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# NURSING WELCOME IN CAPS AD: ELABORATION OF A PROPOSED APPROACH FORM

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**Abstract:** This is a study whose objective was to understand the role of the nurse in welcoming the user in the CAPS AD and to elaborate a form for the practice of welcoming using the Nursing Process (NP) according to Wanda Horta. The methodology was a qualitative, descriptive, documentary research, with data collection carried out through a bibliographical review of articles from the last 5 years, in addition to MS books and manuals, in the VHL, in the databases - LILACS, MEDLINE and SciELO, following the EP and the characterization of users and professionals whose product of the study will be directed. Inclusion criteria: articles in Portuguese; in full, on the theme, from 2016 to 2021. Exclusion: unavailability or impossibility of access in full, double publications, projects, in other languages, outside the defined time frame and all without articulation with the theme. Data analysis: Through coding, presentation and discussion in thematic categories. The developed instrument can be validated and implemented as a result of further studies. Results: For the creation of the user embracement form, the collected data were grouped according to Wanda Horta's theoretical framework, having as relevance what is paramount in the evaluation of patients using alcohol and other drugs. We used the Nursing Consultation/Follow-up Form, prepared by Xavier and Cortez (2020), as a basis, including, excluding, adapting and reorganizing some items. Conclusion: Humanized welcoming, supported by tools such as the Data Collection Instrument developed in this study, is important to establish a bond and ensure quality planning and nursing management in the proposed care.

**Keywords:** Nursing; Reception; Psychosocial Care Center.

## INTRODUCTION

The Psychiatric Reform in Brazil took place in 2001, with the aim of organizing the mental health care network and reformulating the hospital model of asylum, for a service proposal based on Psychosocial Care. With this, people with mental disorders can enjoy a more social environment, with respect and dignity for their particularities (BRASIL, 2001).

In this context, the Psychosocial Care Centers (CAPS) were implemented as care centers for mental health users, with the aim of replacing the psychiatric hospital, providing a more welcoming environment and reinserting these users into society. It must be noted that the team that integrates the CAPS is multidisciplinary, to promote complete assistance to the needs of users who attend the service (BRASIL, 2004).

Therefore, according to Ordinance 130 of 2012 of the Ministry of Health (BRASIL, 2021), the CAPS differ according to their typology (CAPS, CAPS i and CAPS AD), related to their target audience, and in relation to their size (I, II, III, IV), related to the population profile of its reference, being services that must provide a multidisciplinary team specialized in mental health during all opening hours, this must be compulsorily composed of a nurse, a psychiatrist, technicians/assistants nursing, administrative professional and other professional categories such as psychologist, social worker, occupational therapist and art therapist, according to the institutional technical project of the service in accordance with the epidemiological and socioeconomic singularities of each region.

Currently, according to data from the Ministry of Health (BRASIL, 2021), Brazil has 2,742 (two thousand, seven hundred and forty-two) qualified CAPS, distributed in 1,845 (one thousand, eight hundred and

forty-five) municipalities in all states and in the Federal District. Of these, 327 are CAPS AD. In Rio de Janeiro there are 23 CAPS AD. Therefore, users are monitored daily, with a specific therapeutic project for their needs, as the CAPS aims to offer mental health care practices in an intersectoral way, observing and monitoring their clinical situation on an individual basis.

Therefore, it is extremely important that the professional nurse understands his role in welcoming the user of alcohol and drugs, contributing to the physical assessment, analysis of the health situation of this user as a whole, understanding how a user behaves in an abstinence crisis to try to help you at this time.

The theme of this work focuses on the Nurse's role in welcoming the user of alcohol and drugs in the CAPS-AD, and the motivation was given in the experience of caring for this part of the population, developing an assistance work as an integral part of the multidisciplinary team of this unit, in addition to the personal interest in understanding how the flow of care, performed by the professional nurse, to alcohol and drug users received and welcomed at the CAPS AD service. Furthermore, the lack of pedagogical resources that support and support a welcoming and effective service capable of modifying the patient's behavior through health education also served as a motivational factor for this study.

This way, the problem raised aims to: Understand whether the welcoming performed by the Nurse in the CAPS-AD contributes to the adhesion or removal of users who seek treatment in this unit. As guiding questions, the following was raised: Is the reception of alcohol and drug users carried out by the nurse? How does this reception happen?

As an academic contribution to the discipline and the line of care aimed at welcoming alcohol and drug users in the CAPS-AD, this study aims to provide a welcoming instrument that can serve as a basis for organizing health services, showing itself as a product of the Academy for SUS (Unified Health System). Therefore, the object of the study is: the Nurse's role in welcoming alcohol and drug users in the CAPS-AD.

This study is justified by the importance of describing which Nursing practices are carried out in welcoming the CAPS-AD user, in addition to understanding the role of the Nurse in welcoming these users.

The object of study was the reception performed by the nurse to the user of alcohol and drugs in the CAPS-AD and the contribution was the elaboration of a form for the use of the nurse. The research question was: How can a welcoming form using the Nursing Process according to Wanda Horta help nurses in their care practice?

The general objective was: To propose a reception instrument for the CAPS AD nurse's practice. The specific objectives were: To understand the nurse's role in user embracement in CAPS AD; Elaborate a form for nursing practice using the Nursing Process according to Wanda Horta.

As social relevance, this research is important for the population, as the development of welcoming activities for patients who use alcohol and other drugs in the CAPS-AD contributes to improvements in the standard of adherence and acceptance of health care, anchored in the creating bonds between patient and team.

The scientific relevance is anchored in the importance of incorporating scientificity into nursing practice in the actions carried out with the CAPS-AD user, through the elaboration of a reception instrument for use in nursing practices, understanding the role of the nurse in the reception of these users.

## THEORETICAL FOUNDATION

According to the Ministry of Health (Brazil, 2021), human beings, throughout their history, have constantly resorted to the consumption of psychoactive substances, such as alcohol, tobacco and other drugs, whether in religious rituals, to alienate themselves from suffering, or in pursuit of pleasure. Circumstances, motivations and new ways of obtaining psychoactive substances have varied greatly over time, assuming their own characteristics according to each era and each social segment in which they are inserted, leading to different circumstances of individual, social and community vulnerability.

According to Cezar and Oliveira (2017), the high prevalence of consumption and abuse of alcohol and drugs, in general, in the population assisted in PHC, would represent, in itself, a challenge for patient care in this scenario. As a counterpoint to the relevance and availability of these approach resources, the difficulties of services and health professionals to diagnose, motivate, treat or refer patients who make the so-called problematic use of psychoactive substances for treatment are known.

In this context, Varela et al. (2016) even pointed out little qualification/training and lack of motivation of nurses to work with these users in this care area; Disrespect to the reference/counter-reference system; Structural and organizational difficulties of network articulation services; Limited and restricted interventions to refer users to more specialized mental health services or counseling; Lack of reception; and, Insufficient records in the medical records, which makes communication between professionals in the same service and the task of reference professionals difficult, interfering with the continuity and resolution of actions.

This way, welcoming emerges as one of the main ethical and aesthetic guidelines of the National Humanization Policy of the SUS (Unified Health System) in Brazil, making it imperative to structure and strengthen a care network centered on community care associated with the network of social services and health, which emphasize the rehabilitation and social reintegration of their users, because when we value the other, we increase the potential of the bond and stop reproducing common sense in relation to this public. Varela et al. (2016, p. 2) complete this thought by emphasizing that:

> With regard to the insertion of the institution that works in the Health Care Network, people with needs resulting from the use of alcohol, crack and other drugs and the responsibility of the services to attend to them, the finding was considered positive, since the non-recognition of a health service as a support space for chemical dependents in a Health Network by the professional who works there, would denote a lack of reception and intervention with these patients, compromising the functioning of the network and, certainly, the confrontation of local problems .

In addition, respect for diversity is essential, recognizing and respecting the differences between subjects and groups, including ethnic, age, ability, gender, sexual orientation, among other forms and types of differences that influence or interfere with the conditions and health decisions. This way, the reception, care and nursing actions developed with users of alcohol and other drugs must be tools for the humanization of health services, characterized by the reception and identification of the clientele, development of educational actions, search for alliances with the community and referrals to other treatment sites.

## METHODOLOGY

This qualitative and descriptive study was guided by a literature review, through bibliographical research, evaluating existing productions on the reception of patients who use alcohol and other drugs in the context of primary health care.

References were used between articles, notebooks and manuals of the Ministry of Health and the Department of Primary Care, in Portuguese, from 2016 to 2021, in the SciELO, LILACS and BIREME database of the Virtual Health Library. The objective of this type of study is to analyze the literature already published on the subject, aiming to recover the accumulated scientific knowledge on a given topic, in order to reach new conclusions.

According to Moreira, Dias and Fernandes (2017), Wanda Horta's theory defines that nursing and other areas of health work in a way that observes patients, offering a set of basic conditions that a human being needs to reach a level of welfare. Wanda believed that these needs must be classified and divided into three major dimensions: psychobiological, psychosocial and psychospiritual. Following this thesis, the nurse's role as care coordinator is to understand the human being as a whole, looking not only at the disease, but also at the body, mind and spirit.

For this, six essential stages in the Nursing Process (NP) are followed, considering the social and emotional aspects of the patient and making individualized care: History; Diagnosis; Assistance plan; Plan of care or prescription; Evolution; and, Nursing Prognosis. Santos et al. (2019) explain that:

> **History** is a systematic script and consists of four interconnected steps: identification, habits related to basic needs, health maintenance and main complaint/physical examination to collect significant patient data that make it possible to identify problems. **Nursing Diagnosis (DE)**: The Nursing problems identified in the history lead to the verification of the affected basic human needs and the patient's degree of dependence on Nursing. **Assistance Plan**: Systematized Nursing Care Plan according to the ND, such as: referrals, supervision (observation and control), guidance, help and care delivery). **Care plan**: Scheduled script regarding the implementation of the care plan, which coordinates the Nursing team's action in the execution of appropriate care to meet the basic and specific needs of human beings. **Nursing evolution**: It is the daily report of the successive changes that occur in the patient while under assistance. **Prognosis**: Estimate of the capacity of human beings to meet their needs after the implementation of the care plan and through data obtained through evolution. (SANTOS *et al.*, 2019).

In this context, Moreira, Dias and Fernandes (2017) point out that nursing diagnoses are based on Taxonomy II of the international NANDA (*North American Nursing Diagnoses Association Internacional*) and the planning and implementation of interventions are carried out according to the Classification of Nursing Interventions (*Nursing Intervention Classification – NIC*) and with the Classification of Nursing Outcomes (*Nursing Outcomes Classification – NOC*). From this analysis, the NP associated with a theory culminates in a more effective assistance, as it adapts interventions to the individual needs of the patient, and the professional deals better with this and treats him in a more humane way, in addition to providing well-being and quality of life.

Thus, for the preparation of the user embracement form (ANNEX A), the data to be collected were grouped following the theoretical framework of Wanda Horta, having as relevance what is essential to be evaluated in patients using alcohol and other drugs, so that this document also quickly

captures essential information regarding basic human needs in the case of patients in crisis, thus avoiding delays in care.

Therefore, we used as a basis the Nursing Consultation/Follow-up Form, prepared by the authors of the Guide for the systematization of nursing care in the Psychosocial Care Center, Xavier and Cortez (2020), where inclusions, exclusions, adaptations and reorganization of some of these items, as described below:

| ITEM | SUBITEM |
|---|---|
| **Identification** | Name, date of birth, gender, profession, education, marital status, type of residence, number of children and abortions, whether you receive government assistance or work. |
| **Current health condition** | Personal and family medical history regarding the use of alcohol, other drugs and mental illness, other comorbidities, contraceptive methods, support network and treatments performed or abandoned. |
| **Psychosocial needs** | Ability to communicate effectively with health professionals, Change in speech. Family support, Level of knowledge about the treatment, Ability to assimilate health guidelines, Lack of adherence to the proposed treatment. |
| **Psychospiritual needs** | Presence of belief or religion, Frequency of religious practice, Has regular spiritual support. |
| **Psychobiological needs** | Life habits: Alcoholism, Smoking, Drug use. |

Table 01 - Items that made up the preliminary version of the data collection instrument for the nursing consultation with patients who use alcohol and other drugs. Três Rios, RJ, 2022.

Source: Own author

## RESULTS AND DISCUSSION

According to Moreira et al. (2019), in the 1990s, with the advent of the Sanitary Reform in Brazil, the Unified Health System (SUS) was implemented, which expands the concept of health from the Paradigm of Social Health Production with a focus on interdisciplinarity and comprehensive care.

caution. And, for this paradigm to become effective, the Psychosocial Care Network (RAPS) was created and the Psychosocial Care Center (CAPS) was implemented to replace the hospital model and the form of care centered on psychiatric hospitalization.

This way, the authors explain that, in the case of the problematic use of psychoactive substances, the CAPS AD is the main therapeutic resource destined to assist users in crisis situations, with demands such as detoxification, management of cravings and abstinence, in addition to situations of social vulnerability associated with use.

## CHARACTERIZATION OF USERS AND PROFESSIONALS WHOSE STUDY PRODUCT WILL BE DIRECTED

According to Moreira et al. (2019), drugs are substances capable of causing changes in sensations, in the level of consciousness and in the emotional state of users. In this context, drug use is no longer considered an individual issue, and becomes a collective issue, given that it increases the risks of social, work, family, physical and legal problems.

The same authors also point out that, in addition to alcohol, tobacco and illicit drugs, there is a spread of medicinal drugs, which cause the same type of dependence and which also expose users to vulnerable situations, as they reflect the prevalence of school dropout, unemployment, the loss of social bonds, problems with justice, violence, homicides, suicides and the increase in hospitalizations in psychiatric beds.

Cezar and Oliveira (2017) complete this reasoning by stating that there is no drug use without the occurrence of some damage to health. This damage can be both that which the drug brings to the body, such as liver and brain damage caused by alcohol, and other damage associated with the ways in which

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drugs are used, such as sharing injection equipment, snorting drugs, among others. There are also harms associated with the context in which the drug is used, such as car accidents associated with drinking and driving.

Therefore, for Costa, Garcia and Toledo (2016), the essence of the nurse's work is caring, a process that involves close contact with the user and their health needs, involving acts, behaviors and attitudes, which depend on the context and of the relationships established between user and professional. In mental health, it is essential to avoid judgments of moral value, stigmas, prejudices and barriers to access, and it is necessary for the worker to be available to value the suffering of the user, through qualified listening, to understand what their expectations are in terms of regarding the service and what it can offer to the user.

It must be noted that the form built for the work process of nurses in CAPS AD III, aims to assist patients of all age groups, with disorders due to the use of alcohol and other drugs, in cities and/or regions with at least 150 thousand inhabitants, being 24-hour operation and with 8 to 12 places for night care and observation.

## THE ROLE OF THE NURSE IN WELCOMING THE USER IN CAPS AD

In a general context, according to Aquino et al. (2017), user embracement is one of the main ethical and aesthetic guidelines of the National Humanization Policy of the SUS (Unified Health System) in Brazil, and which highlights the need for a care network centered on community care linked to social health services that favor rehabilitation and the social reintegration of its users. Varela et al. (2016) complete this thought by emphasizing that welcoming or making oneself available to the other is to value

the way in which the user presents himself with his experiences and his suffering. And it is more than receiving or carrying out screening, it must be understood as a window of opportunity and a possibility for attention and care.

This way, Ordinance No. 130/2012 also establishes the need to adapt services to the needs of users, using low-demand technologies, such as: flexibility of schedules, reception of users, even under the effects of psychoactive substances, dispensing of protection of health and life (eg condoms, food, among others), as well as dedication and persistence, both from the team involved and the desire that this user has to be treated.

For Moreira et al. (2019), in the context of care, the nurse is the professional who has an integral perspective, understanding and assisting, with autonomy, the subject from the biopsychosocial and spiritual perspective, breaking with the dominant psychiatric practices and contributing to the consolidation of the psychosocial model and always paying attention to the principle of equity, universality, resolution. As their role is no longer limited to personal hygiene care, surveillance, food, measurement of vital signs and containment, nursing begins to act as an important and active part of a multidisciplinary team and with the autonomous exercise of the profession.

Therefore, according to Xavier and Cortez (2020), nursing actively participates in several activities developed outside and inside the services, such as: team meetings; institutional supervisions; sorting; reception group; study groups; productive, therapeutic, informative and educational workshops on body care, sexuality and communicable diseases, image and self-esteem; home and hospital visit; meetings with PSF teams; tours with users; community lectures; meetings with families; medication administration and guidelines;

coexistence and formation of therapeutic relationships with users and families, being in some circumstances the reference element for him.

Unfortunately, for various reasons, these purposes are not always achieved. Among them is the lack of efficient dynamics in the organization of work and care provided in the CAPS, which can negatively influence the flow of services. This way, proposals for strategies and management tools for the organization of the service are relevant, as they can improve the quality of care provided, optimize care and provide a clear view of the flows in progress at the time of production of health care, allowing the detection of their problems, say Aquino et al. (2017).

Varela et al. (2016) also pointed out: Receiving and monitoring patients who are still unknown to the team, especially at night and on weekends; Lack of systematic monitoring of users hospitalized in beds outside the CAPS; Excessive number of users per reference professional; Limits of the practice of matrix support summarized in the transfer of responsibility; and, Lack of an organizational flowchart of the services, which can have a negative impact on the assistance offered to the user and even interfere with coping with the local problems of these users on the Network.

Therefore, we can say that nursing has progressively advanced in search of a systematized and evidence-based care. In this context, Cheloni et al. (2021) explain that in a CAPS AD, quality nursing care is organized through the Systematization of Nursing Care (SAE) and, for that, the implementation of the Nursing Process (NP), a clinical method of profession, comprising the steps of: data collection, nursing diagnosis (ND), planning, implementation and nursing assessment.

## APPLICATION OF A FORM FOR NURSE PRACTICE USING THE NURSING PROCESS ACCORDING TO WANDA HORTA

According to Cheloni et al. (2021), it is essential that nursing care be provided with quality and safety, in addition to having its actions based and sustained by an effective care methodology, such as the Nursing Process (NP), a set of systematized and inter-disciplinary actions. related, performed in order to provide comprehensive care to the patient, through methodological steps, responsible for a continuous process of reasoning and clinical judgment that guides nursing actions.

According to COFEN Resolution No. 358/2009, the NP must be carried out in five stages, the first of which, the focus of this work, is a systematic and continuous process, carried out with the aid of various methods and techniques to obtain information about the person, family or human collectivity and about their responses at a given moment in the health and disease process. To guide the Nurse's consultation, data collection instruments, based on a theoretical framework of care, have been developed to substantiate the subsequent steps of the NP, based on Wanda Horta's theory of Basic Human Needs, which considers the psychobiological, psychosocial aspects and psychospiritual.

In this context, for the elaboration of the form to be used in the reception performed by CAPS AD nurses, the items were organized in a document named Nursing Data Collection Instrument for Patients Users of Alcohol and Other Drugs Based on Wanda Horta's Theory. It is believed that the elaboration and collective organization of application of the SAE, represented by the NP, is a facilitating instrument for the organization and management of nursing care, promoting quality of care in CAPS AD.

## FINAL CONSIDERATIONS

Although the nurse's presence is mandatory, foreseen and has its specific activities regulated by law, the nurse's right to participate as a member of the health team still faces difficulties regarding the specific role of nursing in biopsychosocial care. In this sense, the implementation of the SAE and the performance of the NP provide empowerment to the nursing team. As a consequence, changes in professional practices and the multidisciplinary work process improve the performance and quality of care provided to users, families and communities.

Therefore, the nursing consultation, with humanized reception with the support of tools such as the Nursing Data Collection Instrument for patients using alcohol and other drugs based on Wanda Horta's theory, is extremely important in carrying out the physical examination, in establishing bond and to ensure the professional quality in the planning and management of the proposed care, always paying attention to the principle of equity, universality, resolvability.

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# ANNEX A

<table>
<tr><td colspan="2"><strong>Nursing data collection instrument for patients using alcohol and other drugs</strong><br>Based on Wanda Horta's theory</td></tr>
<tr><td>PSF (Family Health Programs):</td><td>CARD OF SUS (Unified Health System):</td></tr>
<tr><td>Id card:</td><td>TEL.:</td></tr>
<tr><td>Social Security Number:</td><td>PLACE:</td></tr>
<tr><td>END.:</td><td>DATE:</td></tr>
<tr><td colspan="2"><strong>1. Identificação</strong></td></tr>
<tr><td colspan="2">Name:</td></tr>
<tr><td colspan="2">D.N.:                          Age:</td></tr>
<tr><td colspan="2">Gender: ( ) Male ( ) Female ( ) Other</td></tr>
<tr><td colspan="2">Type of residence: ( ) Owned ( ) Rented ( ) Street situation<br>Other Residents:</td></tr>
<tr><td colspan="2">Marital status: ( ) Single ( ) Married ( ) Divorced ( ) Other</td></tr>
<tr><td colspan="2">Till which grade did you attend:</td></tr>
<tr><td colspan="2">Number of Children: _____ Number of Living Children:_____ Number of Dead Children:_____</td></tr>
<tr><td colspan="2">Number of Abortions: Spontaneous: Intentional:<br>All in the Same Union: ( ) Yes ( ) No ( ) Not applicableRetired: ( ) Yes ( ) No</td></tr>
<tr><td colspan="2">Do you receive any benefit from the government: ( ) Yes ( ) No<br>Which one?_____</td></tr>
<tr><td colspan="2">Does the person have a profession: ( ) Yes ( ) No Which one?_____</td></tr>
<tr><td colspan="2">Currently working: ( ) Yes ( ) No What?</td></tr>
<tr><td colspan="2"><strong>2. History</strong></td></tr>
<tr><td colspan="2">Does anyone in your family use alcohol, other drugs or have a mental illness?<br>( ) Yes ( ) No  / Who?<br>( ) Alcohol ( ) Other drugs Which disorder?</td></tr>
<tr><td colspan="2">Have you ever had or are you undergoing any treatment in epidemiology?<br>( ) Yes ( ) No     Which one?</td></tr>
<tr><td colspan="2">Do you have or have you ever had a communicable disease?<br>( )HIV ( ) Syphilis ( ) STIs ( ) Tuberculosis ( ) Leprosy ( ) Others</td></tr>
<tr><td colspan="2">Does the person Treat other past illnesses? ( ) SAH ( ) DM ( ) Other</td></tr>
<tr><td colspan="2">Do you use contraceptive methods? ( ) Yes ( ) No / Which one?</td></tr>
<tr><td colspan="2">Do you have a family support network? (  ) Yes No<br>Who? Kinship:Tel:</td></tr>
<tr><td colspan="2">Do you have a vaccination card? ( ) Yes ( ) No ( ) Updated ( ) To be updated</td></tr>
<tr><td colspan="2">Psychic Situation: ( ) Oriented ( ) Confused ( ) Aggressive ( ) Others</td></tr>
<tr><td colspan="2">Suicidal thinking? (  ) Yes        (  ) No</td></tr>
<tr><td colspan="2">How long have you been dependent on alcohol or other drugs?</td></tr>
<tr><td colspan="2">At what age did you start using alcohol or other drugs?</td></tr>
<tr><td colspan="2">What types of alcohol or other drugs have you used?</td></tr>
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| What is your drug of choice? |
|---|

| Have you ever been hospitalized? ( ) Yes   No ( )<br>For how long? |
|---|

| Have you ever had outbreaks? ( ) Yes ( ) No / How many?<br>With quality? What year did this occur? |
|---|

| Was treatment performed at CAPS AD? ( ) Yes No<br>For how long? |
|---|

| How long has it been since you attended CAPS AD? |
|---|

| How long have you been without treatment? |
|---|

| How did you get to CAPS AD?<br>(   ) Friends ( ) Family ( ) Judicial Order ( ) Compulsory Measure<br>( ) Means of Communication (internet, TV, radio, etc.) ( ) Service users<br><br>(   ) Others_____ |
|---|

| What motivated you to seek help? |
|---|

### 3. NURSING DIAGNOSES

#### Psychosocial need

| 3. Nursing Diagnosis | 4. Nursing Planning | 5. Nursing Prescription |
|---|---|---|
| **Ability to perform leisure activity.**<br>**Harmed**<br>( ) Yes  ( ) No<br>**Family process**<br>( ) Efficient  ( ) Interrupted ( ) Harmed<br>**Socialization**<br>( ) Efficient  ( ) Harmed | To observe if there is a motor deficit; Evaluate the level of guidance;<br>Offer emotional support to family members and guidance regarding the disease;<br>Stimulate group interaction. | To encourage participation in activities and therapies offered throughout the day;<br>Indicate leisure and recreation activities according to the level of orientation;<br>Strengthen the family bond during hospitalization. |

#### Psycho-spiritual need

| 3. Nursing Diagnosis | 4. Nursing Planning | 5. Nursing Prescription |
|---|---|---|
| **Religious Belief:**<br>( ) Conflicted ( ) Positive<br><br>**Is spirituality something meaningful?**<br>( ) Yes ( ) No<br><br>**Does the person have regular spiritual support?** ( ) Yes  ( ) No<br>Which_____ | Identify people at risk of excessive reliance on religion;<br>Educating people about the dangers of using religion to control others;<br>Identify patient concerns about religious manifestation (e.g., lighting candles, fasting, circumcision ceremonies or dietary practices). | To offer spiritual support to the patient and/or family (eg, contact with a religious person), as appropriate;<br>Use therapeutic communication to establish trust and care with empathy;<br>Encourage participation in support groups. |

#### Necessidade psicobiológica

| 3. Nursing Diagnosis | 4. Nursing Planning | 5. Nursing Prescription |
|---|---|---|
| **Estado emocional:**<br>( ) Agressive ( ) Agitated ( ) Calm ( ) Depressive<br>Other:_____<br><br>**Level of consciousness:**<br>( ) Conscious ( ) Confused<br><br>**Alteration of reflexes:**<br>( ) Dizziness ( ) Tremors<br>( ) Imbalance<br>Other:_____ | To offer emotional support;<br>Offer structured activities in the designated area, as appropriate;<br>Assist the patient to modify inappropriate behavior whenever possible. | Monitor the emotional state;<br>Monitor neurological status (eg, level of consciousness and confusion);<br>Monitor neurological and/or neuromuscular manifestations (for example: seizures, confusion). |

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| **6. NURSING EVOLUTION** |
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| **7. NURSING PROGNOSIS** |
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Data collection instrument in nursing care for patients who use alcohol and other drugs in the CAPS AD. Três Rios, RJ, 2022.

Source: Own authorship using as a basis the Nursing Consultation / Follow-up Form, prepared by the authors of the Guide for the Systematization of Nursing Care in a Psychosocial Care Center, Xavier and Cortez (2020).