

Nursing consultation: a concept analysis

Pimentel-Jaimes, José Alfredo^{1,2*}; Casique-Casique, Leticia³; Álvarez-Aguirre, Alicia⁴; Higuera-Sainz, Jose Luis^{1,5}; Bautista-Alvarez, Tania Meyatzy⁶

SUMMARY

Introduction: Nursing consultation has always existed within the public or private domain, inside and outside hospitals, and at all levels of care; however, it has rarely been implemented in a systematic way or with this name. **Objective:** Analyze the concept of nursing consultation. **Methodology:** This analysis was carried out following the methodology developed by Walker and Avant, through which the characteristics that define a concept and its attributes are discussed. **Results:** This analysis suggests that the nursing consultation can be seen as a technical, scientific, free, and autonomous service that is granted by nursing professionals, either in the public or private domain, inside and outside hospitals, and in all levels of health care. Its main purpose is to promote, enable, include, prevent, detect, and solve health needs and problems of the individual, family, and community in all stages of life. **Conclusions:** The importance of the nursing consultation lies in three main aspects: 1) it allows individual, family, and community health needs and problems to be solved in all stages of life; 2) for nursing professionals it works as the access door towards professional autonomy, independent practice, and social recognition; and 3) it represents an extension of the arm of the national health system (public or private), as it increases access to health and universal health coverage.

Key Words Nursing consultation; nursing; health systems. (DeCS, BIREME).

¹ PhD student in Nursing Sciences. Universidad de Guanajuato (Celaya-Salvatierra Campus), Mexico.

² Master in Nursing Sciences. Universidad Autónoma de Baja California (Mexicali Campus), Mexico. E-mail: alfredo.pimentel@uabc.edu.mx. ORCID: <https://orcid.org/0000-0003-4384-8370>

³ Nursing Doctor. Universidad de Guanajuato (Celaya-Salvatierra Campus), Mexico. E-mail: leticiacc_2004@yahoo.com.mx. ORCID: <https://orcid.org/0000-0002-0532-4819>

⁴ Nursing Doctor. Universidad de Guanajuato (Celaya-Salvatierra Campus), Mexico. E-mail: alvarez_ali@yahoo.com.mx. ORCID: <https://orcid.org/0000-0001-5538-7364>

⁵ Master in Nursing Sciences. Universidad Autónoma de Baja California (Mexicali Campus), Mexico. E-mail: higueraj99@uabc.edu.mx. ORCID: <https://orcid.org/0000-0003-1824-8963>

⁶ Student of a Master's Degree in Teaching. Instituto Universitario de las Américas y el Caribe, Colima, Mexico. E-mail: meyatzy.baustista@uabc.edu.mx. ORCID: <https://orcid.org/0000-0002-9867-3005>

Received: 05/06/2019

Accepted: 30/06/2019

*Corresponding author

How to cite this article

Pimentel-Jaimes, JA, Casique-Casique L, Álvarez-Aguirre A, Higuera-Sainz JL, Bautista-Alvarez TM. Nursing consultation: a concept analysis. SANUS. 2019;(10): 70-84. [Access __ __ __]; Available at: _____
month day year URL

INTRODUCTION

Nursing consultation has always existed in the public or private domain, inside and outside hospitals and at all levels of care; however, it has rarely been systematically implemented under this name. One of the oldest references in this regard dates back to 1973 in the Johns Hopkins Hospital in Baltimore, in the US, where specialist nurses were responsible for caring and following up people with chronic problems. These consultations operated separately from medical consultations. Although there was a mechanism for referral to a doctor, specialist nurses controlled their consultations freely and independently⁽¹⁾. From there the nursing consultation arose in different countries of Europe and the rest of the Americas^(2,3).

Nursing consultation emerged as an important step towards professional autonomy and as a response to changes in the perspective of socioeconomic, epidemiological, and health policy reforms^(4,5). At international level, the nursing consultation has been systematically implemented (under a current legal framework) in patients with acute and chronic diseases, older adults and in pediatric and gynecological care issues⁽⁶⁻⁹⁾.

Whilst the implementation of the nursing consultation already exists, and there are some definitions in this regard⁽⁴⁾, to date there is no concept analysis of the nursing consultation. Among the existing definitions found in the literature, the following stand out: 1) "Nursing consultation is a professional interaction between the user and the nurse. The work of the nurse is focused on helping the individual, the family group, and the community in order to carry out health self-care, from birth to death, through a specific and therapeutic interaction process"⁽¹⁰⁾; and 2) "the nursing consultation is defined as the interaction process that takes place in a specific physical and temporal space between the user and the nursing professional, through which the latter provides nursing care to individuals or groups in order to promote, protect, and restore their health"⁽¹¹⁾.

In addition to being an important alternative to the health system, nursing consultation⁽⁴⁾ becomes a new option for patients at any stage of life, and in any status within the health disease process, since it extends access and universal health coverage⁽¹²⁾. Additionally, it functions as the access to professional autonomy, independent practice, and social recognition of the nursing profession. Therefore, the objective of this study is to analyze the concept of nursing consultation to differentiate it from concepts such as: 1) case management, 2) primary care nurse, 3) free exercise of the profession, 4) advanced practice nursing, 5) liaison nurses, 6) home care, and 7) medical consultation.

METHODOLOGY

This analysis was carried out following the methodology developed by Walker and Avant⁽¹³⁾. These authors argue that the concept analysis is an avenue for the construction

of theory, which provides the opportunity to explain and describe phenomena of interest for nursing practice. It is a strategy through which the characteristics that define the concept are examined, that is, the attributes that comprise it. This methodology is made up of the following stages: 1) concept selection, 2) objectives or purposes of the analysis, 3) identification of the uses of the concept, 4) identification of attributes, 5) identification of the model case, 6) identification of additional cases, 7) identification of antecedents and consequences, and 8) the definition of empirical indicators, which will be developed in this concept analysis.

For the search and selection of scientific articles about the nursing consultation, LILIACS, EBSCOhost, PUBMED and Google Scholar search databases were reviewed through basic and advanced search, regardless of the year of publication. The following keywords in Spanish and their corresponding term in English, Portuguese, and French were used: concept analysis, nursing consultation, nursing, health systems, in addition to some concepts related to nursing consultation aforementioned in the introduction section.

RESULTS

Identification of concept uses

Definitions in dictionaries

Currently, in the dictionaries of medical terminology or at least in the latest edition of the Spanish Language Dictionary¹⁴ the term nursing consultation is not included. One of the references of the term is found in a nursing dictionary in French⁽¹⁵⁾, which indicates that "nursing consultation is a service used to inform, advice, educate a patient or his health or nursing environment. The consultation is carried out in hospital or non-hospital setting, either by prescription, at the request of the patient or nurses. It can be included in a multidisciplinary consultation".

Literature review

As mentioned earlier, the first reference regarding nursing consultation dates back to the 1970s in the Johns Hopkins Hospital in Baltimore¹. After that, and in addition to the definitions already presented^(10,11), other definitions are proposed:

- For Boiteux⁽¹⁶⁾ it is a "scheduled delivery of information, education to a patient and his family, regarding his health and nursing care".

- According to Jovic⁽¹⁷⁾, the purpose of the nursing consultation is that "nurses see patients referred by a doctor (wound care, ostomy therapy, education, guidance, etc.). After the observation, the needs of the patient are formalized, in a nursing perspective, the provision of care, educate and provide information and advice within their professional competence".

- Galicia, Nájera and Morales⁽³⁾ report that "the nursing consultation is an area of opportunity for independent

practice in which a care and therapeutic relationship is established, which help the person to understand and act on his own health”.

•According to the Primary Care Nursing Society of Asturias⁽¹⁸⁾, the nursing consultation “consists of providing care to users, by direct or scheduled demand, in the health center, aimed at maintaining and improving their health, preventing the disease, and providing a personalized response to the health needs identified”.

•Hernández⁽¹⁹⁾ indicates that the nursing consultation is a “process of interaction and collaboration between a person requesting help to solve a crisis problem or situation and a professional who is qualified to help him”. This author highlights four characteristics of the nursing consultation: 1) it is provided by a nursing professional, 2) serves people individually and in groups, with or without illness, 3) employs the direct interview, and 4) uses a registration system.

Moreover, within the available scientific literature the nursing consultation is classified into three types: scheduled, as needed, and urgent⁽¹¹⁾. They are described below:

1) *Scheduled consultation*^(9,11).

a) arises from the consensus between the user and the nursing professional (scheduled appointments), b) it is systematic and continuous, c) its objective is to promote, prevent, detect, and solve health needs and problems of the population by promoting changes in lifestyle and health self-care, d) applies a scientific methodology (Nursing Care Process [NCP]) based on theories and conceptual models of nursing to guide nursing care towards users, e) the user becomes an active and participative subject in their health-disease process, f) favors nurse patient-family communication, and g) strengthens communication with the multidisciplinary health team.

2) *Consultation as needed*^(11,20,21).

a) it is done without the need for an appointment; b) provides nursing care to certain health problems and/or needs through direct appointments requested demanded by the user or other professionals; c) can be developed in the public and private domain; d) independent research, teaching, service and practice can be exercised; e) information and communication technologies and health application technologies are implemented; f) is usually used to solve problems of a specific type or as input for another type of consultation; and g) allows service customization.

3) *Urgent consultation*^(11,22-24).

a) favors rapid access and nursing care; b) involves the fulfillment of triage; c) requires intervention within 30 to 120 minutes; d) allows the patient to be referred to the proper health professional; and e) demonstrates the nursing ability to solve user demands for acute pathologies and mild

chronic complications independently.

Although the characteristics of each type of nursing consultation are presented separately, it is important to note that these characteristics are non-exclusive, since more than one of the characteristics can be articulated or perfectly describe the three types of consultation.

Attribute Identification

Based on the revised definitions and the scientific literature regarding nursing consultation, the following attributes of the concept were identified (listed below without hierarchical order):

1) it is a process of interaction between the client and the nursing professional; 2) provides nursing care to the person (healthy or sick), family, and community at all stages of life; 3) its objective is to promote, prevent, detect, solve health needs and problems; 4) the user becomes an active and participative subject in their health disease process; 5) applies a scientific methodology (NCP) and relies on nursing models and theories; 6) information and communication technologies and health application technologies are implemented; 7) it is systematic and continuous; 8) it is carried out in a hospital and non-hospital, public or private, environment; 9) it is classified into three types: scheduled, as needed, and urgent; 10) it is used to solve specific problems or as a reference system for another type of consultation; 11) allows the customization of nursing services; 12) demonstrates the nursing capacity to solve the demands of the users for acute pathologies and mild chronic complications independently, and 13) independent research, teaching, service, and practice is exercised.

Proposal of the nursing consultation concept

The nursing consultation is a technical, scientific, free and autonomous service that is granted by nursing professionals, either in the public or private domain, inside and outside hospitals, and at all levels of health care. Its main purpose is to promote, enable, include, prevent, detect, and solve health needs and problems of the individual, family, and community at all stages of life.

Identification of the Model Case

Below, there are three cases that illustrate the concept:

Model Case

Meyatzy is a nurse with more than 20 years of clinical experience in the first and second level of health care, she has a Master’s degree with professional orientation (chronic diseases), three certified courses, two certifications (one national and one international), and countless conferences attendance, and participation in workshops in her professional area. In her experience, she has coexisted countless times

with patients affected by Type 2 Diabetes (T2D) and their families, and she wishes to establish a space to carry out the nursing consultation privately in this type of patients. In the consultation she intends to use her technical and scientific knowledge in a free and autonomous way, which will also generate an additional income to his basic employment. The purpose of Meyatzy in the nursing consultation is to promote healthy behaviors and styles in the patient with T2D and include his family in this process in order to turn them into two active and participatory elements, consequently enabling both participants in the basic procedures related to the T2D treatment (use of medications, diet, exercise, self-monitoring, and psychosocial health) for disease control, also seeks to detect risk factors that contribute to the development of acute complications and prevent the occurrence of chronic complications in these patients and solve them together or refer them to the health professional if the case is outside their professional competence.

Borderline Case

Miguel is a newly graduated nurse in public health; he has 10 years of clinical experience and during his practices both in his Bachelor's degree and in his Specialty, he realized that there is a very high prevalence of T2D in the country and its consequences are fatal. From his experience, and during his studies, he realized that the health system is overwhelmed by the large number of patients with T2D and that the treatment of these patients is often limited to the pharmacological; thus, he decided to open a private nursing office in which he intends to freely exercise his profession, and guide patients regarding their complete treatment, that is, the correct use of oral and injectable medications, give them various food options allowed in T2D and their portions, such as, when and for how long to exercise, and how to self-monitor glucose for themselves and interpret the results, and do the same with a family member if necessary. The ultimate goal of all this is that through the nursing consultation Miguel will contribute and make the T2D patient participate in the control, preventing complications.

Opposite Case

María is a general nurse who has dedicated her entire professional life (30 years) to clinical practice in a second level hospital and during all that time she has worked in the outpatient, emergency, and internal medicine services that commonly cares for patients with acute and chronic illnesses. It is known that during her experience Maria has executed medical indications with both outpatients and hospitalized patients very accurately.

Identification of Additional Cases (Related Concepts)

The nursing consultation is related to certain concepts, and although they are not exactly the same, they share some or

most of the attributes. Among them, the following stand out:

- Medical consultation: "it is an instance of encounter between the doctor and the patient that represents one of the oldest ways to solve health-disease problems of the society"⁽²⁵⁾.

- Free exercise of the profession: "defined as the performance of nursing professionals, independently and autonomously, intellectually and financially, which generates their own economic remuneration and professional stability"⁽²⁶⁾.

- Nursing or advanced practice nurse: "a registered nurse who has acquired the knowledge base of experts, complex decision-making skills, and clinical competencies necessary to develop an extended professional exercise whose characteristics are given by the context or country in which the nurse is working. To access, at master's degree level is recommended"⁽²⁷⁾.

- Primary or community care nurse: "comprehensively applies a set of care to the individual, the family, and the community, that is, she shall make people to acquire skills, habits, and behaviors that encourage their self-care within the integral and community framework of care, which includes health promotion, protection, recovery, and rehabilitation, and prevents disease"⁽²⁸⁾.

- Nurse case manager or liaison: "consists of the care and provision of care to the person and caregiver, planning, coordination, and activation of resources, support, facilitation and promotion, participation, training, information, health education, research and evaluation of health outcomes"⁽²⁹⁾.

- Care or care continuity: "it is about satisfying the socio-health needs and the expectations of a population better informed and more independent"⁽³⁰⁾. "It considers the treatment of the patient as a whole, in an integrated care system so that the patient's care plan progresses without interruptions, the services must be continuous and coordinated"⁽³¹⁾.

Identification of Antecedents and Consequences of the Nursing Consultation

Today there is a significant change in the global epidemiological landscape given by the decrease and efficient management of acute diseases and the increase in chronic diseases as a result of a multitude of factors, including behavioral factors, those related to lifestyle and population aging^(32,33). This scenario not only sees the current problem, but also requires a change in access and universal health coverage of the countries in order to provide high quality care⁽³⁴⁾. In this sense, nursing consultation emerges as an important alternative, since on the one hand it would be expected to contribute to access and universal health coverage at all levels of care and, on the other, it would allow independent work and the autonomy of nursing professionals.

There are important indications that the nursing consultation has positive results when interventions are

carried out in vulnerable populations, in patients with acute and chronic diseases, and in pediatric and gynecological care issues⁽⁶⁻⁹⁾.

And although it is still working on systematization, within the methodological tools that stand out there is the NCP, which allows assessing, diagnosing, planning, executing, and evaluating nursing interventions in the healthcare practice in a structured, homogeneous, logical, and systematic way⁽³⁵⁾. In addition to the above, it is important to note that the nursing consultation in its form close to the free exercise of the profession allows nursing professionals to act independently and autonomously, both intellectually and financially, thus generating their own financial compensation and their professional stability⁽²¹⁾.

Definition of Empirical Indicators

More than measuring the concept through some empirical indicator, some strategies and ways of organizing the nursing consultation have been used^(36,37), self-developed instruments according to the need in question^(6,8,38,39), and some of them based on some theoretical nursing reference, but the key tool instrument for the implementation and systematization of the nursing consultation is the Nursing Care Process⁽⁴⁰⁻⁴²⁾; this Process has demonstrated the ability to guide nursing care effectively.

CONCLUSIONS

The importance of nursing consultation lies in three main aspects: 1) it allows to solve health needs and problems of the individual, family, and community at all stages of life, 2) for nursing professionals it functions as the access to professional independence, independent practice, and social recognition, and 3) represents an expanded arm of the national health system (public or private), as it increases access and universal health coverage, and ensures quality of care through its systematization. Therefore, it is expected that in the coming years the nursing professionals will be familiar not only with the nursing consultation, but also will establish the general and specialized nursing consultation with the corresponding legal and health records, and that in addition to contribute to the health strategies of their country, it will help to highlight the nursing work to society.

CONFLICT OF INTEREST

The authors declare they do not have any conflict of interest.

FINANCING

The authors declare they did not receive any type of financing for this study.

BIBLIOGRAPHIC REFERENCES

1. Allison SE. A framework for nursing action in a nurse-conducted diabetic management clinic. *Journal of Nursing Administration* [Internet]. 1973; 3(4): 53-60. Disponible: doi: 10.1097/00005110-197307000-00016
2. Guirao JA. La consulta de enfermería: aparición, implantación y desarrollo en España. [Internet]. 1998 [consultado 01 de Febrero de 2019]. Disponible en: <http://www.uv.es/joguigo/materiales-dominio-profesional/cde.html>
3. Galicia-Aguilar RM, Nájera-Gutiérrez G, Morales-Nieto A. Consulta de enfermería en la atención primaria. *Revista de Enfermería del Instituto Mexicano del Seguro Social*. 2010; 18(1): 31-34.
4. Warchol N. La consultation infirmière: un pas vers l'autonomie professionnelle. *Recherche en soins infirmiers*. 2007; (4): 76-96.
5. García L, Martín M. Consulta de enfermería programada en un centro de medicina familiar. *Enfermería: Cuidados Humanizados*. 2016; 1(1): 43-48.
6. Catafesta G, Poletto DK, Franco ES, Pedroso BC, Delacanal DS. Consulta de enfermería ginecológica en la estrategia salud de la familia. *Archivos de Ciencias de la Salud*. 2015; 22(1): 85-90.
7. Martínez-González NA, Djalali S, Tandjung R, Huber-Geismann F, Markun S, Wensing M, Rosemann T. Substitution of physicians by nurses in primary care: a systematic review and meta-analysis. *BMC health services research*. 2014; 14(1): 1-17.
8. Moraes JT, da Fonseca DF, da Mata LRF, de Oliveira PP, de Castro SF, da Silva JF. Validação de um instrumento para consulta de enfermagem à pessoa com diabetes mellitus e/ou hipertensão arterial. *Revista de Enfermagem Referência*. 2018; 19(4): 127-136.
9. Souto MC, Zaccara AAL, Fernandes MA, Santos de Platel IC, Albuquerque TM, Felix ZC. Consulta de enfermería para el niño y el anciano: revisión integrativa de la literatura. *Diario de Ciencias de la Salud*. 2015; 18(3): 241-248.
10. Jiménez Otero MO, Ruiz Arias E. Consulta de Enfermería en consultorios y ambulatorios. Sevilla: Dirección General de Atención Primaria y Promoción de la Salud. Consejería de Salud, 1986.
11. Sánchez MJ, Cayuela FPS, Delgado GMS, Lifante PZM, Morales MI. Introducción a las competencias de la Enfermería Familiar y Comunitaria y su sistema de registro

- en OMI-AP [Internet]. 2015 [consultado 02 de Febrero de 2019]. Disponible en: https://www.murciasalud.es/recursos/ficheros/342237-libro_seapremur.pdf
12. Cassiani SHDB, Rosales LK. Initiatives towards Advanced Practice Nursing Implementation in the Region of the Americas. *Escola Anna Nery*. 2016; 20(4): 1-2.
13. Walker LO, Avant KC. *Strategies for theory construction in nursing*. Boston: Prentice Hall 5th edition, 2011.
14. Real Academia Española. *Diccionario de la lengua española* [Internet]. RAE. 2014 [consultado 10 de Enero de 2019]. Disponible en: <http://dle.rae.es/>
15. Magnon R, Lepesqueux M, Dechanoz G. *Dictionnaire des Soins Infirmiers*. Paris: Editions Amiec recherché, 1995.
16. Boiteux A. La consultation infirmière, une avancée pour la profession. *Soins*. 2006; 707: 31.
17. Jovic L. La consultation infirmière, la gestion des compétences dans un système complexe. Ljilijana JOVIC [Internet]. 2000 [consultado 15 de Enero de 2019]. Disponible en: <http://fulltext.bdsp.ehesp.fr/Ensp/Memoires/2000/ig/jovic.pdf>
18. Sociedad de Enfermería de Atención Primaria de Asturias. *Análisis de la situación y propuestas de mejora de la enfermería de atención primaria en Asturias* [Internet]. SEAPA. 2004 [consultado 26 de Enero de 2019]. Disponible en: <http://www.seapaonline.org/uploads/documentacion/Informes/Analisis%20de%20la%20situacion%20y%20propuestas%20de%20reforma%20de%20la%20enfermeria%20de%20A.P.%20en%20asturias.pdf>
19. Hernández JC. *Salud Pública y Atención Primaria de Salud: la consulta de enfermería* [Internet]. Universidad de Cantabria. 2017 [consultado 16 de Enero de 2019]. Disponible en: http://ocw.unican.es/ciencias-de-la-salud/salud-publica-y-atencion-primaria-de-salud/material-de-clase/bloque-iv/4.5_consulta_enfermeria.pdf
20. Rodríguez MG, Serrano MM, Ibáñez GA, Perdikidi GA, Ariza CG, Martín FJ. *Análisis de la consulta enfermera de Atención Primaria en la Comunidad de Madrid (España)*. *Enfermería Clínica*. 2018; 28(6): 347-404.
21. Guillermina AM, Mori, FMLV. *Empoderamiento de las mujeres a través del ejercicio libre de la enfermería* [Internet]. IPN. 2015 [consultado 01 de Febrero de 2019]. Disponible en: <http://www.genero.ipn.mx/Difusion/Documents/mtc7.pdf>
22. Brugués AB, Grao AP, Rodríguez FP, Viladomat EM, Ferret JG, Mateo GF. *Evaluación de la gestión enfermera de la demanda en atención primaria*. *Atención Primaria*. 2016; 48(3): 159-165.
23. Sánchez RC. *Enfermería en la clasificación de pacientes en urgencias: dificultades y propuestas de mejora*. *Revista Enfermería CyL*. 2018; 10(2): 17-27.
24. Evangelista F, García BE, Vega GR. *Implantación de una consulta de enfermería para la gestión de la demanda urgente en un centro de Atención Primaria*. *Revista Iberoamericana de Educación e Investigación en Enfermería* 2015; 5(2):48-57.
25. Castro R. *Teoría social y salud* [Internet]. 2011 [consultado 18 de Enero de 2019]. Disponible en: http://www.crim.unam.mx/web/sites/default/files/Teor%C3%ADa%20social%20y%20salud_0.pdf
26. Aguilar AG, Cataño FV, Tlalpan BA, Nieto AM, Solano BG. *Proceso de aprehensión de identidad profesional en enfermería*. *Revista Cuidarte*. 2018; 9(3): 1-2.
27. Bryant LD, et al. *Framework for evaluating the impact of advanced practice nursing roles*. *Journal of Nursing Scholarship*. 2016; 48(2): 201-209.
28. Dandicourt TC. *Competencias profesionales para el especialista de Enfermería Comunitaria en Cuba*. *Revista Cubana de Enfermería*. 2016; 32(1): 1-12.
29. Phillips C. *Enfermería y el modelo asistencial "gestión de casos"*. *Revista Uruguaya de Enfermería*. 2015; 10(2): 1-8.
30. Casado MC. *El informe de continuidad de cuidados como herramienta de comunicación entre atención hospitalaria y atención primaria*. *Revista Española de Comunicación en Salud*. 2014; 5(2): 102-111.
31. Calvo MJ, Rodríguez JI, Villarubia CS, López ER, Maldonado JM. *La enfermera de atención primaria como garante de la continuidad de cuidados: Intervención proactiva tras el alta hospitalaria*. *RISAI-Revista de Innovación Sanitaria y Atención Integrada*. 2015; 7(1): 1-7.
32. Organización Mundial de la Salud (OMS). *Salud en las Américas. Resumen: panorama regional y perfiles de país* [Internet]. OMS. 2017 [actualizado 2017; consultado 15 de Marzo de 2019]. Disponible en: <http://iris.paho.org/xmlui/handle/123456789/34322>
33. Organización Mundial de la Salud (OMS). *Estadísticas sanitarias mundiales* [Internet]. OMS. 2014 [actualizado 2014; consultado 23 de Enero de 2017]. Disponible en: http://apps.who.int/iris/bitstream/10665/112817/1/WHO_HIS_HSI_14.1_spa.pdf
34. Zug KE, Cassiani SHDB, Pulcini J, Garcia AB, Aguirre-Boza F, Park J. *Advanced practice nursing in Latin America and the Caribbean: regulation, education and practice*. *Revista*

Latino-Americana de Enfermagem. 2016; 24: 1-9.

35. Actualización enfermera. Metodología Enfermera [Internet]. Actualización enfermera. 2017 [consultado 24 de Enero de 2019]. Disponible en: <http://enfermeriaactual.com/metodologia-enfermera/>

s

36. Fernández MP, García GL, García EG, Gérvas JJ. Contenido y organización de una consulta de enfermería. Aten Primaria. 1988; 5: 272-276.

37. Forero VJ, Barrios AS. Rol de enfermería en la consulta de prediálisis en el paciente con enfermedad renal crónica avanzada. Enfermería Nefrológica. 2016; 19(1): 77-86.

38. Manzini FC, Simonetti JP. Consulta de enfermagem aplicada a clientes portadores de hipertensão arterial: uso da teoria do autocuidado de Orem. Revista Latino-Americana de Enfermagem. 2009; 17(1), 113-119.

39. García L, Martín M. Consulta de enfermería programada en un centro de medicina familiar. Enfermería: Cuidados Humanizados. 2016; 1(1), 43-48.

40. Jordán AAI, Estrada RD. Rol enfermero en la valoración de síndromes geriátricos y estado funcional en una consulta de geriatría. Gerokomos. 2018; 29(4): 160-164.

41. Martín RA. Proceso de atención de enfermería ante un paciente diagnosticado de diabetes mellitus tipo 2. Archivos de Medicina Familiar y General. 2018; 11(2): 15-20.

42. Reyes-Caballero MC, Obregón-Pérez, N, Gálvez-Morfa, R, Pérez-Pérez, A. Capacitación para el desarrollo de la consulta de enfermería en la atención primaria de salud. Edumecentro. 2018; 10(3), 106-121.