REFLECTION ARTICLE

OBJN
Online Brazilian Journal of Nursing
ISSN: 1676 - 4285 | www.objnursing.uff.br

Submission: 21-Aug-2026
Approved: 26-Sep-2026

PERIOPERATIVE NURSING PROCESS: REFLECTIONS ON THE CHALLENGES AND POTENTIAL FOR IMPLEMENTING THE NOMENCLATURE*

PROCESSO DE ENFERMAGEM PERIOPERATÓRIA: REFLEXÕES SOBRE OS DESAFIOS E POTENCIALIDADES PARA APLICAÇÃO DA NOMENCLATURA

PROCESO DE ENFERMERÍA PERIOPERATORIA: REFLEXIONES SOBRE LOS DESAFÍOS Y EL POTENCIAL DE APLICACIÓN DE LA NOMENCLATURA

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How to cite: Gama VSP, Pereira EBF. Perioperative Nursing Process: reflections on the challenges and potential for implementing the nomenclature. Online Braz J Nurs. 2026;25(1):e20267148. https://doi.org/10.17665/1676-4285.20267148

RESUMO

Objetivo: Refletir sobre a atualização da nomenclatura de Sistematização da Assistência de Enfermagem Perioperatória (SAEP) para Processo de Enfermagem Perioperatória (PEP), com base na Resolução COFEN N.º 736/2024 em referenciais teóricos da enfermagem perioperatória. **Método:** Estudo reflexivo, de natureza teórica, fundamentado na análise de normativas profissionais, no modelo conceitual de assistência de enfermagem perioperatória e em produções científicas recentes sobre a evolução conceitual da prática clínica perioperatória. **Resultados:** A atualização da nomenclatura SAEP para PEP fortalece a distinção entre Sistematização da Assistência de Enfermagem, compreendida como dimensão gerencial e organizativa, e Processo de Enfermagem, entendido como metodologia clínica orientada pelo pensamento crítico e pelo julgamento clínico. A adoção do termo PEP alinha a enfermagem perioperatória brasileira à terminologia global *Nursing Process*, sem desconsiderar o legado histórico da SAEP. Essa transição contribui para o fortalecimento da identidade profissional do enfermeiro perioperatório e para a qualificação do cuidado nas fases pré, trans e pós-operatória. **Conclusão:** A atualização para Processo de Enfermagem Perioperatória reafirma o papel do enfermeiro como tomador de decisão clínica no cuidado ao paciente cirúrgico. A incorporação dessa nomenclatura favorece maior conformidade legal, rigor científico, segurança do paciente e valorização da prática perioperatória baseada em evidências.

Descritores: Enfermagem Perioperatória; Processo de Enfermagem; Terminologia Padronizada em Enfermagem; Diagnóstico de Enfermagem; Segurança do Paciente; Paciente Cirúrgico.

ABSTRACT

Objective: To reflect on the change in terminology from Systematization of Perioperative Nursing Care (Sistematização da Assistência de Enfermagem Perioperatória – SAEP) to the Perioperative Nursing Process (Processo de Enfermagem Perioperatória – PEP), based on COFEN Resolution No. 736/2024 and theoretical frameworks in perioperative nursing. **Method:** A theoretical reflective study based on the analysis of professional regulations, the conceptual model of perioperative nursing care, and recent scientific literature on the conceptual evolution of perioperative clinical practice. **Results:** Updating the terminology from Systematization of Perioperative Nursing Care (SAEP) to the Perioperative Nursing Process (PEP) reinforces the distinction between the Systematization of Nursing Care, understood as a managerial and organizational dimension, and the Nursing Process, understood as a clinical methodology guided by critical thinking and clinical judgment. The adoption of the term PEP aligns Brazilian perioperative nursing with the global terminology Nursing Process, while acknowledging the historical legacy of SAEP. This transition contributes to strengthening the professional identity of perioperative nurses and improving the quality of care throughout the preoperative, intraoperative, and postoperative phases. **Conclusion:** The adoption of the term Perioperative Nursing Process reaffirms the nurse's role as a clinical decision-maker in the care of surgical patients. Incorporating this terminology promotes greater legal compliance, scientific rigor, patient safety, and recognition of evidence-based perioperative practice.

Descriptors: Perioperative Nursing; Nursing Process; Standardized Nursing Terminology; Nursing Diagnosis; Patient Safety; Surgical Patient.

RESUMEN

Objetivo: Reflexionar sobre la actualización de la nomenclatura de Sistematización de la Atención de Enfermería Perioperatoria (SAEP) a Proceso de Enfermería Perioperatoria (PEP), con base en la Resolución COFEN N.° 736/2024 y los marcos teóricos de la Enfermería Perioperatoria. **Método:** Estudio reflexivo de carácter teórico, fundamentado en el análisis de la normativa profesional, el modelo conceptual de los cuidados de enfermería perioperatorios y publicaciones científicas recientes sobre la evolución conceptual de la práctica clínica perioperatoria. **Resultados:** La actualización de la nomenclatura de SAEP a PEP refuerza la distinción entre Sistematización de la Atención de Enfermería, entendida como una dimensión gerencial y organizativa, y Proceso de Enfermería, entendido como metodología clínica guiada por el pensamiento crítico y el juicio clínico. La adopción del término PEP alinea la enfermería perioperatoria brasileña con la terminología global de *Nursing Process*, sin desmerecer el legado histórico del SAEP. Esta transición contribuye a fortalecer la identidad profesional del enfermero perioperatorio y a mejorar la calidad de la atención en las etapas preoperatoria, transoperatoria y postoperatoria. **Conclusión:** La actualización a Proceso de Enfermería Perioperatoria reafirma el rol del enfermero como responsable de la toma de decisiones clínicas en la atención del paciente quirúrgico. La incorporación de esta nomenclatura promueve una mayor conformidad legal, el rigor científico, la seguridad del paciente y la valoración de la práctica perioperatoria basada en la evidencia.

Descriptores: Enfermería Perioperatoria; Proceso de Enfermería; Terminología Normalizada de Enfermería; Diagnóstico de Enfermería; Seguridad del Paciente; Paciente Quirúrgico.

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What is already known:

- COFEN Resolution No. 736/2024 establishes guidelines for implementing the Nursing Process in all settings where professional nursing care is provided.
- Brazilian perioperative nursing has a historical trajectory rooted in the Systematization of Perioperative Nursing Care model.
- Recent literature highlights the need to update the terminology from Systematization of Perioperative Nursing Care (SAEP) to the Perioperative Nursing Process (PEP), in alignment with the established terminology Nursing Process.

What this article adds:

- It reinforces the adoption of the term Perioperative Nursing Process as a strategy to ensure regulatory compliance and strengthen clinical practice.
- It analyzes the conceptual transition from SAEP to PEP as a shift toward greater recognition of clinical judgment in perioperative nursing.
- It discusses the implications of the terminology update for surgical patient safety and the professional identity of perioperative nursing.

INTRODUCTION

Brazilian nursing experienced a significant regulatory milestone with the publication of COFEN Resolution No. 736/2024, which establishes provisions for the implementation of the Nursing Process in all settings where professional nursing care is provided and repealed COFEN Resolution No. 358/2009[1,2]. This regulation reinforces the Nursing Process as a structured clinical method that guides nurses' critical thinking, clinical judgment, and decision-making[1].

The aforementioned resolution also helps clarify the conceptual distinction between the Systematization of Nursing Care (SAE) and the Nursing Process (NP). SAE refers to the organization of professional nursing practice in terms of methods, personnel, and instruments, whereas the NP corresponds to the clinical methodology used to guide care[3]. This distinction is essential to overcome historical interpretations that contributed to the conceptual overlap between SAE and NP.

The term Systematization of Nursing Care (SAE) was introduced by COFEN Resolution No. 272/2002 as a complement to the Nursing Process. However, even after the publication of COFEN Resolution No. 358/2009, which sought to establish a conceptual distinction between these terms, ambiguous interpretations persisted in nurses' written and oral communication. The conceptual distinction between the Systematization of Nursing Care (SAE) and the Nursing Process (NP) faced challenges in the Brazilian context due to a professional culture historically focused on the managerial dimensions of nursing practice. In this context, the transition to a person-centered care model guided by clinical reasoning required changes in the organization of nursing practice[3].

In the field of perioperative nursing, Brazilian practice became established based on the Systematization of Perioperative Nursing Care (SAEP) model, developed by Castellanos and Jouclas, which proposed individualized, comprehensive, participatory, documented, and evaluated care for surgical patients[4]. This model represented a significant advancement in the organization of care throughout the preoperative, intraoperative, and postoperative phases.

However, the continued use of the term Systematization of Perioperative Nursing Care (SAEP) has been the subject of reflection in recent literature, particularly in light of the need to align with the terminology Nursing Process. Perioperative nursing practice guidelines recommend that the Nursing Process guide care delivery and the documentation of professional practice, thereby strengthening patient safety and safe surgery by promoting the organization of care throughout all phases of the surgical experience[5].

A reflective study conducted by nurses with expertise in perioperative nursing and the Nursing Process indicates that adopting the term Perioperative Nursing Process (PEP) promotes greater conceptual precision, regulatory compliance, and reinforcement of the clinical identity of perioperative nurses[6]. Furthermore, it reinforces the role of these professionals in implementing the stages of the PEP in an integrated manner, addressing the care needs of surgical patients.

Although the terminology update from Systematization of Perioperative Nursing Care (SAEP) to the Perioperative Nursing Process (PEP) has recently been proposed in the literature by experts affiliated with SOBECC (Brazilian Association of Perioperative Nurses, Recovery Rooms, and Central Sterile Supply Departments)[6], focusing predominantly on conceptual and regulatory equivalence, the existing literature leaves an analytical gap regarding the operational implications of this transition in the day-to-day practice of healthcare services. This article advances beyond previous literature by investigating how the structural and micropolitical challenges of operating rooms, such as inadequate staffing levels and occupational stress, interact with the actual applicability of the Perioperative Nursing Process (PEP). Additionally, it addresses this knowledge gap by discussing how contemporary technological innovations, such as telenursing and point-of-care ultrasonography, enhance clinical judgment and facilitate the practical consolidation of this new terminological model in Brazilian perioperative nursing.

In this context, this study aims to reflect on the terminology update from Systematization of Perioperative Nursing Care to the Perioperative Nursing Process, in light of COFEN Resolution No. 736/2024 and theoretical frameworks in perioperative nursing, as well as to discuss the potential benefits and challenges of its implementation in the Brazilian context.

METHOD

This is a theoretical reflection article developed through a critical analysis of professional regulations and conceptual frameworks related to the Nursing Process and perioperative nursing. The reflection was based on COFEN Resolution No. 736/2024, which addresses the implementation of the Nursing Process across different care settings; the conceptual model of perioperative nursing care proposed

by Castellanos and Jouclas; and contemporary scientific literature discussing the terminology update from Systematization of Perioperative Nursing Care (SAEP) to the Perioperative Nursing Process (PEP)[1,4,6].

The scientific literature used to support this reflection was drawn from studies by researchers and experts affiliated with the Brazilian Association of Perioperative Nurses, Post-Anesthesia Care Units, and Sterile Processing Departments (SOBECC), the Nursing Process Research Network (RePPE), and the Commission for the Systematization of Nursing Practice (COMSISTE) of the Brazilian Nursing Association (ABEn).

The reflections were organized into three thematic areas: Conceptual transition: from the organizational dimension to clinical methodology; Equivalence between the stages of the Perioperative Nursing Process and the conceptual model of Systematization of Perioperative Nursing Care (SAEP); and Implications for clinical practice: potential benefits and challenges for implementation.

As this was a reflective study that did not involve human participants, medical record review, interviews, or identifiable information, review by a Research Ethics Committee was not required.

DEVELOPMENT

Conceptual Transition: From the Organizational Dimension to Clinical Methodology

The terminology update from Systematization of Perioperative Nursing Care (SAEP) to the Perioperative Nursing Process (PEP) represents a significant conceptual shift in professional practice. More than a terminological change, it reaffirms the clinical, scientific, and decision-making nature of nursing care throughout the perioperative period.

Historically, the interchangeable use of the terms Systematization of Nursing Care (SAE) and Nursing Process (NP) has contributed to misconceptions in professional practice, reducing the Nursing Process to a documentation requirement. This understanding limits its essential purpose, which is to guide clinical reasoning, the identification of health needs, care planning, and the evaluation of care outcomes[5,7].

The need for this conceptual transition is aligned with the scientific evidence on the Nursing Process. In the Brazilian context, two regulatory milestones contributed to the consolidation of the term SAE without adequate conceptual grounding and, consequently, to misconceptions in its application[3]. It is worth noting that the conceptual model by Castellanos and Jouclas, proposed in 1990, already recommended the use of the Nursing Process in the care of surgical patients even before the publication of COFEN Resolution No. 272/2002[4].

COFEN Resolution No. 272/2002 reinforced the documentation of the Systematization of Nursing Care (SAE) in patients' medical records according to the stages of the Nursing Process, without establishing a clear conceptual distinction between these terms. Subsequently, COFEN Resolution No. 358/2009 sought to clarify this distinction. With the publication of COFEN Resolution No. 736/2024, this differentiation became even more evident, defining SAE as the organizational structure of nursing work and the Nursing Process as the clinical method for care delivery[1,8].

The conceptual divergences observed over time reflect the professionalization of Brazilian nursing, as well as differing interpretations of the generations and stages of the Nursing Process. Furthermore, the incorporation of the term SAE into professional regulations has significantly influenced the understanding and implementation of the Nursing Process in clinical practice.

In this context, several national theoretical approaches have sought to explain the relationship between SAE and the Nursing Process (NP). However, defining SAE as an element that "organizes professional work in terms of methods, personnel, and instruments, making the implementation of the Nursing Process possible" is insufficient, as it does not adequately detail these components. Thus, SAE and the NP constitute distinct concepts from theoretical, conceptual, and operational perspectives. The absence of a broader definition of SAE, coupled with a lack of clarity regarding its practical application and its distinction from the Nursing Process, strengthens the argument in favor of using the term Nursing Process, in alignment with internationally adopted terminology[3].

In the perioperative context, this distinction is particularly relevant due to the complexity of surgical patient care, which requires continuous assessment, individualized planning, and safe clinical decision-making. The model proposed by Castellanos and Jouclas retains its historical significance by encompassing comprehensive, systematized care centered on patients' needs[4]. Thus, adopting the term Perioperative Nursing Process does not represent a break with the previously established model, but rather a conceptual update aligned with current regulations, scientific evidence, and the internationally adopted terminology *Nursing Process*[6].

Equivalence Between the Stages of the Perioperative Nursing Process and the Conceptual Model of Systematization of Perioperative Nursing Care (SAEP)

The Perioperative Nursing Process (PEP) is organized into five interrelated stages: assessment, nursing diagnosis, planning, implementation, and nursing evaluation[1,7]. These stages are dynamic and interdependent and should be applied in an integrated manner across the preoperative, intraoperative, and postoperative phases. Similarly, the Systematization of Perioperative Nursing Care (SAEP) is structured into five stages: preoperative assessment, problem identification, care planning, care implementation, and postoperative evaluation[4].

Although they use different terminology, conceptual correspondence can be observed between the stages proposed by the two models. In SAEP, preoperative assessment is conducted through a nursing visit and aims to identify the needs of the patient and family, thereby informing perioperative care planning. Similarly, in the PEP, nursing assessment involves systematic data collection through interviews, physical examination, observation, and analysis of clinical information, enabling the identification of needs, vulnerabilities, and risk factors associated with the surgical procedure[9,10]. In addition to informing clinical

decision-making, this stage helps strengthen patient confidence, reduce anxiety, and promote safe postoperative recovery[11].

The problem identification stage proposed by SAEP is closely related to the nursing diagnosis stage of the PEP. While SAEP seeks to identify situations, difficulties, and risks requiring nursing team interventions, nursing diagnosis involves the nurse's clinical judgment regarding observed human responses, encompassing conditions such as pain, anxiety, risk of infection, impaired skin integrity, and risks related to patient safety[1,7].

Similarly, the care planning stage described in SAEP corresponds to the nursing planning stage of the PEP. In both models, this phase involves defining the interventions required to address the identified needs and requires specific competencies, such as proficiency in safe surgical positioning to prevent skin injuries[10], in addition to meeting health authorities' requirements for preventive practices[12]. In the PEP, planning also includes establishing expected outcomes, prioritizing care, allocating resources, and defining strategies to prevent adverse events.

Continuity of care throughout the perioperative journey is one of the fundamental principles of perioperative nursing. In this context, the PEP promotes the integration of actions performed during the preoperative, intraoperative, and postoperative phases, ensuring that the data collected, diagnoses established, interventions planned, and outcomes evaluated are used in a coordinated manner throughout the entire surgical experience.

This perspective contributes to the early identification of risks, prevention of complications, reduction of anxiety, and promotion of a safer and more humanized surgical experience. Furthermore, it strengthens communication among the professionals involved in care and supports informed decision-making throughout the care continuum. From this perspective, perioperative care should be understood as a dynamic, person-centered process supported by coordinated actions[13]. The use of supportive tools, such as validated safe surgery checklists, reinforces these actions and promotes better clinical outcomes[14].

Implementation corresponds to the execution of planned interventions, including direct care, the application of institutional protocols, and communication with the multidisciplinary team[5,8]. Nursing evaluation, in turn, involves the systematic assessment of outcomes achieved, with rigorous monitoring for potential adverse events in recovery units[15]. In contemporary practice, the PEP also encompasses the potential of digital health innovations. This modernization enables follow-up to be optimized through telenursing resources, ensuring continuity of care with methodological rigor[16].

Thus, the Perioperative Nursing Process preserves the care principles historically proposed by SAEP while incorporating the contemporary terminology and conceptual frameworks of the Nursing Process. This equivalence demonstrates that adopting the term PEP does not represent a break with the Brazilian perioperative care model, but rather its conceptual update and alignment with current professional regulations.

Implications for clinical practice: potential benefits and challenges for implementation

The adoption of the Perioperative Nursing Process strengthens the role of nurses as professionals responsible for evidence-based clinical decision-making. This approach broadens the understanding of perioperative care as a continuous, analytical, and outcome-oriented process. In practice, the PEP promotes the organization of care and the prevention of adverse events, directly contributing to strengthening the safety culture in the operating room. This approach highlights the importance of communication among the multidisciplinary team and the monitoring of quality indicators[17].

The potential benefits of the PEP include enhancing perioperative nurses' clinical reasoning, as its implementation requires systematic assessment, clinical judgment, and evidence-based decision-making. Furthermore, the use of standardized terminology and nursing diagnoses increases the visibility of professional practice, facilitating communication among multidisciplinary team members and ensuring continuity of care throughout the surgical journey. Another relevant aspect is the ability to monitor care outcomes, generate quality indicators, and demonstrate the impact of nursing interventions on patient safety and surgical outcomes[6,9].

The adoption of the PEP may also improve the organization of nursing team workflows, contributing to intervention planning, optimization of available resources, and individualized care. Consequently, it has the potential to improve postoperative recovery, reduce complications, increase patient satisfaction, and strengthen the safety culture in surgical services[5,17].

It should be emphasized that, unlike the strictly conceptual and structural scope of terminological equivalence presented in the initial literature in this specialty[6], the actual transition to and consolidation of the PEP within the micropolitics of operating rooms require addressing chronic vulnerabilities in nursing work processes. The implementation of the Perioperative Nursing Process still faces significant challenges, including inadequate documentation, the lack of standardized instruments, and occupational factors. Inadequate staffing levels, excessive workloads, and the high levels of stress experienced by operating room nurses compromise the time available for rigorous clinical assessment, often shifting their focus toward administrative demands[18].

Another challenge concerns the incorporation of nursing diagnoses into perioperative practice. Although recognized as central components of the Nursing Process, their use is still affected by difficulties related to professional education, familiarity with classification systems, and the availability of tools to support diagnostic reasoning[9]. Furthermore, the persistence of misconceptions regarding the relationship between SAE and the Nursing Process (NP) may hinder the consolidation of the PEP as a clinical method of care[3,6].

In this context, implementing the PEP requires investment in continuing professional education and the development of protocols that support advanced nursing practice in

surgical specialties[19]. The contribution of this reflection lies in demonstrating that the PEP goes beyond compliance with legal formalities or terminological standardization[6], expanding into a model that is receptive to contemporary care innovations that enrich clinical judgment, such as telenursing support resources[16] in longitudinal follow-up and the incorporation of point-of-care ultrasonography[20] in perioperative assessment. These digital and imaging tools represent new horizons for diagnostic and therapeutic reasoning, requiring continuous professional development and reshaping the clinical identity of perioperative nurses in response to the demands of caring for highly complex surgical patients.

CONCLUSION

Updating the terminology from Systematization of Perioperative Nursing Care to the Perioperative Nursing Process represents a conceptual, scientific, and regulatory advance for Brazilian nursing. This is a process of modernization rather than a rupture, repositioning a historically established model in light of the contemporary distinction between the organizational dimension of care and the clinical methodology that guides nursing care.

The reflections presented demonstrate that the Perioperative Nursing Process preserves the care principles established by the SAEP model while strengthening its alignment with the theoretical, regulatory, and scientific frameworks that underpin the Nursing Process today. Thus, adopting the term PEP promotes greater conceptual precision, alignment with current professional guidelines, and integration with the international terminology used in nursing.

In the perioperative context, the Perioperative Nursing Process strengthens the role of nurses as professionals responsible for clinical judgment, decision-making, and care coordination across the preoperative, intraoperative, and postoperative phases, directly contributing to improved quality of care and patient safety. Therefore, adopting this terminology should be understood not merely as a terminological adjustment, but as a strategic opportunity to consolidate the clinical identity of perioperative nursing and expand its contribution to the quality of surgical care.

*Article extracted from the dissertation project entitled "Telenursing in Gynecological Postoperative Care: Development and Validation of a Care Protocol," submitted to the Graduate Program in Nursing (PPGENF) at the University of Pernambuco in 2026.

CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest.

FUNDING

This study was funded by the Coordination for the Improvement of Higher Education Personnel (CAPES).

USE OF ARTIFICIAL INTELLIGENCE

The artificial intelligence tool Google Gemini was used to assist with the structuring and grammatical revision of the manuscript, without influencing the theoretical interpretation, critical analysis, or conclusions of the study.

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AUTHORSHIP CONTRIBUTIONS

Study conception: Gama VSP, Pereira EBF.
Data acquisition: Not applicable.
Data analysis: Gama VSP, Pereira EBF.
Data interpretation: Gama VSP, Pereira EBF.
All authors take responsibility for drafting the manuscript and critically reviewing its intellectual content, approving the final published version, and ensuring all ethical, legal, and scientific aspects related to the accuracy and integrity of the study.

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