

Elaboración y diseño de la receta de Enfermería

Development and design of Nurse Prescribing

Receita desenvolvimento e Enfermagem projeto

María Alicia Cerezo de la Vega

Benemérita Universidad Autónoma de Puebla, México
alicer@live.com.mx

Omar Emmanuel Espinoza Cerezo

Benemérita Universidad Autónoma de Puebla, México
omarcerezo777@gmail.com

Abigail Techalotzi Amador

Benemérita Universidad Autónoma de Puebla, México
fe.abigailtechalotzi@gmail.com

Rosa María Tlalpan Hernández

Benemérita Universidad Autónoma de Puebla, México
rosytlalpan@hotmail.com

Resumen

Los grandes avances en salud, el desarrollo de nuevos medicamentos y la transición epidemiológica y demográfica han permitido abrir nuevos espacios en la práctica profesional de enfermería. En México, en el año 2009 se autorizó que los licenciados en enfermería prescribieran un cuadro básico de medicamentos del primer nivel asistencial en enfermedades de bajo riesgo, lo que permitió abrir nuevos espacios para esta práctica profesional, que inciden en el progreso del cuidado enfermero y la seguridad del paciente. El profesional de enfermería debe innovar continuamente su aprendizaje universitario y hospitalario para que sus intervenciones sigan una metodología diagnóstica, un dominio intelectual y una práctica reflexiva que sirvan de base para el cuidado. Estos elementos, aplicados congruentemente como receta enfermera, darán soluciones integrales ya que también incluyen la prescripción del fármaco y el seguimiento del

cuidado domiciliario. La meta es lograr calidad en los servicios de salud, dar soluciones y seguimiento al cuidado mediante un lenguaje estandarizado de identidad.

El diseño de la receta enfermera se construye a partir de la intervención de enfermería y la respuesta de los pacientes: Nursing Intervention Care (NIC) y diagnóstico NANDA –I. A través de una destacada formación académica en valores éticos de estudio continuo, docencia, investigación y manejo integral, se busca fortalecer el dominio de la farmacocinética y farmacodinamia de los fármacos autorizados por la Secretaría de Salud para el tratamiento de las enfermedades de bajo riesgo del primer nivel asistencial en México, sentando así un precedente de futuro éxito.

Palabras clave: diseño, receta enfermera.

Abstract

The great advances in health, the development of new drugs and the epidemiological and demographic transition have allowed to open new spaces in the professional practice of nursing. In Mexico, in 2009, was authorized that graduates in nursing prescribed a basic frame of drugs of the first level of care in low-risk diseases, what allowed open new spaces for this professional practice, that influence on the progress of the nurse care and the security of the patient. The Nursing Professional must continuously innovate its University and hospital learning so their interventions follow a Medical diagnosis, an intellectual domain and a reflective practice that serve as a basis for care. These elements, applied consistently as Nurse Prescribing, will provide solutions since they also include the drug prescription and monitoring of home health care. The goal is to achieve quality in health services, solutions and follow-up care through a standardized identity language.

Nurse prescribing design is built from the response of patients and nursing intervention: Nursing Intervention Care (NIC) and diagnosis NANDA –I. Through outstanding academic training in ethical values of continuous studies, teaching, research and management, It seeks to strengthen the domain of the pharmacokinetics and pharmacodynamics of drugs authorized by the Ministry of Health for the treatment of diseases of the low risk of the first level of care in Mexico, establishing a precedent for future success.

Key words: design, Nurse Prescribing.

Resumo

Os grandes avanços na saúde, o desenvolvimento de novos medicamentos e de transição epidemiológica e demográfica abriram novos espaços na prática de enfermagem profissional. No México, em 2009, foi autorizado que os graduados de enfermagem prescrever um nível básico de caixa de medicamentos da atenção em doenças de baixo risco, o que permitiu novos espaços abertos para esta prática, que afetam o progresso dos cuidados de enfermagem e segurança do paciente. A enfermeira deve inovar continuamente sua universidade e aprendizagem hospital que suas intervenções seguem uma metodologia de diagnóstico, um domínio intelectual e prática reflexiva como base para o cuidado. Estes elementos, aplicadas de forma consistente como uma enfermeira soluções prescrição e incluirá também a prescrição de medicamentos e acompanhamento de cuidados domiciliários. O objetivo é conseguir os serviços de saúde de qualidade, fornecer soluções e acompanhamento cuidado usando uma identidade linguagem padronizada.

O design receita enfermeira é construído a partir da intervenção de enfermagem e a resposta de pacientes: Cuidados de Enfermagem Intervenção (NIC) e diagnósticos NANDA-I. Através de uma formação académica em valores éticos do estudo contínuo, ensino, pesquisa e gestão integrada, que visa reforçar o controlo das farmacocinética e farmacodinâmica de drogas aprovado pelo Ministério da Saúde para o tratamento de doenças de baixo risco primeiro nível de atenção no México, estabelecendo assim um precedente para o sucesso futuro.

Palavras-chave: design, enfermeira receita.

Fecha recepción: Diciembre 2015

Fecha aceptación: Julio 2016

Introduction

The Nurse prescribing is a palpable need; six years after the adoption of Law 28/2009 in Spain (that modified a previous regulations of 2006 on guarantees and rational use of medicines and health products), they began to contemplate the need to empower nurses to prescribe drugs. This project has already begun, however, in recent years has aroused an apparently gender open war.

Around the world, nurse prescribing has unleashed leadership, responsibility and autonomy in professional; and dissatisfaction among the professionals themselves and doctors (2009). The recipe nurse is exercised in Spain, Australia, Canada, United States, Sweden, New Zealand and United Kingdom, as "any direct care nurse performs for the benefit of the patient". Said care includes those treatments initiated depending on the medical diagnosis; Spain proposes that nurses can also give drugs without a prescription if they credited a 180-hour course.

In Mexico not exists a legal format nurse recipe as in others countries and the orders are made verbally. The only documents that are handled are nurse's clinical record sheet and high plan, which are insufficient to continue the home health care. In addition, the autonomy of nurses is limited in community clinics.

The term Nurse Prescription in the professional debate has socio-political connotations, understood by health agents as the capacity of nurses, within the framework of its competences and powers, contribute effectively to: 1. the management of the problems of health or illness of the citizens; 2. Health, welfare benefits and care management; and 3. The optimization of the resources and the development of the role autonomous of nursing. "Prescribe is to comply with a form containing the medication or the object of prescription that health professionals indicates a patient, accompanied by generic instructions on its use and which is normally issued to be presented at a pharmacy for purchase. Is applying the prescription with legal support".

In the presentation Nurse Prescribing: analysis of the situation and actions to undertake, carried out in the College of Nursing Organization, Spain (2005), it was mentioned that nurses claim that prescribe is to issue a health professional criteria directed to the patient, which intends to carry out the action based on a clinical and therapeutic trial or care.

The great advances in health, development of new drugs, epidemiological and demographic transition itself the process of globalization, have led transformations in all areas and especially in nursing in relation to care, a fundamental pillar of the profession.

This has allowed the incorporation and open new spaces within the institutional nursing practice, for example, the nurse recipe (prescription), driven from presidential decree of former President Felipe de Jesus Calderon Hinojosa, who before the full House of Deputies approved the opinion that empowers graduates in nursing to prescribe prescription drugs only those basic list that determines the Ministry of Health.

Currently the theoretical and practical training of undergraduate and graduate degree is essential for nursing. The job profile states that nurses are trained to prescription, intervention and patient education about the actions that make you regain or maintain health. Hence the importance of the project or nurse prescribing prescription, so that the indications are formal and have support in a separate legal document of discipline.

This innovation affects progress for nursing care, which are objectified: 1. The nursing diagnosis; 2. The comprehensive interventions; 3. And if necessary, linking these with prescription drugs allowed in basic health units, as established in 1994, the Pan American Health Organization (PAHO) and the World Health Organization (WHO), which they determined the importance of nursing clinics to provide care to patients with low-risk disease.

Nursing has always sought to patient safety and prevent damage during treatment and care (Salazar, 2011). Therefore qualified professionals to prescribe certain drugs and at the same time, prescribe care for health are required.

The World Health Organization (WHO, 2013) developed "Nine solutions for patient safety" urgent communication, information, diet, environment, recreation and use of leisure time, medications and treatments, spirituality, all tailored to each person in the Plan High (PA), known as continuity of care at home, work being done to educate and encourage patients to self-care at home and whose purpose is to prevent infection, worsening of the disease and provide the proper care.

Today there is a debate about the semantics of the terms prescription and preceptuar; for example, to the Royal Academy of the Spanish Language prescribe it means preceptuar, order a remedy prescribed. And prescribe a drug is prescribed dose expression, preparation and use. Hence nurse prescribing is understood as the ability of professional in planning nursing care,

"select, guided by professional judgment, different medical devices, accessories and medication, designed to meet the health needs of the patient and the population, supported by the nurse clinical judgment and administered in the form of care. "

Therefore, the nurse recipe, if you are convinced that nursing care is comprehensive, it is also a necessary tool to integrate scoring and also self-care at home, prescribing and medicines management responsible permitted. The nurse recipe is written in block letters so that the patient knows how to continue care and medication at home after graduating from the hospital unit or office. These professional actions increase and maintain good health.

On the other hand, through critical reasoning nurse and from the clinical point of view, the practitioner must analyze the pharmacokinetics and pharmacodynamics in compliance with the Pharmacopoeia of the United Mexican States. Before prescribing, the professional should know that some drugs are not administered simultaneously with others, or meals may or may not interfere with the absorption of these, or any adverse reactions occur. Given this, the practitioner must order the suspension of the drug and clearly write the patient's symptoms, stressing unwanted effects.

To Carrasco (2004), all nursing intervention follows a methodology, which is used to make decisions about the care of each patient as an individual. This patient comfort, recovery and care is sought; also it allows you to collaborate in research, share knowledge, experiences and perspectives, in addition to disseminate the principles and instruments of best quality in nursing work. Thus, the professional is able to provide welfare measures and contribute to a life worthy of the person, and "build confidence and quality of care" in patients.

According to Reis, Sioban, Padilla, Caravaca-Morera (2015), general nurses diagnose, prescribe drugs and patients are discharged while carrying out specific procedures within their legal scope.

Therefore, the nurse in the care act requires real scenarios to prescribe the nurse recipe, which designs and scientifically based.

Reference framework

New treatments have made a significant effect on improving the quality of life. Throughout the history of nursing has been around prescribing remedies; for example, Seymer (1932) states that previously used to say in Syria: "If a man with scabies head itches, sugar must be ground, mixed with lard and untársela". Currently, health professionals are trained in undergraduate and graduate levels. These advances have led trasformadoras creative ideas, as the nurse recipe, which has impacted on health.

NOM 019-SSA3-2013, defines the limits of legal responsibility should assume the nursing staff based on skills acquired through academic training, based on the legal and ethical concepts. In addition, regulates the professional practice, supporting formal academic training, which is now emerging as a social and legitimate autonomous structure.

Note that the academic nursing education integrates ethical values that guide the professional act, which must be based, according to Dr. Ruy Pérez Tamayo, president of the Association of Bioethics, A.C. 2003-2006, a positive relationship between doctor and patient and nurse and patient; the closer and responsible is this relationship, the better. To achieve a code of ethics should observe the following in healthcare performance:

Continuous study. The nurse is required to be updated every day on the knowledge and technical skills of their specialty in order to offer their patients the best care possible through the continuous study of the progress of drugs, medical-scientific literature, attending specialized courses, conferences and other professional meetings, academic sessions and / or colegidas associations. Failure to do so incurs a serious lack of ethics, because not only prevents the optimal relationship, but also conducive to crimes committed negligence in prescribing or incompetence.

Teaching. The nurse instructs the patient, family and friends, about the care, treatment and outcomes: positive and negative; and its forecast to grow and strengthen confidence in the patient. Teaching ethical obligation not confined to the restricted circle of patients, but encompasses all those who can benefit from their expertise: colleagues, nurses, students and the general public. This means you must give lectures, seminars, lectures and informal talks about

his science, and also write popular articles and even books for the general public. It does not imply a lack of medical ethics, because directly or indirectly it interferes with the development of an optimal relationship with the patient.

Investigation. The recipe nurse carries a moral obligation to contribute to increasing the scientific knowledge of professional nursing practice. In other words, research is an ethical obligation, based on scientific knowledge, it ie reproducible observations, properly documented and statistically significant. It acted at all times with critical sense and rational thinking within the scientific framework in order to practice the profession in the same way.

Integrated management. When the patient comes to seek help to improve their health or alleviate their suffering, the nurse applied interventions diagnosis and care planning critically, reasoned, with appropriate care. At the same time, it makes use of permitted drugs, so it is "fulfilling his professional duty".

But when it does not involve comprehensive care with the condition of the patient, or formed not only to diagnose and treat the disease or leaves when it has exhausted its therapeutic, curative or palliative resources, you are committing a serious breach of ethics. This is because not meet the objectives of the profession, or "ignores his professional obligation."

Taking into account the above, nursing interventions are classified as dependent, independent and interdependent.

Independent activities are directed to the attention of human responses, which are activities that do not require prior prescription other health professionals; this structure nurse prescribing prescription.

Dependent interventions are activities performed by nurses prescribing other health professional in the treatment of patients, according to the competence of each member of the nursing staff.

Interdependent nursing interventions are the activities that the nurse performs along with other members of the health team; also they called because they involve multidisciplinary collaboration of social workers, nutritionists, physiotherapists, doctors, and so on.

All nursing interventions converge on the nurse recipe, as it is the plan of actions and indications that performs professional with the patient, and are taken up to the nurse design recipe follows: firstly makes practical judgments of reflection on the conditions in which the patient is; secondly it is considering the implementation of actions according to the individual therapeutic needs of patients; and the third recipe is based on the basis NANDA I, nursing diagnoses, the application of nursing diagnosis, nursing models, and Taxonomy II (NANDA, NOC and NIC) and the PLACE and SOAP.

NANDA I (2012-2014) is the recognized nursing language that meets the criteria of the Committee for Nursing Practice Information Infrastructure (CNPII) of the Nurse Association (ANA). The classification is the support of nursing practice that determines the terminology used clinically useful for diagnostic nurses that meet ISO. Hence the nurse recipe is formulated:

Taxonomy II (2013), consisting of 13 domains, 7 axes, classes and nursing diagnoses.

Domains: 1. Health Promotion; 2. Nutrition; 3. Elimination and exchange; 4. Activity rest; 5. Perception / cognition; 6. Self-perception; 7. Role / relationships; 8. Sexuality; 9. coping / stress tolerance; 10. Vital Principles; 11 Protection; 12 Comfort; 13. Growth and development.

Nanda I includes 7 axes nursing diagnoses: 1. Concept diagnosis; 2. Subject diagnosis (individual, family, community); 3. Judgment (damaged, ineffective); 4. Location (bladder, brain, etc.); 5. Age (infant, child, adult); 6. Time (acute, chronic, intermittent) 7. Status (real, risk, health promotion) diagnosis.

To establish clinical trials, scientifically based nursing in the care plan, based on taxonomies and following a dynamic methodology, in conjunction with pharmacological management according to the individual needs of each patient.

Lessons

For domain 1: Class 1 Awareness of health; Class 2 Health Management.

For Domain 2: Class 1 Ingestion; Digestion Class 2; Absorption Class 3; Class 4 and Class 5 Hydration Metabolism.

For domain 3: Class 1 Urinary excretion; Class 2 gastrointestinal function; Class 3 tegumentaria

function; Class 4 respiratory function.

For domain 4: Class 1 Rest / sleep; Class 2 activity / exercise; Class 3 Balancing energy; Class 4 cardiovascular / pulmonary responses; Class 5 Self Care.

For domain 5: Class 1 Care; Class 2 Orientation; Class 3 Sensation / Perception; Class 4 Cognition; Class 5 Communication.

For the domain 6: Class 1 Self-concept; Class 2 Self-Esteem; Class 3 Body Image.

For domain 7: Class 1 caregiver roles; Class 2 family relations; Class 3 Performance role.

For the domain 8: Sexual Identity Class 1; Class 2 Sexual function; Class 3 Reproduction.

For the domain 9: Class 1 posttraumatic response; Class 2 coping responses; Class 3 Stress neurocompartimental.

For domain 10: Class 1 Values; Class 2 Beliefs; Class 3 Congruence of shares the values / beliefs.

For domain 11: Class 1 infection; Class 2 Injured; Violence Class 3; Class 4 Environmental Hazards; Class 5 defensive processes; Class 6 thermoregulation.

For domain 12: Class 1 Physical comfort; Class 2 Environmental comfort; Class 3 social facilities.

For domain 13: Class 1 Growth; Class 2 Development.

Once the diagnosis made the results we want to get raised. **N.O.C.** (Nursing Outcomes Classification), linked to the rating scale

C.R.E. (Nursing Outcomes Classification). With the above aims to build a health plan.

NOC (CRE) identifies and ranks the results of patients who depend directly nurses clinically useful actions.

The outcome criteria are applied to assess the results depend on nursing practice. Assess the current state and the state expected to be obtained (ie, enhance health).

The CRE measure the situation of a patient at any time and allow the results to track changes all the time; also assess the positive or negative nursing care in the state of potential or actual health of the patient.

After the result interventions are planned with the support of NIC.

NIC, its acronym in English (Nursing Interventions Classification) defines the nurse intervention as "any treatment based on knowledge and clinical judgment made by a professional to favor the expected outcome of the patient." To do interventions directly or indirectly apply.

Direct nursing intervention is the treatment performed directly with the patient and / or family through nurses actions, which can be both physiological and psychosocial or support.

Indirect nursing intervention is a treatment performed without the patient, but for the benefit of the same or a group of patients.

In both interventions, nursing serves as a teacher in the sense that it applies and teaches the patient and family strategies for their health care. Dorothea E. Orem (1971) states that self-care is based on advice formulated and expressed on the actions to be carried out and are considered necessary: 1) The factor that must be controlled to maintain a certain aspect of the operation and human development standards compatible with life, health and personal well-being and 2) the nature of the action required.

Virginia Henderson (2010) defines clinical nurse in functional terms to help the healthy or sick individual, to make it independent; also it mentions that requires covering 14 basic needs that are essential to maintain harmony and integrity of the person. Every need is influenced by biological, psychological, socio-cultural and spiritual components. These needs interact with each other, so they can not be understood isolated in nursing care:

1. Breathe normally.
2. Eat and drink properly.
3. Remove all bodily pathways.
4. Moving and maintaining adequate positions.
5. Sleep and rest.
6. Choose the right clothes, dressing and undressing.
7. Maintain body temperature within normal limits, adjusting clothing and modifying the environment.
8. Maintain personal hygiene and skin integrity.

9. Avoid environmental hazards and avoid injuring others.
10. Communicate with others expressing emotions, needs, fears or opinions.
11. To live according to their own values and beliefs.
12. Engaging in something so that their work has a sense of personal fulfillment.
13. Participate in recreational activities.
14. Learn, discover or satisfy the curiosity that leads to normal development and to use available resources.

This, applied to the context of its activity as a member of the health care team, the nurse manages to incorporate through training in planning care to select, using professional judgment, different medical devices, accessories and medication aimed at meeting health needs of the patient and the population with the help of nurse clinical judgment.

Therefore, the nurse must be updated, training, learn continuously and learn about the progress and improvements that occur in nursing. All this is essential for the proper development of the profession. Not surprisingly, the nurses have been reaching goals that just a few years ago were undreamed. Nurse prescribing is now a reality.

The nursing languages NANDA-NOC-NIC (NNN), as standardized tools widely accepted, provide consistency and support for the process steps Nurse (PE): Diagnosis-Planning-Implementation-Evaluation and allow nurses communicate their care in a language common.

On the other hand, Marjory Gordon (1996) notes that the nursing process is a very useful tool. The assessment is the first phase of this process and the basis of the others. A valuation is defined as a deliberate collection and interpretation of data planned process, systematic, continuous and which determines the health situation and the response of the people. It is useful in planning care to the individual, family and / or community, and not only in situations of disease. The valuation depends on the nursing model.

For this typology of 11 functional health patterns is also established, which is an assessment guide for adults, children, infants, family, community and acute patients who are influenced by biological, cultural, social and spiritual factors. Dysfunctional health patterns can occur with the

disease and lead to disease. If a pattern is functional or dysfunctional only it requires comparing the valuation data on the following aspects: a) situations based individual, 2) set standards for age groups and 3) cultural, social or other standards.



The typology consisting of:

1. Pattern perception of health-management. Describes the pattern of health and well being perceived by the customer and how it manages health.
2. Nutritional-metabolic pattern. Describe the pattern of consumption of food and fluids client concerning complementary metabolic needs and nutrient inputs.
3. Pattern elimination. Describes patterns of excretory function (bowel, bladder and skin).
4. Pattern-exercise activity. Describes patterns of exercise, activity and recreation.
5. Sleep-rest pattern. Describes patterns of sleep, rest and relaxation.
6. Cognitive-perceptual pattern. Describes the sensory-perceptual and cognitive patterns.
7. Pattern perception-self-concept. Describes the pattern of customer self-concept and self-perceptions (eg self-concept / value, body image, emotional state).
8. Pattern role relationships. Describe the pattern of customer commitment papers and relationships.
9. Sexual-reproductive pattern. Describes patterns and customer satisfaction dissatisfaction with the pattern of sexuality; describes the pattern of reproduction.
10. Pattern adaptation-stress tolerance. Describes the general pattern adaptation customer and effectiveness of the pattern in terms of stress tolerance.
11. Pattern values-beliefs. You describe patterns of values, beliefs (including spiritual and objectives that guide customer choices or decisions).

These models are the mainstay of care nurse design recipe, which has undergone a process of change.

Nurse recipe was designed as follows: in the front sheet parameters marking the NOM were considered. And in the back so that the functional patterns from them nursing interventions through the planning care plan is included.

Front sheet

 (1. Identificación del profesional de Enfermería) Pedro Infante López Lic. Enfermería Egresada de la Facultad de Enfermería		
Especialista en Urgencias		
(2. Identificación del paciente)		
Nombre del paciente _____		Fecha _____
<p>Rp (dispénsese)</p> <p>Ácido Acetil Salicílico Tabs. 300 mg. Tomar 1 VO. c/ 8 hr. PRN</p> <p>(3) . Inscripción nombre del fármaco Medicamento, concentración potencia, forma farmacéutica, vía de admón.)</p> <p>(4) Rótulo: instrucciones y/o recomendaciones)</p> <p>(5) Suscripción Contiene las instrucciones dadas por el profesional farmacéutico, radica en la indicación del tratamiento complejo</p>		Edad: Talla: Peso: IMC
Dirección y tel.		Cédula profesional

On the back of the format nurse recipe appropriate entries, which can be preventive measures of health education, specific health protection, early diagnosis and treatment, rehabilitation, and precautions in administering the drugs are written through shares of professional care in healthy and sick. This requirement is based on the discharge plan, plan self-care, home care continuity, creating personalized care for the patient.

Reverse Nurse Recipe

DOMINIO	1	2	3	4	5	6	7	8	9	10	11	12	13
Tipo de Dx eje : 6 y 7			Crónico		Agudo		Promoción a la Salud		Real		Riesgo	Salud	
DX. ENFERMERO													
PLAN DE CUIDADOS													
Consentimiento informado											Responsable de la receta.		

Methodology to prepare the recipe nurse based on NANDA - I

1. Taxonomy II with the 13 domains as a sphere of activities of nursing interventions are taken up in the nurse recipe to determine:

Patient diagnosis

Classes like subdivision of a larger group of people or things and nursing diagnoses, are used to identify health problems, epidemic, endemic and pandemic.

Y axes are factors influencing the human response of the diagnostic process.

Here is an example to understand how the nurse recipe is made.

Example 1. Case. Female patient 72 years old with a history of type 2 diabetes mellitus controlled, who accidentally suffers fall, changes 8 months injured the fourth finger of the right foot with two wounds, one in the proximal phalanx and the other in the distal phalanx , about 8 mm long and 3 mm deep.

2, 4, 6, 9, 11, 12: first the affected domain, which in this case are identified.

<ol style="list-style-type: none"> 1. Promoción a la Salud 2. Nutrición 3. Eliminación e intercambio 4. Actividad reposo 5. Percepción/Cognición 6. Autopercepción 7. Rol/relaciones 	<ol style="list-style-type: none"> 8. Sexualidad 9. Afrontamiento/tolerancia al estrés 10. Principios vitales 11 Protección 12 Confort 13. Crecimiento y desarrollo.
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1. The shaft is identified in nursing diagnoses, following the example 1.Caso clinician. underline the affected axes: 2, 3, 4, 5; and specified: elderly presenting a real chronic tissue damage.

1. Concept of diagnosis Axis: is defined as the main or essential element of the root of the diagnostic formulation.
2. Axis diagnosis subject (individual, family, community, defined as those for which a specific diagnosis = affects the individual formula.
3. Axis judgment (damaged, ineffective) is the switch that limits the meaning of the diagnostic concept = determines the degree of impairment or not: no deterioration.
4. Axis location (bladder, brain, heart, gustatory, intestinal, mucous membranes, neurovascular, olfactory, renal, tactile, tissue, urinary, vascular, verbal, visual, etc.); = Neuromuscular tissue.
5. Shaft age (newborn, infant, toddler, preschool, school, adolescent, adult, elderly) = elder.
6. Time Axis (acute, chronic, intermittent, continuous) = chronic.
7. State of diagnosis (real, risk, health promotion and health) = real.

1. **Real.** The actual diagnosis to describe human health conditions / life processes at the individual, family or community (manifestations, signs, symptoms) responses.
2. **Promoting health.** It refers to the clinical trials on motivation and desire of a person, family or community to increase their welfare and health potential.
3. **Risk.** Vulnerability, especially as a result of exposure to factors that increase injury or loss, downside risks integrity.
4. **Health.** Quality or state of being healthy.

Once established the domain and axes, the chosen nursing diagnosis according to clinical observed in the patient and obtained in the classification of NANDA-I, of the above issues the care plan suggested Taxonomy NIC is clear, the which they were noted in the example below.

DOMINIO	1	2 X	3	4 X	5	6 X	7	8	9	10	11 X	12 X	13
Tipo de Dx eje : 6 y 7			Crónico X		Agudo		Promoción a la Salud		Real X		Riesgo	Salud	
<p>DX. ENFERMERO.</p> <p>Deterioro de la movilidad física, relacionado con la disminución del tono muscular, evidenciado por limitación de los movimientos y disminución perfusión tisular.</p> <p>Deterioro de la integridad cutánea relacionado con alteración de la circulación, evidenciado por destrucción de las capas de la piel.</p>													
<p>PLAN DE CUIDADOS</p> <ol style="list-style-type: none"> 1. Cuidados de la úlcera 2. Aplicar tópicos en piel 3. Aplicar vendaje oclusivo 4. Enseñar al paciente y familia para evitar infecciones 5. Mantener normas de asepsia y antisepsia para el paciente de riesgo 6. Inmovilización de la extremidad afectada. 													
Consentimiento informado												Responsable de la receta	

This design allows the nurse to direct their interventions to the management of topical drugs that are licensed on a comprehensive plan; in this clinical case: diagnosed and prescribed.

In Mexico, nursing practice is innovating in the hospital and university teaching.

Therefore, by the basic box drugs first level, authorized and published by the Ministry of Health in Jalisco (2007), registered nurses must requisitar the development and design of a recipe, which also emit drug treatment as part of rescue health care and prescription. Thus, the design of the recipe structure and binds the job profiles according to health and legal regulations.

The prescription is the act of prescribing, ie, the action and the effect of ordering the dispensing of a drug with precise instructions for use. According to the Ministry of Health and Welfare (2009), prescribing is a professional responsibility where the nurse is enabled and must assume all responsibility that act, since it is the result of professional practice which actively part .

As mentioned Collado Romero (2014), nurses prescribe medicines such as vaccines, antiseptics and nonsteroidal antiinflammatory drugs, dressings for the prevention or treatment of chronic wounds, or products for urinary incontinence, according to the Official Mexican Standard.

NOM-019-SSA3-2012, institutes nursing actions, so that prescription has become a global trend that should be part of the exercise of this profession as an academic discipline.

Defining nursing recipe

The nurse prescription is written / issued (prescription) and developed by nurses, so that they take one or more medications to the patient order.

Legislation prescription

The General Health Law (Article 83), Regulation of Health Products, Article 28 of the Pharmacopoeia of the United Mexican States in its third section, the Prescription (Articles 29, 30 and 31), Regulation of Law General Health Matters Provision of Health Care Services (articles 64 and 65) states that the prescription is a document health legislation.

According to the Pharmacopoeia of the United Mexican States, in the regulation of health inputs to Title I, General Provisions, single chapter, states in Article 2 °,

Section III bis the International Common name, a pharmaceutical substance or active pharmaceutical ingredient by a unique name that is globally recognized and is public domain.

In the IV. Distinctive name indicates the name as a trademark assigned the laboratory or pharmaceutical specialties manufacturer in order to distinguish them from other similar, prior approval of the health authority and registration with the competent authorities.

V. generic name, the name of the drug is determined by a preset method that identifies the drug or active substance internationally recognized and accepted by the health authority.

IX. Pharmacopoeia of the United Mexican States to the document issued by the consigning the general methods of analysis and requirements for identity, purity and quality of drugs, additives, drugs and biologicals.

The prescription as a legal document is a professional fact running the nurse as a result of its formation and which determines the state of health pathological and non-pathological. In designing the direct and indirect strategies for health promotion are included. The indication of drugs is ethical responsibility, which aims to contribute and help to rescue health, otherwise you may have implications as adverse reactions, interactions with other drugs and even death.

The nurse prescribing the drug with the generic name (tablets, dragees, tablets, pills, granules, suspensions, vials, syrups, etc.) indicating the route of administration; known pharmacokinetics (absorption, distribution, biotransformation, clearance, elimination or excretion, therapeutic dose, etc.) and pharmacodynamics (action mechanism of receptors on the cell, tissue or target organ, etc.), the effects or adverse drug reactions (RAM), and interactions with other drugs allowed by the Ministry of Health.

The ideal drug indication requires that the nurse is well trained in pharmacology, otherwise may arise legal and health implications for patients. According to Juan Pablo Beca Ortiz and Armando Infante Pommier (2008), the development of the prescription is a complex and difficult professional act, because it is a scientific and technical act and a moral act of multiple consequences.

Today has developed the notion of "prescription quality" concept that combines the elements of pharmacological efficiency, assessment of potential interactions, the willingness and ability of the patient and treatment costs. In the same vein, the World Health Organization develops programs for the rational use of medicines, defined as the prescription of appropriate medication, the timely availability of it at an affordable price, dispensing under suitable conditions and the

correct use by the patient.

By incorporating these elements of analysis, the quality of prescribing has become an ethical requirement, because the balance cost risk against the benefits of a drug, and not rely solely on the drug and its forms of action, but also the prescribing physician and the conditions of use of each drug. Errors in the indications are unfortunately frequent and obey multiple factors.

If it meets the purpose for which the recipe was designed, it is possible to follow the guidance of good prescribing practices, leading to a methodology of rational prescribing of drugs.

According to the Chilean Ministry of Health (2010), the goals of good prescription are:

- Contribute to preserve or improve health and well-being of the patient.
- Maximize the effective use of medicines.
- Minimize risks to which the patient is exposed to a drug use.
- Minimize costs in health care through the rational use of medicines.
- Respect the opinions of patients in any treatment decision.

PAHO / WHO has defined only 400 medicines as essential for the Americas region based on their importance to public health, evidence of efficacy and safety and cost-effectiveness; therefore permitted drugs the first level of health for their exercise in this project, which includes the program of the course Introduction to Pharmacology (Annex 1) are used.

Nurses because of the experience they have accumulated over the years care may be prescribed. To Paravic (2010), professional care means to diagnose and treat health problems, which require knowledge, attitudes and skills that are acquired only systematic and orderly studies.

Hence the premise that the nurse make an assessment on the state of health of the person, and then from their clinical judgment and with the ultimate goal of recovery and / or enhance the independence or autonomy of the patient, develop a plan of care that she will be solely responsible (Valenzuela, 2010). This requires the application of nursing diagnoses according to

NANDA-I taxonomies, which also will improve health outcomes where nursing plays an independent role in clinical trials and nursing diagnoses.

General objective

Develop and design the nurse recipe by following parameters pointing health regulation and legislation regarding the identification of card issuer, patient identification, registration, sign and subscription, diagnosis and plan of care (treatment) and evaluation of care or continuity. With the document layout contributes to strengthen the identity of the nurse.

Specific objectives

- Propose and promote nurse design recipe as necessary tool in the comprehensive care of patients.
- Propose the recipe nurse design using Taxonomy II NANDA-I for the continuity of home care.
- Propose nurse in the recipe management NIC, NOC for indications of comprehensive patient care.
- Check the list of drugs allowed by the Ministry of Health.

Methodology

The methodology for the development of the nurse recipe is: an analytical and descriptive bibliographic study with comprehensive reviews of various texts, publications and scientific papers, clinical practice guidelines and protocols that guide the development and nursing prescription; also the General Health Act and the Official Mexican Standard NOM-019-SSA3-2012 consulted.

The period of the study comprised of September 2014 to May 2016 and was developed in the domains, axes, nursing diagnosis, discharge plan, continuity of home care, and so on.

The recipe will be used by licensed nursing level consulting nurses to prescribe drugs first level of health, which must master the pharmacokinetics, pharmacodynamics, adverse drug reactions, drug interactions and precautions in administering drugs. It cares for the patient's benefit indicated. At the hospital level integrates the drugs prescribed by the specialist and scores nursing interventions.

When withdrawing the patient from hospital, nursing home care indicates the nurse prescription in the official and legal document self discipline.

The registration of these data is backed up with the name of the licensed nursing controller. In addition to the comments and suggestions of the participants, specific instructions are detailed recipe nurse.

The nurse recipe consists of the following items:

1. Identification of Professional Nursing

Full name of prescribing

Full address and phone prescribing

Number of professional license of prescribing

Name of the institution that granted the title

College registration to which it belongs, if registered

Handwritten signature and date of the issuer

2. Patient Identification

Space for the patient's name

Age, sex and occupation

Patient Address

3. Registration (body recipe)

Date of issue recipe

Distinctive generic name of the drug

Commercial presentation, pharmaceutical form, content and concentration (dose) of the drug

Route of administration

Dose and dose interval, administration and frequency

Duration of treatment

Seal prescribing or institution

Specific effect according to the development

4. Label (instructions and / or recommendations)

Legible writing and correct language.

Expressed in metric system, using Arabic numerals.

Explain to the patient about the medication: dosage, frequency and

The duration of treatment.

Compliance giving the patient instructions regarding drug treatment called adherence.

5. Subscription

It contains instructions for the pharmaceutical professional and indications of complex treatment.

Recipe is implemented to nurse the discharge plan and self-care plan, with identity and originality in comprehensive nursing care of the patient.

Discussion

For this project, initially a group of nursing professionals with university degrees said the term "recipe nurse"; their responses denoted confusion and disagreement, it concluded that the recipe is part of the work of the doctor and not the nurse. In addition, they argued that the requirements only writes the doctor and, on the other hand, the standardized language used by the nurse is not the one. They also mentioned that all are performing nursing care without prescription and medical indication only. After the word recipe in the Dictionary of the Royal Academy of the Spanish Language and its synonyms were consulted, being the following statements:

prescription, written this requirement memo, comprising what should be composed and how. For example: recipe or proper procedure to do or get something: "No one has the recipe for happiness".

Recipe: composition, prescribe, order, make, medication, treatment.

Formula: statement, expression, law, term, formulation, recipe, prescription, regulation, guideline, rule, standard, model, method.

Prescription: prescription, recommendation, disposition, determination, order, precept, precept. Also it appears in the following entries: recipe - effect - obsolete - formula - command - command - medication - order.

Recommend: entrust, order.

Treatment: enunciate, express, say, pronounce, display, express, propose, prescribe, prescribe, cure - development - Diet - approach - medication - process - psychoanalysis - psychotherapy - regime - therapy - therapy - treatment.

Plan: method, technique, method, purpose, program, intention, rule, scheme; systematic model of a public or private actions that advance made to direct and manage it. Intent project.

Written in which summarily details are needed to make a play.

Care: care, vigilance, attention, applied, assisted.

Cure: cure, treat, medicate, prescribe, bandaging, disinfecting, address, caring, recover, reset, rehabilitate, improve, alleviated.

After selecting the formula words, prescription, recommend, treatment plan, care, cure and indications synonymously recipe, developed a definition of this from them. Therefore, prescription is an order in which recommendations are made to develop a process where details are required to be performed on surveillance to recover or maintain health through care.

Conclusions

Juana Jimenez Sanchez (2013) notes that Ellis and Hartley (1997) proposed seven characteristics of professions, including having a defined and organized knowledge applicable to the scientific method in the process of nursing care, to support the practice of care and improve patient care. This is supported by models and theories own discipline, with a taxonomy that allows communication between professionals and autonomous functionality.

This autonomy at the operational level is determined by the ability to plan independent and interdependent care nursing, associated with professional work.

The training of nurses should be performed in high-level institutions; also must have a code of ethics and be constantly updated through diploma, masters, courses, workshops pharmacology and follow the process of nursing care. All this will allow them to acquire skills in integrated patient management.

Leaf nursing to observe the continuity of care prescribed by medical order is currently used, but it is not evident interventions prescribed by nurses, so arises the need to create a nurse recipe as own autonomous legal tool discipline to integrate the pharmacological management and prescribing integrated home care benefit of the patient. In the nurse prescription professional scientific actions integrating indicates the drug with appropriate care and clinical judgment. Thus, the professional acquires the commitment and responsibility to update their knowledge.

According Madeleine Leininger, it is essential that the nurse can respond in a comprehensive and coherent response to the needs of patients way, so you must adapt care to the culture, values, beliefs and lifestyles of this and thus plan and effectively implement care. He concludes: "While all we care, not everyone knows give professional care".

The use of prescription nurse as a legal document constitutes a breakthrough in the development of the discipline, because it allows you to apply and demonstrate professional nursing process and obtain autonomy when issued.

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