

## Protocol For Implementing The Nursing Process In Consultations With People With Hypertension And Diabetes In Primary Health Care

Protocolo de Implementação do Processo de Enfermagem Em Consultas a Pessoas Com Hipertensão e Diabetes na Atenção Primária à Saúde.

Protocol For Implementing The Nursing Process In Consultations With People With Hypertension And Diabetes In Primary Health Care

### RESUMO

**Objetivo:** O estudo teve como objetivo elaborar um protocolo para a implementação do Processo de Enfermagem em consultas a pessoas com hipertensão e diabetes em Unidades Básicas de Saúde. **Metodologia:** Pesquisa-ação, na qual foi utilizada, na fase de diagnose, a Análise de Conteúdo de Bardin. A elaboração do protocolo foi realizada em conjunto com os participantes da pesquisa durante seminários temáticos. **Resultado:** A diagnose situacional revelou fragilidades na utilização do Processo de Enfermagem, mas ao final o protocolo foi desenvolvido com profunda participação dos profissionais com o objetivo de organizar e qualificar a Assistência de enfermagem. **Conclusão:** A implementação de um protocolo, apesar de reconhecida como importante pelos enfermeiros, apresenta um desafio que requer um esforço conjunto entre profissionais e gestores.

**PALAVRAS-CHAVE:** Estratégia Saúde da Família; Processo de Enfermagem; Doenças crônicas; Atenção Primária à Saúde.

### ABSTRACT

**Objective:** The study aimed to develop a protocol for implementing the Nursing Process in consultations with people with hypertension and diabetes in Basic Health Units. **Method:** Action research, in which Bardin's Content Analysis was used in the diagnosis phase. The protocol was developed together with the research participants during thematic seminars. **Result:** The situational diagnosis revealed weaknesses in the use of the Nursing Process, but in the end the protocol was developed with deep participation of the professionals with the objective of organizing and qualifying Nursing Care. **Conclusion:** The implementation of a protocol, although recognized as important by nurses, presents a challenge that requires a joint effort between professionals and managers.

**DESCRIPTORS:** Family Health Strategy; Nursing Process; Chronic diseases; Primary Health Care.

### RESUMEN

**Objetivo:** El estudio tuvo como objetivo elaborar un protocolo para la implementación del Proceso de Enfermería en consultas a personas con hipertensión y diabetes en Unidades Básicas de Salud. **Metodología:** Investigación-acción, en la cual se utilizó, en la fase de diagnóstico, el Análisis de Contenido de Bardin. La elaboración del protocolo se realizó en conjunto con los participantes de la investigación durante seminarios temáticos. **Resultado:** El diagnóstico situacional reveló debilidades en la utilización del Proceso de Enfermería, pero al final, el protocolo fue desarrollado con una profunda participación de los profesionales con el objetivo de organizar y calificar la atención de enfermería. **Conclusión:** La implementación de un protocolo, aunque reconocida como importante por los enfermeros, presenta un desafío que requiere un esfuerzo conjunto entre profesionales y gestores.

**PALABRAS CLAVE:** Estrategia de Salud Familiar; Proceso de Enfermería; Enfermedades crónicas; Atención Primaria de Salud.

RECEIVED: 01/04/2025 APPROVED: 01/15/2025

**How to cite this article:** Melo TAC, Levi TM, Penteadó MS, Lavinsky AE. Protocol For Implementing The Nursing Process In Consultations With People With Hypertension And Diabetes In Primary Health Care. *Saúde Coletiva* (Edição Brasileira) [Internet]. 2025 [acesso ano mês dia];15(92):14150-14157. Disponível em: DOI: 10.36489/saudecoletiva.2025v15i92p14150-14157

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**INTRODUCTION**

The Nursing Process (NP) is a tool that strengthens nursing as a science, organizing the work process and giving identity to the profession. It must be carried out in a deliberate and systematic manner in any socio-environmental context where Nursing Care occurs.<sup>1</sup> This Care is performed through the five stages of the NP, which are interrelated, interdependent, recurring and cyclical: Nursing Assessment, Nursing Diagnosis (ND), Nursing Planning, Nursing Intervention and Nursing Evolution.

Despite several national initiatives to implement the systematization of nursing care, especially in hospital services, the Systematization of Nursing Care (SNC) was officially established in Brazil by Cofen Resolution 272 of 2002.<sup>1</sup> At the time, it was defined as a scientific method for organizing nursing care, and was used as a synonym for NP. Over the years, to clarify this conceptual confusion, Cofen revoked this deliberation and published Resolution 358/2009.

In January 2024, Resolution No. 358/2009 was revoked and replaced by Cofen Resolution No. 736/2024, which deals exclusively with the Nursing Process.<sup>3</sup> This new Resolution standardizes Nursing Care as the main object of work. Among the changes introduced, the replacement

of the term “history and data collection” with “Nursing Assessment” stands out, in addition to clarifying the steps necessary to carry out the care plan. The term “Nursing Assessment” was changed to “Nursing Evolution”.

The use of the Nursing Process requires clinical reasoning and critical judgment from nurses, so that they can build comprehensive care plans that meet the health needs of patients. Despite the importance of the NP, its implementation in Primary Health Care (PHC) faces significant challenges, such as insufficient academic training on the subject, lack of ongoing training, and work overload.<sup>4</sup>

Although the importance of NP in Nursing Care is understood, in practice its incipient application in PHC is still observed, which limits the development of adequate therapy.<sup>5</sup>

Furthermore, in the context of chronic non-communicable diseases (NCDs) such as hypertension and diabetes, the effective application of PE improves clinical management and promotes improvements in patients' quality of life.<sup>6</sup> Considering the high prevalence of these diseases, the use of NP in PHC is essential to address these public health challenges, monitoring risk factors and controlling diseases through interventions, including health education.

The limited scientific production on NP in PHC highlights a knowledge gap that

needs to be addressed. This study seeks to discuss these issues and contribute to both applied practice and scientific production, highlighting especially the care provided to people with hypertension and diabetes, a serious public health problem in the country.

Given the complexity of the topic, it is essential to adopt a collaborative approach that investigates both the weaknesses and barriers as well as the potential for implementing the NP in PHC. The guiding questions of the study include: what is the level of knowledge of PHC nurses in a municipality in the extreme south of Bahia about the NP and the SNC? What are the limiting factors found by nurses in the use of the NP and the SNC in nursing consultations with hypertensive and diabetic individuals?

In addition, the study aims to develop a protocol for the implementation of the Nursing Process in consultations of patients with hypertension and diabetes in Primary Health Care in the municipality of Eunápolis.

**METHOD**

Exploratory and descriptive research, with a qualitative approach, using the action research method, which takes place in a space of dialogue in which the actors involved participate in solving problems,

with differentiated knowledge, proposing solutions and learning in action.<sup>7</sup> Action research is presented in four stages: situational diagnosis, planning, implementation and evaluation of a change to improve practice. This study included the implementation stage.

The study was conducted in the municipality of Eunápolis, located in the extreme south of Bahia, the region where the researcher works. Nurses who work in Basic Health Units in the municipality participated in this research, with the inclusion criteria being to have a permanent employment relationship in this city. The exclusion criteria were to have any other type of employment relationship and to be on vacation and/or leave. Thus, 10 nurses working

in Primary Health Care participated in the research.

Data collection took place between June and October 2023. A semi-structured interview was used for situational diagnosis of the knowledge of the professionals interviewed about SNC and NP, based on Content Analysis<sup>8</sup>, to verify the semantics of the data collected. After the situational diagnosis, seminars were planned and developed in the form of discussion groups, with the aim of constructing, together with the research participants, the Nursing Process Implementation Protocol in nursing consultations for people with hypertension and diabetes. The research was developed in the following stages and their respective instruments:

ing Process in the Nursing Consultation (NC) for people with hypertension and/or diabetes, as well as adequate recording in the users' medical records. This moment was important, as it provided an opportunity to socialize scientific knowledge and clarify doubts.

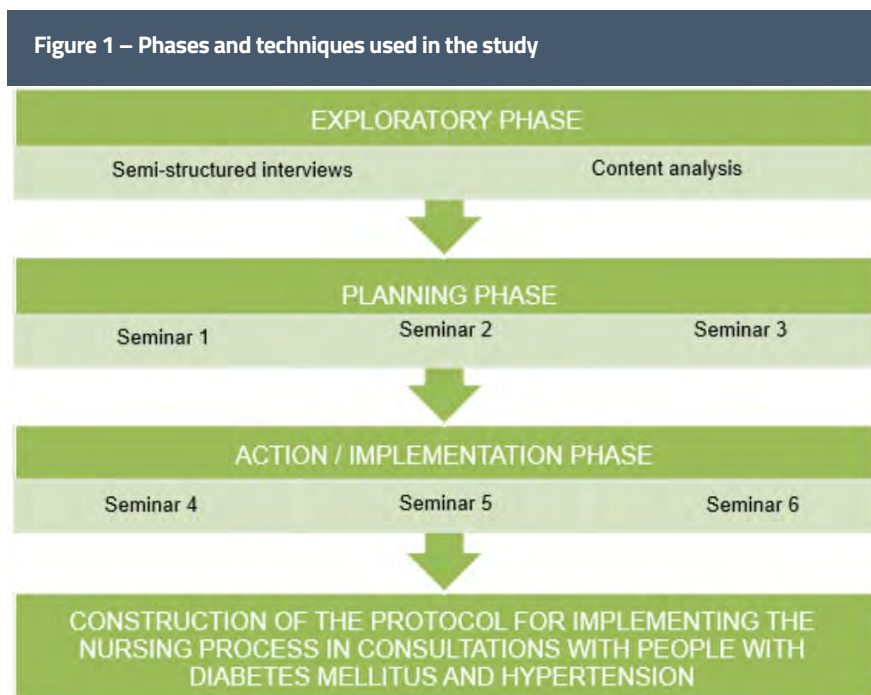
In the last meeting of this planning phase, the need to choose a nursing theory for scientific basis and a taxonomy to standardize nursing language in the construction of the Nursing Process Implementation Protocol was discussed. After debate, the group decided that Wanda Horta's Theory of Basic Human Needs (1979)<sup>9</sup> and the International Classification of Nursing Practices (ICNP) version 2019/2020 would be the most appropriate to guide the development of the proposed product.<sup>10</sup>

The fourth and fifth seminars were dedicated to familiarizing participants with the ICNP and identifying Nursing Diagnoses, along with expected outcomes and nursing interventions for the target audience. After reviewing the protocol developed by the group, it was realized that it needed to be made more specific, adjusting it to the target audience. This led to the holding of a new seminar to discuss improvements and add specific data to the Nursing Assessment. Thus, additional diagnoses and more detailed nursing interventions were included in the protocol, aiming to improve care for people with hypertension and diabetes.

The study was supported in accordance with current legislation in Brazil, and the project was approved by the Research Ethics Committee of the State University of Santa Cruz. This approval (CAAE 67402523.4.0000.5526) ensured that all ethical requirements for research involving human beings were met. The research was only initiated after due approval from the aforementioned Ethics Committee.

## RESULTS

Analysis of the data from the speeches collected during the diagnostic phase of the action research revealed three main categories related to nursing care for people with hypertension and diabetes in primary



Source: prepared by the authors.

The first seminar, held in February 2024, aimed to present the situational diagnosis obtained from the interviews, listen to the participants' perceptions about the diagnosis, and plan the activities of subsequent seminars, which would focus on the alignment and methodological deepening of the study, providing direction for the work.

In the second seminar, the concepts of

SNC and NP were presented, according to the new Cofen Resolution No. 736/2024. The nurse-researcher explained the distinction between the two instruments and their applicability in clinical practice using the SOAP method (Subject, Objective, Assessment, and Plan). The coordinator of the municipality's NCD program was also invited to contribute to the discussion, highlighting the importance of using the Nurs-

health care:

**a) SNC and NP in the Care of People with Hypertension and Diabetes in PHC:** In this category, participants recognized the Nursing Consultation as an essential tool to qualify the care for patients with hypertension and diabetes. They highlighted that the consultation allows for reception, creation of bonds, assessment, monitoring and guidance, with an emphasis on health guidance as a crucial strategy. In addition to medication prescription, the NC is seen as an integral tool in patient monitoring. However, difficulties were observed in understanding and distinguishing between SNC and NP.

**b) Challenges for the Implementation of SNC and NP:** The main challenges for the application of these tools in consultations were the lack of knowledge about SNC and NP, the mandatory use of their use, the time limitation during consultations, the administrative demands and the use of the electronic medical record. The lack of theoretical basis and the difficulty of integrating the tools into the workflow and the electronic medical record are the main obstacles presented for the effective implementation of SNC and NP in PHC.

**c) Importance of SNC and NP in Care:** The professionals interviewed recognize the SNC and the NP as important tools for improving care, making consultations more effective and effective. They emphasize that these instruments contribute to more scientific care, supported by nursing diagnoses, and value the importance of systematization for service organization and more appropriate recording. The potentialities observed include better service organization, more accurate recording, the possibility of more time for consultations, and improved logical reasoning.

After the situational diagnosis, the seminars began, during which the Nursing Process Implementation Protocol (NP) was developed. The instrument includes the Nursing Assessment aimed at people with hypertension and/or diabetes, the Nursing Diagnosis, considering the particularities of each individual and their basic human needs, the Planning with the expected results and the Nursing Implementation. The NP phases are duly correlated to the steps of the SOAP method.

The Nursing Assessment in the protocol includes both subjective and objective data. Subjective data are obtained in the clinical interview, where information is collected about the reason for the consultation,

the health professional's impressions, the user's reports, identification, health conditions, chronic diseases, comorbidities, risk factors, medications used, lifestyle habits, among others. Objective data are collected through general physical examinations and specific examinations for people with hypertension and/or diabetes, laboratory tests, vital and anthropometric data measurements, and other measurable data.

Thus, from the guided Nursing Assessment, Nursing Diagnoses emerge, based on the basic human needs and the individuality of each patient. Table 1 presents the Nursing Diagnoses included in the protocol developed.

**Table 1 – Nursing diagnoses for people with hypertension and diabetes using the ICNP version 2019/2020**

Basic Human Need	Nursing Diagnoses
Hydration	Dehydration; Risk of dehydration.
Nutrition	Adequate nutrition; Inadequate nutrition; Lack of appetite; Altered swallowing; Diet intolerance; Impaired ability to manage (control) the diet; Diet tolerance; Altered nutritional status: less than body requirements; Risk of overweight; Overweight; Obesity; Adequate weight
Elimination	Altered urinary elimination; Impaired renal function; Constipation; Diarrhea.
Sleep and Rest	Impaired sleep; Effective sleep; Impaired adherence to exercise regimen; Sedentary lifestyle; Weakness; Activity intolerance; Impaired mobility.

# Original Article

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Exercise and Physical Activity	Impaired adherence to exercise regimen; Sedentary lifestyle; Weakness; Activity intolerance; Impaired mobility.
Sexuality	Ineffective sexual functioning.
Physical Safety of the Environment	Alcohol abuse; Tobacco abuse; Risk of neglect; Risk of falling;
Body Care	Inadequate self-care; Adequate self-care;
Physical Integrity	Impaired skin integrity; Effective skin integrity; Risk of impaired skin integrity; Risk of diabetic foot ulcer; Diabetic ulcer; Dry skin; Neuropathic ulcer; Venous ulcer; Effective wound healing.
Vascular Regulation	Peripheral edema; Impaired peripheral tissue perfusion; Altered blood pressure; Blood pressure within normal limits; Fluid retention.
Sensoperception	Acute pain; Chronic pain; Decreased visual acuity; Adequate visual acuity; Altered peripheral sensitivity (specify: superficial tactile, deep tactile – painful, thermal, vibratory).
Hormonal Regulation	Hyperglycemia; Hypoglycemia; Risk of unstable blood glucose; Unstable blood glucose; Blood glucose level within normal limits.
Therapeutics and Prevention	Effective health maintenance.
Emotional Safety	Stress; Anxiety; Depressed mood.
Communication	Impaired verbal communication.
Gregariousness	Absent family process; Effective family process;
Education and Health and Learning	Lack of knowledge about the disease; Limited learning capacity;
Religiosity and Spirituality	Spiritual distress.

Recreation and Leisure	Insufficient recreational and leisure activity; Adequate recreational and leisure.
Religiosity and Spirituality	Spiritual distress.

Source: survey data, 2024.

The steps following the Nursing Diagnosis in the Nursing Process are crucial to ensuring that the planned care is clearly defined, documented and implemented in an organized manner. This ensures that all necessary interventions are carried out effectively and that patient care is continuous and tailored to their specific needs.

## DISCUSSION

From the analysis of the discourses on knowledge in relation to SNC and NP, it is clear that some professionals had superficial knowledge on the subject. This is also evidenced by the difficulty in distinguishing between the two concepts, often considered synonymous and used only as a work guide, without theoretical foundation or critical reasoning.

These results reinforce Neves' <sup>11</sup> hypothesis, which suggests that this confusion between the nomenclatures may persist in practice. This is because Cofen, in Resolution No. 358/2009, focuses its articles on the NP and its stages, while the only mention of the SNC is in the considerations. This may lead the reader to think that the description of the NP and the SNC is the same. With the publication of the 2024 Resolution, which is more clarifying, it is expected that this confusion will be reduced.

Thus, the interviewees' understanding of the Nursing Process was imprecise, evidenced by the professionals' insecurity when responding about its stages. When used, these are often referred to in a fragmented and unsystematic way. This empirical use of the Nursing Process reported by nurses is in line with the observations of Silva and Santos <sup>12</sup>, who claim that the implementation practices of the Nursing Process have occurred in a precarious and incomplete manner.

On the other hand, during the inter-

views, it was observed that nurses recognize the Nursing Consultation as an essential tool to qualify care, using it for reception, bonding, evaluation, monitoring and guidance to users. This corroborates what Crivlaro states <sup>13</sup>, highlighting the Nursing Consultation as an instrument for continuity of care, strengthening the bond between users and professionals in Primary Health Care.

Additionally, the importance of Nursing Consultation for people with hypertension and diabetes in PHC was highlighted, covering not only medication prescription, but also as a complementary tool for the comprehensive monitoring of these users. This finding is in line with the statement by Machado and Andres <sup>14</sup>, who emphasize that doctors and nurses play different roles, with the Nursing Consultation being essential for health monitoring.

The results presented reinforce the hypothesis that the implementation of the NP in PHC is an evident challenge. Elements such as superficial knowledge on the subject, the time required for consultations, excessive demand and bureaucracy in basic health units are factors mentioned by the research participants that hinder the application of this methodology in Nursing Care.

The superficiality of knowledge on the subject is a reality presented in other studies, such as the one carried out by Ribeiro and Padoveze <sup>15</sup>, in which just over half of the professionals interviewed (53%) in the PHC considered that there was not enough knowledge about the practical application in the daily routine of health services.

The lack of practice and skill in using the instruments was also cited by the interviewees as a factor that hinders the applicability of the SNC and the NP in the PHC, with their use being more common in the hospital environment. However, it is important to emphasize that the regulation of the NP in Cofen Resolution No. 736/2024 pro-

vides for the implementation of the NP in all socio-environmental contexts where Nursing Care occurs.

An additional problem identified in this research is the difficulty that professionals encounter in aligning the NP stages with the structure of the Electronic Citizen Record (PEC - Prontuário Eletrônico do Cidadão) used in PHC. The PEC is organized into stages, and the record must be made according to the SOAP model. Therefore, it is necessary to understand how the NP stages relate to the PEC stages. Cofen Resolution No. 736/2024 establishes the SOAP method as compatible with the Nursing Process in PHC.

Regarding the importance of the SNC and the NP in assisting people with hypertension and/or diabetes, some professionals interviewed identify these instruments as qualifying care, capable of making the Nursing Consultation more effective and resolute. The speeches also emphasize the relationship between the quality of care and the appreciation of nursing care, highlighting the benefits that systematization can offer both the user and the professional in the area.

Some reports highlight that the use of SNC and NP brings a scientific basis to nursing care, supported by Nursing Diagnosis. This contrasts with the study by Spazapan<sup>16</sup>, in which the participating nurses did not mention the Nursing Process as a work method that consolidates nursing as an established profession or that elevates its scientific character.

Regarding the potential of using the SNC and NP, the research participants mentioned the organization of the service, more appropriate recording, the extended time of the Nursing Consultation, which allows for better assessment, and the development of logical reasoning. It is important to note that the length of the consultation was mentioned both as a barrier, due to its longer duration that hinders other activities, and as a potentializer, since this time dedicated to care translates into quality of care.

Another relevant aspect mentioned by the interviewees is the nursing record. They

emphasize that the methodological tools of the study, such as the Nursing Process, are essential to guide the care and documentation of professional practice.

With this analysis, it was possible to create a direction for the construction of the Nursing Process Implementation Protocol. During the seminars, strategies were discussed and sought to minimize weaknesses and strengthen positive points.

This protocol was based on Maslow's Theory of Basic Human Needs, presented by Wanda Horta <sup>9</sup>, which helps in the organization, understanding and analysis of data from hypertensive and diabetic patients. This favors decision-making for planning nursing interventions, predicting and enabling results and reviewing the Nursing Process.

During the discussion and construction of the protocol, practical situations emerged from the experience of the professionals involved, in addition to a clinical case that guided the development of the product. In this way, it was possible to identify nursing problems and diagnoses, reflecting on risk factors, socioeconomic conditions, previous illnesses, use of medications, skin and foot assessment, among other aspects relevant to the Basic Human Needs of people with hypertension and/or diabetes, associating them with possible interventions.

The Basic Human Needs used were those identified as having the greatest impact on the population studied, based on the assessment of the clinical case and the experience of the professionals involved, namely: psychobiological, psychosocial and psychospiritual.

Given its collective construction and the good adherence of the professionals during its development, we believe that the NP implementation protocol has a good chance of success. It can contribute significantly to improving the results of nursing care, increasing adherence to treatment and ensuring qualified and comprehensive care for people with hypertension and/or diabetes.

The constructed protocol can be found in the dissertation of the first author on

the website of the State University of Santa Cruz via the link: [http://www.uesc.br/cursos/pos\\_graduacao/mestrado/ppgenf/index.php?item=conteudo\\_dissertacoes.php](http://www.uesc.br/cursos/pos_graduacao/mestrado/ppgenf/index.php?item=conteudo_dissertacoes.php).

## CONCLUSION

The study aimed to create a protocol to implement the Nursing Process in consultations with hypertensive and diabetic patients in the Primary Health Care of Eunápolis. In this sense, a diagnosis was made on the knowledge of nurses about the Systematization of Nursing Care (SNC) and the Nursing Process (NP), identifying difficulties and perceptions of these professionals on the subject. The research revealed that the Nursing Process is little used in PHC, with superficial knowledge and unsystematic use by nurses, who often confuse the SNC with the NP and see the instruments as bureaucratic. Despite this, they recognize the importance of the Nursing Consultation for patients with hypertension and diabetes, valuing it as a space for reception and guidance.

The challenges identified include limited knowledge about the Nursing Process, difficulty in reconciling administrative demands with detailed consultations, and lack of understanding about the mandatory nature of the tools. Although the implementation of the NP faces obstacles, it also offers several potentialities, such as the organization of the work process and clinical reasoning based on a theoretical framework, resulting in a more scientific practice and professional appreciation.

These results indicated that the implementation of the Nursing Process in Primary Health Care is challenging, due to the limiting factors identified in the research. However, it is essential to raise awareness among professionals about the need to implement and use the instruments, not only to comply with resolutions and regulations, but also as technologies that promote the scientific nature of professional practice.

Thus, this protocol was developed with the objective of organizing and qualifying nursing care. It serves as a guiding instru-

ment that provides scientific basis, assisting in clinical reasoning, decision-making and the development of therapeutic plans for people with hypertension and diabetes.

To achieve the objectives of the study, the action research methodology was essential, as it allowed the integration of scientific basis with practice. The research, based on the observations and contributions of the researcher and participants, generated significant reflections on the Nursing Process for hypertensive and diabetic patients, encouraging interest in changes in the work.

Given the results obtained and the dynamics of the research, it is recommended that the topic be included in nursing training courses, in addition to ongoing training and education for nursing professionals. This aims to improve knowledge, critical thinking and skills in the use of the Nursing Process.

In addition, the validation and implementation of the proposed protocol are crucial steps to improve care for patients with hypertension and diabetes, as well as to promote new organizational and care practices. It is also important for services to provide means for the NP to be implemented, resulting in qualified care.

Finally, it is worth mentioning a limitation of this study: the failure to assess the impact of implementing the Nursing Process Protocol. Although this assessment is essential, it was not included in the scope of the study due to time constraints. However, the protocol will be implemented and used by nursing professionals in the municipality studied and will certainly be improved over time, generating a positive impact on care for the target audience.

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