



PREScription DRUGS BY NURSES IN FAMILY HEALTH STRATEGY: THE RECOMMENDATIONS AND THE REAL

PRESCRIÇÃO DE MEDICAMENTOS PELO ENFERMEIRO NA ESTRATÉGIA SAÚDE DA FAMÍLIA: O PRECONIZADO E O REAL

PRESCRIPCIÓN DE MEDICAMENTOS POR LOS ENFERMEROS EN LA ESTRATEGIA SALUD DE LA FAMILIA: EL RECOMENDADO Y EL REAL

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ABSTRACT

Objective: to discuss the work undertaken by nurses when performing the nursing consultation and the practice of prescribing drugs according to the ethics and regulation of the profession. **Methodology:** this is a reflective study based on literature review. **Results:** although it is an activity that can be performed by nurses in the Family Health Strategy, the practice of prescribing drugs (PPD) generates discussions and tensions between health professionals, especially nurses. It was known that the PPD's by nurses is already a reality in many countries such as Sweden, Australia, Canada and the United States which sought assistance through this resoluteness, as evidenced by improvements in the health of the population of the respective countries. **Conclusion:** health professionals should understand that PPD's can and should be shared by health professionals since they have ethical and legal support and competence to execute it so as it does not pose risks to the population. **Descriptors:** drugs Prescription; nursing consultation; ethics in nursing.

RESUMO

Objetivo: refletir sobre o trabalho desenvolvido pelos enfermeiros quando realizando a consulta de enfermagem e a prática da prescrição de medicamentos segundo a ética e a regulamentação da profissão. **Metodologia:** trata-se de estudo reflexivo baseado em revisão de literatura. **Resultados:** embora seja uma atividade que pode ser desempenhada pelo enfermeiro na Estratégia Saúde da Família, a prática da prescrição de medicamentos (PME) gera discussões e tensões entre os profissionais de saúde, em especial o enfermeiro. Foi conhecido que a PME por enfermeiros já é uma realidade de muitos países como a Suécia, Austrália, Canadá e os Estados Unidos que buscaram através dela resolutividade da assistência, já comprovada através de melhorias da saúde da população dos respectivos países. **Conclusão:** os profissionais de saúde devem compreender que a PME pode e deve ser compartilhada pelos profissionais da saúde desde que eles tenham respaldo ético/legal e competência para executá-la de maneira a não trazer riscos para a população. **Descritores:** prescrição de medicamentos; consulta de enfermagem; ética em enfermagem.

RESUMEN

Objetivo: analizar el trabajo realizado por los enfermeros cuando se realiza la consulta de enfermería y la práctica de la prescripción de medicamentos de acuerdo con la ética y la regulación de la profesión. **Metodología:** esto es un estudio reflexivo basado en revisión de literatura. **Resultados:** a pesar de ser una actividad que puede ser realizado por los enfermeros en la Estrategia de Salud de la Familia, la práctica de la prescripción de medicamentos (PME) generan discusiones y tensiones entre los profesionales de la salud, especialmente los enfermeros. Se sabe que las PME de las enfermeras es ya una realidad en muchos países como Suecia, Australia, Canadá y los Estados Unidos que buscaron ayuda a través de su resolución, como lo demuestran las mejoras en la salud de la población de los respectivos países. **Conclusión:** profesionales de la salud deben entender que la PME pueden y deben ser compartidos por profesionales de la salud, ya que han apoyado ético / jurídico y la competencia para su ejecución a fin de no suponer riesgos para la población. **Descriptores:** prescripción de medicamentos; consulta de enfermería; ética en enfermería.

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INTRODUCTION

With the advent of the process of sanitary reform in the late 70's, the Brazilian healthcare scenario had conceptual and methodological changes in the health think-how. This reformist movement has its genesis within the academic discussions and critical for understanding the medical model, privatizing and preventive medicine, constituting the second Arouca¹ the preventivist dilemma, which gave impetus to ideas of the sanitary movement for health care universal and multidisciplinary health care, with a view to promotion, prevention, recovery and rehabilitation of health, as currently we conceived. In their discussions, the social actors involved, put the theoretical challenges, political, cultural, methodological and technical-operational for the effectiveness of comprehensive care in the national health (Brazil).^{2,1}

With ideas born from the VIII Brazilian National Health Conference, in the academic, social and legal range, it has resulted in redefining the national health system that culminated in the creation of the *Sistema Nacional de Saúde*(SUS) by the Brazilian Organic Laws of Health nº 8080 and 8142 in 1990.^{3,4} The basic features of SUS are: universal access of all citizens to health services, its free of taxes, equity, all services should be available to all people according to their needs and peculiarities; and the integrality, the subject must be attended in your own whole, being individual and collective aspects valued.³

After the SUS creation, the practices of health professionals should be based on assistance to the promotion, protection, recovery and rehabilitation of the health.

When created public health actions in the mold of SUS was thought to work them in hierarchical levels of care, so the *Atenção Primária à Saúde*(APS) had the task of improving health care intersectional and interdisciplinary approach, considering the social determinants to health. The concept of health went away beyond the vision of biological and involvement by a disease, living the health in a positive way requires holding favorable living conditions.³

The UBS, therefore must link to the health network of services to ensure integral actions to individuals beings and families, providing the reference and counter-referral to clinics and care services of medium and high complexity to individual and collectives needs.⁵ It is the nurse role in the space of UBS; to develop the *Consulta de Enfermagem*

(CE) covering all processes of nursing and having comprehension of proportion of the importance of them to do a complete and resolute nursing consultation.⁶

The nurse has an unquestionable social value, because it integrates a multidisciplinary team and still can manage to highlights and become an essential part of the service. The nursing represents more than 80% of the workforce engaged in public health care. Therefore, nursing consisting by professionals able to participate in an effectively way in the rebuilding of health care practices in Brazil.^{7:8} Thus, the nursing needs of new horizons and perspectives to extend the limits of its daily practice in the performance of nursing care.

• Consultation of Nursing: what the law says and what the nurse really does

In the work of the *Estratégia de Saúde da Família*, the nurses must begin it with clarity of their work process and appropriating the same to understand that these items - assist / intervene, manage, teaching / learning and research constitute the essence of nursing work.

Thus the nurse materializes assistance committed to the promotion of population health. Manages, supervises and organizes his team, so as not to fragment their work processes, it is through this that the nurse stands as owner of the intellectual knowing, if decoupling of medical work, which does not mean that nurses reduce their actions to intellectual work, while the rest of the team is limited to technical care.^{7:95}

In the statement to be able to do a full Consultation of Nursing, the nurse should be aware that "when you're running the nursing process is performing the query itself, which "is seen as a strategy that allows the entire health care".^{8:795}

Thus, the Nursing Consultation routinely occurs between the nurse and the user. It is through consult that the professional transmit trust to the user and gain credibility from him/her, creating and strengthening bonds with the same means of communication that is established during the activity of the consult. Thus, it is an action that is inherent from the nurse, taking it to the support given by Brazilian Federal Legislation, Law 7.498/1.986, which provides for the regulation of nursing practice, verbalizing about the Nursing Consultation as private activity of nurses, beyond which further determines that the nurse may be prescribing drugs established in public health programs in a approved routine by the health institution.⁹

The resolution of COFEN 272/2002, discusses about Sistematização da Assistência de Enfermagem (SAE), it should be considered in the Nursing Consultation. Understand how processes of SAE: History of Nursing, Physical Examination, Nursing Diagnosis, Prescription Nursing Care, Nursing and Evolution Report of Nursing. All steps must be registered in the records of the user.⁹

Even during the course of consultation, the nurse may be requesting additional routine and complementary examinations when it is necessary. So as you can see, despite the nurses find themselves bound by the law that regulates their activity before the profession, and:

[...] On the recent advances of technology in health care and the complexity of new procedures, nurses, health technicians and nursing assistants have faced often with questions about the professional acting. If, on the one hand, technological innovations can help in healing and care of human beings, on the another hand they do raise ethical dilemmas about cost, benefits and risks of the actions of health professionals.

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It is thinking about this challenge to understand the professional acting of nurses to in the ESF, it becomes indispensable to know the interpretation and enforcement of legislation relating to nursing practice, on the assertion that the rights that are assigned to these professionals in order to contemplate the Nursing Consultation and Drugs Prescription are respected the right of usufruct.

According to the Brazilian Code of Ethics in the Nursing, in its Article 1º says that nursing is a profession committed to the individual and collective health of subjects and should act in the promotion, protection, recovery and rehabilitation of people's health, respecting the ethical and the legal precepts of this profession. In Article 16 is written that it is the responsibility of nurses ensuring to customer a nursing care free of damages resulting from malpractice, negligence or recklessness. Thus, in the daily nursing care, nurses have a number of situations which they have to come across and that they meet with the code of ethics of their profession, in this case: prescription of drugs.⁶

Currently, prescribe drugs within the law of the nursing profession, it is still an issue to be clarified. It needs that its jurisdiction that is given to the nursing professionals be clearer and that it must be exposed to them its scope and limits.

In reality of health services in Brazil, the practice of prescribing drugs is still a hegemonic medical practice, which raises questions and professional conflicts. The concern of those who are opposed to expanding the range of professionals working in this activity is that the practice of PME, because it is such a professional responsibility to be performed without knowledge and competence, and if is executed like this, it may lead the nurse to make mistakes that damage the health and integrity the subjects' lives.

For this purpose, the regulation of health professions must be transformed according to the needs of professionals and according to standards developed by the councils of class. As well, is likely to change as new health and social needs of people who come during the year, which leads the healthcare field to constantly redefine the roles of professionals, so that they provide an integral assistance in the healthcare process and acting on the resolution of problems.

With this in mind that nursing is to choose to run the prescription of drugs as part of the nursing consultation, backed by law, is also faced with situations in which it assumes the risk of prescribing drugs that are not defined in the protocols and manuals of the Brazilian Ministry of Health.⁶

In this sense, the nurse faces the paradox of ethical action against the act of prescribing drugs. Is this unethical professional with reference to the Brazilian code of ethics of nursing? Therefore, the choice of this professional to attend the need of a subject who goes against the code of ethics of the profession generates a responsibility to the health of it, since the professional should be responsible for the care of people's health, which means say that their attitude to prescribe medicines in Atenção Básica(primary care) should be faced like an ethical responsibility to be discussed.

It is the ethic that qualifies our action in caring for [health watch], is that it invites us to do our work and do not necessarily determine what we should do. [Based on this is that nursing care is permeated by] many problems related to ethical action which puts the nurse, sometimes in a purely field leads to reflexive and act according to his conscience. The conscience is not transferable and when we act in all conscience, we do it with affection and act according to the moral value of acts.^{11:67}

The prescriptive action by nurses in the midst of so much discussion and professional struggles, we can already say that it was embraced by the Regional Nursing Council of

Rio Grande do Norte, through the technical note COREN-RN N° 01/2009,⁹ that discusses about the importance of regulating the nursing profession in order to meet the consolidation of the principles of our Sistema Único de Saúde(National Health System from Brazil).

However, the practice of PME is restricted to protocols of public health programs, getting its approval over the Tripartite Management Intergroup Committee and the Brazilian National Health Council. Therefore it determines that the nurse has no authority to prescribe drugs outside the protocols agreed by these organs.⁹ In contrast, we have the social relevance of this practice for the comprehensive care and resolution of problems presented by the society, violates the code of ethics of nursing that acts as a guide for professionals acting, As time go on while professional ethical and moral we can instead consider the possibility of the category, as holder of scientific knowledge, when trained and sure on the prescriptive action, assuming the post of nurse caregiver and prescriber. Because the nurse should seek to understand and meet the social needs that are presented, and this is the essence of nursing care, it means, "the essence of the value of care is relevant if it contributes to a philosophy of action, of human freedom, choice and responsibility".^{11:67}

• The nurse and prescription drugs in family health strategy: limits and possibilities.

The nursing profession over the years has led to changes and being transformed as a result of technological advances, political and economic conditions and the emergence of new social and sanitary needs.¹⁰ In order to meet the social needs of population health, it is necessary to think about the possibility of nurses are prescribing drugs. This is because, you know that what you see in the reality of health services is the professional nurse with a major responsibility to assist the community in order that, punctuality and commitment of other professionals who constitute the health team of the ESF, leave the population at the mercy of care.

This situation ends up transferring more responsibility for nurses, which is like a key to the ESF as a professional.

However, many advances have been achieved by nurses during their professional practice history. One of these advances was the autonomy and independence gained in prescribing medicine drugs in public health programs, a fact that came to improve the care of the population. Legally, this

prescriptive action of drugs by nurses was given by Resolution N° 271/2002 of the Conselho Federal de Enfermagem(Brazilian Federal Council of Nursing) - COFEN.¹²

A Prescription for nurses is an action that is being developed as necessary in Nursing Consultation and only by nurses. "[...] The prescription of drugs in this context is inseparable from the Nursing Consultation advocated legally and technically".^{12:34} The prescriptive practice of medicine drug has been developed by nurses in many countries since the 90's. Thus, the Conselho Internacional de Enfermeiras(CIE) or, International Council of Nurses, according to Oguisso and Freitas¹³ prepared a document for the purpose of discussing issues that cause questions in nursing practice, as well as PME. The CIE has created and defined a level of qualification for this worker (nurse), so it can exercise the activity of prescription drugs.

According to the understanding of the CIE, so that nurses can perform advanced nursing practice, including prescription of medicine drugs, they should have a minimum of training master's degree in nursing, professional master's degree or some form of post-graduate degree in advanced practice or professional nursing. It would, therefore, be a professional with specialized knowledge and ability to take complex decisions, beyond of it, having clinical competence to practice expanded activities, whose features were shaped by institutional context where it is entitled to exercise the professional activity.^{13:42}

The practice of PME carried out by nurses as already reported, is an advanced practice nursing, which should be performed before the existence of competence and ability to do so. It is found in Articles 16 and 24 of the Código de Ética dos Profissionais de Enfermagem(CEPE) - Brazilian Code of Ethics of Professional Nursing - the reporting obligation of the nursing professionals should take forward to the assistance provided to clients, which should be free of damage or risks from negligence, incompetence or recklessness.¹⁰

The malpractice can be avoided when the nurse acquires skills and feel empowered to perform the action prescriptive. Thus, besides being a professional earning the professional autonomy when exercising this practice will get better to the care needs of their customers / users. Since autonomy is not understood as an absolute right, but as the right professional to have its intellectual independence leading into question the respect, dignity and freedom of other professionals and the community.¹⁴

The fact is that in many countries the prescription of medicines drugs by nurses is growing, although it is an exclusive activity of the medical profession. In the current situation is being incorporated into nursing practice which has constantly been creating questions and so bringing problems regarding the profession of nursing.¹²

Oguisso and Freitas¹³ discuss the reality of PME, bringing the CIE, knowing the nurses performance before this practice and the necessity to have them take ownership of it to assist all who seek health services, even those who live far away of the local services such as basic health units located in distant sites (rural zone), is that the Council makes a survey to know the use of prescription of drugs by nurses.

According to a survey done by the CIE, it was identified four models of nurses prescribing drugs: the independent autonomous or replacement, the dependent, collaborative, semi-autonomous, complement or supplement, the protocol group and the prescribing that changes schedule and dosing.^{13:42}

The types of nurse prescribers are already present in several countries such as Sweden, Australia, Canada, USA, UK, New Zealand, South Africa, and Ireland. Some countries have managed to run the PME by nurses due to the existence of "strong leadership and organization of nursing at the national well-articulated [...]".^{13:42} which does not exist here in Brazil.

In the UK, we already to see the existence of nurses prescribing drugs, they are known as qualified independent nurse prescribers has the capacity to assess, diagnose and prescribe independently from a list of 250 drugs for a universe of more than 100 diseases. This list of drugs was provided for the year 2006 be expanded, giving the right to make the PME according to the form of medicinal products authorized in the British National, except for prescription of controlled drugs.¹⁵

Beyond the action of independent nurse prescribers, have even supplementary nurse, this last is unlike the first, makes the PME based on initial assessment of the medical professional, this coupled with the nurse draws a clinical management plan that includes a list of drugs that this class of nurses may prescribe. This type of prescription limitation is applied to patients with chronic degenerative diseases.¹⁵

There are countries which the government bothered to be doing an assessment with respect to this practice. In Sweden, although doctors criticize the prescriptive practice by

nurses, alleging that might damage and / or worsen the health of the community. [...] government agencies have made a positive evaluation, showing an improvement in the level of care, communication and access to customers, from the assumption of the practice of prescribing drugs by nurses.^{13:42}

In Canada, support and encouragement of prescription drugs by nurses involves all a matter of social necessity, because it has occurred in rural areas to PME due to lack of doctors, that's way nurses must work independently.¹⁵

The prescription of drugs by nurses is still a big challenge in Brazil, it is necessary to the union of the nursing category, to fight and demand the rights that are concerning the category, but also fight for laws that will bring improvements to the profession of nursing. It is clear the advancement of nursing as it pertains to drugs prescription and the positive results that this practice has provided both for society and for the autonomy of the profession.¹⁵⁻⁶

Therefore, nursing profession get other ways in the health sector, backed by laws that regulate their activity face the concern for customers. Legal, technical and scientific aspects have given to this category some steps for the Sistematização da Assistência de Enfermagem (SAE) with the intent to accomplish the guiding principles of the SUS.⁹

Because of this, is that the Prescription of Drugs by Nursing deserves attention. Of course, only be backed by law not to give the nurses the ability to be practicing the act of medicine drugs prescriptions, however, it is necessary opportunities to enable them technically, politically, scientifically and ethically to join in the health services in a competent and recognized form.

*Regarding the issue of regulating the limits of performance of the health professions is a dynamic process that dialogues with social demands and interacts with the dictates of economic and corporate professionals, that interfere with the redefinition of the field-specific professional area, since the professions are not static and closed itself, they are always in relation to the economic, social and political, that define the social and sanitary needs of health professions, whether in relation to consolidation, survival or extinction of that are already established, or in relation to the need to create new jobs.*⁹

If this fact exists, it determines that the Nursing Consultation is being held daily at the Family Health Strategy with quality and resolution. Just as the prescription of drugs, this is not just an action higher than the

others, and yes, a complement of nursing care. Thus, the SAE will not be considered an invasion of the medical act.

The Law 7.498/1986 discusses the nursing consultation and prescription of drugs on the set of public health programs and routines approved by the institution. The Decree 94.406/1.987 ratifies the law 7.498/1.986, regarding the prescription of medicines by nurses be undertaken when it belongs to the health team, which is legally and ethically be induced to be the professional practice of working in PME.

The need that we have to put this reality into the curricula of graduate nursing it is also valuable because, there is an emerging need to train future professionals to the reality out there; it is not a concern or attempt to invade other professions. So, in fact it does not seek to fill the insufficient number of doctors. But recognizing that the nurses and their technical and intellectual capabilities to perform the PME safely without to bring risk to their customers.¹³

FINAL CONSIDERATIONS

The literature review of the numerous authors cited in the course of this study on nursing in daily ESF, showed us the need that we have of breaking down barriers between the practices of many professionals, considering that with technological advances and scientific of health caring tend to increasingly to approach in a way to intertwine their activities. This situation in its turn should never be seen as an attempt to dispute or invasion of one category over another, but as a multidisciplinary and transdisciplinary, with the advent of new social needs also it is need to reach an integral care and problem-solving.

The PME by nurses, thus, is generating discussions and tensions between the medical professionals who see that work unable to perform the action prescriptive. The nurse in its turn get lost before too many discussions, it is going to face the PME as an activity not belonging to its own legal jurisdiction, although the prescription of medicines drugs is supported by the law that regulates the professional practice of nursing.

The professional of Nursing before the needs that never stop to emerge in its services, got the trust and respect of people. This takes the professionals to break the barriers of their professional practices. The existence of barriers in the act of health collective worker is determined by the conflict of knowledge among health

professionals. Many of the barriers are due to the lack of professionals (like doctors) in the daily UBS, lack of integration of team members, and the existence of traditional management processes, which leaves large gaps in health services leading to discontent and dissatisfaction in the population.

REFERENCES

1. Arouca S. O Dilema Preventivista: Contribuição para a compreensão e crítica da Medicina Preventiva. São Paulo: UNESP; Rio de Janeiro: FIOCRUZ; 2003.
2. Paim JS. Reforma Sanitária Brasileira: contribuição para a compreensão e crítica. Salvador/Rio de Janeiro: EDUFBA - FIOCRUZ; 2008.
3. Lei n. 8.142 de 28 de dezembro de 1990 (BR). Dispõe sobre a participação da comunidade na gestão do Sistema Único de Saúde (SUS) e sobre as transferências intergovernamentais de recursos financeiros na área da saúde e dá outras providências. Diário Oficial da União [Internet]. 1990 Dec 31 [cited 2009 July 12]. Available from: http://www.planalto.gov.br/ccivil_03/Leis/L8142.htm.
4. Lei n. 8.080 de 19 de setembro de 1990 (BR). Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Diário Oficial da União [Internet]. 1990 Sep 20 [cited 2009 July 12]. Available from: http://legislacao.planalto.gov.br/legisla/legislacao.nsf/viw_identificacao/lei%208.080-1990?opendocument.
5. Atenção Básica e Saúde da Família. [homepage na internet]. Brasília: Ministério da Saúde (Brasil)-DAB; 2004 [cited 2009 July 06]. Available from: http://dab.saude.gov.br/conheca_dab.php.
6. COREN-RN. Livroto Legislação COREN-RN. Natal: Opção Gráfica, 2007.
7. Araújo MFS de, Oliveira FMC de. A Atuação do Enfermeiro na Equipe de Saúde da Família e a Satisfação Profissional. Caos - Revista Eletrônica de Ciências Sociais [Internet]. 2009 Sep [cited 2010 20 Mar];(14):14:03. Available from: http://www.cchla.ufpb.br/caos/n14/DOSSIE%20SA%C3%9ADE_TEXTO%20I_ATUA%C3%87%C3%83O%20DO%20ENFERMEIRO.pdf.
8. Barros DG, Chiesa AM. Autonomia e Necessidades de Saúde na Sistematização da Assistência de Enfermagem no olhar da saúde coletiva. Rev esc enferm USP [Internet]. 2007 dez [cited 2010 June 03];41(esp):793-8. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342007000500009>.

<http://dx.doi.org/10.1590/S0080-62342007000500009>.

9. Rio Grande do Norte. Conselho Regional de Enfermagem. Nota Técnica COREN-RN N° 01/2.009.

10. Freitas GF de. A responsabilidade ético-legal do enfermeiro In: Oguisso T, organizador. Trajetória histórica e legal da enfermagem. 2 ed. São Paulo: Manole; 2007.

11. Mendes G. A Dimensão Ética do agir e as questões da qualidade colocadas face aos cuidados de enfermagem. Texto contexto - enferm [Internet] 2009 Jan/Mar [cited 2009 Aug 15];18(1):165-9. Available from: http://www.scielo.br/scielo.php?pid=S0104-07072009000100020&script=sci_arttext>.

<http://dx.doi.org/10.1590/S0104-07072009000100020>.

12. Ximenes Neto FRG, Costa FAM, Chagas MIO, Cunha ICKO. Olhares dos Enfermeiros acerca de seu processo de trabalho na prescrição medicamentosa na Estratégia Saúde da Família. Rev Bras Enferm [Internet] 2007 Mar/Apr [cited 12 July 2009];60(2):133-40. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672007000200002>.

<http://dx.doi.org/10.1590/S0034-71672007000200002>.

13. Oguisso T, Freitas GF de. Enfermeiros Prescrevendo Medicamentos: possibilidades e perspectivas. Rev Bras de Enferm [Internet] 2007 Mar/Apr [cited 12 July 2009]; 60(2):141-4. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672007000200003>.

<http://dx.doi.org/10.1590/S0034-71672007000200003>.

14. Fortes PAC. Autonomia e Consentimento esclarecido. In:_____. Ética e Saúde: Questões Éticas, Deontológicas e Legais. Tomada de Decisões, Autonomia e Direitos do Paciente. Estudos de Caso. São Paulo: E.P.U;1998.

15. Courtenay M, Carey N, Burke J. Independent extended and supplementary nurse prescribing practice in the UK: A national questionnaire survey. Int j nurs stud [Internet] 2006 Dec/Apr [cited 10 Oct 2009]; 44:1093-1101. Available from: http://www.elsevier.com/wps/find/journaldescription.cws_home/266/description#description>. doi:10.1016/j.ijnurstu.2006.04.005.

16. Azevedo DM de, Rozendo CA. A Educação Problematizadora em Enfermagem: Revisão Integrativa da Literatura. Rev enferm UFPE on line [Internet] 2001 Sep [cited 2011 Oct 10];7

(5):1782-90. Available from:

http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1795/pdf_633>.

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