

Sistematization of Assistance in Nursing in a Post Anesthetic Recovering Unit, Experience Report

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Abstract

Aim: to describe the process of implementation of the Sistematization of Nursing Assistance (SNA) in a Post Anesthetic Recovering Unit of a general hospital. **Methodology:** It concerns to an experience report that emerged from the acting as a nurse in the respective unit, allied to the insertion in the Post Graduation *lato sensu* course in Nursing in a Surgery Center, Anesthetic Recovering and Center of Sterilization material in a private university of the state of Rio Grande do Sul. **Results:** the implementation of the Sistematization of Nursing Assistance is a process that requires culture change from the old paradigm of practicing Nursing that, sometimes, is reluctant in registering its actions. In this sense, the nurse performs an important role that goes from the expansion of the scientific knowledge, followed by educational actions directed to the nursing staff, until the implementation, monitoring and evaluation of the quality of the patient assistance, extended to the relatives. **Final considerations:** during the implementation of the sistematization of the nursing assistance several difficulties emerged from the nurses concerning the execution, knowledge and staff quantity. Besides that, it was evidenced that the use of information technologies can be used as a facilitator factor in the operationalization of the daily actions of the nurse and, in this way, contribute to decrease possible errors and to obtain greater reliability to caring. It was evidenced gradual empowerment of the nurses during the implementation of the assistance, and this one, besides contributing to the expansion of quality and safety of the patients, increased their recognition by attended patients.

Keywords: Nurse, sistematization of Nursing assistance, information technologies.

1. Introduction

The Unit of Post Anesthetic Recuperation (UPAR) is the place where the patient who had undergone a surgical anesthetic procedure keeps under monitoring and intensive care (NUNES; MATOS; MATIA, 2017). It has as a purpose to provide structural and functional conditions to attend the patient in Immediate Post Operative (IPO) until the recovering of the hemodynamic stabilization consciousness under the care of the nursing staff occurs (SOBECC, 2013).

The nursing that works for UPAR should be alert and prepared to prevent and detect early complications in post anesthetic surgical patients and, in this way, give immediate assistance. In this

context, the need of capacitation and trainings reverberates on the conditions of these professionals who are able to continuously evaluate the patient and contribute in the reduction of the risks related to this period of critical care of high complexity. And, in this way, keep themselves alert in order to identify and intervene in possible events that can compromise the safety of these patients (SOBECC, 2013).

The SOBECC (2013) highlights that the patients' complications in the IPO refer to the preoperative clinical conditions, to the type, time and extension of the surgery besides the anesthetic and surgical complications that can occur. For Possari (2003), even after the end of the anesthetic surgical procedure, the patient still keeps prone to respiratory, circulatory and gastrointestinal complications. Concerning the probable complications to which the patient is exposed to, it is up to the nurse to plan policies and actions for his care.

The role of the nurse in the UPAR is essential for an integral and safe assistance to the patient in the IPO. For that, this professional needs to have knowledge, abilities and competences to promote post anesthetic and operative care to the patients that have undergone different kinds of surgical procedures. It is also up to him to lead and to capacitate his staff to supervise the developed activities, to manage the needs of the respective unit, aiming at functionality and also at the participation of the several administrative demands concerning the planning and the management of the institution (SOBECC, 2013).

Furthermore, it is up to the nurse in the UPAR to coordinate and to implement the health assistance based on the individual's needs in the IPO. For that, it is necessary for the professional to seek for technical, scientific and humanistic improvement to promote personalized and efficient care for the patient. And this improvement consolidates the profession with the use of a scientific methodology of work, represented by the Nursing Process (NP) and, more specifically, by the Sistematization of the Nursing Assistance (SNA) (COFEN, 2009).

The SNA is regulated by the legislation that guides the professional performance of the nurse. According to the Resolution 358/2009 of the Federal Council of Nursing, the SNA organizes the professional work concerning the method, the staff and the instruments, in such a way to turn it capable for the operationalization of the NP. The NP makes part of the process of the SNA and according to what is preconized on the same resolution, it is a duty of the nurses while practicing the care to do it in a methodical and systematical way in public or private health institutions (COFEN, 2009). The NP is defined as an instrument that guides the care and documents the practice in order to turn evident its effective accomplishment (BENEDET; GELBCKE; AMANTE; et al., 2016).

Implementing the SNA in nursing daily routine, brings more safety to the patients and their relatives, improves the quality and humanizes assistance, ensures the professional's autonomy, as it organizes the nursing work through the NP. The accomplishment of the NP gives visibility to the nurse's work with a positive impact in patient's care in IPO (SOBECC, 2017). Equally, it consolidates the care resulting from the planning stages, execution, control and evaluation of the direct and indirect assistance actions to the patient (MATOS; FERRAZ; GUIMARÃES; et al., 2015).

Regarding the NP, Gaidzinski (2008) defines it as an instrument in shape of a 'systematized guide' for the development of a thinking style, which leads the professional to a clinical evaluation necessary to the definition of nursing care. It predicts that nursing assistance should be guided by the patient's evaluation,

and in this way the nurse can obtain data to list the nursing diagnostics. The NP contemplates five stages: historical background, diagnosis, prescription, implementation of care and evolution (SILVA; SOUZA; SILVA, 2016).

In surgical patient's care, as well as in other sectors that give assistance to the patients, it is essential the use of the SNA as the guide of care. In this sense, the application of the systematization of the perioperative nursing assistance (SPNA) was indicated by Castellanos and Jouclas in 1990. The authors report themselves to the integral, individual and continuous care in order to attend the patient's needs. In this way, the SPNA constitutes itself in the supportive basis of the nursing care in the Surgical Center. (SOBECC, 2017).

The SOBECC (2017) describes in its recommended practices the objectives of the SPNA, among them the highlighted ones are: to promote the comprehension of the patient and relatives about the anesthetic surgical procedure; prediction and provision of human resources and materials used for the procedure; to reduce inherent risks of the use of equipment, materials of the surgical center and UPAR environment

In 1990, Castellanos and Jouclas have already described the use of NP in surgical patients and proposed the operability of SPNA in five moments: preoperative nursing visit; perioperative assistance planning; implementation of assistance, evaluation of the assistance through post operative nursing visits and reformulation of assistance to be planned, according to obtained results and solution of situations not desired or the occurrence of adverse events. Nowadays, the SOBECC recommends this operability.

Even though being a tool that facilitates improvements at the nurse's work in terms of visibility and improvement at the care given, studies point out several barriers in the execution of the SNA (BENEDET; GELBCKE; AMANTE; et al., 2016). Among some of them, we highlight insufficient professionals, nurse's overload of work, production of an incoherent SNA that makes the professional nurses's practice unfeasible; lack of knowledge, lack of engagement of professionals of the field in this process (SILVA; ALMEIDA; OLIVEIRA; et al., 2016). It is considered that these difficulties show how much the nurses need to work for the implementation of the SNA as a practice in the hospital environment as well as in the basic health care network.

Based on these considerations, combined with the importance of the SNA for a quality care of the patient during the Post Graduation Course *latu sensu*, I felt motivated to reflect on the use of the SNA as a tool for the nurse care. In this sense, we seek through this work to contextualize the experience of implementation of the SNA in a Post Anesthetic Recuperation Unit.

2. Methodology

It concerns to an experience report developed from the implementation of the SNA at the UPAR of a general hospital. We consider important to define an experience report that according to Cavalcante; Lima (2012) is a modality of research that seeks to reflect about one or several actions referring to a specific situation experienced at the professional field and relevant to the scientific community. The research starts from the premise that the practices can be improved through the description and analysis of objective and direct observations (BORGHETI; VIEGAS; CAREGNATO, 2016).

The present work was developed during the year of 2017. To better situate the reader, the referred UPAR in question is established in a philanthropic hospital of medium size located in the region of the northeast of the state of Rio Grande do Sul, a regional reference among others for the services of traumatology, neurosurgery, urology, obstetrics, general surgery and orthopedics.

The Unit counts with 12 hospital beds for immediate anesthetic recovery, a staff of eight nursing technicians that work from 7 a.m. to midnight and a nurse. It is a closed unit of limited access allocated at the same physical area of the local Surgery Center where the monthly average is of 650 surgeries.

3. Lived experience

In order to value the nursing practice in the institution and in relation to legal requirements, the need of the nurses to enrich and improve their practices come about. In this context, the desire of instituting the SNA in the referred institution emerged. A group of studies composed of 4 nurses was created motivated by the interest of learning and knowing about the application of the SNA as a guiding practice of care. These nurses worked in the several assistential fields by the premise that the SNA is a tool of the assistential process of the nurse and that contributes to amplify the quality of assistance to the patients (SOARES; RESCK; TERRA; CAMELO, 2015).

The NP in the referred institution in the period that preceded the creation of the group was done in a concise way and basically in the Intensive Care Units (ICUs). An interview with the patient and a relative made part of the moment of the admission in the ICU. Besides this, the nurse makes a physical anamnesis that subsidizes the writings of the health background of the patient. Sequentially, the main care actions to be implemented by the nursing staff were listed and all the registrations occurred in a manual way and were attached to the medical records of the patient. At the Surgery Center and at the UPA, both the SPNA and the NP were informally developed and not documented. The organization of the surgeries rooms, of the surgical staff, prediction and provision of equipments, materials and hospital beds at the UPAR were systematically accomplished, however, without a *Check List* or protocol.

The nurses that integrated the group were aware of the need of the use of the scientific methodology to improve the assistance in the hospital as a whole. This statement reinforces Malagutti, Bonfim (2013) theories as they state that the SPNA goes beyond the patient's satisfaction, stands out for the quality of the service and for the safety in the execution of care. In this way, the documentation of the SPNA at UPAR and the use of SNA got started.

The acquisition of an information system by the institution promoted the execution of the NP in an electrocnic and virtual way attending the needs expressed by the nurses in order to facilitate the execution of the NP. In this sense, the technological evolution and the demands of the health field require from professionals the incorporation of new technologies that allow safety and reliability to the work processes (SOBECC, 2017). The use of high technologies and technological products in patient's care integrates the constant evolution of the health field and it is the trend of the technological advances in nursing, to promote operational and strategical benefits in care practice. (REZENDE; SANTOS; MEDEIROS, 2016).

From the acquisition of the informatized system by the institution, the nurses felt motivated to expand their knowledge to subsidize them in the software construction. As for that they participated

effectively in several courses, lectures, and seminars in order to aggregate knowledge about the topic. Allied to this, technical visits in other institutions that contributed to get to know experiences of other professionals in different realities were accomplished. We evaluate as positive all the initiatives of the group in order to make possible the use of the tool in the information system of the institution and to facilitate the long way of parameterization of the system with the work processes. Against the complexity of the accomplishment of the nurse in the perioperative should constantly keep updated to evaluate the stages that integrate them (SOBECC, 2017). Concomitantly, the stage of feeding the system with pertinent information to the accomplishment of the NP in the different assistential units got started. The group members of the study group started to ask for the other nurses of the hospital that they equally enlarged their knowledge in order to subsidize them in the definition of the more adequate diagnosis of nursing for each field. In this field, Gaidzinski (2008) points out that the diagnosis of nursing constitutes itself in a tool that turns possible to make inferences from subjective information coming from patients and obtained from the nursing background. The author adds to it while stating that the nursing diagnosis consists in the comprehension and definition of clinical situations with the potential of being modified by the nursing actions.

The definitions of diagnosis that makes part of the sistematization of the assistance at UPAR were based on the legislation and in the reading of updated articles, referring to the topic and/or that approached the specific diagnostics to each kind of surgical procedure and/or mental conditions. The purpose of this selection constitutes in attributing nursing diagnostics that enable interventions and adequate results for the patient care in IPO (VIEIRA, OLIVEIRA, CARVALHO, 2016). And the use of standardized language to all nurses having as an international reference NANDA (SOBECC, 2017).

The data collection during the interview and patient's anamnesis permits listing the problems in the process of health and disease. Taking this into consideration, they are important to signal their needs and to elaborate nursing diagnosis that will significantly contribute for caring (NANDA, 2015). So that the nursing diagnostics can be composed, the data collection and patient's anamnesis contribute for the identification of patient's problems aiming at effective actions of the nursing staff (DEBONE; SILVA; CÂNDIDO; et al., 2017). The grouping of background data will result in the choice of nursing diagnostics that better attend the needs of the patient and the family with interventions that culminate with expected results (COFEN, 2009).

After the information was compiled in the system with the stages of the NP, the other nurses were properly prepared and instrumentalized for the use of the tool. We've chosen the adult IUC as a pilot unit to test the software properly fed with nurses' information. After that small adjustments to the use of the NP occurred in the other assistential units of the institution. At the UPAR, to start the use of the tool, patients submitted to procedures of big size and attended in the referred unit were used as a criterion of accomplishment of the NP considering the insufficient quantity of nurses in the sector.

For that, the Federal Council of Nursing considers the implementation of the SNA and of the NP a tool of continuous improvement and safety for assistance and recommends it to be applied for all patients (COFEN, 2009).

The NP constitutes itself as scientific methodology of the nurse to organize the nursing assistance, from the interrelated and interdependent stages (BENEDET; GELBCKE; AMANTE; et al., 2016). The NP

was implemented by me and it starts by the reception of the patient at UPAR through the receiving of the work shift by the nursing staff of the surgical center and of the anesthetist. At this moment, information pertinent to care, monitoring and initial stabilization of the patient are conveyed. On this stage, the data collection and anamnesis take place, a moment in which the information of the patient's previous medical background are reinforced. These information have already been verified in the preoperative interview such as preexisting diseases, allergies, emotional state, information about the patient's general state. Besides these information, there are also the ones referring to the transoperative that include a kind of anesthesia, complications, updated clinical conditions of the IPO: pain, heart beat, respiratory frequency, high blood pressure and body temperature. NANDA (2015). The evaluation is reported as a continuous procedure of the NS and it is used for the data collection, validation of the selected diagnostics that helps on the choice of nursing actions to be prescribed.

These information obtained during the interview and data collection after being added to the software make possible to compile the nursing diagnostics that better relate to the patient's background and medical conditions. Having the list of the possible preselected diagnostics, the nurse selects and confirms the nursing diagnostics compatible to the assistance objective. In this context, the nurse identifies and evaluates the relevance of the data obtained and turns them into nursing actions to qualify the assistance and, in this way, improves the patient's health condition (NANDA, 2015). The author states that the nursing interventions based on the diagnostics add to the medical treatment in order to promote, recover and protect the patient's health (NANDA, 2015).

It is considered importante to highlight what NANDA points out in relation to the performance of the nurse as a good diagnostician. She reports the need this professional has of developing abilities and competences for that and emphasizes the intellectual, interpersonal and technical knowledge, tolerance, ambiguity and the practice of reflection as important aspects for the practice of diagnosis (NANDA, 2015). A study in the School Hospital of João Pessoa in the state of Paraíba identified the diagnostics, results and nursing interventions in a post surgical unit between the years of 2011 and 2012 (VIEIRA; OLIVEIRA; CARVALHO, et al. 2016). The authors found the prevalence of: risk of infection, anxiety, impaired sleep and rest, high blood pressure, impaired ambulation, integrity of impaired skin, weight loss, constipation and impaired body hygiene.

After the selection of pertinente diagnostics I seek to list the respective nursing interventions among the ones selected in the software for later prescription of nursing. These interventions aim at contributing for the fastest and safer recovery of the patient who has undergone an anesthetic surgical procedure. In this context, it is up to the nurse to list the nursing interventions to reach expected results in the patient extended to the family (COFEN, 2009). In order to promote prevention, education, protection, recovery and health maintenance from the planning of care plan (SOBECC, 2017).

Sequentially, the prescription of nursing to the patients attended at UPAR and accomplished in the system and printed for the listed caring actions. This is also attribution of the prescriber nurse, moment in which it is sought to evaluate the needs and possibilities of the patient and of the staff for better performing the prescribed care.

It is highlighted that the validity time is given by shifts, with the use of the letters "M" for the

morning shift, “A” for the afternoon shift and “N” for the night shift. In what the implementation of the prescribed care is concerned, the nursing staff when performs them, checks the referred item what ensures that a specific care was accomplished for the patient. The nursing technicians play an important role inside the NP as they participate in the implementation of the care actions together with the the nurse. This postulation reinforces SALVADOR; RODRIGUES, et al. (2017) ideas when they point out that the nursing technicians need to understand the purpose of the NAS in the patient’s care to adhere and participate of the systematization process.

The fifth and last stage of the SNA at UPAR in which I work consists in the evolution of nursing accomplished directly at the patient’s virtual medical records. The respective registration is done by the nurse after the evaluation of alterations that occurred with the patient in a certain period, a report of the detected problems, patient’s reactions referring to the problems brought up and reactions of the patient concerning the adopted manner in the period of anesthetic recovery. This stage heads towards the preconized by SOBECC (2017) in which he emphasizes it should be done by the nurse in a continuous and systematic way, with checking of actions, in special if they were effective for the process of recovery and if there is the need of improvement and/or adaptation.

4. Conclusions

The SNA and the NP are not a novelty in the nursing work context and, even so their practice is still a challenge. They make it possible to qualify and organize the nursing work, valuing their performance in the care process. However, it is visible how much this practice is still a difficulty in the professionals’ every day work that facing the realities od their activities, which at some times, end up leaving behind the possibility of improvement.

The several demands imposed by the health institutions that suffer with the current economic conditions, not enough labor, scrapping of equipments, lack of materials and medicine. Besides that other demands imposed by the wok of the nurse such as to manage the staff, to execute trainings and to supply assistential needs also demand time and energy from the nurse distancing them from the essence of their work. This fact is worsen by the insufficient number of professionals what makes it difficult for the NP to be applied in all patients.

On the other hand, the lack of knowledge of the nurses was also a difficulty for the implementation and execution of the NP what brought up conflicting feelings among the staff. Some of them reacted positively while others showed apprehension with the new proposal of work. For that, it was made evident by the members of the comission, the need of their awareness concerning the possibilities of the use of SNA as a tool demystifyng the work.

The novelty always causes discomfort. Professionals capacitation programs for nurses and nursing technicians in order to fulfill the gaps in their formation are essential for the success of the SNA. The comprehension of the purpose and the competences in the systematization of assistance are barriers for the participation and adhesion.

During the stage of implantation of the NS in the institution, it was made clear the several barriers that the nurses find for its execution such as reduced quantitty of staff, great demand of activities and

demands. However, it is possible to perceive that the difficulties are gradually being softened and we get closer to an ideal. For the SNP to find positive results it is necessary for the staff to dominate the topic.

The improvement of the health systems depend on the available resources and the way they are applied. Trainings and capacitations just tend to contribute for the success of institutions. The empowerment of the nurse as a professional concerning their role in the systematization of assistance doesn't only reverberates in a humanized and qualified care, but also, in recognition and professional satisfaction that as a leader in the process of caring plays an essential role in primordial warmth to the patient's, family and community health.

7. References

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