

## CONSTRUCTION AND VALIDATION OF THE HISTORICAL CONTENTS OF NURSING GUIDED BY OREM REFERENCE

### CONSTRUÇÃO E VALIDAÇÃO DE CONTEÚDO DO HISTÓRICO DE ENFERMAGEM GUIADO PELO REFERENCIAL DE OREM

### CONSTRUCCIÓN Y VALIDACIÓN DE CONTENIDO DEL HISTORIAL DE ENFERMERÍA SEGÚN EL REFERENTE DE OREM

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## ABSTRACT

The present study conducted research aimed at developing and validating an instrument to collect data for nursing consultations for hypertensive and/or diabetic patients in Family Health Strategy Units, based on philosophical theory set forth by Orem. This instrument was organized in accordance with the Theory Requirements subdivided into titles from Nanda-International Domains, facilitating nursing clinical reasoning. The instrument was validated by nine judges, whose agreement among them was analyzed by calculating the percentage. The items that were reformulated were those that did not reach an 80% agreement on all criteria evaluated by the judges. It could therefore be concluded that the developed and validated instrument provides support to guide nurses and nursing students to document the nursing consultation under a theoretical framework of the profession, thus allowing for future discussions and research.

**Keywords:** Nursing; Nursing Theory; Nursing Process; Validation Studies; Data Collection.

## RESUMO

Realizou-se investigação com o objetivo de construir e validar um instrumento de coleta de dados para a consulta de enfermagem a indivíduos hipertensos e/ou diabéticos em unidades de Estratégia de Saúde da Família, pautado no referencial teórico filosófico de Orem. O instrumento foi organizado segundo os Requisitos da Teoria, subdividido em títulos dos Domínios da Nanda-Internacional, facilitando o raciocínio clínico de enfermagem. Foi submetido à validação de conteúdo com apreciação de nove juízes, cuja concordância entre eles foi analisada pelo cálculo de porcentagem. Os itens reformulados foram aqueles que não atingiram 80% de concordância em todos os critérios avaliados pelos juízes. Concluiu-se que o instrumento construído e validado oferece subsídios para direcionar os enfermeiros e estudantes de Enfermagem a documentarem a consulta de enfermagem sob um referencial teórico da profissão, permitindo discussões e pesquisas futuras.

**Palavras-chave:** Enfermagem; Teoria de Enfermagem; Processos de Enfermagem; Estudos de Validação; Coleta de Dados.

## RESUMEN

La investigación fue realizada con el objetivo de desarrollar y validar un instrumento de recogida de datos para la consulta de enfermería de individuos hipertensos y / o diabéticos en unidades de Estrategia Salud de la Familia, en base al referente teórico filosófico de Orem. El instrumento fue organizado según los Requisitos de la Teoría, subdividido en títulos de dominios Nanda Internacional para facilitar el raciocinio clínico de enfermería. La validación del contenido fue evaluada por nueve jueces, que analizaron la concordancia entre ellos por el cálculo de porcentaje. Los ítems que no consiguieron un 80% de concordancia en todos los criterios evaluados por los jueces fueron formulados nuevamente. Se concluye que el instrumento construído y validado ofrece herramientas para orientar enfermeros y estudiantes de enfermería a documentar la consulta de enfermería bajo un referente teórico de la profesión, permitiendo futuras discusiones e investigaciones.

**Palabras clave:** Enfermería; Teoría de Enfermería; Procesos de Enfermería; Estudios de Validación; Recolección de Datos.

## INTRODUCTION

Chronic non-communicable diseases are a widespread health problem in Brazil. They result in a high number of premature deaths, loss of quality of life, and a high degree of limitation on work and leisure activities. Among these are hypertension and diabetes *mellitus*.<sup>1</sup>

Hypertension is a highly-prevalent clinical condition with a multifactorial origin, some factors being modifiable or preventable, such as obesity and salt and alcohol intake. It is characterized by increased blood pressure levels and is a risk factor for cardiovascular and metabolic diseases, such as diabetes *mellitus*.<sup>2</sup>

Diabetes *mellitus* is a disease from a group of metabolic disorders in which hyperglycemia is the classic clinical sign, the result of defects in insulin action and/or secretion.<sup>3</sup>

Hypertension and diabetes *mellitus* are diseases with a low control rate and associated with other cardiovascular and cerebrovascular diseases, representing a major public health problem.<sup>2</sup> The costs of uncontrolled chronic diseases on the healthcare system are high, as they are a major reason for hospital admissions. The financial impact on families is also important because treating these diseases is a long process with the possibility of loss of productivity at work and reduced family income.<sup>1</sup>

Thus, it is important that preventive measures and health promotion actions be implemented, aimed at early detection, thereby minimizing health risks and providing timely treatment to lessen the impact on the lives of individuals who have been already been diagnosed with these maladies.<sup>4</sup>

However, the high prevalence of nursing diagnoses "Risk for unstable blood glucose level" and "Ineffective health management" in hypertensive and/or diabetic individuals in primary care draws our attention to the difficulty of controlling these problems and the need to plan and implement actions to promote health and prevent complications.<sup>5,6</sup>

Primary care is featured in the "Strategic Action Plan for the Fight against Chronic Non-communicable Diseases (CNDs) in Brazil, 2011-2022," in that sufferers are linked to the caretaker and staff, ensuring the reference and cross-reference to specialties and hospital network and promoting continuity of care and completeness in attention.<sup>4</sup>

With the implementation of the Family Health Program in primary care, healthcare and clinical nursing practice have undergone significant changes in the last three decades, with the nurses' role being redefined. This has resulted in putting together and consolidating a dimension based on teamwork, with user-centric features, namely the healthcare needs of the population with a focus on wellness.<sup>7,8</sup>

In this sense, nursing has sought a shift from the "paradigm of fragmentation of care and work based on 'functional model'

to a form of 'comprehensive care', using various care and management technologies."<sup>9,61</sup>

Among these is nursing care planning, which favors the organization of nurses' work and allows for their clinical practice to develop, thus enabling the operation and documentation of the nursing process. When implemented in primary healthcare, this corresponds to the nursing consultation.<sup>9-11</sup>

Nursing consultation is a tool based on scientific knowledge and a theoretical model of nursing to determine the needs and degree of dependence of the individuals, family, and/or community.<sup>12,13</sup>

Data collection during the nursing consultation is the first step in the nursing process and helps identify nursing problems from a psychological, biological, social, economic, and spiritual perspective to determine the degree of users' dependency on care and develop a suitable plan.<sup>9,10</sup>

Using the self-care deficit theory proposed by Dorothea Elizabeth Orem applies to people with cardiovascular and chronic diseases, especially hypertension and diabetes, in view of the possibility of compromising the self-care ability of the affected individual.<sup>14</sup>

The model proposed by Orem is based on the premise that individuals can take care of themselves. It is organized into three categories of self-care requirements: universal, developmental, and health deviation.<sup>12,14</sup> Included in the Universal requirements are basic human needs (life processes, maintaining the integrity of the human structure, and function). Human Development Requirements include self-care related to natural events, such as aging, and self-care by health deviation arises in disease, injury, or malady conditions, resulting from medical measures to diagnose or correct a certain condition, whether permanent or transitory.<sup>15</sup>

When performing a nursing consultation, it is suggested that an instrument be used to record the data and systematize the theory's concepts, allowing the nursing process to be viable, helping in decision-making and making nursing care more efficient and effective.<sup>12,13</sup>

Given this knowledge, when conducting a nursing consultation with hypertensive and/or diabetic patients in a family health unit in Minas Gerais, it was found that the printed form used by nurses and nursing students was organized in accordance with the proposal of the state government's healthcare records with a focus on the disease and not allowing an integral approach with the individual, family, and/or community and identification of the nursing phenomena.<sup>16</sup>

Given this concern with healthcare and the clinical practice of nursing centered on the needs of the users, families, and community in primary care, an investigation was conducted aimed at formulating and validating a data collection instru-

ment applicable to nursing consultations involving hypertensive and/or diabetic patients in the Family Health Strategy units, based on Orem's philosophical theoretical framework in COFEN Resolution 358/2009 and the guidelines of Brazil's Unified Healthcare System.

## METHOD

This study consisted of a literature review on the topic and formulating and validating the content of a data collection tool for people with hypertension and diabetes *mellitus*, based on the theory of Dorothea Elizabeth Orem, to be applied in primary care.

### FIRST STEP: BIBLIOGRAPHIC REVIEW AND FORMULATING THE DATA COLLECTION INSTRUMENT

Initially, an integrative literature review was conducted to identify studies that used instruments for data collection in nursing consultations with hypertensive and/or diabetic patients, guided by the theory of Dorothea Orem and thus assisted in formulating an instrument according to the context under investigation.

An integrative literature review was conducted in the CINAHL, PUBMED, and BVS databases with the following inclusion criteria: publications in Portuguese, English, Italian, and Spanish, between 1990 and 2011. This time period was chosen because it came after the presentation of Orem's General Theory of Nursing, organized into three related theoretical constructs: self-care, the shortcomings of self-care and nursing systems (1985), and emphasis on her writings on groups and society (1991).<sup>17</sup>

As inclusion criteria, the publication should present the search terms either in the title or abstract with the following associations: hypertension and nursing theory, high blood pressure and self-care, hypertension and nursing diagnosis, diabetes and nursing theory, diabetes and self-care, and diabetes and nursing diagnosis. Publications that did not present the data collection instrument in its entirety were excluded.

The second phase consisted of formulating the instrument for recording the nursing consultation, using the articles found in the literature review, books and publications on Dorothea Orem's theory, and books on semiotics as applied to nursing.

### SECOND STEP: CONTENT VALIDATION OF THE DATA COLLECTION INSTRUMENT

A qualitative, exploratory, and descriptive study was conducted using the Delphi technique to establish content validation of the nursing consultation recording instrument for hypertensive and/or diabetic individuals, guided by Orem's theo-

ry. The Delphi technique focuses on the judgment of a group of experts and consists of questioning them on specific issues. The experts express their opinions on a particular topic to reach consensus, in a participatory construct, but without face-to-face contact, because contact is made through e-mail with the aid of an evaluation questionnaire regarding the instrument.<sup>18</sup>

After approval of the investigation by the Ethics Committee on Human Research at the Federal University of Viçosa, opinion number 213.265/2013, the data collection instrument and a manual with instructions on the criteria to be evaluated were sent to 33 judges by e-mail, along with the free and informed consent form, between March and June 2013. The judges were selected through an assessment of publications related to the subject and/or validation technique, with 33 being the maximum number found.

The evaluation of the data collection instrument, answered by e-mail, was considered positive consent to participate. The experts were selected according to the following criteria: nurse/teacher with doctorate degrees and experience in nursing theories, nurse/teacher with doctorate degrees and knowledgeable on the validation method, nurses with a master's degrees and with an object of investigation related to Orem's theory, and nurse with a master's degree with experience in chronic factors (hypertension and diabetes). Relevance, clarity, scope, and organization were the criteria used to analyze the instrument's items.<sup>13,19</sup>

### THIRD STEP: ANALYSIS AND CONSOLIDATION OF THE DATA COLLECTION INSTRUMENT'S ITEMS

The judges' responses were tabulated in Microsoft Excel 2010 and were later analyzed using the Epi Info statistical program version 3.5.1. The concordance index adopted for inclusion and/or exclusion and/or changes in the instrument items was equal to or greater than 80% among the judges. Components that had not reached this percentage were analyzed individually by the researchers as to their relevance. At the end of the review process, there was room for the judges to describe any doubts, opinions, and suggestions they had regarding the model. The percentage of agreement between the judges was then carried out, using the formula below:

$$\% \text{ of concordance} = \frac{\text{number of participants who agreed}}{\text{total number of participants}} \times 100$$

When using this method, 80% should be considered as an acceptable concordance rate among the judges, thereby giving validity to the instrument.<sup>19</sup>

## RESULTS

### INTEGRATIVE REVIEW

An integrative literature review selected three eligible references that met the inclusion and exclusion criteria. The studies were published in Brazilian journals in 1996, 2003, and 2008, and conducted in outpatient care units and university research and extension centers. No research on the subject was identified in primary care units.

References included in the integrative review included a brief description of the items of the instrument for recording the nursing consultation with hypertensive patients and/or diabetes, which were organized within the universal, developmental, and health deviation requirements proposed by Orem. The authors described each item included in the preceding requirements, making it easier for the reader to understand and use the instrument.

However, in other articles, the requirements set by Orem are allocated to the instrument only as a field to be filled in, leaving it up to the nurses to speculate on the possible demands of each requirement. Becker, Teixeira, and Zanetti are the ones that incorporated self-care deficits into the instrument and established nursing systems.<sup>21,22</sup>

Starting with an analysis of the results of the integrative review of bibliographic references on Orem's theory, history and physical examination in nursing, on chronic diseases (hypertension and diabetes), and the researchers' clinical experience, the research team formulated an instrument to aid in the collection and recording of data from nursing consultations on people with hypertension and/or diabetes, based on Orem's theory.

### FORMULATING THE DATA COLLECTION INSTRUMENT

The data collection and recording instrument contains a header with identifying information. The instrument is then divided into self-care requirements (universal, human development, and health deviation), self-care deficit, and nursing systems. The NANDA International domains were used to group the information that make up the instrument.<sup>23</sup> The domains were allocated within Orem's self-care requirements to facilitate a subsequent survey of nursing diagnoses.

### CONTENT VALIDATION

After formulating and structuring the data collection and recording instrument, it was submitted to a group of judges for content validation. The instruments were sent to 33 judges, with nine returns (27%). Among the judges who responded,

three were teachers (33.5%), four doctors (44.5%) and two had postdoctoral degrees (22%). Five had experience in validating instruments, nursing consultation, nursing care systematization and nursing diagnoses (55.5%), and four in nursing related to the chronic condition factor: hypertension and/or diabetes (44.5%). As for the operating region, five were in the Southeast (56%), three in the South (33%), and one from the Northeast (11%).

Tables 1-3 present the results of the judges' evaluation of the items. The criterion of 80% agreement among the judges was adopted. All questions with a concordance lower than 80% were reformulated.<sup>24</sup>

Items in the Universal Requirements that did not reach the 80% concordance index on any one of the criteria reviewed by the judges included: importance of health, seasoning/spices, type of oil, liquids, daily water consumption, culture/religion vs. food, activity and rest, leisure activity, social interaction, satisfaction, coping/stress tolerance, do you consider yourself to be stressed?, level of adherence to treatment, and water intake.

The item "What have you done to improve your health?" was the item that reached 80% concordance on all criteria.

The following items were included in the suggested changes to the instrument: a) header: municipality of residence, neighborhood, street name, number and apartment, medical diagnosis, and b) Universal Requirements: health promotion: participation in health education groups; nutrition and hydration: food preferences and aversions, use of honey, salt, pepper, industrialized seasoning and natural spices; social interaction: social support network; sexuality: steady partner or not.

Among the excluded items were data involving: a) profession included in activity and rest and b) life principles: adherence to treatment as it is already included in the health and religion deviations, which was replaced by spirituality. Daily living activity was replaced by occupation.

In Human Development Requirements, data were included in the item "history of present illness" on: onset, early signs and symptoms, progression, and hospitalization. The item addressing how the disease interferes with life/work was reassigned to health deviations. Items that reached 80% concordance in all criteria included: "abdominal/bowel sounds and what strategies do you use to cope with stress?".

The items that did not reach 80% in any one of the criteria included: current complaint, family history, tests performed, preventive exams, surgery, drugs, urine/dysuria, feces, history of tract complications, vesicular murmurs, adventitious noise, cardiovascular disease, musculoskeletal disease, eyes, ears, nose, touch, neurological problems, use of an orthosis, self-awareness, family support system, sex life, coping/stress tolerance, obstacles to adhering with treatment, skin/mucous membranes, and nursing system.

Table 1 - Analysis of the Universal Requirements in the instrument for nursing consultation with hypertensive and/or diabetic patients, according to Orem's theory

Universal Requirements	Relevance (%)	Clarity (%)	Scope (%)	Organization (%)
Knowledge of the disease	89	56	78	67
Vaccination status	78	89	78	78
Satisfaction with weight	89	78	89	89
Diet recall	67	56	67	89
Oil reuse	67	67	67	89
Urine	100	67	67	78
Feces	89	78	34	89
Nightly sleep	100	78	89	78
Physical activity	89	78	67	89
Self-perception	89	56	67	56
Family participation in treatment	89	67	67	89
Sexuality	89	67	56	67
Use of hormonal contraception	89	89	78	89
Use of hormonal replacement	89	89	89	89
Religion	89	89	67	89
Monthly family income	89	89	100	78
Smoking	89	78	78	78
Alcoholism	100	78	89	67
Self-medication	100	89	78	78
Allergies	100	89	89	78
Type of dwelling	89	100	78	78
Sewer	100	100	78	89
Garbage collection	78	89	78	89
Baths/day	89	89	56	89
Brushing teeth	89	56	67	89
Using dental floss	78	89	67	78

Table 2 - Analysis of the Human Development Requirements in the instrument for nursing consultation with hypertensive and/or diabetic patients, according to Orem's theory

Human Development Requirements	Relevance (%)	Clarity (%)	Scope (%)	Organization (%)
History of current disease	89	56	78	67
Past medical history	89	67	78	67
On a scale of 0 to 10, how much your illness interferes with your life/job	89	89	89	67
What changes have occurred in your life with hypertension/diabetes	89	78	89	89
Family history	89	78	67	78

Table 3 - Analysis of health deviations in the instrument for nursing consultation with hypertensive and/or diabetic patients, according to Orem's theory

Health Deviations	Relevance (%)	Clarity (%)	Scope (%)	Organization (%)
Weight/body mass index/glycemic/height	89	78	67	67
Oral cavity	100	89	78	78
Mouth	100	78	67	78
Changes	67	56	44	56

Continues...

... continuation

Table 3 - Analysis of health deviations in the instrument for nursing consultation with hypertensive and/or diabetic patients, according to Orem's theory

Health Deviations	Relevance (%)	Clarity (%)	Scope (%)	Organization (%)
Hydration	89	89	89	89
Skin/mucous membranes	89	67	67	78
Pulse	89	67	67	78
Chest expansion	89	67	67	78
Restriction on physical activity	100	89	67	89
Complaints of pain	89	78	56	78
Self-care deficit	89	67	67	67

In health deviations, data included: a) health-disease process: the year of hypertension/diabetes diagnosis, knowledge about your disease, its interference in your life/job; b) activity and rest: sleep subsection: difficulty falling asleep, staying asleep, snoring, and apnea; c) perception/cognition: in sub-sections on speech, evaluation of gait and balance, and risk of falls; d) roles and relationships: family conflicts; e) coping and stress tolerance: causes of stress and its manifestations; f) life principles: a table was put together with the following categories: drug treatment, diet, physical activity, and consultation with a healthcare professional to report on levels of adherence (no, partial, or full adherence); and g) safety and protection: obstacles to adherence to the treatment, self-medication, allergies, exams, use of an orthosis, and assessment of balance and home environment.

The following data were also excluded in health deviations: a) health-disease process: preventive exams because they did not include relevant data; b) nutrition and hydration: medical diagnosis of malnutrition, obesity, bulimia, anorexia, and dysphagia, which were replaced by eating disorders; the changes in the mouth sub-section were also excluded because they did not include relevant data; c) elimination and exchange: pain was transferred to the comfort section; and d) perception and cognition: neurological problems.

Based on the judges' suggestions, a support guide was prepared to show nurses or nursing students how to use the data collection instrument. Items not previously mentioned continued to be part of the instrument. The categories of others were changed and the instrument was formatted.

## DISCUSSION

The use of an instrument to record and collect data in the first step of the nursing process aims to gather individual, family, and/or community data in a comprehensive way to make it easier to identify problems that add damage to the patient and/or community and potential in the quest for health maintenance.

This set of organized data helps to formulate a healthcare plan based on a critical interpretation of the collected data (nursing diagnosis) to meet the needs, prevent damage, and promote actions to strengthen healthy behavior, well-being, and self-care.<sup>13,25</sup>

As such, this study sought to create a significant instrument for nursing care, providing data to guide nurses' clinical decisions and collaborate in implementing changes in nursing in the context of primary healthcare.<sup>26</sup>

The use of Orem's model has applicability in the various fields, because it allows the patient to actively participate in his/her self-care, improving health outcomes and, consequently, the person's quality of life and well-being.<sup>27,28</sup>

Identifying the needs of people with hypertension and/or diabetes is relevant, given the context of the Family Health Program in primary care, whose nursing practices focus on preventing disease and promoting and maintaining health. Identifying self-care deficits associated with the individual's classification within the nursing systems can lend support to nursing actions related to teaching self-care and actively participating in it, particularly those involving changes in lifestyle and recognizing signs and symptoms that indicate health risks.<sup>14</sup>

Starting with the judges' assessment and changes made, the instrument is considered to have included the most data relevant to assessing the self-care needs of hypertensive and/or diabetic people in primary care. However, it should also be considered that the use of this technology does not rule out the nurses' knowledge and skills, their analytical skills, clinical judgment, and evaluation of context. When necessary, they must critically reflect on an individual and/or family in the course of nursing consultations, adapting and redirecting data collection.

Faced with the composition of a new data collection instrument for hypertension and diabetes sufferers based on Orem's theory, a problem was noticed in its preparation due to the lack of information in the articles selected for the research. The option to organize Orem's requirements within the NANDA-International domains aimed to facilitate a survey of nurs-



ing diagnoses, giving continuity to the nursing process. This line of reasoning also provides an opportunity for nurses to structure a better data collection method for the profession, covering other issues beyond the biophysical, in approaching the individual during nursing visits.

## FINAL CONSIDERATIONS

The judges' content validation contributed significantly to adapting and structuring the instrument around Orem's theory, supporting the implementation of the first step of the nursing process and its improvement.

The validated instrument provides help in directing nurses and nursing students to document the nursing consultation, allowing for discussions and future research, in addition to allowing adjustments to be made in accordance with the characteristics of each service.

The difficulties and limitations of this study include: the lack of studies and information on the description of the data collection instruments used in nursing consultations with hypertensive and/or diabetic patients and based on Orem's theory, the fact that the judges had different types of skills/experience, and the lack of a support guide on instrument's data to assist in the judges' evaluation.

The instrument was implemented in nursing consultation with hypertensive and/or diabetic individuals in a family health-care unit in Minas Gerais with a good evaluation. There is, however, a need for validation in other scenarios to better improve it (Table 4).<sup>5</sup>

## ACKNOWLEDGEMENTS

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## CONTRIBUTIONS

Moura PC and Rodrigues NV contributed to making the literature review, formulating the instrument, and writing the article. Braga LM, Correia MDL, and Carvalho AMP contributed to formulating the instrument, analyzing and interpreting the data, and writing the article.

Table 4 - Consulta de enfermagem a pessoas hipertensas e/ou diabéticas\*

Nome: \_\_\_\_\_ Sexo: ( ) F ( ) M Idade: \_\_\_\_\_ (anos) Cor: \_\_\_\_\_  
 Estado Civil: ( ) Solteiro/a ( ) Casado/a ( ) Viúvo/a ( ) Divorciado/a ( ) Separado/a Escolaridade: \_\_\_\_\_  
 Nacionalidade: \_\_\_\_\_ Naturalidade: \_\_\_\_\_ Município de Residência: \_\_\_\_\_  
 Logradouro: \_\_\_\_\_ N: \_\_\_\_\_  
 Complemento: \_\_\_\_\_ Bairro: \_\_\_\_\_  
 Diagnóstico Médico: \_\_\_\_\_

Requisitos Universais

1. PROMOÇÃO DA SAÚDE

Importância da saúde: \_\_\_\_\_  
 O que você tem feito para melhorar a sua saúde: \_\_\_\_\_  
 Participação em Grupos de Educação em Saúde: ( ) Não ( ) Sim  
 Especifique o grupo e tempo de participação: \_\_\_\_\_  
 Situação vacinal: ( ) Completa ( ) Incompleta  
 Outra Situação: \_\_\_\_\_

2. NUTRIÇÃO E HIDRATAÇÃO

Recordatório alimentar (Horário e porção):

Café da manhã:	Lanche da manhã:	Almoço:
Lanche da tarde:	Jantar:	Ceia:

Tempero/Condimentos- quantidade/dia: ( ) Açúcar \_\_\_\_\_  
 ( ) Adoçante \_\_\_\_\_ ( ) Mel \_\_\_\_\_ ( ) Sal \_\_\_\_\_ ( ) Pimenta \_\_\_\_\_  
 ( ) Condimentos industrializados \_\_\_\_\_  
 ( ) Temperos naturais \_\_\_\_\_ Outros: \_\_\_\_\_  
 Tipo de óleo: ( ) Gordura animal Quantidade/mês: \_\_\_\_\_  
 Quando utiliza \_\_\_\_\_ ( ) Óleo vegetal  
 Quantidade/mês: \_\_\_\_\_ Quando utiliza \_\_\_\_\_  
 Reaproveitamento do óleo para consumo: ( ) Não ( ) Sim \_\_\_\_\_ (vezes)  
 Líquidos diários: ( ) Chá \_\_\_\_\_ xícara(s) Tipo: \_\_\_\_\_ ( ) Café \_\_\_\_\_ xícara(s)  
 ( ) Refrigerante \_\_\_\_\_ copo(s) ( ) Sucos Artificiais \_\_\_\_\_ copo(s) ( )  
 Sucos Naturais \_\_\_\_\_ copo(s) ( ) Água \_\_\_\_\_ copo(s)  
 Cultura/religião X alimentação: \_\_\_\_\_

3. ELIMINAÇÃO

Urina: Frequência diária: \_\_\_\_\_ Odor: \_\_\_\_\_ Coloração: \_\_\_\_\_  
 Fezes: Regularidade: \_\_\_\_\_ Odor: \_\_\_\_\_ Coloração: \_\_\_\_\_

4. ATIVIDADE E REPOUSO

Ocupação: \_\_\_\_\_  
 Atividade de lazer: ( ) Sim ( ) Não Especifique \_\_\_\_\_  
 Atividade física: ( ) Não ( ) Sim Tipo: \_\_\_\_\_  
 Frequência semanal: \_\_\_\_\_ Duração: \_\_\_\_\_  
 Sensações durante ou após atividade: \_\_\_\_\_  
 Sono noturno \_\_\_\_\_h Sono Diurno \_\_\_\_\_h  
 Como se sente ao acordar? \_\_\_\_\_

5. AUTOPERCEPÇÃO

Autoestima de 0 a 10: \_\_\_\_\_  
 Aspectos Positivos: \_\_\_\_\_  
 Aspectos Negativos: \_\_\_\_\_  
 Satisfação com o peso ( ) Sim ( ) Não  
 Justifique: \_\_\_\_\_

6. PAPÉIS E RELACIONAMENTOS

Rede de apoio Social: \_\_\_\_\_  
 Relação com a família, amigos e colegas de trabalho:  
 ( ) Satisfatória ( ) Insatisfatória Porque: \_\_\_\_\_  
 Participação da família no tratamento:  
 ( ) Nenhuma ( ) Pouca ( ) Muita ( ) Total  
 Nome(s) Familiar(es): \_\_\_\_\_  
 Necessidade de participação da família ( ) sim ( ) não  
 Especificar: \_\_\_\_\_

7. SEXUALIDADE

Atividade sexual: ( ) Não Ativo ( ) Ativo  
 Parceiro fixo: ( ) Sim ( ) Não Número de parceiros: \_\_\_\_\_  
 Satisfação Sexual: ( ) Sim ( ) Não Justifique: \_\_\_\_\_  
 Contraceptivo: ( ) Sim ( ) Não Qual \_\_\_\_\_  
 ( ) Reposição hormonal: ( ) Sim ( ) Não Qual \_\_\_\_\_

8. PRINCÍPIOS DA VIDA

Espiritualidade Religião ou crença: \_\_\_\_\_  
 Tabagismo: ( ) Não ( ) Sim Há quanto tempo: \_\_\_\_\_  
 Tipo de fumo: \_\_\_\_\_ Quantidade/dia: \_\_\_\_\_  
 Há quanto tempo parou de fumar: \_\_\_\_\_  
 Etilismo: ( ) Não ( ) Sim Tipo de bebida: \_\_\_\_\_  
 Frequência: \_\_\_\_\_ Quantidade/dia: \_\_\_\_\_  
 Há quanto tempo suspendeu o uso: \_\_\_\_\_

9. SEGURANÇA/PROTEÇÃO

Renda mensal familiar:  
 ( ) < 1 salário mínimo (SM) ( ) 1 a 3 SM ( ) 4 a 7 SM ( ) >7 SM  
 Número de pessoas vivem com essa renda: \_\_\_\_\_  
 Esgoto: ( ) Encanado ( ) Céu aberto ( ) Fossa  
 Captação de água: ( ) Rede Pública Municipal ( ) Poço ( ) Cisternas  
 ( ) Outras fontes: \_\_\_\_\_  
 Coleta do lixo: ( ) Prefeitura ( ) Queimado ( ) Enterrado ( ) Céu aberto  
 ( ) Coleta por catadores ou cooperativa de lixo reciclável

Continued..



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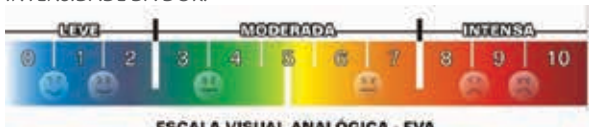
Table 4 - Consulta de enfermagem a pessoas hipertensas e/ou diabéticas\*

Requisitos Universais	Desvios de Saúde																
<p><b>10. CONFORTO</b>                      Moradia ( ) Própria ( ) Aluguel ( ) Cedida ( ) sem moradia                      Outras (especifique): _____                      Tipo de moradia: ( ) Alvenaria ( ) Madeira ( ) Taipa ( ) Casa Mista                      ( ) Outros: _____                      Número de pessoas que vivem na residência? _____                      Banho/dia: ( ) Sim _____/dia ( ) Não                      ( ) Sem auxílio ( ) Com auxílio _____                      Escovação dos dentes/dia: ( ) Sim _____/dia ( ) Não                      ( ) Sem auxílio ( ) Com auxílio _____                      Higienização da boca: ( ) Sim _____/dia ( ) Não                      ( ) Sem auxílio ( ) Com auxílio _____                      Uso de fio dental: ( ) Sim _____/semana ( ) Sim _____/ dia ( ) Não                      ( ) Sem auxílio ( ) Com auxílio _____</p>	<p><b>2. NUTRIÇÃO E HIDRATAÇÃO</b>                      Peso: _____ Kg Altura: _____ m.                      IMC: _____ Glicemia: _____ mg/dl                      Distúrbios alimentares: ( ) Não ( ) Sim _____                      Cavidade oral – Higiene: ( ) Pouco Satisfatória ( ) Satisfatória                      Boca: ( ) Lábios ressecados ( ) Dentição incompleta                      ( ) Lesões _____                      ( ) Disfagia Especificar a que tipo de alimento: _____                      Prótese dentária: ( ) Superior ( ) Inferior                      Hidratação: ( ) Desidratado _____/4+</p>																
Requisitos Desenvolvimento Humano	Desvios de Saúde																
<p><b>HISTÓRIA DA DOENÇA ATUAL</b>                      Início _____                      Primeiros sinais e sintomas _____                      Evolução _____                      Hospitalizações ____ Data última: ____ Motivo: ____                      Antecedentes patológicos pessoais ( ) obesidade ( ) hipercolesterolemia                      ( ) pré-diabetes Outros: _____                      Mudanças na vida com a hipertensão/diabetes? _____                      História Familiar: ( ) Doença Cardiovascular ( ) Hipertensão Arterial                      ( ) Diabetes Mellitus ( ) Doença Renal ( ) Obesidade Outros: _____</p>	<p><b>3. ELIMINAÇÃO E TROCA</b>                      Urina: ( ) Disúria ( ) Acastanhada ( ) Vermelhada ( ) Marrom                      ( ) Oligúria ( ) Poliúria ( ) Polaciúria ( ) Nictúria ( ) Hematúria ( ) Muco                      Outras alterações: _____                      Fezes: ( ) Endurecidas ( ) Líquida ( ) semi-líquida ( ) Pastosas ( ) melena                      Outras alterações: _____                      História de complicações do trato urinário e intestinal: ( ) Sim ( ) Não                      Qual? _____                      Pele/Mucosas: ( ) Descorado ____/ 4+ ( ) Ictérico ____/4+                      ( ) Edema MMSS ____/4+ ( ) Edema MMI ____/4+                      Outras alterações: _____                      Abdome: ( ) Globoso ( ) Escavado ( ) Distendido ( ) Tenso                      ( ) Timpânico ( ) Ascítico ( ) Doloroso                      RHA: ( ) Diminuído ( ) Aumentado                      Pulso: ( ) Ritmico ( ) Arritmico ( ) Cheio ( ) Fino                      Expansão torácica: ( ) Diminuída ( ) Direito ( ) Esquerdo ( ) Simétrico                      ( ) Assimétrico ( ) Direito ( ) Esquerdo                      Murmúrios Vesiculares: ( ) Reduzido Local: _____                      Ruídos Adventícios: Estertor: ( ) Fino ( ) Grosso ( ) Sibilos                      ( ) Ronco Local: _____                      ( ) Tosse seca ( ) Tosse produtiva Especificar (quantidade, cor): _____</p>																
Desvios de Saúde	Desvios de Saúde																
<p>PA: ____/____ mmHg Pulso: _____ bat/min                      Temp. Auxiliar: _____ °C FR: ____ irp/min                      Enchimento capilar: ____ s</p>	<p><b>4. ATIVIDADE E REPOUSO</b>                      Alteração cardiovascular: ( ) Não ( ) Sim _____                      Alteração Musculoesquelética: ( ) Não ( ) Sim _____                      Restrição à atividade física: ( ) Não ( ) Sim Motivo: _____                      Sono: ( ) Dificuldade para iniciar o sono ( )                      Dificuldade para manter o sono ( ) Roncos ( ) Apneia do sono</p>																
<p><b>1. PROCESSO SAÚDE-DOENÇA</b>                      Interesse em aprender ( ) Sim ( ) Não Justifique _____                      Queixa atual: _____                      Exames realizados e resultados: _____                      Cirurgias realizadas e ano: _____                      Interferência da doença na vida/trabalho (0 a 10)? _____                      Medicamentos em uso:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #f4a460;">Nome</th> <th style="background-color: #f4a460;">Dosagem</th> <th style="background-color: #f4a460;">Horário</th> <th style="background-color: #f4a460;">Dificuldades</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Nome	Dosagem	Horário	Dificuldades													<p><b>5. PERCEPÇÃO/COGNIÇÃO</b>                      Olhos: ( ) Diminuição da acuidade visual ( ) Direito ( ) Esquerdo ( )                      cegueira ( ) Direito ( ) Esquerdo ( ) Nistagmo ( ) Diplopia ( ) Visão turva                      ( ) Óculos ( ) Lentes de contato                      Outras alterações: _____                      Ouvidos ( ) Sujidades ( ) diminuição da acuidade auditiva                      ( ) Direito ( ) Esquerdo ( ) surdez ( ) Direito ( ) Esquerdo ( ) zumbido                      Outras alterações: _____                      Nariz: ( ) Desvio de septo ( ) Sujidades ( ) Secreções                      Fala: ( ) Afasia ( ) Dislalia ( ) Disartria ( ) Mudez ( ) Desvio de rima labial                      Outras alterações: _____                      Tato: ( ) Percepção sensorial diminuída Local: _____                      Alterações: ( ) Tátil ( ) Térmica ( ) Dolorosa                      Avaliação de marcha: _____                      Risco de quedas ( ) Não ( ) Sim _____</p>
Nome	Dosagem	Horário	Dificuldades														

Continued...

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Table 4 - Consulta de enfermagem a pessoas hipertensas e/ou diabéticas\*

Desvios de Saúde	Desvios de Saúde																							
<p><b>6. AUTOPERCEPÇÃO</b>  <input type="checkbox"/> Distúrbio da imagem corporal <input type="checkbox"/> Isolamento social  <input type="checkbox"/> Exagero no feedback negativo sobre si mesmo <input type="checkbox"/> Rejeita feedback positivo sobre si mesmo Outras alterações: _____</p>	<p><b>11. SEGURANÇA E PROTEÇÃO</b>                      Barreiras para adesão ao Tratamento: _____                      Automedicação: <input type="checkbox"/> Não <input type="checkbox"/> Sim Início: _____                      Especificar o(s) medicamento(s) e a frequência de uso _____                      _____                      Alergia(s): <input type="checkbox"/> Não <input type="checkbox"/> Sim Qual(is): _____                      O que faz nos episódios alérgicos? _____                      Pele/Mucosas/ Incisão: <input type="checkbox"/> Presença de lesões _____                      Curativos: <input type="checkbox"/> presente <input type="checkbox"/> ausente Local: _____                      Características: _____                      Exames: <input type="checkbox"/> Papanicolau <input type="checkbox"/> Mama <input type="checkbox"/> Antígeno anti prostático  <input type="checkbox"/> Sangue <input type="checkbox"/> Outros: _____                      Data e resultado(s) _____                      Uso de órtese: <input type="checkbox"/> Não <input type="checkbox"/> Sim _____                      Avaliação da marcha _____                      Dispositivos para auxílio a marcha: <input type="checkbox"/> Não <input type="checkbox"/> Sim _____                      Teste de equilíbrio Romberg: <input type="checkbox"/> Positivo <input type="checkbox"/> Negativo                      Ambiente doméstico _____</p>																							
<p><b>7. PAPÉIS E RELACIONAMENTO</b>                      Sistema de suporte – Família: <input type="checkbox"/> Ausência de suporte familiar/social  <input type="checkbox"/> Pouco suporte familiar/social <input type="checkbox"/> Pai <input type="checkbox"/> Mãe <input type="checkbox"/> Marido/esposa <input type="checkbox"/> Filhos                      Outros: _____ Telefone: _____  <input type="checkbox"/> Conflitos familiares _____  <input type="checkbox"/> História familiar de resistência ao tratamento _____</p>	<p><b>12. CONFORTO</b>                      Queixas de dor: <input type="checkbox"/> Sim Localização: _____                      Duração, início e intervenções _____</p> <p><b>INTENSIDADE DA DOR:</b></p>  <p style="text-align: center;"><b>ESCALA VISUAL ANALÓGICA - EVA</b></p>																							
<p><b>8. SEXUALIDADE</b>                      Vida sexual: <input type="checkbox"/> dispaneuria <input type="checkbox"/> ausência de interesse/vontade sexual <input type="checkbox"/> ausência de orgasmo <input type="checkbox"/> ejaculação precoce  <input type="checkbox"/> disfunção erétil Outras alterações: _____                      Práticas: <input type="checkbox"/> uso de estimulantes sexual medicamentoso <input type="checkbox"/> uso de gel lubrificante <input type="checkbox"/> não uso de preservativo <input type="checkbox"/> Outras _____</p>	<p style="text-align: center;"><b>Déficit de Autocuidado</b></p> <p><input type="checkbox"/> Agir, fazer para o outro  <input type="checkbox"/> Apoiar físico ou emocionalmente  <input type="checkbox"/> Proporcionar um ambiente que promova o desenvolvimento pessoal  <input type="checkbox"/> Ensinar  <input type="checkbox"/> Guiar</p>																							
<p><b>9. ENFRENTAMENTO/TOLERÂNCIA AO ESTRESSE</b>                      Estresse: <input type="checkbox"/> Sim <input type="checkbox"/> Não Causa do estresse: _____                      Estratégia(s) para enfrentar o estresse: _____                      Manifestações do estresse: _____</p>	<p style="text-align: center;"><b>Sistema de Enfermagem</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #f4a460;"> <th style="width: 50%;">Classificação do cliente</th> <th style="width: 50%;">Desvio de Saúde</th> </tr> </thead> <tbody> <tr> <td>Totalmente compensatório</td> <td></td> </tr> <tr> <td>Parcialmente compensatório</td> <td></td> </tr> <tr> <td>Apoio e educação</td> <td></td> </tr> </tbody> </table>	Classificação do cliente	Desvio de Saúde	Totalmente compensatório		Parcialmente compensatório		Apoio e educação																
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\*Instrumento fundamento no referencial teórico e filosófico de Dorothea E. Orem e desenvolvido no Projeto de Extensão "Educação em Saúde: Estratégias para promoção da qualidade de vida de famílias atendidas pela Unidade de Saúde da Família do bairro Silvestre". Elaborado por: Camila Santana Domingos, Priscila Camara de Moura, Nayara Vilela Rodrigues e Luciene Muniz Braga.

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