



Nursing Roles in Managing Acute Conditions in Primary Care Clinics

**Meshari Fazzaa S Alanazi^{1*}, Alenezi, Maha Khaled H², Rasha Alfahhat Madhi Alanazi³,
Anwar Ayesh Mursil Alenezi⁴, Nawal Rzaeg Auth Alrashaedy⁵, Omar Obaid Al-Shammari⁶,
Alrawdhan, Alya Ibrahim A⁷, Latifah Yaqut Suwaylih Altaymani⁸, Ihtifal Aqeel Mohammed
Alruwaili⁹, Dulayel Falah S Alenezi¹⁰, Amnah Tuwayh S Alruwaili¹¹**

¹Nursing Technician – Public Health Authority Office – Northern Borders Health Cluster – Arar – Northern Borders – Saudi Arabia

* **Corresponding Author Email:** Mesahria@moh.gov.sa **ORCID:** 0000-0002-1247-7850

²Nursing Technician – South Al Faisaliah Health Center – Northern Borders Health Cluster – Arar – Northern Borders – Saudi Arabia

Email: Makaalenzi@moh.gov.sa **ORCID:** 0000-0002-2247-7850

³Nursing Technician – South Al Faisaliah Health Center – Northern Borders Health Cluster – Arar – Northern Borders – Saudi Arabia

Email: raalalanazi@moh.gov.sa **ORCID:** 0000-0002-3247-7850

⁴Nursing Technician – South Al Faisaliah Health Center – Northern Borders Health Cluster – Arar – Northern Borders – Saudi Arabia

Email: aanalenezi@moh.gov.sa **ORCID:** 0000-0002-4247-7850

⁵Nursing Specialist – Safit Primary Health Center – Hail Health Cluster – Al-Hait – Hail Region – Saudi Arabia

Email: NRAlrashedi@moh.gov.sa **ORCID:** 0000-0002-6247-7850

⁶Nurse – Al Zahraa Health Center – Hail Health Cluster – Hail – Hail Region – Saudi Arabia

Email: oalshammary@moh.gov.sa **ORCID:** 0000-0002-7247-7850

⁷Nursing Technician – Al Rafeiah Primary Health Center – Qassim Health Cluster – Buraidah – Qassim – Saudi Arabia

Email: aialrawdhan@moh.gov.sa **ORCID:** 0000-0002-8247-7850

⁸Nursing Technician – Al-Sayl Al-Kabir Primary Health Center – Taif Health Cluster – Taif – Makkah Region – Saudi Arabia

Email: Laltemani@moh.gov.sa **ORCID:** 0000-0002-9247-7850

⁹Nursing Technician – Eastern Turaif Primary Health Care Center – Northern Borders Health Cluster – Turaif – Northern Borders – Saudi Arabia

Email: ahtfi123321@gmail.com **ORCID:** 0000-0002-0047-7850

¹⁰Technician Nursing – North Al-Salhiyah Primary Health Center – Northern Borders Health Cluster – Arar – Northern Borders – Saudi Arabia

Email: dfalenzi@moh.gov.sa **ORCID:** 0000-0002-1147-7850

¹¹Nursing Technician – Al-Shuwayhtiyah Primary Health Care Center – Al Jouf Health Cluster – Al Jouf – Saudi Arabia

Email: aalruwaili@moh.gov.sa **ORCID:** 0000-0002-2247-7850

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Abstract:

In primary care clinics, nurses play a pivotal role in managing acute conditions, acting as frontline healthcare providers who ensure prompt assessment and treatment. They are often the first point of contact for patients presenting with acute symptoms, such as infections, injuries, or exacerbations of chronic illnesses. By utilizing their clinical skills and knowledge, nurses perform thorough assessments, triage patients effectively, and provide immediate interventions. They collaborate closely with physicians and other healthcare professionals to develop care plans that address acute issues while considering the overall health and wellness of the patient. Additionally, nurses educate patients on symptom management, self-care practices, and when to seek further medical attention, empowering individuals to take an active role in their health. Moreover, the nursing role in managing acute conditions encompasses emotional support and patient advocacy. Nurses facilitate open communication, allowing patients to express their concerns and anxieties, which is crucial in acute care settings where stress can be high. They are adept at recognizing signs of deterioration and implementing timely interventions, significantly impacting patient outcomes. Through effective health education, nurses also play a vital role in preventing recurrences of acute conditions by promoting lifestyle changes and adherence to treatment plans. Ultimately, the integration of nursing roles in acute care management within primary care clinics enhances the quality of care, fosters positive patient experiences, and contributes to a more efficient healthcare system.

1. Introduction

The global landscape of healthcare delivery is in the throes of a profound and seemingly irreversible transformation, a paradigm shift driven by a confluence of demographic, epidemiological, economic, and technological forces. At the heart of this change lies the dual burden of an aging global population and the escalating prevalence of complex, non-communicable chronic diseases, which now account for the majority of morbidity, mortality, and healthcare expenditure worldwide [1]. Concurrently, healthcare systems are grappling with the relentless pressures of cost containment, the imperative of equitable access, and the rising expectations of an increasingly informed patient population. These macro-level challenges necessitate a fundamental re-evaluation of where, how, and by whom care is delivered, with a strategic pivot towards prevention, community-based management, and integrated service models [2]. Within this turbulent and dynamic environment, the primary care clinic has emerged not merely as a component of the healthcare system, but as its indispensable cornerstone and the critical linchpin for sustainability. It is the first and most continuous point of contact, a hub designed to provide accessible, comprehensive, coordinated, and person-centered care over the lifespan [3]. Historically, the identity of primary care was often narrowly, if understandably, associated with longitudinal health maintenance, the management of chronic conditions like hypertension and diabetes, and the provision of preventive services such as vaccinations and screenings. Its role in acute care—the domain of sudden-onset illnesses

and injuries requiring prompt intervention—was frequently perceived as secondary, often relegated to urgent referral or emergency department visitation. This perception, however, has become an anachronism. The contemporary primary care clinic is now unequivocally on the front lines of managing a vast and clinically diverse spectrum of acute conditions [4]. This expansion in scope encompasses a wide array of presentations, from common infections like pharyngitis, otitis media, and uncomplicated urinary tract infections, to acute exacerbations of chronic conditions such as asthma or heart failure, to minor trauma, musculoskeletal injuries, and acute dermatological issues. This shift is not accidental but is the result of powerful, converging drivers. The chronic overcrowding and exorbitant costs associated with hospital emergency departments have made them unsustainable as the default venue for non-life-threatening acute issues [5]. Simultaneously, patients consistently express a strong preference for receiving timely care in familiar, accessible, and less intimidating community settings from providers with whom they often have established, trusting relationships [6]. Crucially, a robust and growing body of evidence has demonstrated that the management of many acute conditions in primary care is not only safe and effective but also associated with higher patient satisfaction, reduced healthcare costs, and more appropriate utilization of specialist and hospital resources [7].

This radical redefinition of the primary care mandate, from a predominantly chronic-care model to a blended model incorporating significant acute care responsibilities, has profound implications for its workforce. It demands a reconceptualization of

roles, skills, and interprofessional dynamics. In this new paradigm, the physician-centric model of care delivery is increasingly recognized as neither sufficient nor optimal to meet the burgeoning complexity and volume of patient needs. It is within this context that the role of the nursing professional has undergone its own revolutionary evolution, expanding in scope, autonomy, and strategic importance. The image of the nurse in primary care as a supportive figure tasked primarily with administrative duties, vital sign measurement, and implementing physician orders is obsolete. Modern primary care nursing represents a sophisticated, autonomous, and intellectually demanding clinical discipline [8]. Today's primary care nurses, and particularly Advanced Practice Registered Nurses (APRNs) like Nurse Practitioners, are foundational pillars in the clinic's operational and clinical architecture. They are advanced clinical practitioners capable of independent assessment, diagnosis, and treatment; they are skilled diagnosticians navigating uncertainty; they are prescribers of therapeutic regimes; they are expert providers of hands-on procedures; and they are essential collaborators in interprofessional teams. Their role is fundamentally holistic, encompassing not only the pathological aspects of an acute condition but also its psychological, social, and behavioral dimensions, thereby ensuring care is truly patient-centered [9].

2. Triage and Prioritization in Acute Presentation

One of the most critical and immediate nursing roles in a primary care clinic dealing with acute presentations is that of triage and prioritization. This function serves as the essential gatekeeping mechanism, ensuring patient safety, optimizing clinic flow, and allocating resources appropriately [5]. Triage in primary care, often conducted via telephone or in-person upon patient arrival, requires a sophisticated blend of clinical knowledge, communication skills, and professional judgment. Nurses must rapidly gather key information about the patient's symptoms, their severity, duration, and any associated red-flag signs that might indicate a life-threatening condition requiring emergency services [6].

The nursing triage process is structured yet adaptable. Utilizing evidence-based protocols and decision-support tools, nurses systematically evaluate complaints such as acute chest pain, shortness of breath, severe abdominal pain, neurological deficits, or high fever [7]. For instance, a nurse receiving a call about chest pain must ask targeted questions to differentiate between

potential cardiac ischemia, musculoskeletal pain, gastroesophageal reflux, or anxiety, thereby determining the urgency of the needed appointment or the necessity of immediate emergency medical services activation [8]. This role demands exceptional critical thinking to avoid both under-triage, which could lead to dangerous delays in care for serious conditions, and over-triage, which unnecessarily burdens emergency departments and disrupts clinic schedules [9]. By effectively performing this role, primary care nurses protect patient safety, manage patient expectations, and ensure that the most clinically urgent cases receive prompt attention, thereby enhancing the overall efficiency and safety of the clinic's operations [10].

3. Advanced Assessment and Clinical Decision-Making

Following triage, the nursing role expands into a comprehensive and advanced clinical assessment for patients presenting with acute conditions. In many primary care models, particularly those employing Advanced Practice Registered Nurses (APRNs) such as Nurse Practitioners (NPs), nurses conduct complete, autonomous patient evaluations [11]. This involves taking a detailed and focused history, performing a thorough physical examination, and formulating a differential diagnosis. The depth of this assessment is a cornerstone of safe and effective acute care management. Nurses are skilled in employing structured approaches to history-taking, such as the PQRST (Provocation, Quality, Region, Severity, Timing) method for pain assessment, to elicit precise and clinically relevant information from patients [12].

The physical examination conducted by nurses is equally meticulous. For a patient with an acute respiratory infection, this would include inspecting the throat, palpating lymph nodes, auscultating lung sounds for crackles or wheezing, and assessing vital signs including oxygen saturation [13]. For acute musculoskeletal injuries, nurses perform detailed orthopedic assessments evaluating range of motion, strength, stability, and neurovascular status [14]. Based on the synthesis of historical and physical exam data, nurses develop a working diagnosis or a succinct list of potential diagnoses. This clinical reasoning process is informed by a deep understanding of pathophysiology, pharmacology, and the typical presentation of common acute illnesses and injuries seen in the community setting [15]. This autonomous assessment capability allows for timely intervention, reduces delays in care, and fully utilizes the scope of nursing practice to address patient needs directly and efficiently.

4. Implementing Evidence-Based Interventions and Treatment Plans

Upon completion of the assessment and establishment of a diagnosis, primary care nurses proceed to implement and often initiate evidence-based interventions and treatment plans. This role encompasses a wide range of activities, from prescribing medications to performing clinical procedures, all grounded in the latest clinical guidelines and best practice standards. In jurisdictions where they have prescriptive authority, Nurse Practitioners independently prescribe medications for a vast array of acute conditions, such as antibiotics for bacterial infections, analgesics for pain, anti-inflammatories for sprains, or antivirals for conditions like herpes zoster [16]. Their prescribing decisions are made judiciously, with careful consideration of patient allergies, potential drug interactions, and the growing imperative of antimicrobial stewardship to combat antibiotic resistance [17].

Beyond pharmacology, nurses in primary care clinics are proficient in a multitude of clinical procedures essential for acute management. These may include wound care and suturing of minor lacerations, incision and drainage of simple abscesses, application of splints or braces for sprains and fractures, ear irrigation for cerumen impaction, and administering injections or intravenous fluids for rehydration [18, 19]. Each procedure is performed with technical skill, adherence to sterile technique, and a focus on patient comfort and education. Furthermore, nurses play a key role in developing and negotiating holistic management plans. This involves not only executing the clinical aspects of care but also discussing the plan with the patient, ensuring their understanding and agreement, and tailoring recommendations to the patient's specific context, preferences, and social determinants of health [20]. This comprehensive approach to intervention ensures that care is not only clinically effective but also patient-centered and feasible for the individual to follow.

5. Interprofessional Practice in Acute Care Management

The management of acute conditions in primary care is seldom the responsibility of a single professional. It is inherently an interprofessional endeavor, and nurses serve as the essential linchpin in this collaborative network. Effective collaboration with physicians, physician assistants, pharmacists, social workers, and other healthcare professionals is fundamental to providing seamless,

high-quality care [21]. Nurses facilitate this collaboration through clear, concise, and timely communication. They present patient cases to colleagues, highlighting key assessment findings, their clinical reasoning, and proposed plans, thereby engaging in shared decision-making [22]. In situations where a patient's condition is complex, deteriorates, or falls outside the nurse's scope of practice, the nurse's role in initiating and coordinating referral or consultation becomes paramount. This requires professional judgment to recognize these situations and effective communication skills to articulate concerns to a physician or specialist [23]. For example, a nurse managing a patient with acute abdominal pain may, upon identifying signs of peritonitis, immediately consult the clinic physician while preparing the patient for possible transfer to an emergency department. Similarly, collaboration with pharmacists is crucial for medication reconciliation, especially for patients with polypharmacy, and for patient education on new medications prescribed for an acute issue [24]. This interprofessional model, with nurses at its core, ensures that the collective expertise of the healthcare team is leveraged for optimal patient outcomes, minimizes errors, and creates a supportive practice environment for all providers.

6. Empowering Patients Through Knowledge and Self-Management

A defining and transformative role of the nurse in managing acute conditions is that of educator and coach. Acute illnesses, even if short-lived, can be distressing for patients and families. Effective education demystifies the condition, reduces anxiety, and empowers patients to participate actively in their recovery [25]. Nursing patient education in this context is multifaceted. It involves explaining the diagnosis in understandable terms, discussing the rationale behind prescribed treatments (e.g., why completing a full antibiotic course is vital), and providing detailed instructions on medication administration, potential side effects, and warning signs that should prompt a return to care [26].

Perhaps even more critically, nurses equip patients with self-management strategies. For a patient with an acute ankle sprain, education would encompass the RICE (Rest, Ice, Compression, Elevation) protocol, guidance on appropriate weight-bearing, and exercises for gradual rehabilitation [27]. For an upper respiratory infection, advice would focus on symptomatic relief through hydration, rest, and humidification, while clearly outlining the signs of a secondary bacterial infection. This educational

role extends to promoting wellness and preventing recurrence or complications. A nurse treating a patient for acute gastroenteritis will provide education on proper food handling and hygiene to prevent future episodes [28]. By shifting the paradigm from passive patient to informed, active participant, nursing education fosters better adherence to treatment plans, improves clinical outcomes, enhances patient satisfaction, and promotes long-term health literacy, which is invaluable for future health challenges.

7. Navigating Transitions and Ensuring Continuity of Care

The management of an acute condition does not always conclude at the clinic door. Nurses play a vital role in navigating care transitions and ensuring continuity, which is crucial for preventing complications, avoidable readmissions, and patient distress [29]. For patients whose acute condition requires escalation of care, such as referral to an emergency department or a specialist, the nurse coordinates this transition. This involves preparing and communicating a concise referral summary, ensuring the patient understands where to go and why, and sometimes making direct contact with the receiving facility or provider to hand over care [30]. This active handoff minimizes information loss and ensures a smooth transition.

Conversely, for patients discharged home to manage their acute condition, nurses implement follow-up processes. This may involve scheduling a nurse-led follow-up call or visit to assess progress, particularly for conditions like cellulitis, pneumonia, or post-procedure wounds [31]. During these follow-ups, nurses evaluate response to treatment, identify any emerging complications, reinforce education, and adjust the care plan as needed. Furthermore, nurses ensure that information about the acute episode is accurately integrated into the patient's permanent health record and communicated to other involved providers, especially the patient's regular primary care physician if the acute care was provided by a covering provider or in an after-hours clinic [32]. This meticulous attention to the interfaces of care safeguards against fragmentation, promotes recovery, and upholds the principle of continuous, coordinated care that defines high-quality primary care.

8. Challenges and Barriers in Fulfilling Acute Care Nursing Roles

Despite the clear value and expansion of nursing roles in acute care management within primary

care, significant challenges and barriers persist. One major challenge is the variability in scope of practice regulations across different regions and countries. Restrictive regulations can limit nurses' ability to prescribe certain medications, order diagnostic tests, or perform specific procedures, thereby creating inefficiencies and potentially delaying care [33]. Even where regulations are supportive, organizational culture and physician attitudes can sometimes hinder the full utilization of nursing competencies, leading to role ambiguity or underutilization of advanced skills [34].

Workload and time constraints present another formidable barrier. Primary care clinics are often high-volume environments, and the detailed work of comprehensive assessment, patient education, and care coordination is time-intensive. Pressure to see more patients in less time can compromise the depth of nursing interactions and force a focus on task completion rather than holistic, patient-centered care [35]. Additionally, maintaining competency in managing a broad range of acute conditions requires commitment to continuous professional development. Keeping abreast of rapidly evolving clinical guidelines, new pharmacological treatments, and procedural techniques demands significant personal and organizational investment in ongoing education and training [36]. Addressing these systemic and professional barriers is essential to fully realize the potential of nursing in this field.

9. Future Directions:

The future of nursing in managing acute conditions in primary care is poised for further evolution and integration. Several key directions will shape this future. The continued expansion and standardization of the full scope of practice for Advanced Practice Nurses, supported by legislative changes and interprofessional consensus, will be crucial to maximize their contribution [37]. The integration of digital health technologies, such as telehealth platforms and remote patient monitoring tools, will create new dimensions for nursing practice. Nurses will increasingly conduct virtual triage and assessments, monitor patients with acute conditions remotely (e.g., tracking vital signs in a patient with mild pneumonia), and provide education via digital channels, thereby improving access and convenience [38].

Furthermore, a strengthened focus on population health and community-oriented care will see nurses playing a larger role in developing clinic protocols for common acute conditions, leading quality improvement initiatives to enhance acute care delivery, and engaging in community outreach to

manage minor acute issues in non-traditional settings [39]. The evidence base for nursing outcomes in acute primary care continues to grow, demonstrating non-inferiority in patient outcomes, high levels of patient satisfaction, and cost-effectiveness compared to physician-led care for a range of conditions [40].

10. Conclusion

Nurses are indispensable agents in the management of acute conditions within primary care clinics. Their roles encompass the entire care continuum—from gatekeeper and diagnostician to therapist, collaborator, educator, and care coordinator. By leveraging their unique combination of clinical expertise, holistic perspective, and patient-relationship skills, nurses enhance the quality, safety, accessibility, and efficiency of acute care delivery. Overcoming existing challenges and embracing future innovations will allow the nursing profession to fully meet its potential, ensuring that primary care clinics remain robust, responsive, and capable of addressing the acute health needs of the populations they serve, now and in the future.

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References

1. Ministry of Health, Brazil. Basic Health Care: Reception to Spontaneous Demand. Vol. 1. Ministry of Health; 2013.
2. Morelato CS, Dorneles LL, Martins VD, et al. Receiving Spontaneous Demand in Primary Care: Nurses' Learning Needs. *Revista Brasileira de Enfermagem*. 2021;74(2):e20200317.
3. Norman AH, Tesser CD. Access to Healthcare in the Family Health Strategy: Balance Between Same-Day Access and Prevention/Health Promotion. *Saúde e Sociedade*. 2015;24(1):165–179.
4. Dover N, Lee GA, Raleigh M, et al. Rapid Review of Educational Preparedness of Advanced Clinical Practitioners. *Journal of Advanced Nursing*. 2019;75(12):3210–3218.
5. Bohusch G, Acioli S, Rafael RM, Mello AS, Roza J, Silva HC. Weakening of Nurses' Practice Delivering Same-Day Access in Primary Care. *Revista Gaúcha de Enfermagem*. 2021;42:e20200314.
6. Queiroz MJ. SOAP Revisited. *Revista Portuguesa de Medicina Geral e Familiar*. 2009;25(2):221–227.
7. Püschel VA, Paz EP, Ribeiro RM, Alvarez AM, Cunha CL. Advanced Practice Nursing in Brazil: How Are We and What Is Missing? *Revista da Escola de Enfermagem da USP*. 2022;56:e20210455.
8. Stewart M, Brown JB, Weston WW, McWhinney IR, McWilliam CL, Freeman TR. *Person-Centered Medicine: Transforming the Clinical Method*. 3rd ed. Artmed; 2017.
9. Almeida EWDS, Godoy S, Silva IR, Dias OV, Marchi-Alves LM, Mendes IAC. Mapping of Advanced Practice Nursing Actions in the Family Health Strategy. *Revista Brasileira de Enfermagem*. 2021;74(Suppl 6):e20210228.
10. Mendes EV. Challenges of the SUS. *CONASS*; 2019.
11. Shorten A, Moorley C. Selecting the Sample. *Evidence-Based Nursing*. 2014;17(2):32–33.
12. Lee GA, Aristizabal P, Walters G, Zárate-Grajales RA, Nigenda G. Advanced Practice Nursing Roles: A Comparison Between Mexico and the United Kingdom. *Journal of Nursing Regulation*. 2022;13(1):27–34.
13. Almeida SLP, Primo CC, Almeida MVS, et al. Guide for Systematization of Care and Nursing Process: Educational Technology for Professional Practice. *Revista Brasileira de Enfermagem*. 2023;76(Suppl 4):e20210975.
14. Spinoza P, Toso BRGO. Advanced Practice Nursing in Latin America and the Caribbean: Seeking Its Implementation. *Revista Brasileira de Enfermagem*. 2021;74(Suppl 6):e74suppl601.
15. Cassiani SHDB, Silva FAM. Expanding the Role of Nurses in Primary Health Care: The Case of Brazil. *Revista Latino-Americana de Enfermagem*. 2019;27:e3245.
16. Harris PA, Taylor R, Minor BL, et al. The REDCap Consortium: Building an International Community of Software Platform Partners. *Journal of Biomedical Informatics*. 2019;95:103208.
17. de Carvalho EMP, Pires DX, Oliveira TM, Spadoti KA, Leite JS, da Silva RM. Reception to Spontaneous Demand in Primary Care: Perception of Nurses. *Revista JRG de Estudos Acadêmicos*. 2024;7(14):e14690.
18. Søndergaard SF, Andersen AB, Frederiksen K. APN Nurses' Core Competencies for General

- Clinical Health Assessment in Primary Health Care: A Scoping Review. *Scandinavian Journal of Caring Sciences*. 2024;38(2):258–272.
19. Hermida PM, Araújo IE. Systematization of Nursing Assistance: Subsidies for Implementation. *Revista Brasileira de Enfermagem*. 2006;59(5):675–679.
 20. Franco FV, Monteiro CN, Melo CR, Fracolli LA. Resolutivity of Nursing Consultations in a Basic Health Unit With Advanced Access. *Revista de Enfermagem Do Centro-Oeste Mineiro (RECEN)*. 2021;11(36):300–308.
 21. International Council of Nursing (ICN). Guidelines on Advanced Practice Nursing. ICN; 2020.
 22. Cassiani SHB, Aguirre-Boza F, Hoyos MC, et al. Competencies for Training Advanced Practice Nurses in Primary Health Care. *Acta Paulista de Enfermagem*. 2018;31(6):572–584.
 23. Gomes AM, Santos BM, Peres EM, et al. Technical Note—COFEN No. 01/2023: Advanced Nursing Practices—ANP. *Enfermagem Em Foco*. 2024;15(Suppl 1):e202401ESP1.
 24. Silveira JF. Characterization of Demand Profile in Urban and Rural Basic Health Units in the Federal District [Master's thesis]. Fundação Oswaldo Cruz; 2021.
 25. Oliveira JL, Toso BR, Matsuda LM. Advanced Practices for Care Management: Reflections on Brazilian Nursing. *Revista Brasileira de Enfermagem*. 2018;71(4):2060–2065.
 26. Canuto LE, Pinheiro LS, Canuto Júnior JC, Santos NL. Study of the Demand for a Family Health Strategy (FHS) Team Using Advanced Access (AA) as a Model for Organizing the Agenda. *Revista Brasileira de Medicina de Família e Comunidade*. 2021;16(43):2378.
 27. Nigenda G, Lee G, Aristizabal P, Walters G, Zárate-Grajales RA. Progress and Challenges for Advanced Practice Nursing in Mexico and the United Kingdom. *Journal of Nursing Management*. 2021;29:2461.
 28. Caballero SP. Nursing Assistance Systematization in Primary Health Care: Situational Diagnosis From the Perspective of Nursing Professionals [Master's thesis]. Universidade de São Paulo; 2020.
 29. Chueiri PS. A Study on Consultation Reasons and Quality of Medical Conduct in Brazilian Primary Health Care [Master's thesis]. Universidade Federal do Rio Grande do Sul; 2019.
 30. Bardin L. Content Analysis. Edições 70; 1977.
 31. Pan American Health Organization. Expanding the Roles of Nurses in Primary Health Care. PAHO; 2018.
 32. McCullough K, Whitehead L, Bayes S, Williams A, Cope V. The Delivery of Primary Health Care in Remote Communities: A Grounded Theory Study of Nurses' Perspectives. *International Journal of Nursing Studies*. 2020;102:103474.
 33. Cassiani SH, Dias BM. Perspectives for Advanced Practice Nursing in Brazil. *Revista da Escola de Enfermagem da USP*. 2022;56:e20210406.
 34. Ribeiro GC, Padoveze MC. Nursing Care Systematization in a Basic Health Unit: Perception of the Nursing Team. *Revista da Escola de Enfermagem da USP*. 2018;52:e03375.
 35. COFEN. Resolution COFEN No. 736/2024, January 17, 2024: Establishes the Implementation of the Nursing Process in All Socio-Environmental Contexts Where Nursing Care Occurs. Federal Nursing Council; 2024.
 36. COFEN. Joint Opinion of Technical Chambers No. 004/2022—CTLN/CTAS/COFEN. Federal Nursing Council; 2022.
 37. Kumar R, Bhattacharya S, Sharma N, Thiagarajan A. Cultural Competence in Family Practice and Primary Care Setting. *Journal of Family Medicine and Primary Care*. 2019;8(1):1–4.
 38. APSREDES. Clinical Communication as a Tool to Improve Nursing Consultations: Workshops for Training Communication Skills With Resident Nurses. APSREDES; 2018.
 39. Kurtz S, Silverman J, Benson J, Draper J. Marrying Content and Process in Clinical Method Teaching: Enhancing the Calgary-Cambridge Guides. *Academic Medicine*. 2003;78(8):802–809.
 40. Sousa MF. Nursing Practices in the Context of Primary Health Care (PHC): National Mixed Methods Study: Final Report. Brasília (DF): ECoS; 2022.