

Quality evaluation of nursing prescriptions in intensive care unit

Avaliação da qualidade de prescrições de enfermagem em unidade de terapia intensiva

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ABSTRACT

The aim of this study was to evaluate the quality of nursing prescriptions of the Intensive Care Unit (ICU) for adults of a public university hospital in Paraná, Brazil. A cross-sectional study, retrospective, documentary, with the quantitative approach. Data were collected through the nursing prescriptions of the first and last day of hospitalization (DH), listed in all medical records of patients over 18 years and hospitalized in January and February of 2016. A form was used for the extraction of variables (indicators) and the analysis was by descriptive statistics. 96 medical records and 182 nursing prescriptions were evaluated, because 10 documents were absent on the first or last day of hospitalization. The following results emerged: Conformity of care checks: 1st DI 876 (28.62%) and last DH 518 (15.99%). In the general conformity of the indicators, a positive rate of 92.70% was obtained for the elaboration of nursing prescription indicator, and 22.12% for care checks, which classified the quality of these actions as adequate and suffering, respectively. It is concluded that the quality of the nursing prescriptions, as far as its elaboration, is satisfactory. However, checking for care denotes fragility in compliance to prescriptions.

Keywords: Quality Indicators in Health Care; Nursing Process; Quality Management; Nursing; Intensive Care Unit.

RESUMO

Objetiva-se avaliar, por meio de indicadores, a qualidade das prescrições de enfermagem da Unidade de Terapia Intensiva (UTI) para adultos de um hospital universitário público do Paraná, Brasil. Estudo transversal, retrospectivo, documental, de abordagem quantitativa. A coleta de dados ocorreu por meio das prescrições de enfermagem do primeiro e último dia de internamento (DI), elencadas em todos os prontuários de pacientes maiores de 18 anos de idade, internados nos meses de janeiro e fevereiro de 2016. Utilizou-se formulário próprio para a extração de variáveis (indicadores) e a análise deu-se por estatística descritiva. Foram avaliados 96 prontuários e 182 prescrições de enfermagem, porque 10 documentos estavam ausentes no primeiro ou último dia de internamento. Sobressaíram os seguintes resultados: Conformidade de checagens de cuidados: 1º DI 876 (28,62%) e último DI 518 (15,99%). Na conformidade geral dos indicadores, obteve-se positividade de 92,70% para o indicador de elaboração da prescrição de enfermagem, e 22,12% para checagens de cuidados, o que classificou a qualidade destas ações como adequada e sofrível, respectivamente. Conclui-se que a qualidade das prescrições de enfermagem, quanto à sua elaboração, é satisfatória. Porém, a checagem de cuidados denota fragilidade na adesão às prescrições.

Palavras-chave: Indicadores de Qualidade em Assistência à Saúde; Processo de Enfermagem; Gestão da Qualidade; Enfermagem; Unidades de Terapia Intensiva.

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INTRODUÇÃO

The management focused on quality emerged linked to manufacturing production, in order to control the work processes to meet the requirements of goods and products consumption, which, belatedly, was extended to the area of service delivery with the user in the focus of the legitimization of what would or would not be a qualified service⁽¹⁾. This essentially managerial movement for the search for systemic organizational quality in the different segments of human production is consolidated by the rational use of tools and strategies aimed at continuous improvement, especially the evaluation, which in the health area is still a taboo⁽²⁾.

In the health sector, the concept of quality and its strategies for improvement are constantly changing, once it is recognized that the needs of the organizations, the market and the users, are changeable⁽³⁾. Despite being a variable concept, it is postulated that the quality in the health area is related to the reduction of the professionals' and users' risks in services; the optimum use of resources needed for care; and the incessant search for increased customer/customer satisfaction⁽⁴⁾.

In order to align the achievement of the organizational objectives with the best customer satisfaction, and to provide a safe assistance based on rational use of resources, quality-oriented management needs to use rational and periodic evaluation strategies⁽²⁾.

When mentioning the evaluation in the health area as a management tool to increase the quality of services, it is expected that the nursing team will be mentioned, since its action involves direct care to the clientele, therefore, the impact of nursing work on quality (or their disability) in health care is visible. In this scope, it is recommended that nursing services be submitted to evaluation processes that can contribute to the achievement of constantly higher standards of excellence⁽⁴⁾.

Evaluate a nursing service, especially in the hospital environment, where care processes are troubled and work dynamics impose greater risk to the user, it is a challenge for managers⁽²⁾. For this purpose, the use of specific evaluative tools for certain actions or care processes can be a rational strategy to enable a faithful and useful evaluation⁽⁵⁾, for example, the quality indicators, which are objective measures that relate to a given reality⁽²⁾.

Among the different activities of the nurse's work, which can be evaluated, it is important to mention that nursing prescription is part of the Nursing Process (NP), understood as an intellectual work tool of the nurse that guides the process of clinical reasoning and diagnostic decision-making, care interventions and outcomes⁽⁵⁾. It should be emphasized that NP is not the isolated tool that nurses can use to consolidate Systematization of Nursing Care (SNC), since the use of care plans, protocols, standardization of procedures, among others, are also means of systematizing their work⁽⁶⁾. However, the use of NP helps nurses to plan,

organize and evaluate the care process, in order to promote quality care and focus on the client⁽⁷⁾.

Namely, the NP is composed of the following steps: Collection of Nursing Data (or Nursing History); Nursing Diagnosis; Nursing Planning; Implementation; and Nursing Assessment⁽⁵⁻⁸⁾. Thus, the Nursing Prescription, object of this research, is instilled in the Nursing Planning stage of the NP, and is defined as the implementation of the care plan by the daily schedule (or due period), which coordinates the action of the nursing team in the execution for the care needs of the human being⁽⁸⁾.

In Brazil, according to Law No. 7,498 of June 25, 1986 of the Federal Nursing Council (FNC), which provides the regulation of nursing practice, means that nursing prescription is one of the nurse's private activities⁽⁹⁾. In this aspect, it is understandable that nursing prescription - perceived as a means to enable systematized care - is a factor that contributes to the consolidation of the nurse as care manager⁽⁶⁾.

Since it is a directive action of nursing actions, which should be documented in the patient's medical records, Nursing Prescription is an element that deserves to be evaluated, because it has the potential to: subsidize ethical-legal processes, advance teaching and research, and as mentioned, guide actions for the proper advancement of the quality of nursing care⁽¹⁰⁾. In addition, evaluating the Nursing Prescription constitutes a strategy to obtain information that enables its readjustment and improvement, in order to improve the professional practice of the nurse and, thus, to the quality of care itself⁽¹¹⁾.

The proposal to evaluate the quality of Nursing Prescriptions is justified by the relevance of the subject to the profession, since the systematic evaluation of any and all products of the nursing work can mean a (re) direction for management actions, in order to the advancement of the quality of care, be it direct or indirectly.

Given the above, was questioned: what is the quality of Nursing Prescriptions in an Intensive Care Unit (ICU) for adults in a public university hospital? In order to answer the question, this study aimed to evaluate, through indicators, the quality of nursing prescriptions of the ICU for adults of a public university hospital.

METHOD

This is a transversal, retrospective, documentary research, with a quantitative approach. The survey site used was the general adult ICU of a public university hospital in the state of Paraná, Brazil. The institution has an operational capacity of 210 beds exclusively for the Unified Health System (UHS), and the ICU has 14 hospital beds for critically ill patients.

The study site was intentionally chosen because it is the only inpatient unit of the hospital to perform nursing prescriptions routine. The population was composed of the nursing prescriptions listed in the medical records

of hospitalized patients in the months of January and February of 2016. In turn, the sample was conformed by the following inclusion criteria: patient record with at least two days of ICU stay; and, as exclusion: patients less than 18 years-old and less than two days of ICU admission.

The sample eligibility, according to the inclusion criteria, occurred in an attempt to analyze at least two nursing prescriptions of each patient. Because the sample analyzed was in fact established by the nursing prescription of the first and last day of hospitalization, a criterion defined to generate feasibility of study, once it was known that the largest portion of the patients admitted to the ICU remained in the unit between five and 14 days, followed 15 to 24 days⁽¹²⁾, which would make it more difficult to collect all documents of interest among the total number of clients hospitalized in the period.

The data collection was first of all the search of the patients hospitalized in the ICU in the established temporal cut-off. This happened through electronic software outsourced by the hospital. With the data recruited, the eligibility criteria were used. There were 99 medical records, and 03 were excluded because they were from patients younger than 18 years ($n = 96$). Subsequently, the data collection in the documentary source (medical records with the nursing prescriptions) of each patient, obtained by the Medical Archive and Statistical Service (MASS) of the hospital, was performed.

The data collection was done through an appropriate form, built according to the variables of extraction in the procedure of active search of the instrument to evaluate the quality of nursing care validated⁽¹³⁾, which disseminated evaluative indicators of nursing services, through a study in another public university hospital, also located in the state of Paraná, Brazil.

In order to meet the aim of the study, the following indicators were used: Indicator # 34: Number of hours of nursing care adequately checked; Indicator # 35: Number of nursing care schedules inadequately checked; Indicator # 36: Number of hours of nursing care not checked; Indicator # 47: Number of patients with daily and complete nursing prescription, elaborated by the nurse; Indicator # 48: Number of patients with daily but incomplete nursing prescription, elaborated by the nurse; and Indicator No. 49: Number of patients without daily nursing prescription elaborated by the nurse⁽¹³⁾.

The obtained data were summarized in electronic spreadsheets of the software Microsoft Office Excel® version 2010 and, later, analyzed by descriptive statistics, obtained by the indicators formulas⁽¹³⁾, which are measures of relative frequency, in percentage. The criteria of compliance or non-compliance with each indicator also followed the recommendations (standards) of the baseline research reference⁽¹³⁾.

As can be seen in the nominal description of the indicators, the measurement is given by "patients". However, as the first and last day of each ICU patient was evaluated,

these data were doubled, that is, each day of hospitalization reflected a "patient" or measure to be computed in the analysis of the indicators.

After obtaining the results of the indicators in question, to generate objectivity in the evaluation of the quality of fact, these were analyzed in two ways: the first, according to the Index of Positivity⁽¹⁴⁾, a measure that proposes the classification of quality on the basis of positive percentages (conformity), as follows: desirable (100% positivity); adequate (90 to 99% positive); safe (80-89% positive); (70-79% positive) and poor (70% positive)⁽¹⁴⁾.

The second classification of the quality of nursing prescriptions, in relation to the elaboration of the same ones and check of care, also responded to the aforementioned referential, from the perspective of evaluative determination in five levels: 1) It does not apply; 2) Complete; 3) Incomplete; 4) Not completed; and 5) Incorrect. The prescriptions were considered satisfactory when they reached levels of completion (completeness) equal to or greater than 80%, not exceeding 15% for the incomplete item, 5% for the unfilled and 0% for the incorrect⁽¹⁴⁾. When they reached the described parameter, the prescriptions were considered satisfactory. The option to classify quality in two ways was considered a contribution to greater fidelity in the appreciation of nursing prescriptions.

This research was developed in accordance with the ethical requirements set forth in Resolution No. 466/2012 of the National Health Council. In addition, the Research Project was submitted to the Ethics and Research Committee with Human Beings of the State University of Western Paraná, receiving a favorable opinion under protocol No. 1,696,984/2016 and CAAE 56991116.2.0000.0107.

RESULTS

A total of 182 nursing prescriptions were analyzed from 96 medical records of patients hospitalized at the ICU investigated. Of these, 92 were prescribed on the first day of patient hospitalization, and 90 on the last day. The absence of 10 nursing prescriptions occurred because 02 patients, on their last day of hospitalization, did not have the nurse intervention, and 04 patients, including those 02 subjects (08 cases of nursing prescriptions), did not have the prescribed care on the first or the last day of hospitalization. It is worth noting that the 10 nursing prescriptions were not considered losses, since they are items computed in the nurse's elaboration (or absence) indicator of nursing prescription. However, in the indicators of interest to the check for prescribed care, they are not included in the results analyzed.

The total number of care check times evaluated was 6301. In this aspect, Table 1 summarizes the indicators' frequency of interest to the study, in other words, the elaboration of nursing prescription and the prescribed care check, for the first and last day of hospitalization of the patient.

In turn, Table 2 provides about the indicators of prescribed care checked, considering the total of nursing prescriptions evaluated ($n = 182$).

Table 3 illustrates the findings regarding the indicators of interest in the elaboration of nursing prescriptions by the nurse, based on the total number of hospital days evaluated. In this case, the total analyzed corresponded to the related indicators, such as: complete and incomplete nursing prescription and to those without any prescription ($n = 192$). Therefore, diverging from the total of 182 nursing prescriptions, which corresponds to the data in which there was this nurse intervention.

Table 4 below shows the compliance of quality indicators evaluated in the Nursing Prescriptions on the first and last day of hospitalization.

In the overview of general care check data ($n = 6301$), 1394 cases were in full compliance with quality requirements. On the other hand, the elaboration of the prescriptions by the nurse ($n = 192$), obtained 178 documents accordingly. With this, it was possible to classify the quality on the positivity of the indicators⁽¹⁴⁾, the following results were obtained: for the nursing care indicator in the nursing prescriptions, the quality was classified as suffering (22.12% of positivity); and, for the indicator of elaboration of the nursing prescriptions, the quality was listed as adequate (92.70% positivity).

Finally, in the second form of Nursing Prescriptions classification, it was obtained that the elaboration of the same ones was unsatisfactory, since in spite of having presented complete and correct filling in 92.70% of the cases; and 2.08% of elaborate but incomplete prescriptions, there were 5.21% of the cases of patients without prescription, which contradicts the positive parameter in this evaluation model. In addition, in relation to the evaluation of the prescribed care check, this measure was clearly evaluated as unsatisfactory, since the negative items, of inadequacy (28.98%) and absence (48.90%) of checking, also exceeded the cutoff points of the second parameter used.

Table 2. Indicators of prescribed care check ($n = 6301$) arranged in the Nursing Prescriptions. Cascavel, PR, Brazil, 2016.

Indicator	N	%
Indicator # 34: Number of nursing care hours properly checked.	1394	22,12
Indicator # 35: Number of nursing care schedules inadequately checked.	1826	28,98
Indicator # 36: Number of hours of unannounced nursing care.	3081	48,90
TOTAL	6301	100

Source: survey data.

Table 3. Indicators of interest to the evaluation of the elaboration of the Nursing Prescription ($n = 192$) by the nurse. Cascavel, PR, Brazil, 2016.

Indicators	N	%
Indicator # 47: Number of patients with daily and complete nursing prescription, elaborated by the nurse.	178	92,70
Indicator # 48: Number of patients with daily but incomplete nursing prescription, elaborated by the nurse.	4	2,09
Indicator # 49: Number of patients without daily nursing prescription elaborated by the nurse	10	5,21
TOTAL	192	100

Source: survey data.

DISCUSSION

In general, it is possible to verify that the elaboration of the Nursing Prescription by the nurses of the studied ICU is not such an emergent problem when compared to the appreciation of the prescribed care check in the documents. Its possibly reports that nurses complied to the routine of prescribing care for critically ill patients.

When evaluated in the light of the Positivity Index⁽¹⁴⁾, the Nursing Prescriptions, with regard to their elaboration, were considered of adequate quality. On the other hand,

Table 1. Quality indicators evaluated from the Nursing Prescriptions, per day of hospitalization (PDH) in the ICU. Cascavel, PR, Brazil, 2016.

Indicator	First PDH		Last PDH		Total	
	N	%	N	%	N	%
Number of nursing care schedules checked properly.	876	62,84	518	37,16	1394	100
Number of nursing care schedules inadequately checked.	1199	65,66	627	34,34	1826	100
Number of hours of unannounced nursing care.	986	32	2095	68	3081	100
Number of patients with daily and complete nursing prescription, elaborated by the nurse.	91	51,12	87	48,88	178	100
Number of patients with daily but incomplete nursing prescription, elaborated by the nurse.	1	25	3	75	4	100
Number of patients without daily nursing prescription elaborated by the nurse.	4	40	6	60	10	100

Source: survey data.

Table 4. Compliance of evaluated quality indicators of the Nursing Prescriptions on the first and last day of hospitalization (PDH) of the patients in the ICU. Cascavel, PR, Brazil, 2016.

Indicator / PDH	According		Not in Accordance		Total	
	N	%	N	%	N	%
Fisrt PDH						
Care Check ^a	876	28,62	2185	71,38	3061	100
Elaboration of the Nursing Prescription ^b						
Last PDH	91	94,79	5	5,21	96	100
Care Check ^a	518	15,99	2722	84,01	3240	100
Elaboration of the Nursing Prescription ^b	87	90,62	9	9,38	96	100

Note: ^aContemplates the measurement of compliance between the indicators of Nos. 34, 35 and 36. ^bContemplates the measurement of compliance between the indicators of Nos. 47, 48 and 49.

Source: survey data.

when using documentary quality analysis criteria, the prescribing indicator was determined to be unsatisfactory, since there was an excess of 0.21% of the acceptability parameter (5%) for missing/unfilled documents⁽¹⁴⁾.

Given the duality described above, it is agreed that health managers need to appropriate the techniques and means of evaluation better adapted to the organizational reality, and that attribute greater specificity to the assessed process⁽³⁻⁴⁾. In the context of the Nursing Prescriptions analyzed, it is not a matter here to define which quality parameters would be the best or the most adequate, however, in the face of the results pointed out, it is postulated that the quality of the prescriptions was positive and the care check was negative, since it exceeded the limit of the parameter that determined the preparation of the prescriptions as unsatisfactory was discreet.

It is worth reflecting, however, that accepting tenuous limits of non-compliance in health care can be dangerous and counterproductive. In other words, although the Nursing Prescriptions elaboration was mathematically, in general, positive to its quality, it is necessary to remember that in 10 cases of evaluation, the patient was hospitalized without his elaborate care prescription. This in itself generates a reflection on the ethics in nursing care and professional commitment to the quality and safety of the hospitalized client in the ICU.

The absence or non-fulfillment of Nursing Prescriptions found in this study, although of a discreet value and close to the quality requirements of the documents used (5.21%), surpassed another research⁽¹¹⁾ developed in two university hospitals, also located in the state of Paraná, Brazil, in which it determined a percentage of Nursing Prescriptions not filled in 2.67% and 0.85%. In other words, because the hospital under study and the referred institutions are related research sites, the mentioned literature reinforces that the improvement of quality standards is possible.

It is worth mentioning that the evaluation, in this study, was based on an appreciation of compliance with documentary standards, and not on the content qualification of Nursing Prescriptions in intensive care. This means that there is no way to affirm that the largest portion (92.70%)

of prescriptions elaborated correctly and completely was associated with the needs of individual care presented by clients hospitalized in the ICU, which can be classified as a limitation of this study and certainly, a perspective for future investigations. Therefore, it should be pointed out that there must be adequate nursing assessment, considering the biopsychosocial aspects of each individual, so that the content of Nursing Prescriptions does not become repetitive and unnecessary, but rather, focused on the real demand for evidenced care⁽¹⁵⁾.

In a study⁽¹⁶⁾ performed in ICU, it is shown that among the most frequently prescribed care are procedures that are part of the hospital routine, such as: bed or aspersion bath; oral hygiene and provision of information. In this way, the authors infer that the care prescribed by nurses should include prescriptions with actions that can collaborate with the resolution of the existing problems, appropriate for each individual clinical case, that is, they are not limited to the repetition of tasks already expected to the individual hospitalized for intensive treatment⁽¹⁶⁾.

Another research⁽¹⁷⁾ carried out on the subject of the agreement between the Nursing Prescriptions and the needs of care by the patients, it was found that 75% of the items were compatible with the need of care for the patients. When compared to prescribing items at the time of admission and discharge, nurses were not prescribing care according to the individual needs of each patient, and that 35% and 32.3% had no requirements related to prescriptions, respectively admission and being discharged⁽¹⁷⁾. This allusion reinforces that there is no way to infer about the accuracy of the care prescribed in the documents analyzed, but the fact that the quality of the prescriptions has been evaluated for its elaboration and care check is already a key point for the managerial decision of the service researched.

It is possible to consider that the nursing team has evident difficulty at the time of checking prescribed care, performing the same inadequately or not, and not performing it at different times. Some intervention is considered necessary for improvement, for example, training of the team, since currently, the organizations

have invested in the team development to obtain a better performance in their functions, in order to reach the objectives and results intended⁽¹⁸⁾. Despite the relevance of this elementary managerial action, it is important to highlight that nurses in the service, especially those in leadership positions, must monitor the process of care check after a training activity to verify the effectiveness of the training strategy.

A study⁽¹⁹⁾ showed that the evaluative item “controlled procedures have a schedule and heading in the front or back of the prescription”, was evaluated with an unsatisfactory result in the records. The records were evaluated again, after the recognition of the failure, when there was a considerable improvement of the nursing records obtaining a satisfactory result. In this way, the authors postulated that there was perception of the deficit regarding the records (check), and possibly some intervention together the team so that this reality was changed⁽¹⁹⁾.

Another investigation⁽²⁰⁾ Another investigation (20) according to the Nursing Prescription, reports the partial compliance of the nursing auxiliaries/technicians in the fulfillment of the prescription, emphasizing that many prescriptions are checked without being performed or are not checked. In the same study, it was noted that the medical prescription was checked in its entirety. Interpreting this research, was considered this a worrying fact, and it indicates that the nursing team tends to prioritize medical actions in detriment to the care planned by the nurse. Obviously, it is not necessary to give priority to the Nursing Prescription over the Physician, however, to the recognition of such a precarious compliance in the care check prescribed by the nurse. It is notorious that the team does not fully comply to the strategy, which is a problem to be rethought by the institution’s nursing service and especially by the ICU nurses.

In a study⁽²²⁾ carried out on nursing notes evaluated in an audit, it addresses parameters regarding the checking of prescriptions, considering checked or circulated and justified schedules, and should be done with a blue diagonal dash over the hour in the morning and afternoon shifts, and in the red in the night shift, or according to institution standardization. However, when not done, schedules should be circulated and justified in such a way, as established by the norms standardized by the institution. This is in line with the benchmark chosen for the measurement of indicators of Nursing Prescriptions⁽¹³⁾, which considers as a standard of compliance for checks, the following: prescriptions to be considered satisfactory must reach levels of completion (completeness) equal to or greater than 80% of the total prescribed items; not exceeding 15% for incomplete items, 5% for unfilled items and 0% for incorrect items.

Another aspect to be considered is the lack of human resources, which can result in work overload, lack of time and lack of collaboration among team members, resulting in a compromised care provided⁽¹³⁾. In spite of this, it was

recently found that the ICU surveyed has a surplus of 11 nursing technicians⁽¹²⁾, who are responsible for carrying out the prescribed care plan, and therefore check it at the nurse’s appointment.

It is worth noting, however, that the ICU team under study has a general deficit of 27 workers, and 38 nurses⁽¹²⁾. That said, it is important to reflect that the sector assigns a large overload to nurses who, in turn, can have their work disconnected from the direct care of the severely ill client, including rational planning of actions that are related to their care needs. Not least, it is evident that the observed surplus of nursing technicians “alleviates” the expressive deficit of nurses, which means that mid-level nurses are assisting patients who, according to the current Brazilian staffing regulations, should be cared for by most nurses⁽²³⁾.

Regarding these noncompliance, the inadequate checking of nursing care makes it difficult to identify responsibilities in case of any complications with the patient, and for the nursing care not checked, according to the literature⁽¹³⁾, means that they have not been performed, knowing that patients need these care. In contrast to the results described in relation to the care check, the high score of the indicator “Daily and complete elaboration of nursing prescription” shows an indication that there was a greater concern of nurses, which demonstrates the credibility and appreciation of the SNC, taking into account the criteria for drawing up the daily prescription⁽²¹⁾.

The valorization and credibility of the Nursing Prescription by the team is of great value, because rather than implanting it in the work, one must work on this tool with the team on the importance of the same, through education programs, such as way of orienting, organizing and documenting nursing work, aiming at the quality of the activities of these professionals⁽²²⁾. In other words, it is worth considering that the prescription indicator, in general and in and of itself, does not legitimize individualized, safe and quality assistance.

Based on the problems observed through the results of quality indicators audited in the Nursing Prescriptions, which can be mitigated by means of some measures such as, for example, the training of professionals involved in the sector, since the nurse responsible for a team has the role as an educator⁽¹³⁾, which incorporates in his professional practice knowledge of various interfaces, in order to meet the singularities of both the team and the individual to be cared for⁽²⁴⁾. This allusion reaffirms that the identification of measures related to the quality of nursing work cannot be watertight, serving as a basis for decision-making by nurses, who, using strategically the processes of evaluation of the work of the team led, can consolidate itself as care manager.

CONCLUSION

The quality of the Nursing Prescriptions in relation to their elaboration and the care check was classified,

respectively, as adequate and suffering in one of the classification molds. In a second parameter, the quality of the prescriptions was determined as unsatisfactory for the two evaluation directions. However, with a discrete transition to the limit of absence of prescriptions.

Based on the findings, it is concluded that the elaboration of Nursing Prescriptions, in the researched context, has a favorable perspective to its quality. Despite this, compliance to nurses' prescribed care checks is precarious. This may undermine the rational and strategic use of the nursing actions, as well as weaken nurses' positioning as care manager.

The descriptive character and the inclusion of only one unit of hospitalization, as well as a hospital, are express limitations to this research, besides it was not possible to evaluate the quality of the content of the Nursing Prescriptions. However, it is believed that the study contributes to hospital quality management by fostering the systematic evaluation of actions to guide intensive care, which converges to possible improvements to the nurses' systematic work and their strategic positioning with the health team.

REFERENCES

- Oliveira JLC, Matsuda LM. Accreditation: possibility of advancement in quality management in healthcare and nursing? *Cienc Cuid Saude* [Internet]. 2015 [access in 2017 Jul 12]; 14(2):993-994. Available in: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/28142/14729>
- Vituri DW, Évora YDM. Total Quality Management and hospital nursing: an integrative review. *Rev Bras Enferm* [Internet]. 2015 [access in 2017 Jun 29]; 68(5): 945-952. Available in: <http://www.scielo.br/pdf/reben/v68n5/0034-7167-reben-68-05-0945.pdf>.
- Tronchin DMR, Freitas GF, Melleiro MM. Evaluation of services, quality and patient safety in the sector. In: Kurcgant, P. (Coord.). *Management in nursing*. 3. ed. Rio de Janeiro: Guanabara Koogan; 2016.
- Martins MMFPS, Gonçalves MNC, Ribeiro OMPL, Tronchin DMR. Quality of nursing care: construction and validation of an instrument. *Rev Bras Enferm* [Internet]. 2016 [access in 2017 Jul 12]; 69(5):864-70. Available in: <http://www.scielo.br/pdf/reben/v69n5/0034-7167-reben-69-05-0920.pdf>.
- Barros ALBL, Sanchez CG, Lopes JL, Dell'Acqua MCQ, Lopes MHBM, Silva RCG. *Nursing process: a guide to practice*. Regional Nursing Council of São Paulo – São Paulo: RNC-SP, 2015.
- Soares MI, Resck ZMR, Terra FS, Camelo SHH. Systematization of Nursing Care: facilities and challenges of nurses in care management. *Rev Esc Enferm Anna Nery* [Internet]. 2015 [access in 2017 Jul 12]; 19(1):47-53. Available in: http://www.scielo.br/pdf/ean/v19n1/en_1414-8145-ean-19-01-0047.pdf
- Venturini DA, Matsuda LM, Waidman MAP. Brazilian scientific production about Systematization os Nursing Care. *Cienc Cuid Saude* [Internet]. 2009 [access in 2017 Jul 01]; 8(4): 707-715. Available in: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/viewFile/9710/5408>
- Horta WA. *Nursing process*. Rio de Janeiro: Guanabara Koogan; 2015.
- Federal Nursing Council. Law No. 7.498/86 of June 25, 1986. Provides for the regulation of nursing practice and provides other measures.
- Setz VG, D'Innocenzo M. Evaluation of the quality of nursing records in the medical records through auditing. *Acta PaulEnferm* [Internet]. 2009 [access in 2017 Jul 02]; 22(3):313-317. Available in: <http://www.scielo.br/pdf/ape/v22n3/a12v22n3.pdf>.
- Versa GLGS, Murasaki AY, Silva LG, Vituri DW, Mellof WA, Matsuda LM. Evaluation of the quality of nursing prescriptions in public university hospitals. *Rev Gaúcha Enferm* [Internet]. 2012 [access in 2017 Jul 02]; 33(2):28-35. Available in: <http://www.scielo.br/pdf/rgenf/v33n2/06.pdf>.
- Borges F, Bohrer CD, Bugs TV, Nicola AL, Tonini NS, Oliveira JLC. Nursing staff dimensioning at the adult ICU of a public teaching hospital. *Cogitare Enferm* [Internet]. 2017 [access in 2017 Jul 13]; (22) 2:1-9. Available in: http://revistas.ufpr.br/cogitare/article/view/50306/pdf_en.
- Vituri DW. Development and validation of an instrument to evaluate the quality of nursing care. [Dissertation] Maringá: State University of Maringá; 2007.
- Haddad MCL. Quality of nursing care – the evaluation process in a public university hospital. [Thesis] Ribeirão Preto: Nursing School of Ribeirão Preto, University of São Paulo; 2004.
- Truppel TC, Meier MJ, Meier, Calixto RC, Peruzzo SA, Crozeta K. Sistematization of Nursing Care in an Intensive Care Unit. *Rev Bras Enferm* [Internet]. 2009 [access in 2017 Jul 14]; 62(2): 221-7. Available in: <http://www.scielo.br/pdf/reben/v62n2/a08v62n2.pdf>.
- Horta FG, Salgado PO, Chianca TCM, Guedes HM. Nursing actions prescribed for inpatients in an Intensive Care Unit. *Rev Eletr Enf* [Internet]. 2014 [access in 2017 Jul 14]; 16(3):542-8. Available in: https://www.fen.ufg.br/fen_revista/v16/n3/pdf/v16n3a07.pdf.
- Faeda MS, Perroca MG. Care management: agreement between nursing prescriptions and patient care needs. *Rev Latino-Am Enfermagem* [Internet]. 2016 [access in 2017 Jul 04]; 24(2723):1-9. Available in: http://www.scielo.br/pdf/rlae/v24/pt_0104-1169-rlae-24-02723.pdf.
- Mira VL, Leite MMJ, Prado C. Continuing education/ Recruitment and selection, training and development and evaluation of professional performance In: Kurcgant, P. (Coord.). *Nursing management*. 3. ed. Rio de Janeiro: Guanabara Koogan; 2016.
- Maziero VG, Vannuchi MTO, Haddad MCL, Vituri DW, Tada CN. Quality of nursing records in a university hospital. *Rev Min Enferm* [Internet]. 2013 [access in 2017 Jul 07]; 17(1):165-170. Available in: <http://www.reme.org.br/artigo/detalhes/587>.
- Ferreira VA, Ramos RS, Gomes AMT, Oliveira OVS, Maciel REO. The social representation of the nursing team about the nursing prescription. *Rev Hosp Univers Pedro Ernesto* [Internet]. 2011 [access in 2017 Jul 07]; 10(1):121-129. Available in: http://revista.hupe.uerj.br/detalhe_artigo.asp?id=130.

21. Sentone ADD, Évora YDM, Haddad MCL, Borsato FG. Evaluation of the quality of nursing prescriptions in a university hospital. *Cienc Cuid Saúde* [Internet]. 2011 [access in 2017 Jul 04]; 10(3):467-473. Available in: http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/11472/pdf_131.
22. Luz A, Martins AP, Dynewicz AM. Characteristics of nursing records found in auditing. *Rev EletrEnferm* [Internet]. 2007 [access in 2017 Jul 04]; 9(2):344-361. Available in: <https://www.revistas.ufg.br/fen/article/viewFile/7165/5074?journal=fenvituri>.
23. Federal Nursing Council. Resolution No. 543/2017. Updates and establishes parameters for the dimensioning of the nursing professional staff in the services/ places where nursing activities are performed [Internet]. 2017 [access in 2017 Jul 05] Available in: http://www.cofen.gov.br/resolucao-cofen-5432017_51440.html.
24. Menezes HF, Rosas AMMTF, Souza FS, Viana LO, Pinto ACS, Rufino CG. Brazilian production of theses and dissertations on nursing consultation: a bibliometric study. *Rev Enferm Atual* [Internet]. 2017 [access in 2018 Jan 29]; 21(83):86-93. Available in: http://revistaenfermagematual.com.br/revistas/revista_21.pdf.