

Importance of nursing consultation during endoscopic pre-examination in outpatient clients



<https://doi.org/10.56238/sevened2023.006-030>

Yanna Georgia Crispiniano Ferreira da Silva

Degree in Nursing from the Catholic University of Portugal (UCP). Lisbon, Portugal.

Catholic University of Portugal (UCP), Lisbon - Portugal.

E-mail: silvayg@gmail.com

Liniker Scolfield Rodrigues da Silva

Master's student in the Graduate Program in Hebiatrics (PPGH) at the University of Pernambuco (UPE).

University of Pernambuco (UPE) - Santo Amaro Campus, Recife, PE, Brazil

E-mail: liniker.scolfield@upe.br

ABSTRACT

Upper digestive endoscopy (UDE) is a method of diagnostic examination that consists in the use of flexible fiber optic devices, making it possible to assess alterations in the upper digestive tract, including the esophagus, or stomach, and the initial portion of the duodenum. Thus, the disease is constantly concerned with the improvement of the assistance provided to the patients, always aiming to seek knowledge to systematize and organize their practice and their care process. Considering the attributions of the sick for the endoscopic interventions, this study aims to find out in the literature the importance and the role of the sick consultation in the endoscopy pre-examination of

outpatients. This is a literature review study, of the integrative review type, with a timeless delimitation, carried out in the period from January to March 2023. In the execution of the guiding question, the PICo strategy was applied (P: Outpatients; I: Consultation of nursing; Co: Pre-exams of endoscopy). On the other hand, I deliberated on the following question: What is the importance of the nursing consultation for patients in pre-examination of endoscopy at the outpatient level? Then, it was searched in the databases: Medical Literature Analysis and Retrieval System Online, Embase, SCOPUS, Web of Science and the Scientific Electronic Library Online virtual library. 10,047 studies were found, however, at the end of the analysis process, only 6 articles were included in the study. We will observe the need for more in-depth studies on the importance of the consultation of patients without endoscopic pre-examination at the ambulatory level. The understanding of the information present at a certain point in the need for the patient's patient's consultation in the pre-endoscopic examination is essential for the emergence of more comprehensive assistance planning and in its coverage so that this service is offered in such a way that the patient has better comfort and safety in the lent procedure.

Keywords: Office Nursing, Endoscopy, Gastrointestinal.

1 INTRODUCTION

In 1868, German physician Adolf Kussmaul was responsible for performing the first direct esophagogastroscope on a patient. This happened after he was a spectator at a sword-swallowing performance, where he was able to realize that it was possible to insert a rigid tube into the patient's stomach, as long as the head and neck were hyperextended, but there was still not enough lighting to perform the procedure. It was only in 1882 that a lamp was included at the tip of the endoscope, facilitating internal visualization, and since 1932, through the invention of the flexible endoscope by



Wolf and Schindler, it has been possible to propagate the use of diagnostic endoscopy (VISCONTI, *et al.*, 2020).

Upper gastrointestinal endoscopy (EGD) is a diagnostic examination method that consists of the use of flexible fiber optic devices, making it possible to evaluate changes in the upper digestive tract, including the esophagus, stomach, and the initial portion of the duodenum. In addition to its diagnostic functionality, UDE can also be used for therapeutic interventions, screening for *Helicobacter pylori* through the Urease Test, in addition to allowing biopsies to be performed. Based on this, this test stood out in medical practice for being a safe method, ensuring minimal risks during the procedure, in addition to easy accessibility in clinical practice (LIMA, *et al.*, 2021; BANKHEAD, *et al.*, 2005).

Nursing is constantly concerned with improving the care provided to patients, always aiming to seek knowledge to systematize and organize its practice and care process, to promote care based not only on the biological dimension of the human being, but also on understanding their health-disease process, whether in the hospital or in public health. From this perspective, the nursing consultation (NC) stands out as a technological, important and problem-solving care strategy. This, which is supported by law, is exclusive to the nurse, in addition to offering advantages in the care provided to the patient, facilitating health promotion and favoring early diagnosis and treatment, in addition to preventing diseases and avoidable situations (OLIVEIRA, *et al.*, 2012; CASTRO, 1975).

The professional nurse should provide care to the patient who will undergo an endoscopy before, during and after the procedure, and should provide clear and truthful guidelines about the exam, contributing to the reduction of anxiety that this individual may present, always aiming to provide privacy, safety and well-being. When proceeding with the FB, the nurse should also: check the presence of the companion and confirm that the patient is fasting for 12 hours; collect data to fill out the Nursing History, which allows the collection of essential data to later define a care plan; puncture access; administering medication and measuring vital signs (CASTRO, *et al.*, 2022; SELHORST, *et al.*, 2014).

From the implementation of the EC, it is possible to offer the patient a moment of welcoming, promoting a higher quality of care and humanization of care. Considering endoscopy as an invasive procedure that is performed under sedation, the implantation of the EC also allows the nurse to evaluate the user after the procedure. Thus, attention is paid to the information pertinent to the test that was performed, intending to signal potential complications, possible drug interactions, allergic reactions, in addition to any other particularity that the patient may present during his post-procedure recovery (GIRONDI, *et al.*, 2016; FELIPE, *et al.*, 2008).

It is also worth mentioning that the role of nursing is not limited only to the endoscopic pre-examination. In view of COFEN Opinion No. 50/2018, the participation of nursing professionals in



instrumentation and assistance to medical professionals during the UDE procedure was considered legitimate, provided that they have proven their technical qualification and training and that the attributions of team members are described in care protocols that contemplate the ethical and legal aspects of the profession (COFEN, 2018).

Considering the attributions of nursing for endoscopic interventions, this study aims to investigate in the literature the importance and role of nursing consultations in the pre-examination of endoscopy for outpatient patients.

2 MATERIALS AND METHODS

The present study refers to a literature review, following this model of integrative review, with the delimitation demarcated in a timeless way, using the result of the following phases: the first phase, the formulation of the guiding question and the description of the target object of the study were carried out; second phase, the eligibility criteria of the studies to be used were outlined; third phase, marked by the resourcefulness of the literary search in online databases and virtual libraries; Fourth, it seeks to analyze the classification of the type of literature evidenced; fifth, there is a diligent investigation of the findings in the literature and the debate to be carried out; In the sixth phase, an in-depth reflection of the selected studies was carried out (POLLOCK, *et al.*, 2022).

In the execution of the guiding question, the PICo strategy was applied (P: Outpatients; I: Nursing consultation; Co: Pre-endoscopy exams). In addition, the following question was asked (SANTOS, *et al.*, 2007): What is the importance of nursing consultations for patients undergoing outpatient endoscopy pre-examination?

During the selection stage of the studies, the following eligibility criteria were delimited: the impotence of the nursing consultation in the pre-examination of endoscopy in outpatients, inserted in the title or abstract covering the points of view regarding the use of the nursing consultation in the set of clinical examinations before endoscopy, being an original study, is available for reading in full, To be published in Portuguese, English and/or Spanish, to understand the objective of the study, to define the search delimitation, from which a timeless selection was reserved, aiming at a greater quantity of articles within the target theme. During this process, a study was found in the period from 1995 to 2023, providing greater evidence and scientific development on the topic addressed, and expanding the search due to the scarcity of articles within the interest of researchers.

Undoubtedly, there was no inclusion of studies figured as gray literature, namely: review studies, editorials, books and chapters, experience reports, theses and dissertations, as well as articles that did not answer the guiding question of the desired instrument.

Obviously, there was a profound need to find studies that were interconnected with the eligibility criteria mentioned in the study, expanding the radius of clarity to the outcomes that



encompass the relevance of the nursing consultation to the pre-examination endoscopy performed in an outpatient clinic.

The present study carried out a double-blind literature analysis of which was carried out by independent researchers during the months of January to March 2023, through an investigation in the online databases: Embase, *Medical Literature Analysis and Retrieval System Online (MEDLINE)*, *SCOPUS*, *Web of Science (WoS)*, and the *Scientific Electronic Library Online (SciELO)*.

It should also be noted that the diagnosis was rigorously carried out during the analysis of the selected articles, giving precedence to the qualitative analysis in the management of the thematic balance, which followed 3 organizational categories: Nursing performance in outpatient exams; Nursing care for patients undergoing endoscopy; and Pre-examination care of endoscopy in elderly patients. The research process was directed in detail with the chosen studies, placing qualitative analysis as a priority. Based on this characteristic, the flowchart of the information from the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)* was developed (PAGE, *et al.*, 2021).

Chart 1 – Operationalization and strategy of bibliographic search in databases based on descriptors and their respective synonyms.

Databases	Search terms	Results	Included in the study
Embase	<i>(Nursing Consultation) AND (Office Nursing) OR (Endoscopic Surgical Procedures) AND (Digestive System Endoscopy) AND (Gastrointestinal Endoscopy) AND (Endoscopy)</i>	12	0
MEDLINE/PubMed	<i>(Nursing Consultation) AND (Office Nursing) OR (Endoscopic Surgical Procedures) AND (Digestive System Endoscopy) AND (Gastrointestinal Endoscopy) AND (Endoscopy)</i>	9.903	5
SciELO	<i>(Nursing Consultation) AND (Office Nursing) OR (Endoscopic Surgical Procedures) AND (Digestive System Endoscopy) AND (Gastrointestinal Endoscopy) AND (Endoscopy)</i>	129	1
SCOPUS	<i>(Nursing Consultation) AND (Office Nursing) OR (Endoscopic Surgical Procedures) AND (Digestive System Endoscopy) AND (Gastrointestinal Endoscopy) AND (Endoscopy)</i>	1	0
Web of Science	<i>(Nursing Consultation) AND (Office Nursing) OR (Endoscopic Surgical Procedures) AND (Digestive System Endoscopy) AND (Gastrointestinal Endoscopy) AND (Endoscopy)</i>	2	0
Total		10.047	6

Source: Silva, YGCF and Silva, LSR, 2023.

According to Vanhecke (2008), the separation phase of the studies was used by two researchers autonomously, where there was no disagreement between them. Preliminarily, duplicate studies were excluded, using the data and reference developer *Zotero*. Subsequently, it used the *Rayyan® software*, whose basic function is the classification and consultation of titles and abstracts of studies by peers, with a view to verifying the eligibility criteria (COUBAN, 2016). Subsequently, the 6 studies included in the study were read in full (Figure 1).



After that, the degree of evidence and the methodology outlined by the methodological interpretation of 7 characteristics of the Agency for Healthcare Research and Quality (AHRQ) were analyzed: In the first stage, meta-analysis and systematic reviews of randomized controlled clinical trials were analyzed; Stage II, well-controlled randomized clinical trials are presented; Stage III, delimits well-designed clinical trials without randomization; IV stage, modular and observational and case-control outlined; Stage 5 is consistent with systematic review studies, qualitative and descriptive studies; Stage VI, inclusion of qualitative and descriptive studies; VII stage, commission of experts or opinion of authorities (GALVÃO, 2006).

The GRADE investigative process is a system of which the quality and evidence criteria are traced in the following tab: High level – high reliability of indubitability and the similar of the proposed study; Moderate level – intermediate palpability regarding the result obtained; Low level – incontestability of results in a limited way; Very low level – low irrefutability of confidence in the eventuality of the results, being strictly limited (BRASIL, 2014).

The articles included in the study were ordered in a *Microsoft® Excel* table containing the following information: database, author and year of publication, place and language, methodological design, level and quality of evidence, allowing an improved visualization of the findings, as shown in Chart 2.

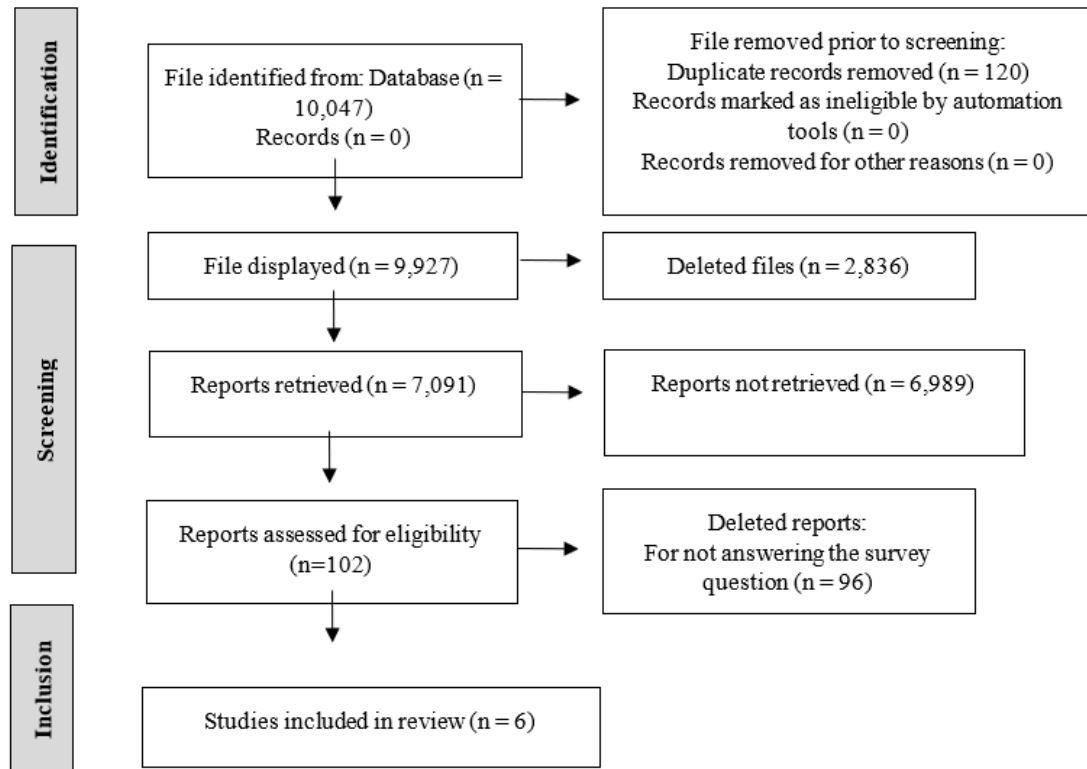
The investigation originated from a broad and grounded reading of the selected studies, giving precedence to qualitative studies. Together, a flowchart of *PRISMA* indications was designed (PAGE, *et al.*, 2021).

3 RESULTS

In the course of the research, 10,047 studies were found, where 6 articles were chosen at the end of the analysis process. As shown in the steps described in Figure 1.



Figure 1 – Flowchart of the selection process of articles adapted from *PRISMA*.



Source: Silva, YGCF and Silva, LSR, 2023.

Subsequently, in Chart 2, the following designs were included: database, authorship, year of publication, place and language, methodological design, level of evidence, quality of evidence, and sample characteristics such as: number, age group, instrument, place, and period of study. Similarly, when delving deeper into the analysis of the material, we saw the dominance of international articles (n = 5), published in English and Portuguese in recent years, and national (n = 2). In this regard, Melnyk and Fineout-Overholt (2005) discuss the definition of the degree of evidence of the articles delimiting the dominance of level VI, and Brasil (2014) determines the quality of which they are used as moderate.



Chart 2 – Study design according to title, database, author, year of publication, methodological design, location and language, level/quality of evidence, and sample characteristics.

No.	Database	Author/ Year	Local / Language	Delineation / Level / Quality of evidence	Specimen characteristics
1	SciELO	FELIPE GF, et al., 2008.	Brazil / Portuguese / English	Descriptive study / IV / Moderate	n = 39 Age group not determined in the study; This is a predominantly qualitative study; Brazil; 2018;
2	MEDLINE/P ubMed	CLARKE GA, et al., 2001.	United States / English	Prospective study / V / Moderate	n = 214 Age group + 85 years; Prospective study; United States; 1995 e 1997.
3	MEDLINE/P ubMed	BANKHEAD RR, et al., 2005.	United States / English	Retrospective study / IV / Moderate	n = 91 Age group not determined in the study; Analysis of medical records; United States; 2000 to 2001.
4	MEDLINE/P ubMed	OLIVEIRA FAB, MAZO DF, 2020.	Brazil / English	Longitudinal study / V / Moderate	n = 2,810 Age group + 18 years; Retrospective and single-center study; Brazil; 2011 to 2018.
5	MEDLINE/P ubMed	GAY G, et al., 2006.	France / English	Exploratory study / IV / Moderate	n = 164 Age group + 18 years; Exploratory and descriptive study; Brazil; Not defined in the study.
6	MEDLINE/P ubMed	BEGER HG, et al., 2003.	Germany / English	Randomized Study/IR/Low	n = 49 Age group not defined in the study; Randomized study; Germany; 1994 and 2000.

Source: Silva, YGCF and Silva, LSR, 2023.

Then, in Chart 3, the studies sequenced were directed in order of the items, representing their authors below, and the synthesis of the results was presented, taking into account the guiding question of the research.



Chart 3 – Study design according to the synthesis of results.

No.	Summary of results
1	The study found the occurrence of inspections and presentations of blood pressure and weight. It was divided into categories identified as nuances of the role of nursing; treatment and everyday problems of individuals with pathologies requiring care.
2	An average age of 87% was detected. Among them, 185 men underwent some procedure; In addition, 65% of the procedures performed were outpatient.
3	It resulted in a total of 91 catheters (PEG = 23, LAP = 39, OPEN = 29) of which were inserted into the operating room for indications of ventilator-dependent respiratory failure (n = 45), dysphagia (n = 30), head and neck cancer (n = 9), and decreased mental status (n = 7).
4	A total of 2,810 patients were included in the study. In this population, 65.23% (1,833) are female, with normal reports, and the mean age was 47, 36 years and 50.71%.
5	In addition, the diagnostic yield of endoscopic examinations was 75%, with 47 PPE procedures in a total of 42 patients, and 33 performed orally, 4 anal routes, and 5 variations of combinations.
6	The result of the study mediated by randomized clinical trials was applied in surgery with stages of reduction of pain levels in the postoperative period, and the minimization of anesthetic medications, as well as the reduction of the frequency of systemic inflammatory response syndrome and its evolutions, as well as reduced wound steps.

Source: Silva, YGCF and Silva, LSR, 2023.

Subsequently, Chart 4 presents the narrowing of the studies addressed and answers the guiding question of the research.

Chart 4 – Narrowing of studies according to the guiding question.

No.	Narrowing of objectives
1	The objective of this study was to investigate the aspects awarded in the nursing consultation to patients with arterial hypertension who underwent endoscopy.
2	The aim of this study was to verify the usefulness and safety of gastrointestinal endoscopy in elderly patients.
3	The study sought to show the comparison of morbidities and results of procedures with standard surgical insertion and how endoscopic patients are cared for.
4	The aim of the study was to compare the relevant findings in digestive endoscopy requested by specialists.
5	The objective of the present study was to evaluate the results of an approximation in which capsule endoscopy was used as a means of selection for patients in whom PPE was indicated.
6	Evaluate surgical processes and their impact on endoscopy and patient benefit.

Source: Silva, YGCF and Silva, LSR, 2023.

According to Carvalho et al. (2013), the *process in which the risk of bias is analyzed* (2013) observed that, in relation to random sequence generation and allocation concealment, 9 (33.3%) of the studies presented a low risk of bias; as for the blinding of participants and professionals, only 3 (16.7%) had an uncertain risk of bias and finally, and incomplete outcomes, 12 (50%) had a low risk of bias (Chart 5).



Table 5 – Risk of bias analysis.

Authors of selected articles	Random Sequence Generation	Allocation Hiding	Blinding of participants and practitioners	Incomplete Reports
FELIPE GF, et al., 2008.	?	-	-	-
CLARKE GA, et al., 2001.	-	+	?	-
BANKHEAD RR, et al., 2005.	-	-	?	-
OLIVEIRA FAB, MAZO DF, 2020.	-	?	-	-
GAY G, et al., 2006.	-	-	?	-
BEGER HG, et al., 2003.	-	-	-	-

(+) high risk of bias, (-) low risk of bias, and (?) uncertain risk of bias

Source: Silva, YGCF and Silva, LSR, 2023.

4 DISCUSSION

Based on the selected studies, the importance and role of the nursing consultation (CE) in the pre-examination of endoscopy for outpatients was evident. Thus, it is necessary to understand how the implementation of the EC occurs and the attributions of nursing. To this end, the theme in question was analyzed, dividing it organizationally into 3 categories, namely: Nursing performance in outpatient exams; Nursing care for patients undergoing endoscopy; and Pre-examination care of endoscopy in elderly patients.

4.1 NURSING PERFORMANCE IN OUTPATIENT EXAMINATIONS

Practiced since the 1920s, the interview conducted by the professional nurse can be considered a precursor of the Nursing consultation (CE), which was previously primarily aimed at the maternal-infant group and later expanded to the other groups. EC combines human, scientific and empirical knowledge in order to promote quality care, in addition to understanding the processes and methods involved in nursing care (OLIVEIRA, *et al.*, 2012; SANTO, *et al.*, 2021).

From this point on, CE is currently configured as the characteristic activity of nursing professionals and this trend has been extended to hospital outpatient clinics or isolated ones. These professionals need to promote care by systematizing their actions, and it is necessary to carry out the history, diagnosis, planning, implementation and evolution, so that their care practice can be conducted with quality. Through this systematization, it is also important to record the actions developed during the EC, which will provide subsidies for the team, which will have access to information regarding the patient's status (CASTRO, 1975; FELIPE, *et al.*, 2008).

The nursing professional plays a crucial role in the care provided to the individual, especially related to the orientations and conducts for the success of the procedure. This is because, depending on the procedure performed, the guidelines should be individual and specific to each patient. For this, the age group, comorbidity presented, and the degree of difficulty in preparing the test should be



considered, because if it is performed inadequately, it can cause risks to the patient (SANTO, *et al.*, 2021).

According to Selhorst, *et al.*, (2013) the guidelines received by patients who will undergo endoscopy are restricted to the minimum requirements necessary to perform the examination. Among them, the need to fast in the hours prior to the exam and the obligation to present the authorization and medical request to perform the procedure stand out, but many state that they are unaware of the need for a companion due to sedation. Thus, the importance of the EC is highlighted, as it will support the nursing in the elaboration of actions, providing necessary guidance during the pre-examination, in addition to being present during and after the procedure.

4.2 NURSING CARE FOR PATIENTS UNDERGOING ENDOSCOPY

Surgical endoscopy comprises diagnostic and therapeutic aspects, with upper gastrointestinal endoscopy as one of the most requested tests to evaluate the upper gastrointestinal tract and the diseases that affect it, being considered the gold standard for investigating gastrointestinal symptoms. Considering the benefits of clinical nursing practice in endoscopic digestive studies, this professional stands out in the provision of care to patients undergoing these procedures, which, through minimally invasive techniques, allows reducing mortality rates and hospital stay, in addition to bringing fewer risks to the patient (BEGER, *et al.*, 2003; CASTRO, *et al.*, 2022; OLIVEIRA and MAZO, 2020).

Selhorst, *et al.*, (2014) developed a protocol of care activities to be put into practice by nurses, nursing technicians and auxiliaries, a tool that contributed to care practice, in addition to the work process of the nursing team. In this protocol, the indispensability of CS is emphasized, in addition to reporting some procedures to be developed, emphasizing the need to guide and clarify doubts that often make patients apprehensive about the procedure, highlighting the role of the nurse as fundamental to minimize pre-exam anxiety, due to the lack of knowledge about how endoscopy is performed and whether it brings any risk to the patient due to sedation.

Based on the study by Barbosa, *et al.*, (2021) The complaints most reported by patients are related to poor orientation and passing on information about the conduct of the exam. Patients preparing for any procedure are usually in conflicting feelings, and, precisely for this reason, not receiving information about preparation for the exam can potentiate these feelings. In addition, it is also necessary to be concerned with what is being understood by the patient, because the exchange of information is essential during health education, and it is essential that the patient knows the procedure and the preparation that is being requested, so that his level of anxiety is reduced, he feels willing to undergo the exam and the possibility of complications are minimized.



4.3 PRE-EXAMINATION PRECAUTIONS FOR ENDOSCOPY IN ELDERLY PATIENTS

The progressive increase in life expectancy, also caused by improvements in prevention factors, advances in medical care, and progress in pharmaceutical and biomedical technology, has led to increasing proportions of the population that survives to old age. Age is one of the factors related to the increased incidence of malignant and benign gastrointestinal pathologies, causing the demand for digestive endoscopy by elderly patients to increase in recent years. Thus, these patients also have higher expectations of obtaining medical interventions (CLARKE, *et al.*, 2001; PAREDES, *et al.*, 2018).

Although age itself is not a contraindication for any endoscopic procedure, it is necessary to evaluate the existence of comorbidities in the pre-procedure evaluation, given their higher prevalence in this age group. The presence of cardiopulmonary diseases can affect sedation and lead to risks to the patient, as well as in cases of polymedicated patients. Therefore, it is important to correctly evaluate the usual medication, especially antithrombotic treatment, which may need to be modified before the procedure is performed to reduce the risk of bleeding (PAREDES, *et al.*, 2018; GAY, *et al.*, 2006).

Although there is specific care for the elderly population, advanced age should not be considered a contraindication to any gastrointestinal endoscopy procedure. This is because this procedure is safe for these patients, and should be mostly performed in an outpatient setting, with no indications and contraindications distinct from those of the rest of the population (CLARKE, *et al.*, 2001). It should be noted that, according to Paredes, *et al.*, (2018), due to a higher frequency of cognitive impairment, visual and auditory disorders, there may be a difficulty in obtaining informed consent for the endoscopic procedure, so it is up to the patient's cognitive capacity and understanding of the procedure to be assessed and, in case of cognitive deterioration, consent should be given by a first-degree relative.

5 FINAL THOUGHTS

Thus, the understanding of the information present in the need for the nursing consultation to the patient in the endoscopic pre-examination is essential for the emergence of broad means in the planning of care and its coverage so that this service can be offered in such a way that the patient can have better comfort and safety in the procedure provided.

In addition, the relevance of the nursing consultation can be evidenced, which enables a safe care practice. In addition, the nursing professional is present from the preoperative period, accompanying the patient until the postoperative period, thus contributing to the provision of comprehensive and quality care.

Thus, the results of this research sought to bring relevant information about the importance of nursing consultation and endoscopy, improving the care of these clients and including the work of



professionals working in this process. However, the investigation of the literature found the need for more in-depth scientific studies due to the scarcity of the theme focused on the proposed study.



REFERENCES

- BARBOSA, MCT; et al. Comunicação via mídias sociais como tecnologia educacional para assistência de enfermagem aos clientes submetidos à endoscopia digestiva alta. *Research, Society and Development*, v.10, n.4, e1710413854, 2021.
- BANKHEAD, RR; et al. Gastrostomy tube placement outcomes: comparison of surgical, endoscopic, and laparoscopic methods. *Nutr Clin Pract*, v.20, n.6, p. 607-12, 2005.
- BEGER, HG; et al. Progress in gastrointestinal tract surgery: the impact of gastrointestinal endoscopy. *Surg Endosc*, v.17, n.2, p. 342-50, 2003.
- BRASIL. Ministério da Saúde. Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Ciência e Tecnologia. Diretrizes metodológicas: Sistema GRADE – Manual de graduação da qualidade da evidência e força de recomendação para tomada de decisão em saúde. Brasília: Ministério da Saúde. 2014. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/diretrizes_metodologicas_sistema_grade.pdf.
- CARVALHO, A; et al. Avaliação do risco de viés de ensaios clínicos randomizados pela ferramenta da colaboração Cochrane. *Diagn Tratamento*, v.18, n.1, p. 38-44, 2013.
- CASTRO, DM; et al. Gestão do cuidado de enfermagem em unidades de procedimento endoscópico: uma visão qualitativa da especialidade. *CIENCIA y ENFERMERIA*, v.28, n.11, 2022.
- CASTRO, IB. Estudo exploratório sobre a consulta de enfermagem. *Rev Bras Enferm*, v.28, n.4, 1975.
- CLARKE GA, et al. The indications, utilization and safety of gastrointestinal endoscopy in an extremely elderly patient cohort. *Endoscopy*, v.33, n.7, p. 580-4, 2001.
- COFEN. Conselho Federal de Enfermagem. Parecer nº 50/2018. COREN, 2018. Disponível em: http://www.cofen.gov.br/parecer-de-relator-no-50-2018_61044.html. Acessado em: 30 de Mar. 2023.
- COUBAN, R. Covidence e Rayyan. *Journal of the Canadian Health Libraries Association/Journal de l'Association des bibliothèques de la santé du Canada*, v.37, n.3, 2016.
- FELIPE, GF; et al. Aspectos contemplados na consulta de enfermagem ao paciente com hipertensão atendido no Programa Saúde da Família. *Rev. esc. enferm. USP*, v.42, n.4, 2008.
- GALVÃO, MG. Níveis de evidência. *Acta paul. enferm.* v.19, n.2, 2006.
- GAY G; et al. Outcome of capsule endoscopy in determining indication and route for push-and-pull enteroscopy. *Endoscopy*, v.38, n.1, p. 49-58, 2006.
- GIRONDI JBR, et al. Implantação da consulta de enfermagem num centro endoscópico. *Cienc Cuid Saude*, v.15, n.3, p. 582-589, 2016.
- LIMA, RCA; et al. Caracterização das endoscopias digestivas altas realizadas no município de Mossoró-RN. *Rev. Rede. Cuid. Saúde*, v.15, n.1, 2021.
- MELNYK, BM; FINEOUT-OVERHOLT, E. Evidence-based practice in nursing & healthcare: a guide to best practice. Edit. Lippincot Williams & Wilkins, 2005.



OLIVEIRA, FAB; MAZO, DF. Direct access endoscopy in a Brazilian public healthcare facility: comparable results with specialist referred endoscopy. *Scand J Gastroenterol*, v.55, n.8, p. 970-975, 2020.

OLIVEIRA, SKP; et al. Temas abordados na consulta de enfermagem: revisão integrativa da literatura. *Rev. Bras. Enferm*, v.65, n.1, 2012.

PAGE, MJ; et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*, v.372, n.71, 2021.

PAREDES, AG; et al. Endoscopia digestiva en pacientes de edad avanzada. *Revista Española de Geriatria y Gerontología*, v.53, n.5, p. 293-298, 2018.

POLLOCK, M; et al. Capítulo V: Visão geral das revisões. In: Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, Welch VA (editores). *Manual Cochrane para revisões sistemáticas de intervenções versão 6.3 (atualizado em fevereiro de 2022)*. Cochrane, 2022.

SANTOS, CM; et al. A estratégia PICO para a construção da pergunta de pesquisa e busca de evidências. *Revista Latino-Americana de Enfermagem*, v.15, p. 508-511, 2007.

SANTO, DMNE; et al. Importância da consulta de Enfermagem para orientações de preparo para a realização de colonoscopia. *Research, Society and Development*, v.10, n.8, e7710817280, 2021.

SELHORST, ISB; et al. Usuário submetido à endoscopia digestiva alta e seu acompanhante: perfil e expectativas. *Enferm. Foco*; v.4, n.3/4, p. 207-210, 2013.

VANHECKE, TE. Zotero. *Jornal da Associação de Bibliotecas Médicas: JMLA*, v.96, n.3, p. 275, 2008.

VISCONTI, TAC; et al. Robotic endoscopy. A review of the literature. *Acta Cir Bras*, v.35, n.2, e202000206, 2020.