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## **INSTRUMENT FOR NURSING CONSULTING OF HYPERTENSIVE PATIENTS IN FAMILY HEALTH: A METHODOLOGICAL STUDY**

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### **ABSTRACT**

**Objective:** To elaborate an instrument when visiting families of hypertensive patients that are subject to Health Family Strategies, based on Horta's Basic Human Needs Theory. **Method:** Methodological scientific study, performed in Family Health Units, developed in five stages: identification of empiric indicators; structuring of the instrument; development and validation of the affirmatives of diagnosis/results and nursing interventions; accreditation of the content of the instrument; and application of the instrument to verify the practical operations. **Result:** Final version of an instrument viable to be used with hypertensive patients, with the content of past nursing procedures and the planning of future nursing assistance plan, added with the identification of diagnosis/results and nursing interventions, and some space to deliver the needed assistance. It is expected that the instrument provides better quality to the assistance and a valuation of the role of the nurse within the institutions, as well as a more efficient, more autonomous and scientific to the profession.

**Describers:** Nursing; Appointment; Hypertension.

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## INTRODUCTION

The Brazilian health system has gone through an evolutionary path that went through several models. The traditional model has as the focus of the disease and technical care given to spontaneous needs, which often results in actions less continuous and more distant from an integral approach, whereas the current model is focused on prevention, promotion and restoration of health.

Family Health is understood as a strategy for reorienting the care model, performed through the implementation of multidisciplinary teams in primary care units. These teams are responsible for monitoring a number of families, about three thousand to forty-five hundred individuals or families of a certain area located in a defined geographical space. Working in health promotion, prevention and recovery from illness and most common diseases and health maintenance of this community. The teams are composed at least by a family doctor, a nurse, a nursing assistant and six community health agents. When enlarged, there is also a dentist, a dental assistant and a dental hygienist<sup>(1)</sup>.

The responsibility for monitoring of families induces Family Health Teams to recognize the need to go beyond the classically defined limits for primary care in Brazil, especially in the context of the Unified Health System (SUS, in Portuguese)<sup>(2)</sup>. The Nursing professional is inserted working in activities such as education, planning, organization and evaluation of health actions, nursing appointments, among others<sup>(3)</sup>.

In Brazil, the nursing consultation comes in frank expansion, and nowadays, the answer to the nurse's social commitment strengthened and supported by Law 7498/86, Article 8, Paragraph I of the Decree 94406/87, which claims to be the prerogative of nurse. Nursing has sufficient scientific support in the task to educate and enlighten the individual, the family and the community, improving the focus on population, with regard to prevention and treatment of diseases. Such activity must be entered in the daily life of nurses. It is one of the tasks of greater importance for the Family Health nurses. Through it takes to solving assistance to the user and brings home a professional character and defines the competence of the nurse, yet it was not fully implemented in public and

private institutions it was neither understood nor valued as an important activity in prevention, promotion and rehabilitation of population health<sup>(2)</sup>.

The role of nurses in programs to control chronic diseases is of paramount importance, for their vision and practical proposals for global non-pharmacological and pharmacological approach, besides its participation in virtually every moment of the contact of patients with the health unit. Ensures quality of care, streamlining the service and ensuring greater intensity of action for cases identified as a risk group

Arterial Hypertension (AH) is an important risk factor for developing cardiovascular disease, counting for 30% of deaths from coronary artery disease. Thirty-five (35%) of the population over age 40 have hypertension. This is more common in blacks than in white men that in women, after age 55 affects men and women equally. A study by the Brazilian Ministry of Health points out a drop from 20.5% in deaths from cardiovascular disease in the period from 1990 to 2006. The reduction was observed in the population between 20 and 74 years old in South and Southeast regions, while the Northeast had an increase in the same period<sup>(4)</sup>.

The Brazilian Ministry of Health (MS, in Portuguese) has implemented a strategic reorganization of the attention given to the Hypertensions and Diabetes Mellitus – the HIPERDIA program, which aims to equip and encourage the professionals involved in primary care to promote collective measures for primary prevention, focusing on the factors that influence cardiovascular and diabetes risk, detection, control and linkage of hypertension and diabetes in the primary healthcare; recognition of situations where the patient requires more complex care, identification of complications of hypertension and diabetes mellitus, making it possible the rehabilitation of psychological, physical and social carriers of these diseases<sup>(5)</sup>.

In the face of experience as a nurse for 10 years at the Family Health team (FHT), it was possible to detect some problems in nursing appointments to hypertensive patients, such as failure to identify some needs, lack of joint assessment of the client's responses to a problem identified, actions taken in isolation, lack of a script that would allow a way to take care of an organized, planned and above all, that met the bio-psycho-socio-spiritual

needs in affected hypertensive patients. In view of the problem, it recognizes the need to start the process of implementing the Specialized Assistance Service (SAE) at the Family Health Units (USF, in Portuguese) in the municipality of Cabedelo, by the construction of an instrument for nursing consultation that meets the needs of hypertensive patients assisted in those units.

Due to its high prevalence and serious repercussions that can cause hypertension, it is essential to conduct a research so that the knowledge generated can be applied in nursing care, improving the quality of life of hypertensive patients<sup>(6)</sup>. The practice of nursing when transcending the use of diagnoses can help to define and improve the profession and leads it to improve the attention given to the patients<sup>(7)</sup>.

In search of a model care that best meets the needs of the hypertensive patients, this present study aimed to construct and validate an instrument for nursing consultations to hypertensive individuals seen at Family Health Units.

## **METHOD**

This is a methodological study, that consists in a research referring to the investigation of acquiring methods, organization and data analysis, discoursing about the elaboration, validation and evaluation of instruments and research techniques, aiming to construct an instrument which must be reliable, precise and useful to be used by other researchers<sup>(8)</sup>.

The execution of this research complied with the previous step of appraisal by the Ethics in Research Committee of College Hospital Lauro Wanderley, of Paraíba Federal University – Campus I, in accordance to the ethic aspects detailed by the Resolution 196/96 of Brazilian National Health Council<sup>(9)</sup>, received the favorable notion #097/2010. The Resolution 311/2007 from the Brazilian Federal Nursing Board was also observed.

For the organization of this study, five steps were considered: 1) Identification of empirical indicators, 2) Structuring the instrument, 3) Development and validation of

affirmatives of diagnosis/results and interventions of nursing, 4) Validation of the content, and 5) Operationalization of the instrument of nursing consultation.

The identification of empiric indicators here understood as manifestations, observed or measured, of basic human needs affected in the hypertensive client, was done based on the terminology identified within the nursing literature, where all these manifestations were taken from, when they were affecting or not these hypertensive patients. There was also an analysis of 53 medical records of hypertensive assisted patients for the identification of necessity manifestations. After this identification it was specified the quantitative of empirical indicators by necessity.

On the second stage it was initially performed a research in literature, using as database articles published in journals during the period of January 2005 and September 2009 and located by electronic search at the Virtual Library in Health (BVS, in Portuguese), at the SciELO (*Scientific Electronic Library Online*) database. The used descriptors were *nursing consulting*, *hypertension* and *family health*. 82 articles were found, and from those the repetitions were excluded, as well as those that were not written in Portuguese. After a skim reading of the articles, only 11 presented the concept of nursing consulting. From those, one article stated the construction of an instrument for the nursing consulting to hanseniasis carrier, but we were not able to identify any article related to the nursing consulting to the hypertensive patient. Furthermore, it was constructed an instrument using the indicators found in pertinent literature to the hypertensive clients and in the medical records referring to its psychobiological, psychosocial and psychospiritual dimensions.

Before the structuring of the instrument of nursing consulting to the assistant nurses that operate in the Strategy of Health in Family of the municipality of Cabedelo, Brazil, it was asked for them to participate in this study to indicate, among empirical indicators identified in literature and in medical records, if they agreed or not that the indicator was present in the instrument and if it would be within the adequate necessity. To perform as such, an instrument was designed and distributed to 18 nurses and all were filled and returned for evaluation.

After the evaluation of the nurses of Cabedelo's USFs about the empirical indicators identified in literature and in the 53 records describing the necessity of each hypertensive patient, it was possible to analyze the frequency for each item of the instrument. This phase has as an objective to verify the considered significant indicators, in other words, those that achieved an acceptance rate of above 50% and were included in the first version of the nursing consulting instrument. After the identification of the indicators considered significant for the nursing consulting to hypertensive patients attended at the USFs, the first version of the instrument was developed.

The third phase of the study was performed aiming to construct and validate the affirmatives of diagnosis/results and nursing interventions. Initially all indicators were mapped within the terms of ICNP<sup>®</sup> version 1.0, so it was possible to use the directives of the International Counsel of Nurses (ICN) to construct the affirmatives of diagnosis/results and nursing interventions. Using the relevant indicators and ICN criteria, the affirmatives of diagnosis/results and nursing interventions were constructed, organized and distributed among the basic human needs of Horta.

On the fourth phase the validation of the content, as well as the appearance of the instrument was done, which corresponded to the moment that the nurses of the USFs of Cabedelo, the population in research in this study, were invited to evaluate the instrument, giving propositions related to the content and format of presentation. In this phase, 18 nurses took part, who also were in the empirical indicators identification phase. 18 instruments were distributed and all were filled and returned. The instrument for validation of content was composed by 24 items, being all previously approved. Only the item that referred to necessity of nutrition had suggestions to add the variable overweight.

The fifth phase of the research named operationalization of the instrument was done over the clinical application with hypertensive patients aiming to verify the adequacy of the instrument in practice. The ethic aspects declared in the Resolution 196/96 of the Brazilian National Health Council were attended by the signature of the Free and Clear Consent Agreements by the hypertensive patient and his/her responsible.

## RESULTS

The instrument for nursing consulting of hypertensive patients, the object of this study, was developed based on the review of literature by the meaning of all necessities mentioned by Horta and the identification of the needs in the medical records of the hypertensive patients, which all signals and symptoms were highlighted that could directly influence these hypertensive patients. After approval by the Ethics Committee of the CHLW, these indicators were placed in an instrument that was given to a group of 18 nurses of the USFs of Cabedelo for analysis of empirical indicators with higher frequency of hypertensive patients during the nursing consulting in the USFs.

About the characteristics of the participants of the study, it was observed that the majority of the nurses in the USFs of Cabedelo, 50% of them, are between 31 and 40 years old, while 28% are between 41 and 50 years old. In relation to gender, 94.4% are females. Referring to the years of experience as a nurse, 28% had between 1 to 5 years of experience; 22% declared between 6 to 10 years and 11 to 15 years of experience; 44.4% of the nurses reported they had between 1 to 5 years of experience with adult patients. In relation to the level of education in Nursing, 94.4% of the nurses are specialists, and among those 77.7% specialized in Family Health, while the others are specialized in Collective Health (16.7%), and 5.6% have only bachelor's degree; none was found with a Master or PhD degree. All nurses perform care activities; however only one also teaches.

After evaluation of the nurses of the USFs of Cabedelo about the empirical indicators identified in literature and in the medical records based on each necessity of the hypertensive patient it was possible to establish the frequency for each item of the instrument. This phase had as an objective to verify the indicators considered significant, in other words, those that had acceptance rate above 50% and were included in the first, draft version of the instrument of nursing consulting. 287 empirical indicators were identified, 166 were identified in literature and 121 in medical records, and from those, 204 had frequency above 50%.



Using the relevant indicators and the criteria of ICN 35 affirmatives of nursing diagnosis and 99 affirmatives of nursing interventions were developed and distributed for the service of diagnosis of nursing by Basic Human Needs. Based on the empirical indicators obtained on the first phase of this study and the development of the affirmatives of diagnosis and of interventions, a second version of the Instrument of Nursing Consulting to the Hypertensive Patients served at the USFs, which was submitted to validation of content and design, by the nurses of the USFs of Cabedelo (Image 1 and 2).

**Image 1** – Instrument for Nursing Consulting for Hypertensive Patients served at the USFs – History of Nursing. João Pessoa, Brazil, 2010

### 1. Identification

Name: _____	Age: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status: _____ Date of Birth: ____/____/____
Education: _____	Religion: _____ Provenance: _____
Profession: _____	Occupation: _____
Address: _____	

### 2. Personal and family history


### 3. History of present illness / current complaint


### 4. Do you use medications? ( ) Yes ( ) No What?

--

### 5. Anthropometrics data and vital signs

T \_\_\_\_ °C   HR \_\_\_\_   R \_\_\_\_ min   BP \_\_\_\_ mmHg   P \_\_\_\_ bpm  
 Height \_\_\_\_ cm   Weight \_\_\_\_ Kg   WC \_\_\_\_ cm   BMI \_\_\_\_

### BASIC HUMAN NEEDS

#### Neurological Regulation

Level of consciousness: ☐conscious ☐unconscious ☐oriented ☐disoriented ☐sleepy  
 Coordination of movements: ☐yes ☐no ☐Progressive loss of concentration ☐Headache ☐Extremity tremors ☐Numbness or change any part of the body ☐Temporary loss of sensation ☐Reflexes decreased  
☐Paresthesia

#### Oxygenation

Breathing: ☐Eupnea ☐Bradypnea ☐Tachypnea ☐Dyspnea  
 Auscultation: ☐Rales crepantes ☐Snoring ☐Wheezing   Cough: ☐Yes ☐No Productive: ☐Yes ☐No  
☐Secretion ☐Cyanosis   Airway permeability: ☐Yes ☐No

#### Vascular Regulation

☐normotensive ☐hypotensive ☐hypertensive  
 Peripheral vascular network conditions: ☐impaired ☐preserved  
 Cardiovascular disease: ☐yes ☐no which? \_\_\_\_\_ Cerebrovascular disease: ☐yes ☐no which? \_\_\_\_\_

Peripheral perfusion: ☐ preserved ☐ reduced Characteristic of the peripheral pulse: ☐ full ☐ thready  
 Vascular obstruction: ☐ yes ☐ no which? \_\_\_\_\_  
 Attendance: ☐ varicose ☐ phlebitis ☐ edema. Location: \_\_\_\_\_

### Temperature Regulation

Skin temperature: ☐ normothermic ☐ hypothermic ☐ hyperthermic ☐ sweating

### Nutrition

Eating habits: \_\_\_\_\_ Presence of ☐ anorexia ☐ epigastric pain ☐ heartburn  
 Teething: ☐ complete ☐ incomplete Prosthesis: ☐ yes ☐ no  
 Somatic type: ☐ emaciated ☐ cachectic ☐ obese ☐ overweight  
 Abdomen: ☐ tympanic ☐ distended ☐ painful Fasting capillary glycemia \_\_\_\_ mg/dl

### Hydration and regulation hydrosaline and electrolytic

☐ Hydrated ☐ dehydrated ☐ muscle weakness ☐ cramps ☐ thirst  
 Humidity mucosal: ☐ preserved ☐ decreased Turgor and skin elasticity: ☐ preserved ☐ decreased  
 Fluid losses and electrolyte: ☐ yes ☐ no Amount: \_\_\_\_\_  
 Electrolyte replacement substances: ☐ yes ☐ no Which? \_\_\_\_\_

### Eliminations

Bowel eliminations : ☐ hard stools ☐ liquid ☐ pasty ☐ semi-pasty ☐ Flatulence  
☐ nausea ☐ vomiting Aspect: \_\_\_\_\_  
 Diuresis: ☐ spontaneous ☐ UC ☐ incontinence ☐ urinary retention ☐ dysuria ☐ polyuria  
 Aspect of diuresis: \_\_\_\_\_ Amount: \_\_\_\_\_

### Immune

Allergies: ☐ yes ? ☐ no which?  
 disease in the immune system: ☐ yes ☐ no  
 immunization schedule: ☐ complete ☐ incomplete  
 Vaccines defaulting \_\_\_\_\_

### Visual perception , auditory , olfactory , gustatory , tactile and painful / Communication

Vision condition : eyes ☐ symmetric ☐ asymmetric Aspects of conjunctive \_\_\_\_\_  
 decreased visual acuity ☐ lenses/glasses Visual impairment: ☐ yes ☐ no  
 Condition of hearing : ☐ normal ☐ decreased ☐ buzz  
 Hearing impairment : ☐ yes ☐ no Use of device : ☐ yes ☐ no  
 Palate: ☐ present ☐ absent Halitosis ☐ yes ☐ no Pain sensitivity : ☐ nonverbal behavior pain ☐ facial  
 expression of pain ☐ verbal report of pain ☐ pain tactile stimulation  
 Local and frequency of pain: \_\_\_\_\_ Verbal communication : ☐ normal ☐ impaired  
 Because: \_\_\_\_\_ ☐ Use of non-verbal language

### Physical integrity of mucosal and cutaneous

Conditions skin: ☐ scar ☐ bruise ☐ hematoma ☐ injuries Location \_\_\_\_\_  
 Skin color : ☐ normal colored ☐ pale ☐ hipercorada ☐ jaundice ☐ pale ☐ dry ☐ cyanotic  
 Conditions mucosa : ☐ wet ☐ dry ☐ cracks Other injuries: \_\_\_\_\_

### Sleep and rest

Uses sedative drugs : ☐ yes ☐ no Which \_\_\_\_\_  
 Sleep characteristics : ☐ normal ☐ disrupted sleep ☐ sleepy ☐ wake up several times during the night  
☐ sleep during the day Changes in sleep patterns : ☐ environmental ☐ individual

<b>Body Care</b>		
Body hygiene: <input type="checkbox"/> satisfactory <input type="checkbox"/> poor    Presence of odor: <input type="checkbox"/> yes <input type="checkbox"/> no    Frequency of bathing: _____		
Oral hygiene : <input type="checkbox"/> satisfactory <input type="checkbox"/> poor    Need help to make the care: <input type="checkbox"/> yes <input type="checkbox"/> no		
<b>Physical activity / body mechanics / motility</b>		
Regular exercise : <input type="checkbox"/> yes <input type="checkbox"/> no    type : _____    frequency weekly: _____		
physical limitation : <input type="checkbox"/> yes <input type="checkbox"/> no    type: _____    muscle strength: <input type="checkbox"/> hypertonia <input type="checkbox"/> hypotonia    need		
help to move : <input type="checkbox"/> yes <input type="checkbox"/> no    pain on movement : <input type="checkbox"/> yes <input type="checkbox"/> no		
rambles : <input type="checkbox"/> yes <input type="checkbox"/> no    needs help to walk : <input type="checkbox"/> yes <input type="checkbox"/> no    use : <input type="checkbox"/> crutch <input type="checkbox"/> cane		
<input type="checkbox"/> wheelchair <input type="checkbox"/> bedridden <input type="checkbox"/> paraplegic <input type="checkbox"/> absence of members . which _____		
<b>Sexuality / hormonal regulation / acceptance / attention / gregarious / self-esteem / emotional security</b>		
Sexual practice : <input type="checkbox"/> yes <input type="checkbox"/> no    altered libido : <input type="checkbox"/> yes <input type="checkbox"/> no    Impotence : <input type="checkbox"/> yes <input type="checkbox"/> no /		
contraceptive use : <input type="checkbox"/> yes <input type="checkbox"/> no    menopause : <input type="checkbox"/> yes <input type="checkbox"/> no    diabetes mellitus : <input type="checkbox"/> yes <input type="checkbox"/> no		
feelings and behaviors : <input type="checkbox"/> happiness <input type="checkbox"/> confidence <input type="checkbox"/> coping <input type="checkbox"/> values up <input type="checkbox"/> emotional stability <input type="checkbox"/> anxiety		
crying <input type="checkbox"/> depression <input type="checkbox"/> fear <input type="checkbox"/> apprehension <input type="checkbox"/> agitated <input type="checkbox"/> presence of family / visits		
<b>Health education / learning / therapeutic / freedom</b>		
Knowledge about hypertension : <input type="checkbox"/> yes <input type="checkbox"/> no    participates in therapeutic regimen: <input type="checkbox"/> yes <input type="checkbox"/> no		
use of antihypertensive medication : <input type="checkbox"/> yes <input type="checkbox"/> no    use of tranquilizers and antidepressants : <input type="checkbox"/> yes <input type="checkbox"/> no		
Smoking : <input type="checkbox"/> yes <input type="checkbox"/> no    alcohol : <input type="checkbox"/> yes <input type="checkbox"/> no    time _____    drug use : <input type="checkbox"/> yes <input type="checkbox"/> no		
perform preventive examinations : <input type="checkbox"/> breast <input type="checkbox"/> cytology <input type="checkbox"/> prostate		
period _____    receive educational health promotion (school, family , community , church and health system)		
Tips for the care plan _____		
<b>Recreation and leisure / creativity / self -realization</b>		
Participates in group activities : <input type="checkbox"/> yes <input type="checkbox"/> no    develops handiwork or that uses creativity _____    walks :		
<input type="checkbox"/> yes <input type="checkbox"/> no    visit family and friends : <input type="checkbox"/> yes <input type="checkbox"/> no		
<b>Physical security / environment / Shelter</b>		
Homeowners: <input type="checkbox"/> yes <input type="checkbox"/> no    garbage disposal : <input type="checkbox"/> yes <input type="checkbox"/> no    treated water : <input type="checkbox"/> yes <input type="checkbox"/> no		
environment free from danger <input type="checkbox"/> proper lighting    how many people live in the house ____		
<b>Religiousness / spirituality</b>		
Religion _____ <input type="checkbox"/> need for a spiritual or religious activities		
Disorder in the belief system : <input type="checkbox"/> yes <input type="checkbox"/> no    religious clash : <input type="checkbox"/> yes <input type="checkbox"/> no		

#### 6. Impressions Nurse / events or observations

Nurse	COREN	Date ____/____/____

For an instrument of measurement, or as in this case, an instrument of nursing consulting to become effective, it is necessary that it has as main characteristic the validity. Many authors affirm that an instrument is valid when it evaluates the phenomenon that they can measure<sup>(10,11,12,13)</sup>. In this study, the validation of content and appearance was opted as it was the most indicated method to verify if the items

(content) of the instrument reflect the reality that is intended to be measured, besides being the method ultimately most used to validate instruments directed to specific areas<sup>(10)</sup>.

The instrument of validation of content was composed by 24 items, all previously approved. There was only one item referring to the necessity of nutrition that suffered alteration to the increase of overweight variable. Among the 24 items analyzed by the nurses, 20 were 100% approved by the population: presentation design; identification; personal and family background; history of actual disease/complain; use of medication; anthropometric data and vital signs; neurological regulation necessity; oxygenation; vascular regulation, thermal; necessity of hydration, salt intake and electrolytic regulation; sleep and rest; body care; physical activity, corporal mechanics and mortality; sexuality, hormonal regulation, love and acceptance, gregarious attention, self-esteem, emotional security; education for health, learning, therapeutics; freedom; recreation and leisure, creativity and self-realization; physical safety, environment and shelter; psychospiritual necessities; and complementary notes from the nurse. Four items presented a rate above 80%: eliminations; nutritional necessities; visual, auditory, olfactory, gustatory, tactile and painful perceptions; and physical integrity and cutaneous mucus.

**Image 2** – Instrument for Nursing Consulting for Hypertensive Patients served in USFs – Planning of nursing assistance. João Pessoa, Brazil, 2010

Diagnosis / Nursing outcomes	Nursing interventions	Evolution
<b>Need for oxygenation</b>		
<input type="checkbox"/> Dyspnea other _____	<input type="checkbox"/> Evaluate the respiratory. <input type="checkbox"/> Listening respiratory sounds , noting the presence of noise and adventitious. <input type="checkbox"/> Guide the semi - fowler position in order to relieve dyspnea. <input type="checkbox"/> Guide measures to reduce the level of anxiety.	
<input type="checkbox"/> Cough Other _____	<input type="checkbox"/> Assess and record appearance of secretions excreted. <input type="checkbox"/> Encourage fluid intake when possible. <input type="checkbox"/> Stimulate productive cough. <input type="checkbox"/> Nebulize with the saline	

Need for vascular regulation		
<input type="checkbox"/> Abnormal blood pressure other _____	<input type="checkbox"/> Verify the daily use of medication. <input type="checkbox"/> Patients of the importance of blood pressure monitoring at monthly visits. <input type="checkbox"/> Check blood pressure, heart rate and peripheral pulse. <input type="checkbox"/> Establish standard levels tensor (schedules, check position and condition). <input type="checkbox"/> Guide strategies for change of precipitating factors.	
<input type="checkbox"/> Increased cardiac output other _____	<input type="checkbox"/> Verify the heart rate after physical exercise. <input type="checkbox"/> Guide as to reduce physical exercise. <input type="checkbox"/> Guidance regarding the reduction of fluid volume.	
<input type="checkbox"/> Decreased peripheral perfusion other _____	<input type="checkbox"/> Guide frequent rest periods to maximize peripheral perfusion. <input type="checkbox"/> To assess the color and texture of the skin temperature. <input type="checkbox"/> Orientate the elevation of the lower limbs to increase blood supply. <input type="checkbox"/> Refer the patient for medical consultation.	
Need for thermal regulation		
<input type="checkbox"/> Hyperthermia other _____	<input type="checkbox"/> Verify body temperature when needed. <input type="checkbox"/> Administer antipyretic as prescription. <input type="checkbox"/> Guide to maintain the environment airy and removing excess clothing and linens.	
<input type="checkbox"/> Hypothermia other _____	<input type="checkbox"/> Check the body temperature when needed <input type="checkbox"/> Guide the use of blankets and other resources in case of hypothermia. <input type="checkbox"/> Identify signs like cold skin , edema and pulmonary congestion.	
Need for nutrition		
<input type="checkbox"/> Impaired nutrition Other _____	<input type="checkbox"/> counsel patients on the importance of the daily diet ( low sodium diet and calorie ) to control blood pressure <input type="checkbox"/> Encourage the adherence to diet <input type="checkbox"/> Encourage eating habits	
<input type="checkbox"/> Obesity Other _____	<input type="checkbox"/> Guide the patient to chew food well <input type="checkbox"/> Advise on health risks caused by being overweight <input type="checkbox"/> Weigh the patient every 30 days <input type="checkbox"/> Refer the patient to a dentist	
Need for hydration / electrolyte and water regulation		
<input type="checkbox"/> Edema Other _____	<input type="checkbox"/> Guide the patient and family members as to maintain high when indicated <input type="checkbox"/> Examine conditions of peripheral pulse with the affected limb circumference ( measure circumference of the extremities ) <input type="checkbox"/> Guide the decrease in water intake <input type="checkbox"/> Observing skin conditions and perfusion <input type="checkbox"/> Advise on the care of the skin ( hydration, trauma)	
<input type="checkbox"/> Cramp Other _____	<input type="checkbox"/> Encourage the intake of foods rich in potassium <input type="checkbox"/> Advise on measures to alleviate the discomfort	

Need for elimination		
<input type="checkbox"/> Nausea  <input type="checkbox"/> Vomiting Other _____  <input type="checkbox"/> Constipation Other _____  <input type="checkbox"/> Diarrhea Other _____	<input type="checkbox"/> Establish control strategy of precipitating factors (control of urea) <input type="checkbox"/> Orient patient to seek airy <input type="checkbox"/> Observe signs of dehydration <input type="checkbox"/> Reduce or eliminate personal and environmental factors (noxious odors) <input type="checkbox"/> Guide fluid replacement with oral cold liquids in the absence of vomiting <input type="checkbox"/> Administer antiemetic as prescription <input type="checkbox"/> Guide and encourage fluid intake and high fiber diet <input type="checkbox"/> Identify factors that may contribute to constipation <input type="checkbox"/> Administer prescribed medication <input type="checkbox"/> Guide for conducting bowel training (time for bowel elimination) <input type="checkbox"/> Counsel regarding physical exercise <input type="checkbox"/> evaluate the frequency and characteristics of stool <input type="checkbox"/> Encourage fluid intake	
<input type="checkbox"/> Urinary retention Other _____	<input type="checkbox"/> Investigate the presence of pain on urination <input type="checkbox"/> Check the characteristics of the urine <input type="checkbox"/> Refer for medical consultation <input type="checkbox"/> Administer prescribed diuretic	
Need for immune regulation		
<input type="checkbox"/> Incomplete immunization schedule Other _____	<input type="checkbox"/> Guide update immunization schedule patient	
Need for visual perception , olfactory , tactile , auditory , gustatory , sensitive , painful and communication		
<input type="checkbox"/> Pain Other _____	<input type="checkbox"/> Guide the application of cold compress <input type="checkbox"/> Assess pain as the location , frequency and duration <input type="checkbox"/> Encourage comfort measures to help ease the pain <input type="checkbox"/> To evaluate the effectiveness of pain management through a continuous survey of the experience of pain <input type="checkbox"/> Administer analgesics as prescription	
Need for physical and mucocutaneous integrity		
<input type="checkbox"/> Impaired skin integrity <input type="checkbox"/> Oral mucosa impaired Other _____	<input type="checkbox"/> Perform daily dressing or as needed <input type="checkbox"/> Assess the affected region of the type and appearance of the lesion , staining , discharge and odor <input type="checkbox"/> Teach patient / family care with injury <input type="checkbox"/> Oral hygiene guide <input type="checkbox"/> Refer the patient to the dentist	
Need for sleep and rest		
<input type="checkbox"/> Sleep and rest impaired / Other _____	<input type="checkbox"/> To evaluate the quality of nighttime sleep <input type="checkbox"/> Encourage implementation of recreational and leisure during the day to get relax <input type="checkbox"/> Guide to avoid stimulating beverages (coffee , cola , guarana )	

	<input type="checkbox"/> Plan schedules of diuretic medication to prevent sleep interruptions	
	<b>Need for body care</b>	
<input type="checkbox"/> Self Care For _____ impaired Other _____	<input type="checkbox"/> Educate families about the care needed for the patient's wellbeing <input type="checkbox"/> Teaching medias oral hygiene and body for the patient <input type="checkbox"/> Communicate with family members and caregivers about clothing easy to wear <input type="checkbox"/> Keep next material in use for hygiene	
	<b>Need for physical activity , body mechanics and motility</b>	
<input type="checkbox"/> Impaired physical activity <input type="checkbox"/> Impaired physical mobility <input type="checkbox"/> Activity intolerance Other _____	<input type="checkbox"/> Planning activities within the patient's tolerance level <input type="checkbox"/> Assess level of effort and hemodynamic effects (changes in blood pressure, respiration) during activity <input type="checkbox"/> Encourage the patient and participating in the physical activity group knowing the limitations <input type="checkbox"/> Refer the patient for physiotherapy	
	<b>Need for love and acceptance , attention, gregarious , self-esteem , emotional security</b>	
<input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Fear <input type="checkbox"/> Social isolation <input type="checkbox"/> Impaired social interaction <input type="checkbox"/> Self esteem changed Other _____	<input type="checkbox"/> Help the patient identify situations precipitating anxiety <input type="checkbox"/> Encourage verbalization of feelings and fear <input type="checkbox"/> Establish a therapeutic relationship based on trust and respect <input type="checkbox"/> Encourage communication with the patient <input type="checkbox"/> Identify when the anxiety level is changed <input type="checkbox"/> Listen actively enabling patients to express feelings <input type="checkbox"/> Ask the patient to define which types of activities promote comfort and encourage him to perform them <input type="checkbox"/> Support the patient and / or family regarding the coping behavior anxious patient	
	<b>Learning need , therapeutic , freedom</b>	
<input type="checkbox"/> Non-adherence to treatment regimen <input type="checkbox"/> knowledge deficit Other _____	<input type="checkbox"/> Counsel patients about the importance of adherence to their treatment regimen <input type="checkbox"/> Involve patients and families in a group of high school guidance comprehension <input type="checkbox"/> Counsel patients on the importance of blood pressure control to prevent possible complications <input type="checkbox"/> Assess cognitive function and understanding the instructions given	
	<b>Need for recreation and leisure , creativity , self -realization</b>	
<input type="checkbox"/> Recreation activities handicapped Other _____	<input type="checkbox"/> Encourage the patient to participate in leisure activities that provides welfare <input type="checkbox"/> Encourage participation in support group	
	<b>Need for religiousness / spirituality</b>	
<input type="checkbox"/> Spiritual distress Other _____	<input type="checkbox"/> Assess the importance of spirituality in the life of the patient and cope with the disease	

In the operacionalization of the instrument, the population was constituted by 18 nurses and 36 hypertensive patients of the USFs. The data was collected after the authorization

of these two segments of the studied population. For the evaluation of the operation of the instrument of nursing consulting, it was asked for the nurses their participation in the study for the application of the instrument in hypertensive patients. After consent, the verbal orientation was given to explain the filling of the instrument, as well the importance of observation of the following aspects: time used to collect data; design of the instrument; content; difficulties found while filling the information, besides the registry of suggestions while applying the instrument. After clearing all doubts, the orientation towards the selection of hypertensive clients has started, obeying pre-defined criteria: to be enrolled; to have an ASH diagnose according to the clinical criteria proposed by the V Brazilian Directives for Arterial Hypertension (BDAH); to be 18 years old or above; to follow the period of data collection (August 2010).

The collection was rigorously done within the period established and the instruments were returned and analyzed from the investigated variables. This way, the following result was obtained: the time of completing the form was reported to be between 10 to 30 minutes, averaging 20 minutes; no suggestion was given in relation to the instrument design, accepted by 100% of the nurses; a third item of evaluation that referred to the questions and difficulties found in the completion of the questionnaire and 10% of the nurses considered the instrument quite long, however no observation was done related to evaluation. 100% consent was registered.

After the evaluation of all items of the instrument of the nursing consulting related to presentation and design to the testing of operation and feasibility, the final version of the instrument was presented to the hypertensive patients served in the USFs of Cabedelo. This instrument contemplates the phases of the nursing process, which was divided into two stages. The first is the history of nursing proceedings, elaborated in a systematic form to determine the necessities of the hypertensive patient, based on the following literature. The second stage, named nursing assistance planning, the instrument that has the diagnosis/results and nursing interventions were presented and portrays the indicators which are in the history, divided again by necessities aiming to serve the specificities of hypertensive patients, with enough room for the evolution of the patient.



## FINAL CONSIDERATIONS

This study enable us to comprehend that the caring of the nurse must be centered and focused in the process of nursing, putting in practice in all stages, as the history of the patient, the nursing diagnosis, planning, implementation and evaluation of assistance. It is indispensable that the nurse institutes a single guide of consulting for the hypertensive patient, with data collection of all information that can enable the appropriate care based on the gravity of the hypertensive disease. The arterial hypertension is constituted an important problem of public health and demands measures of combat to stop its progression, aspiring the reduction of its high rate of morbimortality.

From the results of this study it is possible to affirm that the fulfillment of this instrument done with safety and knowledge brings to the nursing team subsidies relevant to guide the patient, the family and the nursing team as a whole in the prevention of the risk and treatment of the affected necessities and the minimizing of difficulties that are already present in the hypertensive patient. However, it is recognized that besides that there was no reported problems in executing during this study, this instrument must be validated clinically so to be considered a valid and reliable instrument for the attention to the hypertensive patient.

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### **Contribution of the authors**

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