

THE NURSING BASED ON EVIDENCE SUPPORTING THE CONSTRUCTION OF THE HISTORY OF NURSING: A BIBLIOGRAPHIC SEARCH¹

Danilo Marcelo Araujo dos Santos*
Francisca Georgina Macedo de Sousa**
Mirtes Valéria Sarmiento Paiva***
Adriana Torres Santos****
Jaynara Menezes Sousa Pinheiro*****

ABSTRACT

The History of Nursing directs the planning of the other phases of the Nursing Process, so its construction should be based on scientific evidence which led to the formulation of the following research question: what is the Brazilian scientific production on History of Nursing you can to base the construction of this instrument for the care of children / adolescents in the context of pediatric intensive care? Objective of the research was to identify and describe scientific evidence for the construction of Nursing History to support care in pediatric intensive care at a university hospital in northeastern Brazil. This is literature on integrative mode. We identified 14 scientific evidence, which provided the basis for construction of Nursing History and contributed to density of knowledge, expanding possibilities available to the nursing service an instrument to suit the sector's specificities and the care process reducing the failure possibilities the implementation of the Nursing Process.

Keywords: Nursing. Childcare. Intensive care units..

INTRODUCTION

Nursing history (HE) is the first phase of the nursing process (PE) and this is an investigation where it assesses the health of human beings. From a screenplay systematized, the nurse seeks to obtain meaningful data allowing identification of problems, the patient's perceptions and expectations that require nursing care^(1,2).

The application of the HE takes time, work, knowledge and skills to carry out research that linked to physical examination designed to gather data essential to the proof or not of diagnostic hypotheses^(1,3,4).

In this way, the responsibility of caring in nursing requires that decisions about proposed interventions be based on the assessment of the State of health of the individual⁽⁵⁾. With the use of HE, the nurse analyzes the characteristics and

relevant information for each patient in order to correctly identify nursing problems and carry out clinical trial to the search of solutions⁽⁶⁾.

Thus, the collection of accurate and reliable data is essential for the identification of actual or potential patient problems and in this way build inferences those subsidiaries the construction of nursing diagnoses and the targeting of the remaining stages of the PE. Otherwise, all that careful methodology can be affected, and fail to meet needs identified by the inadequate use of the historical^(2,4).

This assertive, coupled with the importance of developing critical to secure decisions, States that the construction of the HE must be grounded in scientific evidence. So, question: what is the Brazilian scientific production on the history of nursing that can support the construction of this instrument for the care the child/teenager in the context of intensive

¹Manuscript is part of the master's thesis defended by the graduate program in nursing at Universidade Federal do Maranhão (UFMA), linked to the research project "Systematization of nursing care in Pediatric intensive care unit: a Convergent Healthcare Research", developed by the group for study and research on the health of the family, the child and adolescent (GEPSFCA) with financial support of CNPq.

*Nurse, master in nursing. Member of the GEPSFCA. Caring nurse at the University Hospital at UFMA. São Luis, Maranhão, Brazil. Email: danilomasantos@hotmail.com

**Nurse, doctor, nursing Professor at UFMA, Coordinator of the research project and GEPSFCA leader. São Luis, Maranhão, Brazil. Email: fgeorginasousa@hotmail.com

***Student of undergraduate degree in nursing at UFMA, Undergraduate Research Scholar-CNPq, Member of the GEPSFCA. São Luis, Maranhão, Brazil. Email: valeria_paiva_10@hotmail.com

****Student of undergraduate degree in nursing at UFMA, Undergraduate Research Scholar-CNPq, Member of the GEPSFCA. São Luis, Maranhão, Brazil. Email: drianatorres@hotmail.com

*****Nurse, Academic Master's degree Student in nursing at UFMA, Member of the GEPSFCA. São Luis, Maranhão, Brazil. Email: enf_jaynara@yahoo.com.br

Pediatric therapy?

The need for organization and documentation of nursing care in the Pediatric ICU stimulates the use of PE based on principles that guide the rules of knowledge and skills of nurses in promoting efficient and qualified care. Were the propositions that motivated and mobilized to carry out the search? The relevance of the study rests on the assertion that the construction of the HE based on scientific evidence will enable the interrelationship of the various stages of the PE and will fund the decision-making of nurses to achieve the goals of nursing care^(7,8).

The conduct of the research guided by the following goal: identify and describe scientific evidence for construction of nursing history to support the care in pediatric intensive care unit of a university hospital in northeastern Brazil

METHODOLOGY

It is evidence-based research with the use of the bibliographical research related to nursing history theme. The search for scientific evidence was supported by evidence-based Nursing (EBE), which consists of the application of valid, relevant information, obtained in reliable scientific research that allow you to select appropriate therapy in healthcare⁽⁹⁾. For the survey of the evidence integrative bibliographical search performed, since this mode provides the synthesis of knowledge of relevant research, allowing the incorporation in clinical practice⁽¹⁰⁾. The development of an integrative review should adopt steps that present methodological rigor in search of evidence, determining the current knowledge about a specific theme, as it conducted in order to identify, analyze and synthesize results of independent studies on the same subject, contributing to a possible repercussion on quality of care. Considering the accuracy of the method, the bibliographical research developed in six phases as described below:

In the **first phase** was the guiding question and set which studies would be included, the means adopted for identification and the information to be collected. The guiding question was what are the best evidence to support the preparation of nursing history to the process of nursing care in Pediatric ICU?

In the **second phase** were defined the bases for electronic searching or sampling in the literature. Sampling of the following sources: LILACS (Latin American literature and the Caribbean Health Sciences), MEDLINE (Medical Literature Analysis and Retrieval System Online), CEPEn (catalogue of theses and dissertations from the Centre for studies and research in nursing) and the theses and dissertations of CAPES, supplemented by manual search in periodicals, texts and books published. To search the electronic bases were used the following keywords: nursing process, Systematization of nursing care and Nursing history; and the following inclusion criteria: texts/articles in Portuguese, English and Spanish, published in full and with temporal of years 2000 to 2012, as well as the dissertations and theses. As for the books, there was no timeframe. This phase developed in the period of seven months (July to January 13/14).

The search in the databases LILACS, MEDLINE and the Bank of theses and dissertations of the CAPES carried out using the keywords. The following could not be CEPEn this methodology because this base organizes its contents for volumes per year and does not have the tool to search with keywords. Thus, the best strategy was to perform the download of the volumes between the years 2000 to 2012 and then proceed to read the titles and summaries of publications. The productions that have relationship with the search criteria organized in the worksheet Excel. After this process, the theses and dissertations were located through the e-mail address available at the end of the summary or directly in the electronic search systems internet.

CEPEn 5,509 identified in summaries in the timeframe set in the research, of which there were 4,158 Dissertations and Theses 1,351. Of this total, 75 productions presented their titles or abstracts with the keywords defined for the search. However, the nursing history theme was on the contents of some of the publications or have not been located in full, which resulted in the exclusion of 20 productions. Were subjected to analysis by means of data collection form built for this purpose a sample of 55 publications obtained CEPEn, being 41 Dissertations and Theses 14. After this process were still excluded

44 publications although the thematic approach did not present any evidence for the construction of nursing history. That way the *corpus* was set in 11 productions (two theses nine Dissertations).

The Bank of theses and dissertations of the CAPES were located 495 productions, being 401 dissertations and Theses 94. Considering the productions according to the keywords they were as follows: Systematization of nursing care: 153 productions; Nursing history: 155; Nursing process: 187. After reading the titles and abstracts of these productions, the number was set at 21 productions being 17 Dissertations and Theses 05. Of this total were located in full, 09 productions (08 01 Thesis and Dissertations). To accomplish the consolidation of selected productions in CAPES and CEPEn were identified two productions. Considering the two databases the *corpus* of research defined by 12 Dissertations and three Theses.

In LILACS 3,739 identified of which 291 were productions with the Systematization of nursing care, 302 with Nursing and 3,146 history with the nursing process. To the Constitution of the *corpus* of research conducted to measure the titles and abstracts of these productions. These process 137 articles selected whose abstracts has been copied and arranged in the worksheet Excel. In this stage, were identified 59 articles doubled or tripled, i.e. selected when used two or three of the keywords. After the deletion of the same number of articles reduced to 78. The next stage consisted in the location of publications in full condition that resulted in 52 articles. These articles were finally the *corpus* of LILACS and submitted to analysis. After the analytical procedures, four showed evidence for the construction of the HE.

Based on MEDLINE were identified 4,026 publications, distributed between the keywords as follows: Systematization of the 31 nursing care. History of Nursing and nursing process 3,960 35 articles. Using the criteria of the *corpus* analysis on this basis was set at 35 articles, however, five repeated articles have deleted because they had caught with more than one keyword, and the number reduced to 30 articles. Of that number, seven items were not located in their entirety and the *corpus* delimited in 23 articles, which submitted to analysis. This

process identified four productions with evidence for the construction of the HE.

When you perform consolidation and intersection of items composed the *corpus* of the search in the databases LILACS and MEDLINE there was a duplicate article after deleting the same was set in seven articles. Graphically this process represented in Figure 1.

When the location of articles guided by electronic search identified six more articles that were not initially in LILACS or MEDLINE. These productions entered as *corpus*, however, evidence found for the construction of the HE in only two of them. Emphasizes that this issue can occur in literature search when the authors of the articles does not insert properly the descriptors in health as their concepts and adherence to the text or by the dynamic process of inclusion of new productions in these databases.

The strategy by manual search used in the identification and location of books in libraries of institutions of higher education being a public and other private and personal collection of researchers. Were located 14 books and in five of them had evidence for the construction of the HE.

The **third phase** it was characterized by the collection of data directly into the *corpus* of the productions are identified and located by bibliographical research. To guide the data collection instrument used, designed specifically for this purpose. This instrument intended to ensure that all the relevant data of the selected productions extracted and ensure the accuracy of the information, in addition to serving as a record source. For organizing and compiling of data and scientific evidence for the construction of the HE 159 were filled instruments.

The **fourth stage** critical analysis and synthesis of understood included studies, condition that demanded organized approach to achieve the accuracy and the characteristics of each production located. Both the analysis as the synthesis were performed in descriptive form enabling observe, count, describe and sort the data, with the intent to gather the knowledge produced on the subject. Had as purpose the Organization and reduction of data to allow the description of the evidence.

We present in table 1-sample references of scientific productions included in the study, according to the following encoding: the (article),

D (dissertation), L (book) and T (thesis), followed by numerical order. To enable searching of the

productions, present the title, the year of publication and the journal/publisher/University.

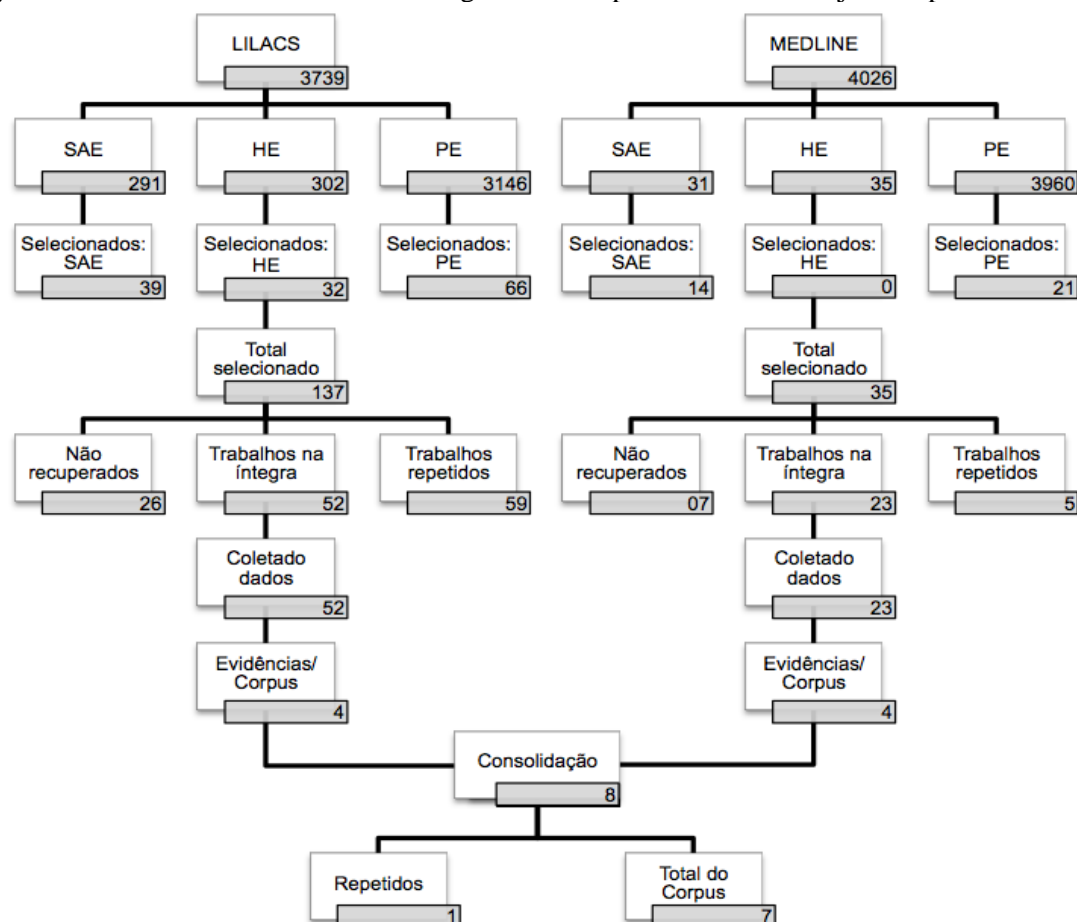


Figure 1. Process of identifying and locating scientific productions in LILACS and MEDLINE, and consolidation of the *corpus*

On **fifth phase** held the discussion of results from the Group and organization of data in scientific evidence for the construction of the HE. At this stage, the findings were highlighted productions that were part of the sampling and inferences of the researchers.

The presentation of integrative review was the **sixth stage** of the research conducted from descriptive texts clearly and completely, to value the relevant information and detailed on the HE.

Table 1. Scientific productions presented and psychic visionfor scientific construction of HO.

A01 – SAE implementation analysis, according to the conceptual model of Horta. 2005. Rev. Bras. Nurses.
A02 – Proposal for an instrument for data collection in an ICU nursing based in Horta. 2006. Electronic Rev of Nurses.
A03 – Systematization of nursing care in rehabilitation Unit according to the conceptual model of Horta. 2006. Rev Bras Nurses
A04 – Elaboration of an instrument of nursing care in the Dialysis Unit. 2008. Minutes Paul. Nurses.
A05 – Development of an instrument for critical patient data collection: Nursing history. 2012. Rev. Bras. UERJ.
A06 – SAE: subsidies for deployment. 2006. Rev Bras Nurses.

- A07 – Systematization of nursing care: implementation in an intensive care unit. 2012. Rev. Rene.
- A08 – Construction and content validation of data collection instrument in neonatal unit. 2009. Rev. Rene.
- D01 – Information technology contributions to the implementation of systematization of nursing care [Dissertation]. 2006. Foundation Federal University of Rio Grande.
- D02 – Construction and clinical testing of instrument of data collection for the elderly admitted to a teaching hospital [Dissertation]. 2006. Federal University of Rio Grande.
- D03 – Construction and validation of an instrument of data collection for newborns admitted to the neonatal intensive care Unit at the University Hospital Lauro Wanderley [Dissertation]. 2007. Universidade Federal da Paraíba.
- D04 – Construction and validation of a data collection instrument for adult clients in surgical unit [Dissertation]. 2007. Universidade Federal da Paraíba.
- D05 – Construction and validation of an instrument of systematization of nursing care for hospitalized adolescents [Thesis]. 2008. The Federal University of Paraíba.
- D06 – ICU nursing process: requirements analysis for the structuring of a computerized model [Dissertation]. 2008. Universidade Federal do Paraná.
- D07 – Proposal of nursing process in Intensive care unit postoperative Cardiac. [Dissertation]. 2008. Universidade Federal do Rio Grande.
- D08 – Construction and validation of an instrument of data collection for newborns assisted in nursery [Dissertation]. 2009. Universidade Federal da Paraíba.
- D09 – Proposal for inpatient obstetric nursing process: histories, diagnoses and nursing care in the light of reasoned Garden in NANDA [Dissertation]. 2012. Universidade Federal do Rio Grande.
- D10 – Implementation of systematization of nursing care in an institution of long permanence. [Dissertation]. 2008. PUC-SP.
- D11 – Evaluation of the implementation of the methodology of nursing care in a cardiac emergency unit [Dissertation]. 2004. Universidade Federal da Bahia.
- D12 – Systematization of nursing care: an analysis of implementation. [Dissertation]. 2007. Universidade Federal do Paraná.
- L01 – Systematization of nursing care: practical guide. 2010. Dolidae.
- L02 – Nursing process. 2011. Dolidae.
- L03 – Systematization of nursing care: theoretical considerations and applicability. 2013. Martinari.
- L04 – Nursing Diagnosis Manual. 2011. New Haven.
- L05 – Application of the nursing process: a tool for critical thinking. 2010. New Haven.
- T01 – Construction and evaluation of the applicability of a software with the nursing process in an adult intensive care unit [Thesis]. 2012. Universidade Federal de Minas Gerais.
- T02 – Redefines the quality management and the enhancement of professional care: deployment and implementation of systematization of nursing care [Thesis]. 2009. Universidade Federal do Rio de Janeiro.
- T03 – SAE in rehabilitation service psychiatric psychosocial [Thesis]. 2004. University of Sao Paulo.

RESULTS AND DISCUSSION

Considering all of the search strategies the *corpus* of this research consisted of 28 scientific productions presented evidence for the construction of the HE as follows: 3

Theses; 12 Dissertations; 8 articles and 5 Books. The process of analysis emerged 14 evidence for the construction of the HE described below:

The **evidence 1** points to the need for the HE when based on basic human Needs theory should contemplate the dimensions: Psicobiológicas, psychosocial and Psicoespirituais as defined by the theoretical (A01; A02; A03; A04; A05; D01; D02; D03; D04; D05; D06; D07; D08; D09; D12; L01; L02; L03; T01). The evidence did not identify that the HE should be based in Horta, but to be the benchmark the HE must contemplate all its dimensions. Argues that this theory configured as appropriate for the basement of HE child/teenager in the context of intensive therapy, for its holistic, systematic and hierarchical character, which considers the human being in all its requirements, fleeing the disease-centered model.

The **scientific evidence 2** explains the importance of using a theoretical framework of the nursing support PE, which gives support and direction to the practice of care and allows the SAE coherently (A06; A07; D02; D03; D04; D06; D07; D08; D09; D10; D12; L01; L02; L03; L04; L05; T01; T02). The theoretical referential with their concepts, assumptions and statements that demarcates the guidelines to be followed by the nurses in their practices of assistance⁽¹¹⁾. The choice of theoretical model must take into account the philosophy of service, as well as the context in which the nursing service inserted and should provide guidance to the Organization and interpretation of the information to be collected⁽¹²⁾.

Adapt the instrument to the context of the practice is the **third evidence**, demonstrating the importance of HE portray the institutional culture, the profile of the clientele and the needs arising from the problems commonly found in service^(13,3) (A03; A05; A08; D04; D07; D09; D12; L01; L03; L05; T02; T03).

The **fourth evidence** is represented by some features of HO, how to be clear, concise, objective and without repetitions, and use standardized language to facilitate communication and to prevent the construction of an instrument too long (A02; A04; A05;

D02; D06; D07; D08; D10; L02; L03; L05). The extension of the HE can lead the nurses taking anything away from its use for considering the instrument requires a long time to be implemented and for reporting difficulties related to workload and insufficient number of professionals for patient demand and unit activities. However, it is important to emphasize that in an attempt not make long the HE institutions, nurses have an instrument that does not cover all the needs defined in theory or that leaves voids that compromise the quality and density of information.

The **fifth evidence** points to the need of the HE be structured beginning with generic information such as the patient's identification data, followed by the previous medical history and history of present illness (A02; A04; D02; D03; D04; D05; D06; L02; L03).

The **evidence six** refers to the adoption of the checklist format in the structuring of the HE (A02; A05; A07; D06; D08; D11; L03; L04). The use of this format made possible the rapid and accurate knowledge about the State of health of the individual⁽¹⁴⁾, in addition to being more practical and easy data logging and widely accepted by the nurses.

The **seventh evidence** confirms the importance of the definition and the theoretical knowledge that sustains the nursing process (A01; A03; A06; D09; D12; L03). In this regard, it recalled that for the nurse guide your care practice, planning its assistance from a theory, it is essential that he get to know and understand the elements that compose it⁽¹³⁾.

Although the format check list has pointed out on the evidence six as the most suitable and accepted by nurses, the **eighth evidence** is that it is necessary to make available the instrument open spaces for additional information as therecord of complications, observations and impressions of the nurse and other relevant data (D02; D03; D05; D06; D11). On this site are logged the data problems or situations that have not been referred to in other items of the instrument.

The **ninth evidence** points out that the HE is individual and, therefore, should include the information that could guide the nurse in making decisions for the immediate realization of individualized care⁽²⁾ (D08; D10; D12; L02;

T03). This condition determines that each service has a HO. However, it believed that the HE model of Pediatric ICU can serve as a formal structure for other services, but increased their specificities.

On the construction of PE instruments, as **evidence 10** expresses, it is necessary to break with the prevailing paradigms as the reductionist vision of the human being, linked to the use of biomedical and epidemiological risk model by adjusting the instruments to the practice of nursing and favoring the scope of professional autonomy of nurses⁽¹⁵⁾ (A01; D01; D02; T02). Adapt the HE from that evidence was not easy, because the context in which the research developed is expressed with professional technical and technological dimension that stress and sickness procedures. Expanded attention to this evidence, in order to meet both the medical condition of the child/adolescent, who despite severely ill, must be understood as beings in dynamic process of growth and development, together with nursing care assumptions based on human being's uniqueness and individuality, entering the family as the unit of nursing care in ICU.

The **11 evidence** reveals the importance of the items HE contemplate data from physical examination, including vital signs, provided the cephalus-podalic and in every need set the theory of Horta (A02; A05; L03). Insert spaces into the registry of the complementary examinations was set as an important resource to observe in the construction of HE.

In **evidence 12** is recommended the use of scales for the assessment of the level of consciousness and sedation, suggesting respectively using the Glasgow coma scale and Ramsay⁽³⁾ (A02; A05). However, in ICU, where most individuals are tubed would be more appropriate to use the Ramsay scale, because the assessment by GCs would be undermined, particularly with respect to the verbal response. It is necessary to include the Braden scale, which makes it possible to assess the health of mucous cutaneous individual bed, because this condition suggests higher risk in the development of pressure ulcers⁽²⁾. This data must considered in planning nursing care from admission, because pressure ulcers represent in contemporary times adverse event or care a

complication resulting from the careless of the nursing staff.

The **evidence 13** guides the inclusion of items in HE who behold the therapeutic support devices used by the individual to experience the health-disease process, as for example, probes, tubes, catheters and drains (D06). This condition allows the nurse, in addition to the aspects of care planning, support to nursing records, for the definition of the diagnoses and prescription of care.

The **14 evidence** encourages our attention alerting you to the construction of the nursing process instruments should be considered the contributions of the team responsible for the practice of care and for the deployment/SAE implementation, so that those instruments may be applicable in clinical practice (A02).

After the identification of the scientific evidence in the bibliographical productions of nursing has started the process of preparing the instrument HE to HUUFMA Pediatric ICU, through the formulation of and topical items based on basic human Needs theory of Wanda, the dimensions, psychosocial and psicobiológicas psicoespirituais.

FINAL CONSIDERATIONS

The responsibility of caring in nursing requires that decisions about proposed interventions based on a thorough data collection process so that the information is relevant and targeted conditions and individual needs of the client. In this way, the nurse will have greater security to make decisions, because it uses instruments that helps systematize and organize the assistance generating benefits for professionals, clients and institution. Aware that the history of nursing, as a tool for data collection, must be built according to the specifics of the service and of the customers, sought in Brazilian literature the best evidence to guide this process. In possession of the evidence was started the collective discussion and construction of Nursing history items. Thus, evolves into knowledge and scientific density, increasing the possibilities of making available to the nursing service an instrument that fits both the specificities of the sector and the

health care process, reducing the possibilities of failure in the deployment of the nursing process. Therefore, the evidence-based

knowledge propels the development of science and support to professional nursing.

A ENFERMAGEM BASEADA EM EVIDÊNCIAS APOIANDO A CONSTRUÇÃO DO HISTÓRICO DE ENFERMAGEM: UMA PESQUISA BIBLIOGRÁFICA

RESUMO

O Histórico de Enfermagem direciona o planejamento das demais etapas do Processo de Enfermagem, por isso sua construção deve estar fundamentada em evidências científicas o que motivou a formulação da seguinte pergunta de pesquisa: qual a produção científica brasileira relativa ao Histórico de Enfermagem que possa embasar a construção desse instrumento para o cuidado à criança/adolescente no contexto da terapia intensiva pediátrica? Foi objetivo da pesquisa: identificar e descrever evidências científicas para construção do Histórico de Enfermagem para apoiar o cuidado em terapia intensiva pediátrica de um hospital universitário do nordeste brasileiro. Trata-se de pesquisa bibliográfica na modalidade integrativa. Foram identificadas 14 evidências científicas, as quais embasaram a construção do Histórico de Enfermagem que contribuíram para densidade do conhecimento, ampliando possibilidades de disponibilizar para o serviço de enfermagem um instrumento que se adequa às especificidades do setor e ao processo de cuidado, reduzindo possibilidades de insucesso na implantação do Processo de Enfermagem.

Palavras-chave: Enfermagem. Cuidado da criança. Unidades de terapia intensiva.

LA ENFERMERÍA BASADA EN EVIDENCIAS APOYANDO LA CONSTRUCCIÓN DEL HISTÓRICO DE ENFERMERÍA: UNA INVESTIGACIÓN BIBLIOGRÁFICA

RESUMEN

El Histórico de Enfermería dirige a la planificación de las demás fases del Proceso de Enfermería, por ello que su construcción debe basarse en evidencias científicas lo que condujo a la formulación de la siguiente pregunta de investigación: ¿cuál es la producción científica brasileña relativa al Histórico de Enfermería que pueda respaldar la construcción de este instrumento para el cuidado al niño/adolescente en el contexto de cuidados intensivos pediátricos? El objetivo de la investigación fue: identificar y describir evidencias científicas para la construcción del Histórico de Enfermería para apoyar la atención en cuidados intensivos pediátricos de un hospital universitario en el noreste de Brasil. Se trata de una investigación bibliográfica en la modalidad integradora. Se identificaron 14 evidencias científicas, las cuales respaldaron la construcción del Histórico de Enfermería que contribuyeron para la densidad del conocimiento, ampliando posibilidades de disponer para el servicio de enfermería un instrumento que se adapte a las especificidades del sector y al proceso de atención, reduciendo las posibilidades de fallo en la aplicación del Proceso de Enfermería.

Palabras clave: Enfermería. Cuidado al niño. Unidades de cuidados intensivos.

REFERENCES

1. Meireles AB, Oliveira G, Lopes MM, Silva JCF. O conhecimento dos enfermeiros sobre a sistematização da assistência de enfermagem. *Ensaio Cienc: Biol Agrar Saúde*. 2015; 16(1):69-82.
2. Horta WA. *Processo de enfermagem*. Rio de Janeiro: Guanabara Koogan; 2011.
3. Silva RS, Ribeiro AG, Marinho CMS, Carvalho IS, Ribeiro R. Elaboração de um instrumento para coleta de dados de paciente crítico: histórico de enfermagem. *Rev Enferm UERJ*. 2012 abr-jun;20(2):267-73.
4. Bittencourt GKGD, Crossetti MGO. Habilidades de pensamento crítico no processo diagnóstico em enfermagem. *Rev Esc Enferm USP*. 2013; 47(2):341-7.
5. Silva EP, Alves AR, Macedo ARM, Bezerra RMSB, Almeida PC, Chaves EMC. Diagnósticos de enfermagem relacionados à amamentação em unidade de alojamento conjunto. *Rev Bras Enferm*. 2013; 66(2):190-5.
6. Santos DFV, Silva LDG, Reis LM, Tacla MTGM, Ferrari RAP. Aplicação da teoria de Abdellah no histórico de enfermagem em pediatria: relato de experiência. *Cienc Cuid Saúde*. 2011; 10(2):353-8.
7. Santos DMA. Sistematização da Assistência de Enfermagem na Unidade de Terapia Intensiva Pediátrica: enfrentando desafios e tecendo novos arranjos [dissertação]. São Luís (MA): Universidade Federal do Maranhão; 2014.
8. Silva AF, Nóbrega MML, Souto CMRM. Instrumento para documentação de processo de enfermagem no período pós-parto. *Cienc Cuid Saúde*. 2015; 14(3):1385-93.
9. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto Contexto Enferm*. 2008;17(4): 758-64.
10. Ribeiro RP, Martins JT, Marziale MHP, Robazzi MLCC. O adoecer pelo trabalho na enfermagem: uma revisão integrativa. *Rev Esc Enferm USP*. 2012;46(2):495-504.
11. Leite MCA, Medeiros AL, Nóbrega MML, Fernandes MGM. Assistência de enfermagem a uma puérpera utilizando a Teoria de Horta e a CIPE®. *Rev Rene*. 2013; 14(1):199-208.
12. Tannure MC. Construção e avaliação da aplicabilidade de um software com o processo de Enfermagem em uma unidade de terapia intensiva de adultos [tese]. Belo Horizonte (MG): Universidade Federal de Minas Gerais; 2012.

13. Chaves LD, Solai CA. Sistematização da Assistência de Enfermagem: considerações teóricas e aplicabilidade. 2ª ed. São Paulo: Martinari; 2013.

14. Oliveira APC, Coelho MEAA, Almeida VCF, Lisboa KWSC, Macêdo ALS. Sistematização da assistência de

enfermagem: implementação em uma unidade de terapia intensiva. Rev Rene. 2012;13(3):601-12.

15. Santos FOF, Montezeli JH, Peres AM. Autonomia profissional e sistematização da assistência de enfermagem: percepção de enfermeiros. Reme: Rev Min Enferm. 2012; 16(2): 251-7.

Corresponding author: Danilo Marcelo Araujo dos Santos. Endereço Completo: Av. Dep. Luís Eduardo Magalhães, Condomínio Jardim de Provence, Torre Resedá Ap. 304, Bairro Calhau, CEP 65.071-415, São Luís, Maranhão, Brasil. Telefone: (98) 99108 2709; e-mail: danilomasantos@hotmail.com; danilo.santos@huufma.br.

Submitted: 02/02/2015

Accepted: 18/10/2016