

Nursing actions for a safe medications administration: an integrative review

Camerini, Flavia Giron; Silva, Lolita Dopico da; Mira, Antonia Juliana Muniz

Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Camerini, F. G., Silva, L. D. d., & Mira, A. J. M. (2014). Nursing actions for a safe medications administration: an integrative review. *Revista de Pesquisa: Cuidado é Fundamental Online*, 6(4), 1655-1665. <https://doi.org/10.9789/2175-5361.2014.v6i4.1655-1665>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see: <https://creativecommons.org/licenses/by-nc/4.0>

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

INTEGRATIVE REVIEW OF THE LITARATURE

Ações de enfermagem na atenção primária e qualidade de vida do idoso: revisão integrativa

Nursing actions in primary care and quality of life of the elderly: integrative review

Acciones de enfermería en atención primaria y la calidad de vida de los ancianos: revisión integradora

Camilla Dias Linhares ¹, Florence Romijn Tocantins ², Adriana Lemos ³

ABSTRACT

Objective: To identify in scientific publications, nursing actions in primary care oriented to health of the elderly population and examine how these actions contribute to the quality of life of the elderly in Brazil. **Method:** An Integrative Review in the BDEF and LILACS databases. The contents were organized, categorized and interpreted the light of public policies. **Results:** There were actions related to identification of needs, skills and decreased limitations and difficulties, positively contributing to the health promotion and quality of life of the elderly population. **Conclusion:** Nursing actions in primary care towards the health of the elderly population in the scientific production contribute to quality of life. This must be adapted to the bio-psycho-social conditions, be feasible and acceptable to the elderly, family and caregiver. It highlights the importance of continuing education of nursing professionals in Primary Health Care. **Descriptors:** Nursing care, Health of the elderly, Quality of life.

RESUMO

Objetivo: Identificar em produção científica, as ações de enfermagem na Atenção Básica voltadas para a saúde da população idosa brasileira e analisar o modo como essas ações contribuem para a qualidade de vida da população idosa no Brasil. **Método:** Revisão Integrativa, utilizado as bases BDEF e LILACS. Os conteúdos foram organizados, categorizados e interpretados a luz de políticas públicas. **Resultados:** Evidenciaram-se ações relacionadas a identificação de necessidades, capacitação e diminuição de limitações e dificuldades, contribuindo positivamente para a promoção da saúde e qualidade de vida da população idosa brasileira. **Conclusão:** As ações de enfermagem na Atenção Básica voltadas para a saúde da população idosa brasileira em produção científica contribuem para a qualidade de vida. Devem adequar-se a as condições biopsicossociais, serem praticáveis e aceitáveis pelo idoso, familiar e cuidador. Destaca-se a importância da capacitação e educação permanente dos profissionais de enfermagem da Atenção Primária. **Descritores:** Cuidados de enfermagem, Saúde do idoso, Qualidade de vida.

RESUMEN

Objetivo: Identificar en la producción científica, las acciones de enfermería en la atención primaria orientada a la población de ancianos y examinar cómo estas acciones contribuyen a la calidad de vida de los adultos mayores en Brasil. **Método:** Revisión de la literatura integradora en los bancos de datos BDEF y LILACS. El contenido fue organizado, clasificado e interpretado a la luz de las políticas públicas. **Resultados:** Hubo acciones relacionadas con la identificación de las necesidades, capacidad y disminución limitaciones y dificultades, contribuyendo positivamente a la promoción de la salud y la calidad de vida de la población de ancianos en Brasil. **Conclusión:** Acciones de enfermería en la atención primaria orientada a la población de edad avanzada en la producción científica contribuyen a la calidad de vida. Debe adaptarse a las condiciones biopsicossociales, ser factibles y aceptables para los ancianos, familiares y cuidadores. Destaca la importancia de la educación continuada de los profesionales de enfermería. **Descritores:** Atención de enfermería, Salud del anciano, Calidad de vida

¹ Graduates degree in Nursing from the School of Nursing, Alfredo Pinto, Federal University of the State of Rio de Janeiro - UNIRIO. Brazil. Contact for correspondence: cdiaslinhares@gmail.com. ² PhD in Nursing; Full Professor, Department of Public Health Nursing, School of Nursing, Alfredo Pinto, Federal University of Rio de Janeiro - UNIRIO. Brazil. ³ PhD in Public Health; Assistant Professor, Department of Public Health Nursing, School of Nursing, Alfredo Pinto, Federal University of Rio de Janeiro - UNIRIO. Brazil.

INTRODUCTION

The theme of this study is the production of knowledge on the nursing related actions for the quality of life of the elderly population in Brazil.

In general, it is very simple to sit next to an old man, start a conversation and create a bond through a good conversation on topics of everyday life, such as family, politics, health, leisure, work. In addition to this facility, which led to the choice of this population group for this research were life experiences, affinity and preparation of academic work for the completion of different disciplines. Directed towards nursing care in the healthcare of the elderly, for example, Diagnosis of a Vulnerable Population: an experience report; Educational Practice in a Health Center in the Municipality of Rio de Janeiro: an experience report; Assessment of Depression in the Elderly. All these studies indicated, in its core content, for a demand for nursing care directed to the natural process of progressive reduction of functional reserve of individuals - the senescence, in addition to the relevance of greater understanding and respect on the part of society in this process.

In view of that, population aging is a global reality, the World Health Organization, at the end of 1990s; it became the focus in the context of health care, specific care for the senescence process. In this sense, it embraces the concept of “active aging”, which aims to postpone and reduce the disabling process that will hinder or impede the performance of activities of daily living.¹

In Brazil, the first public policy toward the elderly population was created by Law 8.842 in January 1994.² This is provided for in the National Policy for the Elderly, it created the National Council for the Elderly, which recognizes the elderly as a person with more than 60 years of age, and is intended to ensure their social rights. Thus creating the conditions to promote autonomy, integration and effective participation of the population in society.²

From there, other policies were created focused on protection and promotion of health and quality of life for this population. Among which the Law no. 10.741, which provides for the Elderly, ensuring Fundamental Rights (Right to Life, Right to Freedom, the Respect and Dignity, Food, Right to Health, Education, Culture, Sport and Recreation, Professionalization and Labor, Social Security, Social Services, Housing, Transportation), affirming the guarantee priority access and comprehensive health care.³

In October 2006, the Decree no. 2.528 was approved in the National Health Policy for the Elderly Person, whose primary purpose is to restore, maintain and promote the autonomy and independence of elderly individuals, directing individual and collective healthcare measures for this purpose, in accordance with the principles and guidelines of the Unified Health System (SUS).¹ In this same year, also published by the Ministry of Health, the Operational Guidelines for the Covenants for Life in defense of the SUS and management.⁴ This document mentions the health of the elderly as the first six priorities agreed, defining guidelines and strategic actions for work in this area.

In Brazil, the Primary Care teams are responsible for promoting collective actions in the community and group activities in a sociocultural dimension toward the promotion of health¹, therefore, these actions will contribute to the quality of life of the assisted population.

To provide technical support for the implementation of policies for the elderly and guide the practice of professionals who work in primary care, Primary Care Booklet has been prepared - Aging and Health of the Elderly⁵, where they encounter - whether planned actions and activities assigned to nurses, technicians and nursing assistants, among other professionals of this scenario. These activities are planned for development in the context of individual and public care, aiming to not only health promotion and protection, but also the maintenance of functional capacity and independence.

Studies show that the implementation of public policies have generated positive results.⁶ However, it is a reflection of how the development of these activities happening through health professionals, including contributions to the quality of life of the elderly and how nurses can come to operate in a way that produces positive outcomes for this population.

It is known that the number of elderly is increasing every year, which implies increasing demand for updated and properly trained professionals.¹ Another disturbing factor is related to the education and preparation of society to understand the needs of the elderly population.⁴

In this context, the object of this study are the contributions of nursing actions in Basic Care for the quality of life of the Brazilian elderly population in the production of scientific knowledge.

Thus, the objectives of this study are to identify the actions of nursing in Primary Health Care, in terms of scientific production, focused on the health of the Brazilian elderly population; and analyze how the actions of nursing in Primary Care contribute to the quality of life of the elderly population in Brazil.

This study is justified by the possibility of showing and bringing to the discussion the nursing actions that contribute to the quality of life of the elderly population through Basic Care. It also helps to create opportunities through systematic study, identifying any gaps relating to knowledge and nursing care practices from the organization and synthesis of scientific articles that address this theme.

CONCEPTUAL BASES OF THE STUDY

The conceptual bases of this study are based on content present in documents that focus on the Primary Care Health, Health of the elderly person, Quality of life and the Nursing Practice Professional.

The Decree no. 2.488, of October 21, 2011, defines Primary Care as a preferred port of entry for the Unified Healthcare System - SUS and point of departure for the structuring of local healthcare systems.⁷ It is characterized by using a set of health interventions at the individual and public level, including the promotion and protection of health, disease prevention, diagnosis, treatment, rehabilitation and maintenance of health. Developed through the exercise of management practices and democratic and participatory health through teamwork, targeting populations in defined territories, from the existing dynamics in the territory in which these people live.

In accordance with the National Health Policy for the Elderly, the concept of health care for the elderly individual is reflected mainly by their condition of autonomy and independence and presence or absence of organic disease¹. From this it is understood that the health of the elderly, in addition to considering satisfactory conditions of food, housing, education, income, environment, labor, transport, employment, leisure, freedom, access and possession of the land and access to health services⁸, will involve the extension of the autonomy and independence of the elderly.

From the point of view of the researcher or the individual or a discipline, the term "Quality of life" has different meanings and approaches. In one of its definitions, we have the quality of life as the link between the conditions and life styles, relating to ideas of sustainable development, human ecology, democracy and development of human and social rights.⁶ Therefore, by bringing together the concepts of quality of life we get a resulting from the social construction of collective standards of comfort and tolerance that determined society establishes, as parameters, for themselves. This study uses the concept of "Quality of life in health", in order to delimit an approach in which Nursing can act directly, directing its focus to the ability to live without illness or overcome the difficulties of the states or conditions of morbidity.⁶

Nursing is carried out privately by the Nurse, the Nursing Technician, by Nurse and Midwife, respected for their degrees of qualification.⁹ In the Primary Care Units, activities are carried out by teams composed of nurses, nursing assistants or nursing technicians, among other professionals.⁷

The Book of Primary Care - Aging and the Elderly Health, provides activities to be undertaken by nurses, aides / nursing technicians, as well as, assignments common to all healthcare team professionals.⁵ Such actions are focused on the planning and implementation of activities that facilitate the active participation of the elderly in society; identify and provide holistic care and the ongoing health needs of the elderly; and integrate the family or caregivers in health care to the elderly.⁵

METHOD

This study is an Integrative Review. This search method allows you to define an analysis on the knowledge already built in previous research on a given theme, its approach accepts the inclusion of studies that adopt different methodologies, which allows the researcher a panoramic view on the theme.¹⁰

The development process for the Integrative review consists of six stages¹⁰ and considering the objectives of the proposed study has the following phases:

Step 1: identification of the theme and selection of research question

In this step, the theme was outlined: "Nursing Actions in Primary Care focused on the health of Brazilian elderly population"; and the following research question: "What are the

Nursing actions in Primary Care focused on the health of the Brazilian elderly population?" It had the keywords as search subjects: "Nursing Care", "Health of the Elderly", "Quality of Life" and "Nursing"; identified and verified by consulting the definition of the keywords on the Virtual Health Library - VHL site.

The search for articles was performed in the Virtual Health Library - Nursing (VHL - Nursing), this organizes and facilitates the access to scientific and technical information in Nursing produced by Brazilian Journals that make representations on the theme¹¹; thus, BDEF and Latin American and Caribbean Literature on Health Sciences - the LILACS Database bases in Nursing were used.

Step 2: establishment of inclusion and exclusion criteria

Inclusion criteria that outline the search for scientific articles are unique items with features of scientific research; available in their entirety and on-line at UNIRIO Network; considering the year it was decreed and sanctioned Brazil's first law dedicated to the elderly population, the time frame is 1994 to 2012; Articles in the Portuguese, English or Spanish languages; articles that portray the reality of Brazilian healthcare.

Thus, developed articles were excluded that do not contemplate the Primary Care scenario.

Step 3: identification of pre-selected and selected studies

In this step, the search for articles was performed on two days in the month of May (17th and 20th), through the UNIRIO network the portal BVS-Nursing was accessed; in the search field, the keywords were prepared in accordance with the purpose of the study and used between quotation marks in the search field, delimiting the search between title, abstract and subject. In each result, filters in accordance were applied with the inclusion and exclusion criteria. First, were selected filters, Document Type - Article and Database - LILACS or BDEF, respectively. The articles obtained were filtered in Available Full Texts, Year of publication from 1994 to 2012, Portuguese, and English and Spanish languages. In each filtering, the amount of articles obtained was recorded.

The result presented by BVS-Nursing shows us that using the words "nursing care", "health of the elderly" get the best quantitative articles, a total of 81 scientific articles, of this total, 47 articles were available in full and online.

After reading titles, keywords and descriptors of all the articles found through the search strategy, the exclusion of repeated articles was performed totaling 30 articles for the reading of their abstracts.

When reading the scientific article abstracts, eleven articles were considered pre-selected, because they met the inclusion criteria; at the beginning, the first reading of the articles obtained, seven were found that met all the criteria. The title of these articles were: Nursing care for the elderly in the Family Health Strategy¹²; Nurses and the care of elderly women: social phenomenology approach¹³; The gift of care: a qualitative study on intergenerational care for the elderly¹⁴; Socio-demographic characteristics, functional capacity, and morbidities among elderly people with and without cognitive decline¹⁵; Evaluation of the use of medicines by the elderly population in Montes Claros, Minas Gerais,

Brazil¹⁶; Care in the household context: the statements of elderly/family and professional¹⁷; Coronary risk assessment in elderly patients with hypertension undergoing treatment¹⁸.

For a better understanding, we developed a flow chart (figure 1) of how the selection method for studies was developed.

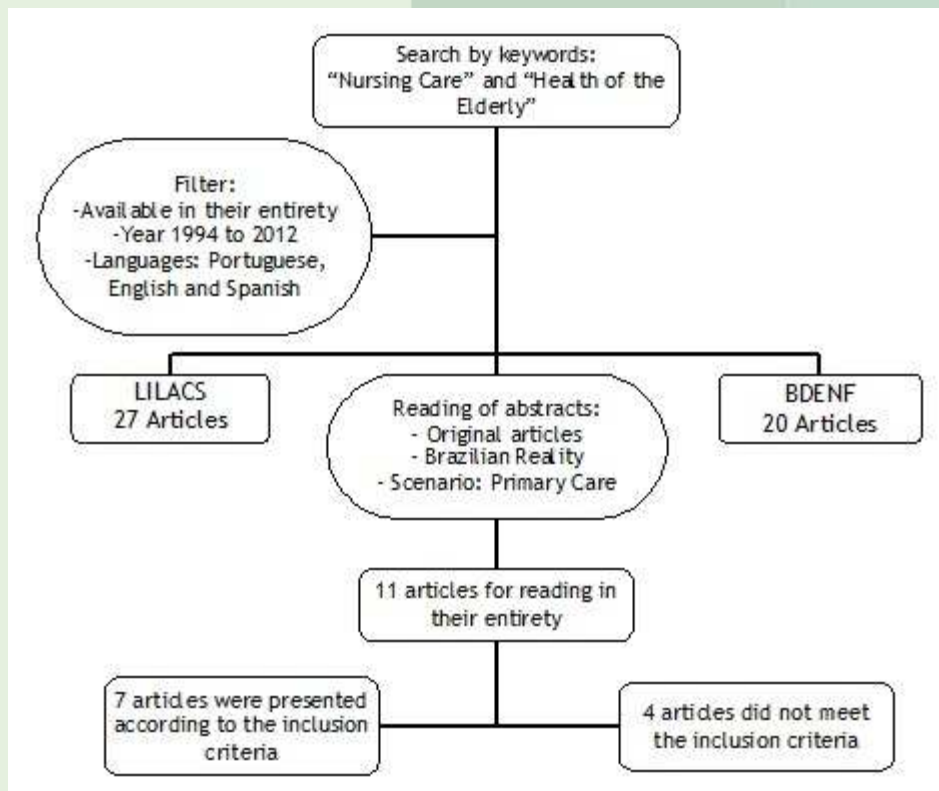


Figure 1. Flowchart of the third step in the integrative review.

Step 4: categorization of the selected studies

In this phase, the article content was organized by means of an analysis matrix in accordance with the year of publication, journal where it was published, and titration of authors, institutional link of authors, search type and subject of study, in order to characterize the selected articles and show the results obtained in the literature search.

With reference to the objectives of this study and the nursing actions provided for in the terms of Primary Care - Aging and Health of the Elderly, when reading of selected articles, we sought to answer the research question in the literature, developed in the first step. Thus, when the reading was completed, nursing actions in primary care were identified in articles and grouped by categories in accordance with the common characteristics expressed.

Step 5: analysis and interpretation of the results

The results obtained in the previous step were analyzed, interpreted and discussed in the light of the documents that focus on the Primary Healthcare, Health of the elderly person, Quality of life and the Professional Practice of Nursing, which make up the conceptual bases of this study.

Step 6: analysis and synthesis of the knowledge

At this stage occurred the analysis as to how the nursing actions, undertaken by professionals working in primary care, contribute to the quality of life of the elderly population in Brazil. We also carried out the synthesis of knowledge obtained in the previous

steps showing the main information identified in scientific production as the nursing actions and quality of life of the Brazilian elderly population.

RESULTS E DISCUSSION

The search strategy used to identify 81 articles, of which 47 articles were pre-selected by the search filters Document Type - article, Database - LILACS or BDEF, Complete Texts Available, Publication Year of 1994 to 2012 and Portuguese, English and Spanish languages. By applying the inclusion and exclusion criteria established by reading the entire pre-selected articles, nine articles met all criteria, which responded to methodological issue, allowing the identification of nursing actions in primary care and making the discussion of these actions possible.

To start the characterization of the selected articles, notes that the studies focused on the nursing care and health of the elderly begin to be published in 2008, i.e. 14 years after the first Brazilian Public Policy towards the elderly - PNI², was sanctioned. The research also shows that there was a relevant increase in publications from 2011, i.e. within a timeframe, which varies from seven to five years after the adoption of the Statute of the Elderly³ and the National Health Policy of the elderly¹.

The UERJ Journal of Nursing, headquartered in Rio de Janeiro, stood out with the largest number of publications in analysis, being responsible for 28.5% of the articles. However, in the southeast region, the state of Sao Paulo stands out as state headquarters of three magazines (Acta Paulista Nursing, Latin American Journal of Nursing, Journal Files of Health Sciences) (Acta Paulista de Enfermagem, Revista Latino-Americana de Enfermagem, Revista Arquivos de Ciências da Saúde), covering 42.9% of the articles in analysis. Therefore, it becomes evident that southeastern Brazil holds 85.7% of magazines with studies under analysis in the present study. The other 14.3% of the articles were published in the Journals - Science, Care and Health (Ciência, Cuidado e Saúde), whose headquarters is in Parana, Brazil's southern region.

By analyzing the authorship of articles, it is observed that all 31 authors presenting with functional or academic affiliation with any institution of higher education, with emphasis that authors linked to universities in the Northeast region published in journals of the Southern and Southeastern. Of the 31 authors, 93.6% identified themselves as linked to Brazilian institutions, 3.2% in Sweden and 3.2% in Chile.

All the studies were produced by nurses, and in some articles there was the participation of an economist (3.2%), doctor (3.2%) and nutritionist (3.2%). As for the titration of the authors, the majority have the academic title of doctor (51.5%), among which 12.9% the titration of PhD and 6.4% reported being Post-doctorate, masters (16.2%), specialists (3.2%) and academics (6.5%); there were cases in which the authors have not informed their titration in article (22.6%).

The predominant type of research was a qualitative approach, 57.2% of the studies, distributing in exploratory, ethnographic, phenomenological and descriptive; the other 42.8% are quantitative approach: a household survey and two identified as cross-sectional.

The subjects of the study articles, 98.75% were identified as elderly, being present in 71.4% of articles in analysis; and, not mutually exclusive, it is noted that the professional category nurses as research subjects in 42.9% of the surveys; family and caregivers in 28.6 %, nursing assistants and doctors make up 14.3% of the subjects in study.

By analyzing the content of the articles in full and that specifically refers to nursing actions of in primary care aimed at the health of the elderly population, identifies sixteen nursing actions organized by nine categories. They are: creating interpersonal bond between professionals and users (elderly); creation of social support networks; home visits; planning assistance activities; identification of health needs; determination of healthy lifestyles; conducting group activities; implementation of admission; and guidelines.

The logic of the relationship between nursing actions identified in the articles and the name of these categories can be viewed as shown in Table 1.

Nursing actions	Categories
- Personal interaction - Link between the professional and the user - Constant interaction for building links	Creating interpersonal link between professionals and users (elderly)
- Social support networks - Home visit - Home Visits	Creation of social support networks Implementation of home visits
- Planning and implementation of care activities - Care planning	Planning for care activities
- Identification of the health needs - Survey of needs	Identification of health needs
- Determination of healthy lifestyle habits - Group work education - Implementation of therapeutic groups	Determination of healthy lifestyle habits Conducting activities in groups
- Hospitality	Implementation of hospitality
- Guidance - Guidelines	Guidelines

Table 1 - nursing Actions in Basic Care focused on the health of the Brazilian elderly population identified in articles and organized into categories.

The categories characterizing the nursing actions in Primary Care focused on the health of the Brazilian elderly population identified in the scientific production, are shown as a proposal for the general quality of life⁶

Creation of interpersonal relationship between the professional and the user (elderly)

When we look at this category in light of the content of the Primary Care Booklet - Aging and Health of the Elderly⁵ faced with actions performed by nursing professionals who

are not identified. The creation or establishment of ties between the professional and the elderly is not provided for in the Contract, however, was the most cited between the studies (19%); this action is seen by nurses and other health professionals, such as part of care¹² and tool to perform all other actions with the elderly.¹¹

Creation of social support networks

The actions related to this theme are 6% of all the identified activities. In this category the same as the previous one, the action is not quoted by the Primary Care Booklet occurs, but it is considered effective in healthcare practice and identified as a need to provide better living conditions for the elderly.¹²

Implementation of home visits

This category covers 12.6% of the nursing actions identified as developed in primary care. The visits are evidenced as the facilitator for the promotion of health and the identification of the real needs of the elderly, as well as to contribute to the planning of care activities and for the development of the bond between the professional, elderly, caregivers and family.¹²

It should be noted that the completion of the home visit is seen by family members as satisfactory, just complaining of the frequency in which it is held, shown in the studies as unsatisfactory.¹¹

Planning of care activities

To carry out the planning of activities (12.6% of the actions developed), nurses, emphasized the importance of considering the context of life, the knowledge and the experience of the elderly.¹³ It was pointed out as a factor that makes the planning of assistance the situation in which the elderly are abandoned by their families, which will adversely affect the continuity of care.¹³

Identification of health needs

The actions that make up this category (12.6%), most of which occur during home visits, and are used to justify and support for the activities related to the planning of care activities.¹²

Determination of healthy life habits

Despite being mentioned a few times in the studies (6%), it is through the determination of the profile of healthy life habits that all other actions will be developed, including the focus of the home visit, the care planning and guidelines.¹²

Implementation of group activities

Through the development and implementation of activities in-group (12.6%), the nurse, addressing issues concerning social, family and psychological conditions the elderly.¹² The actions present in this category enable: the identification of vulnerabilities and health needs; determination of lifestyle, and; therefore, the planning of care activities.

Implementation of Hospitality

Hospitality, as well as the determination of healthy life habits, compose 6% of the activities identified. However, despite the low visibility in the studies, this practice has been shown to be efficient generating positive results, such as overcoming weaknesses and difficulties.¹²

Guidelines

Constitutes 12.6% of the nursing actions identified in the literature. Guidance in primary care is an action assigned only to doctors, nurses and nursing assistants.⁵ In studies, the actions related to guidelines, mainly intended to ensure the proper administration of medications¹⁶ and continuity of care through guidelines directed not only to the elderly, but also to the caregivers and family.¹²

In general, studies show that the nurse contributes to the improvement of the quality of life of the elderly⁶ when the nursing actions for the promotion of health are related to changes in everyday habits.¹²

It is observed that health promotion is the ultimate goal in almost all the actions undertaken by nurses, technicians and nursing assistants. This perspective is present in objectives of activities in categories: achievement of home visits, planning of care activities, completion of group activities, the completion of the hospitality and guidelines.

When it comes to the change in the habits of life, it is essential to know not only the habits, but also the cultural conditions and environment of the individual. For this reason, the nursing team acts performing home visits, identification of health needs and determination of healthy living habits.

By articulating health promotion to changing daily habits, actions that stand out are the achievements of group activities and guidelines. Through them, the nursing professionals, act on the difficulties and limitations presented by proposing changes according to the bio-psychosocial situation, previously identified, which is practicable and acceptable by the elderly, family and caregiver.

This leads us to two sums, which were identified by scientific production. The first is to match the actions developed the reality of the elderly assisted, acting on the needs of differently, reaching resolubility.¹² And the second importance is to guide and encourage the family to give support to the elderly, by ensuring the continuity of care and contributing to the self-esteem and functional independence of the elderly.^{12,18}

Assuming that the concept of quality of life in health care for the elderly person is more than to live without disease, and is closely related to the ability to overcome limitations and difficulties. There are nursing actions directed to the identification of the needs and constraints, as well as actions that empower and/or minimize limitations and difficulties, they converge to generate positive contributions to the promotion of health and quality of life of the Brazilian elderly population.

CONCLUSION

The method used to achieve the objectives of the research. In terms of scientific production, nursing actions in Basic Care focused on the health of Brazilian elderly population were identified, highlighting the category Guidance. It was still demonstrated that the way in which the actions of nursing in Primary Care contribute to the quality of life of the elderly population in Brazil occurs mainly through the identification of needs and actions that empower and/or minimize limitations and difficulties.

However, these actions must conform to the bio-psychosocial conditions are feasible and acceptable to the elderly, family and caregiver. This perspective implies encouragement to family support and care to elderly person contributing to the quality of life.

In this sense, it highlights the importance of training and continuing education of nursing professionals in Primary Care, especially those who work in the area of gerontology, in order to promote qualified assistance to this population.

REFERENCES

1. Ministério da Saúde (BR). Portaria nº 2.528, de 19 de outubro de 2006. Aprova a política nacional de saúde da pessoa idosa. Diário Oficial da União [Internet], Brasília (DF) 20 out 2006. [acesso em: 23 jan 2013]. Disponível em: http://www.saude.mg.gov.br/atos_normativos/legislacao-sanitaria/estabelecimentos-de-saude/atencao-ao-idoso/Portaria_2528.pdf.
2. Congresso Nacional (BR). Lei nº 8.842, de 4 de janeiro de 1994. Dispõe sobre a política nacional do idoso [Internet]. [acesso em: 08 jan 2013]. Disponível em: http://portal.saude.gov.br/portal/arquivos/pdf/p8842_pn_idoso.pdf.
3. Congresso Nacional (BR). Lei nº 10.741, de 1º de outubro de 2003. Dispõe sobre o Estatuto do Idoso [Internet]. [acesso em: 08 jan 2013]. Disponível em: http://www.saude.mg.gov.br/atos_normativos/legislacao-sanitaria/estabelecimentos-de-saude/atencao-ao-idoso/Lei_10741.pdf.
4. Ministério da Saúde (BR). Diretrizes operacionais para os pactos pela vida, em defesa do sus e de gestão. 1a ed. Brasília (DF): Ministério da Saúde; 2006.
5. Ministério da Saúde (BR). Caderno de atenção básica - Envelhecimento e saúde da pessoa idosa. 1a ed. Brasília (DF): Ministério da Saúde; 2007.
6. Minayo MCS, Hartz ZMA, Buss PM. Qualidade de vida e saúde: um debate necessário. Ciênc saúde coletiva. 2000; 5(1):7-18.

7. Ministério da Saúde (BR). PORTARIA no 2.488, de 21 de outubro de 2011. Aprova a política nacional da atenção básica. Diário Oficial da União [Internet], Brasília (DF) 24 out 2011; Seção 1, p.48-55. [acesso em: 22 fev 2013]. Disponível em: http://www.saude.al.gov.br/sites/default/files/nova_pnab_-_portaria_no_2488_0.pdf.
8. Ministério da Saúde (BR). Relatório final da 8ª conferência nacional de saúde. Brasília (DF); 1986. p. 21. [acesso em: 20 fevereiro 2013]. Disponível em: http://conselho.saude.gov.br/biblioteca/Relatorios/relatorio_8.pdf.
9. Congresso Nacional (BR). Lei nº 7.498, de 25 de junho de 1986. Dispõe sobre a regulamentação do exercício de enfermagem [Internet]. [acesso em: 23 jan 2013]. Disponível em: http://novo.portalcofen.gov.br/lei-n-749886-de-25-de-junho-de-1986_4161.html.
10. Botelho LLR, Cunha CCA, Macedo M. O método da revisão integrativa nos estudos organizacionais. *Gestão e sociedade*. 2011;5(11):121-36.
11. SAÚDE BVE. Sobre a BVS Enfermagem; 2006. [citado 27 de fev 2013]. Disponível em: <http://enfermagem.bvs.br/php/index.php>.
12. Rocha FCV, Carvalho CMRG, Figueiredo MLF, Caldas CP. O Cuidado do enfermeiro ao idoso na estratégia saúde da família. *Rev enferm UERJ*. 2011;19(2):186-91.
13. Caldeira S, Merighi MAB, Muñoz LA, Jesus MCP, Domingos SRF, Oliveira DM. O enfermeiro e o cuidado à mulher idosa: abordagem da fenomenologia social. *Rev latinoam enferm*. 2012;20(5):1-8.
14. Flores GC, Borges ZN, Budó MDLD, Silva FM. A dádiva do cuidado: estudo qualitativo sobre o cuidado intergeracional com o idoso. *Ciênc cuid saúde* [Internet]. 2011 Jan [acesso em 2013 Jun 18];10(3):533-40. Disponível em: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/11683>
15. Ferreira PCS, Tavares DMS, Rodrigues RAP. Características sociodemográficas, capacidade funcional e morbidades entre idosos com e sem declínio cognitivo. *Acta paul enferm*. 2011;24(1):29-35.
16. Silva CSO, Pereira MI, Yoshitome AY, Neto JFR, Barbosa DA. Avaliação do uso de medicamentos pela população idosa em Montes Claros, Minas Gerais, Brasil. *Esc Anna Nery*. 2010;14(4):811-8.
17. Martins JDJ, Nascimento ERP, Erdmann AL, Candemil MC, Belaver GM. O cuidado no contexto domiciliar: o discurso de idosos/famíliares e profissionais. *Rev enferm UERJ*. 2009;17(C):556-62.
18. Oliveira CJ, Silva MJ, Almeida PC, Moreira TMM. Avaliação do risco coronariano em idosos portadores de hipertensão arterial em tratamento. *Arq bras ciências saúde*. 2008;33(3):162-7.

Received on: 11/09/2013
Required for review: No
Approved on: 23/05/2014
Published on: 01/10/2014

Contact of the corresponding author:
Camilla Dias Linhares
Estrada do Guerengê 2080, casa 01. Taquara, Rio de Janeiro- RJ.
Brasil. CEP. 22713-001