples of users and nurses in community care is corroborated; research on the potentialities and weaknesses in the practice of the nurse navigator in stomal therapy at the community level; implementation, evaluation, and adjustments of existing models of care based on evidence; analysis of concepts and role underlying each type of nomenclature found.

CONTRIBUTIONS

All authors contributed equally to the conception of the research project, the collection, analysis, and discussion of the data, as well as the writing and critical review of the content, with intellectual contribution, and the approval of the final version of the study.

CONFLICT OF INTERESTS

Nothing to declare.

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