CASE REPORT

REVISTA ENFERMAGEM ATUAL IN DERME

NURSING CARE FOR INDIVIDUALS WITH COMPLEX SKIN LESION IN PRIMARY HEALTH CARE: A CASE REPORT

CUIDADOS DE ENFERMERÍA PARA PERSONAS CON LESIONES CUTÁNEAS COMPLEJAS EN ATENCIÓN PRIMARIA DE SALUD: UN INFORME DE CASO

CUIDADO DE ENFERMAGEM À PESSOA COM LESÃO COMPLEXA NA ATENÇÃO PRIMÁRIA À SAÚDE: RELATO DE CASO

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Introduction: Complex cases have clinical criteria for care in a specialized outpatient setting. However, when non-clinical, but social criteria, as outlined in validated assessment tools, determine treatment in a primary health unit, the situation becomes peculiar and challenging. The aim of this study was to report nursing care for a patient with a complex wound in primary care, based on the social aspects of the "TIMERS" tool. **Results:** The use of the nursing process steps and a validated tool demonstrated that social aspects are determinant in the decision-making processes of the case described. Successful treatment, even under limited conditions, was possible by considering social vulnerability as an important intrinsic variable for the outcome. **Conclusion:** Social factors, particularly vulnerabilities, require quick and assertive responses from primary health care in the care of individuals with skin wounds. The described case demonstrated the capacity of primary care to treat a person with a complex wound, without any systemic infectious complications during the treatment, which helped maintain the individual's quality of life, preventing complications and avoidable public expenses.
Keywords: Primary Health Care; Nursing; Case Reports; Wounds and Injuries; Social Vulnerability.

RESUMEN
Introducción: Los casos complejos poseen criterios clínicos para la atención en consultorios especializados, pero cuando los criterios no son clínicos, sino sociales, previstos en herramientas de evaluación validadas, determinan el tratamiento en una unidad básica de salud, la situación se vuelve peculiar y desafiante. El objetivo de este estudio fue relatar la asistencia de enfermería al usuario con lesión compleja en la atención primaria fundamentada en los aspectos sociales de la herramienta "TIMERS". **Resultados:** La utilización de las etapas del proceso de enfermería y de una herramienta validada evidenció que los aspectos sociales son determinantes en los procesos de toma de decisiones del caso descrito. El éxito del tratamiento, incluso en condiciones limitadas, fue posible al considerar la vulnerabilidad social como una variable intrínseca importante para el resultado. **Conclusión:** Los factores sociales, principalmente las vulnerabilidades, requieren respuestas rápidas y asertivas de la atención primaria de salud en el cuidado de la persona con herida cutánea. El caso descrito demostró la capacidad de la atención primaria al tratar a una persona con una herida compleja, sin ninguna complicación sistémica infecciosa durante el tratamiento, lo que favoreció el mantenimiento de la calidad de vida del individuo, evitando complicaciones y gastos públicos evitables.
Palabras clave: Atención primaria de salud; Enfermería; Informes de casos; Heridas y lesiones; Vulnerabilidad Social.

RESUMO
Introdução: Casos complexos possuem critérios clínicos para atendimento em ambulatório especializado. No entanto, quando critérios não clínicos, mas sociais, previstos em ferramentas de avaliação validadas, determinam o tratamento em unidade básica de saúde, a situação torna-se peculiar e desafiadora. **Objetivo:** Relatar a assistência de enfermagem ao usuário com lesão complexa na atenção primária fundamentada nos aspectos sociais da ferramenta "TIMERS". **Resultados:** A utilização das etapas do processo de enfermagem e de ferramenta validada evidenciou que os aspectos sociais são determinantes nos processos de tomada de decisão do caso descrito. O êxito do tratamento, mesmo em condições limitadas, foi possível ao considerar a vulnerabilidade social como variável intrínseca importante para o desfecho. **Conclusão:** Os fatores sociais, principalmente, de vulnerabilidades requerem respostas rápidas e assertivas da atenção primária à saúde no cuidado à pessoa com ferida cutânea. O caso descrito demonstrou a capacidade da atenção primária ao tratar pessoa com ferida complexa, sem nenhuma complicação sistêmica infecciosa ao longo do tratamento, o que favoreceu à manutenção da qualidade de vida do indivíduo, evitando complicações e gastos públicos evitáveis.
Palavras-chave: Atenção Primária à Saúde; Enfermagem; Relatos de Casos; Ferimentos e Lesões; Vulnerabilidade Social.

ABSTRACT

INTRODUCTION

The role of the nursing team in the

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promotion, prevention, treatment, and rehabilitation of individuals with skin wounds is not exclusive to specialists and is regulated by Resolution No. 787/2025 of the Brazilian Federal Nursing Council (COFEN). This resolution establishes that care must be preceded by a nursing consultation, supported by the steps of the nursing process[1].

COFEN Resolution No. 796/2024 recommends that assessment, the first step of the nursing process, be applied in any context in which nursing care occurs. This step should be grounded in validated risk assessment instruments, evidence-based protocols, and/or strategies that provide descriptive, explanatory, predictive, and prescriptive properties to support clinical practice[2].

In this context, holistic treatment of individuals with skin lesions requires the identification of the lesion's etiopathogenesis, individual variables, and wound-related variables that may interrupt the physiological healing process[3]. In 2015, the Wounds International Group recommended the "TIME" framework (tissue, infection, moisture, edge) to be used within the holistic wound assessment triangle involving patients, caregivers, and family members. Assessment of tissue type, the presence of infectious signs, wound edge characteristics, and the amount of exudate guides the plan of care[4]. In 2018, this acronym was updated to "TIMERS," with the addition of the letters "R" (repair) and "S" (social and patient-related factors).

"TIMERS," although not always considered a method in the literature, is also described as a tool and/or an acronym. Observation of the aspects encompassed by this tool is important for assertive decision-making regarding the most appropriate treatment, in addition to serving as a basis for the development of new assessment instruments[5].

Social or non-clinical factors are broad and should be considered in decisions related to the care of individuals with skin wounds, particularly in contexts of social vulnerability. These factors include education level, social support, the impact of treatment on activities of daily living, mobility, environment and living conditions, distance from the health unit, economic situation, among other factors[4].

Within Brazil's Unified Health System (Sistema Único de Saúde – SUS), the care of individuals with wounds in a given territory is part of the services offered through the Primary Health Care portfolio (PHC). Family Health Teams (ESF) are responsible for performing wound dressings, with or without the use of specialized technologies, to ensure user access and comprehensive care[6].

Managing a complex clinical case in a primary health unit (Unidade Básica de Saúde – UBS), when clinical criteria refer to specialized care but non-clinical (social) criteria require that care be maintained within primary care, is both challenging and peculiar for professionals working in Primary Health Care. In this context, this study's aim was to report nursing care for an

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individual with a complex skin lesion in primary care, based on the social aspects of the "TIMERS" tool.

METHODS

This is a qualitative study, in the form of a case report, developed in accordance with the Case Report Guidelines (CARE) checklist of the EQUATOR Network. The checklist includes: a title describing the intervention, followed by the words "case report"; two to five keywords identifying the intervention, including "case report"; an abstract, structured or unstructured; an introduction; patient information, clinical findings, timeline, diagnostic assessment, therapeutic intervention, follow-up, and outcomes. These elements were described within a single "Results" section to avoid fragmentation of the reader's reasoning, followed by a discussion[7].

A case report is a descriptive method aimed at understanding and interpreting, in depth, the stages and clinical developments of a particular situation, contributing to the dissemination of experiences relevant to clinical practice[7].

The study was developed based on the care of an individual attended at a UBS in the Federal District (Distrito Federal – DF), Brazil. The case was selected due to the complexity of the healing process and the impossibility of referring the individual to a specialized outpatient clinic because of non-clinical factors related to social vulnerabilities.

Data collection was conducted through direct observation, recurrent follow-up visits, photographic records, and review of the individual's electronic medical record. For analysis and discussion, a bibliographic search was conducted in the SciELO®, MEDLINE®, and PubMed® databases, using the keywords: wounds and injuries, nursing, and primary health care.

All ethical principles for research involving human subjects were fully observed, in accordance with Resolution No. 466/2012 of the Brazilian National Health Council, as well as the principles of the Code of Ethics for Nursing Professionals, particularly regarding confidentiality, privacy, and informed consent. The study was submitted to and approved by the Research Ethics Committee of the Foundation for Teaching and Research in Health Sciences (Comitê de Ética em Pesquisa – CEP-FEPECS), under approval No. 7,902,699.

This study involved risks related to potential infectious complications, as the skin lesion was complex and the individual presented social vulnerabilities that precluded referral to a specialized outpatient clinic, as well as pain associated with wound dressing changes.

To minimize these risks, frequent care was ensured, along with multiprofessional assessment to manage all needs related to the clinical case and comprehensive treatment involving preventive actions and health education to engage the individual in the proposed treatment. Participant autonomy was

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also respected, guaranteeing the right to withdraw from the study at any time without any prejudice to the care received.

One of the difficulties was related to wound measurement due to the lack of appropriate instruments, as well as to the quality of records during the initial days of care. As this was a complex case, with clinical indications for referral to specialized care, the team did not initially believe that treatment would be carried out exclusively at the UBS. Consequently, photographic records did not follow a standardized pattern throughout the course of treatment.

The participant involved provided written informed consent to participate in this study by signing the Informed Consent Form and the Authorization for Image Recording.

RESULTS

With the aim of systematizing the information, the first day of care at the UBS was designated as "D1." The case description was organized according to the steps of the nursing process, using the terminology of the International Classification for Nursing Practice (ICNP) [8].

Subsequent days, which represented important milestones in the treatment, were recorded as progress notes and numbered sequentially after the letter "D."

D1 – First Nursing Consultation at the UBS

Assessment (Subjective and Objective Data)

A 38-year-old male individual, single, illiterate, employed as an automotive washing assistant, living alone at his workplace under poor hygienic conditions. He was a victim of a collision with a heavy vehicle traveling at low speed on March 4, 2025, in the central region of the Federal District, Brazil. He sustained an extensive laceration-contusion injury to the medial aspect of the right thigh. He was referred by the mobile pre-hospital emergency service to a referral hospital, where a primary suture measuring approximately 33 cm in length, in a "U" shape, was performed. Two days after the trauma, the individual sought care at a UBS, accompanied by acquaintances, reporting severe pain, edema, and induration of the affected limb, with difficulty ambulating and exposure of the surgical wound. He was unable to provide information regarding his vaccination history. He denied regular medication use and allergies. Personal history included history of alcohol use.

Physical examination of the right lower limb revealed significant edema compared to the contralateral limb, with induration and palpable dorsalis pedis and posterior tibial pulses. The skin was dehydrated and exhibited poor hygiene. Extensive hematomas and ischemia were observed at the suture site and in adjacent areas. In the middle third of the wound, spontaneous drainage of serous exudate was noted, with slight separation of the wound edges along the suture line. The wound measured approximately 25 cm

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× 18 cm at its greatest dimensions (Figure 1).

Figure 1 - "D1"

Source: author's personal archive, 2025.

Nursing Diagnoses

According to the International Classification for Nursing Practice (ICNP), on the day of the first consultation, the following nursing diagnoses were identified: Acute pain (ICNP 10000454), Inflammation (ICNP 10029927); Impaired tissue integrity (ICNP 10001080); Risk for infection (ICNP 10015133); Lack of family support (ICNP 10022473), and Lack of knowledge about the therapeutic regimen (ICNP 10021925). Focus: Surgical wound (ICNP 10019265). Location: Leg (ICNP 10011298), Client: Adult (ICNP 10001889); and Time: Today (ICNP 10019778)[8].

Nursing Care Planning

The priority nursing diagnoses identified were: Acute pain (ICNP 10000454), Risk for infection (ICNP 10015133), and Impaired tissue integrity (ICNP 10001080)[8].

The expected outcomes corresponding to these diagnoses were: Pain control (ICNP 10025831); Absence of infection (ICNP 10028945); and Wound healing (ICNP 10035096)[8].

In view of the identified diagnoses and focusing on the expected outcomes, the following actions were performed: Administer medications (ICNP 10001773): dipyrone 1 g and tenoxicam 20 mg administered intravenously, according to medical prescription; Vaccinate (ICNP 10020552): adult tetanus vaccine administered intramuscularly (Td); Cleanse (ICNP 10009285): limb and surgical wound cleansed with 2% degerming chlorhexidine and 0.9% normal saline; Wound dressing (ICNP 10045131): hydrogel applied to the ischemic area, followed by gauze and crepe bandage[8].

The following resources were used: Nurse (ICNP 10013333); Assessment instrument

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(ICNP 10002832), Nursing Process and the "TIMERS" acronym; Care plan (ICNP 10003970); Analgesic (ICNP 10002279); Wound dressing material (ICNP 10021227); and Provide guidance on wound care (ICNP 10034961), with instructions not to wet the wound during bathing[8].

Nursing Implementation

Nursing care standards were delivered in a timely manner by the nursing team, according to the technical competencies of each professional. Multidisciplinary care involved shared management with the team physician for systemic control of pain and inflammation; community health worker, who was informed of the case due to its severity and the individual's social vulnerability, for home visits and active follow-up if necessary; and vaccination room team to administer the immunobiological agent (Td) in the procedure room, as pain and mobility limitations prevented the individual from moving to the vaccination area.

Nursing Progress

On D3, the individual was already pain-free, with regression of edema and a reduction in inflammatory signs of the limb. However, the skin lesion progressed with wound dehiscence and extensive necrosis, and on D9 there was a need for referral to a hospital service for surgical debridement.

On D21, surgical debridement was performed in a hospital setting, and the individual remained hospitalized for seven days, during which systemic antibiotics were administered, as documented in the medical record. On D28, the individual was discharged and referred for follow-up in a specialized outpatient clinic.

Due to factors related to social vulnerability, such as lack of social and family support, low educational level and limited comprehension, insufficient financial resources for transportation to the outpatient clinic three times per week, and the inability to stop working for extended periods, the individual chose to remain under the care of the UBS closest to his residence, attending the referral outpatient clinic on a biweekly basis over the subsequent 60 days. After this period, he was placed on a waiting list at the referral outpatient clinic for reconstructive surgery, which ultimately did not take place.

D22: Wound Record after Surgical Debridement

The wound measured approximately 30 cm × 20 cm at its greatest dimensions and 2.5 cm in depth. The wound bed tissue consisted of approximately 90% unhealthy granulation tissue and 10% adherent slough, with no signs of systemic infection. A large amount of serosanguineous exudate was observed, without foul odor, and the wound edges were adherent and regular (Figure 2).

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Figure 2 - "D22".

Source: author's personal archive, 2025.

On D29, the patient returned to the UBS for follow-up and treatment. Topical treatment was carried out based on cleansing of the wound bed using an antiseptic containing polyhexamethylene biguanide, cleansing and moisturizing of the periwound skin, and application of absorbent, non-adherent primary dressings (foams and hydrofibers) containing silver.

The secondary dressing was always reinforced with layers of gauze, absorbent cotton gauze, and crepe bandage, as the individual worked in a humid, steam-rich environment.

Due to the individual's precarious housing conditions and the nature of his work, dressing changes were performed every 48 hours during the first two weeks after returning to the UBS. At all visits, guidance regarding dressing care, fluid intake, dietary intake, and adherence to treatment was reinforced. Subsequently, dressing changes were performed three times per week until wound bed regression and reduction of exudate were observed.

D32- Wound Progress Record

Granulation tissue significantly reduced the depth of the wound bed, decreasing from 2.5 cm to 0.5 cm. The wound bed still presented 20% adherent slough (Figure 3).

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Figure 3 - "D32"

Source: author's personal archive

D 74 Wound Record and Measurement Using a Ruler

On D74, it was already possible to observe that the wound bed had evolved to 100% granulation tissue. At this point, the team obtained donated disposable rulers to improve wound measurement (Figure 4).

On D178 and D227, extensive repair was observed, with small residual lesions. At this stage, dressing changes were being performed on a weekly basis (Figures 5 and 6).

Figure 4 - "D74"

Source: author's personal archive

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D 178 Wound Progress Record

Figure 5 - "D178"

Source: author's personal archive.

D227 Wound Progress Record

Figure 6 - "D22".

Source: author's personal archive, 2025.

DISCUSSION

The study results were described according to the five steps of the nursing process and were grounded in the "TIMERS" tool for decision-making processes. Accordingly, topical

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treatment was guided by assessment of tissue type, signs of infection and local inflammation, amount of exudate, wound edge management, repair (surgical debridement performed on D14), and social (non-clinical) variables, which were considered throughout the entire period of care[2,3].

In this case report, low educational level, housing conditions, the nature of the individual's work, nutritional scarcity (particularly protein deficiency), inability to travel to access specialized care services, and lack of a family support network were determining factors for the continuity of care and for the entire course of treatment to be carried out at a UBS.

Despite the existence of established referral pathways and more advanced resources in specialized care, the primary health care team had to assume responsibility for the entire treatment. The risk of infection resulting from the extent of the lesion was minimized through appropriate wound cleansing techniques and the application of silver-containing dressings. Health education was provided throughout the entire course of care to engage the individual in the treatment process.

Another study that sought to identify nursing diagnoses and interventions related to patients with chronic wounds in primary health care revealed that these diagnoses and interventions are associated with integumentary, emotional, and risk-related aspects, such as falls and infection[9]. In the present report, difficulty with ambulation was resolved within the first days following management of pain, edema, and local inflammation; however, the risk of infection persisted throughout the care process.

Individuals with complex wounds experience forms of suffering that must be recognized by the professionals involved in their care in order to align recommendations with the patient's lived reality, demonstrate solidarity with their experiences, and improve communication by ensuring coherence with the subjectivity of each case[10]. In this report, the case posed significant challenges to the team; however, after assessing the individual's context, the team understood that his reality was incompatible with referral pathways.

In line with this study, another case report involving an individual with a venous ulcer in primary health care highlighted the need for a systematized nursing care plan aimed at meeting health needs, emphasizing that care should extend beyond the performance of wound dressings to encompass comprehensive and holistic nursing care[11]. An integrative review that examined studies on the importance of nursing care in wound management within primary health care revealed that care is still often delivered empirically and without the use of protocols. The review also identified a scarcity of technologies appropriate for treatment, limited professional knowledge regarding wound management, clinical conduct, dressing selection, and patient care, as well as a lack of professional training and weaknesses in the educational process[12].

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Chronic wounds represent a significant burden on health care services. Continuous and integrated follow-up is one of the key pillars for reducing complications such as infections, hospitalizations, and prolonged treatment cycles[13]. The characteristics of services provided within Primary Health Care are capable of mitigating the impact of these complications across the health care network.

The Primary Health Care context is indeed capable of managing complex wounds when appropriately structured. In Florianópolis, researchers identified that nurses working in Primary Health Care (PHC) teams recognize the value of continuity of care, multiprofessional practice, and professional autonomy in wound management. In contrast, they also highlighted organizational structure, available materials and technologies, and workload as ongoing challenges[14].

In the international context, reports indicate that wound clinics embedded within primary care ensure early access, longitudinal follow-up, and patient satisfaction—factors that promote healing and reduce complications[15].

Primary Health Care (PHC) is the preferred entry point to Brazil's Unified Health System (Sistema Único de Saúde – SUS) and is characterized by a set of health actions that include health promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, and palliative care. It is delivered through integrated and continuous care practices carried out by a multiprofessional team. One of the settings recommended by the National Primary Health Care Policy (Política Nacional de Atenção Básica – PNAB) for service delivery is the wound care room, which should operate under the assessment of a nursing professional[16].

Complex wounds represent a loss of skin continuity as a protective barrier; therefore, vaccination history should be investigated, and immunization actions should be implemented when necessary, as described in this case report.

FINAL CONSIDERATIONS

Complex wounds may require specialized interventions, hospital admissions, and the use of adjunctive technologies due to the high risk of complications, particularly those related to infection. Based on this case report, it was evident that professionals guided by validated assessment tools assumed responsibility for care due to the impact of the individual's social factors and achieved successful outcomes, preventing complications, restoring quality of life, and reducing unnecessary public health expenditures.

The objective of this case report was achieved by describing the importance of nursing care for an individual with a complex wound in a primary health care unit, using validated assessment tools, and highlighting the impact of comprehensive and individualized treatment on the prevention of complications.

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REFERENCES

1 Conselho Federal de Enfermagem (BR). Resolução Cofen nº 787, de 21 de agosto de 2025. Regulamenta a atuação da equipe de enfermagem na promoção, prevenção, tratamento e reabilitação de pessoas com Lesões Cutâneas. Brasília (DF): Cofen; 2025.

2 Conselho Federal de Enfermagem (BR). Resolução Cofen nº 736, de 17 de janeiro de 2024. Dispõe sobre a implementação do Processo de Enfermagem em todo contexto socioambiental onde ocorre o cuidado de enfermagem. Brasília (DF): Cofen; 2024.

3 Moura MRL, Dowsett C. Advancing practice in holistic wound management: a consensus-based call to action. Wounds Int. 2020;11.

4 Atkin L, Bućko Z, Conde Montero E, Cutting K, Moffatt C, Probst A, et al. Implementing TIMERS: the race against hard-to-heal wounds. J Wound Care [Internet]. 2019 [cited 2024 Jul 15];23(Suppl 3a):S1-50. Available from: https://doi.org/10.12968/jowc.2019.28.Sup3a.S1.

5 Mihaliuc DBM, et al. Como avaliar uma pessoa com lesão cutânea? In: Mihaliuc DBM, et al. Lesões cutâneas: da avaliação ao tratamento fundamentado na etiopatogenia. 1ª ed. Rio de Janeiro: Di Livros Editora; 2025.

6 Ministério da Saúde (BR). Secretaria de Atenção Primária à Saúde. Departamento de Saúde da Família. Carteira de serviços da Atenção Primária à Saúde (CaSAPS): versão profissionais de saúde e gestores [recurso eletrônico]. Brasília (DF): Ministério da Saúde; 2020. 83 p. Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/carteira_servicos_atencao_primaria_saude.pdf.

7 Riley DS, Barber MS, Kienle GS, Aronson JK, von Schoen-Angerer T, Tugwell P, et al. CARE guidelines for case reports: explanation and elaboration document. J Clin Epidemiol. 2017;89:218-35. doi: 10.1016/j.jclinepi.2017.04.026.

8 Garcia TR, organizadora. Classificação Internacional para a Prática de Enfermagem (CIPE): versão 2019. Porto Alegre: Artmed; 2020.

9 Bezerra ISN, Frota RRA, Alonso CS, Borges EL, Garcia TF. Diagnósticos e intervenções de enfermagem em pacientes com ferida crônica na atenção primária e secundária. Estima. 2023;21. Available from: https://www.revistaestima.com.br/estima/article/view/1345.

10 Barbosa DR. Para além da dor física: estudo qualitativo sobre experiências relatadas por pessoas com feridas complexas atendidas na atenção primária à saúde [Internet]. 2025 [cited 2025 Nov 4]. Anais do XVIII Congresso Latino-americano de Medicina Social e Saúde Coletiva. Available from: https://congresso.alames.org/poster/estudo-qualitativo-sobre-experiencias-relatadas-por-pessoas-com-feridas-complexas-na-atencao-primaria-a-saude/

11 Cordeiro MC, Fonseca ADG, Bertocchi FM, Paula NCP, Silva EA, Paiva ACPC. Cuidados de enfermagem na atenção primária à pessoa com úlcera varicosa: relato de caso. Rev Enferm Atual In Derme [Internet]. 2022 [cited 2025 Nov 4];96(38):e–021228. doi: 10.31011/reaid-2022-v.96-n.38-art.1366. Available from: http://www.revistaenfermagematual.com.br/index.php/revista/article/view/1366

12 Viana de Sousa MB, Bezerra AMFA, Vieira Costa C, Bispo Gomes E, Aleixo da Fonseca HT, Borges Quaresma O, Baena Júnior ORG, Medeiros Costa SD, Costa Loureiro SPS, Messias da Silva S. Assistência de enfermagem no cuidado de feridas na atenção primária em saúde: revisão integrativa. Rev Eletr Acervo Saúde. 2020;(48):e3303.

13 Falanga V, Isseroff RR, Soulika AM, Romanelli M, Margolis D, Kapp S, et al. Chronic wounds. Nat Rev Dis Primers [Internet]. 2022 [cited 2025 Nov 4];8(1):50. Available from: https://pubmed.ncbi.nlm.nih.gov/35864102/

14 Mohr HSS, Soares CF, Loss DS, Belaver GM, Paese F, Pereira M. Cuidado de enfermagem à pessoa com ferida na Atenção Primária à Saúde: desafios e potências. Estima [Internet]. 2024 [cited 2025 Aug 2];22. Available from: https://doi.org/10.30886/estima.v22.1437_PT

15 Sheehan L, Dias S, Joseph M, Mungroo S, Pantinople J, Lee K. Primary care wound clinics: a qualitative descriptive study of patient experiences in community pharmacies. Pharmacy (Basel) [Internet]. 2022 [cited 2025 Nov 4];10(4):99. doi: 10.3390/pharmacy10040099.

16 Ministério da Saúde (BR). Política Nacional de Atenção Básica: PNAB [Internet]. Brasília (DF): Ministério da Saúde; 2017 [cited 2025 Sep 4]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_basica_pnab.pdf

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Authorship Criteria

All authors conducted the study in accordance with the ICMJE guidelines, which considers an author to be someone who: 1. contributes substantially to the conception and/or planning of the study; 2. to the acquisition, analysis and/or interpretation of the data; 3. as well as to the drafting and/or critical review and final approval of the published version.

Declaration of Conflict of Interest

"Nothing to declare"

Data availability declaration

No databases were generated in this study. The information presented is described in the body of the article.

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