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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[1].

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)[2]. The Nursing professional is inserted working in activities such as education, planning, organization and evaluation of health actions, nursing appointments, among others[3].

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[2].

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 clacks 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[4].

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[5].

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 star 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.

Doe 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[6]. 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[7].

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 and instrument which must be reliable, precise and useful to be used by other researchers[8].

The execution of this research complied with the previous step of appraisal by the Ethics in Research Committee of College Hospital Lauro Wanderley, of Paraiba Federal University – Campus I, in accordance to the ethic aspects detailed by the Resolution 196/96 of Brazilian National Health Council[9], 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 describers 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® 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 coud 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: ☐ M ☐ F Marital Status: _____ Date of Birth: ____/____/_____
Education: _____ Religion: _____ Provenance: _____
Profession: _____ Occupation: _____
Adress: _____

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__ºC 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: ☐Eupneia ☐Bradypnea ☐Tachypnea ☐Dyspnea
Auscultation: ☐Rales creptantes ☐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? _____

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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

hating 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 ☐ not Amount: _____

Electrolyte replacement substances: ☐yes ☐ not 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: _____ Aamount: _____

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

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Body Care
Body hygiene: ☐satisfactory ☐poor Presence of odor: ☐yes ☐no Frequency of bathing: _____
Oral hygiene : ☐ satisfactory ☐poor Need help to make the care: ☐ yes ☐ no
Physical activity / body mechanics / motility
Regular exercise : ☐yes ☐ no type : _____ frequency weekly: _____
physical limitation : ☐yes ☐ no type: _____ muscle strength: ☐hypertonia ☐ hypotonia need
help to move : ☐yes ☐no pain on movement : ☐yes ☐ no
rambles : ☐yes ☐ no needs help to walk : ☐yes ☐no use : ☐crutch ☐cane
☐ wheelchair ☐ bedridden ☐ paraplegic ☐ absence of members . which _____
Sexuality / hormonal regulation / acceptance / attention / gregarious / self-esteem / emotional security
Sexual practice : ☐yes ☐ no altered libido : ☐yes ☐ no Impotence : ☐yes ☐no /
contraceptive use : ☐yes ☐ no menopause : ☐yes ☐no diabetes mellitus : ☐yes ☐no
feelings and behaviors : ☐happiness ☐confidence ☐coping ☐values up ☐emotional stability ☐ anxiety
crying ☐depression ☐fear ☐apprehension ☐agitated ☐ presence of family / visits
Health education / learning / therapeutic / freedom
Knowledge about hypertension : ☐yes ☐no participates in therapeutic regimen: ☐yes ☐no
use of antihypertensive medication : ☐yes ☐no use of tranquilizers and antidepressants : ☐yes ☐no
Smoking : ☐yes ☐no alcohol : ☐yes ☐no time _____ drug use : ☐yes ☐ no
perform preventive examinations : ☐breast ☐ cytology ☐ prostate period _____ receive educational health promotion (school, family , community , church and health system) Tips for the care plan _____
Recreation and leisure / creativity / self -realization
Participates in group activities : ☐yes ☐ no develops handiwork or that uses creativity _____ walks :
☐yes ☐ no visit family and friends : ☐yes ☐ no
Physical security / environment / Shelter
Homeowners: ☐yes ☐ no garbage disposal : ☐yes ☐no treated water : ☐yes ☐no
environment free from danger ☐proper lighting how many people live in the house ___
Religiousness / spirituality
Religion _____ ☐need for a spiritual or religious activities
Disorder in the belief system : ☐yes ☐no religious clash : ☐yes ☐ 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[10,11,12,13]. 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[10].

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**
Need for oxygenation		
☐Dyspnea other _____	☐Evaluate the respiratory. ☐Listening respiratory sounds , noting the presence of noise and adventitious. ☐Guide the semi - fowler position in order to relieve dyspnea. ☐Guide measures to reduce the level of anxiety.	
☐Cough Other _____	☐Assess and record appearance of secretions excreted. ☐Encourage fluid intake when possible. ☐Stimulate productive cough. ☐Nebulize with the saline	

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

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

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