

## The Assistance Practice in the Consultation of Children Developed in a Family Health Unit: A Report of Experience

**Bruna Rodrigues Braga<sup>1\*</sup> and Ana Lúcia Naves Alves<sup>2</sup>**

<sup>1</sup>Nurse, Resident in Medical-Surgical Nursing, Marcílio Dias Naval Hospital, Brazil

<sup>2</sup>Nurse, Phd Student, Universidad Nacional de Rosário, Brazil

**\*Corresponding Author:** Bruna Rodrigues Braga, Nurse, Resident in Medical-Surgical Nursing, Marcílio Dias Naval Hospital, Brazil.

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### Abstract

**Objective:** To report the experiences of the implementation of nursing care in the Child Care clinic in the Family Health Unit.

**Methods:** This is an experience report of the child care consultation, developed in a USF of a medium-sized municipality located in region of the Middle Paraíba - RJ, in a neighborhood with low socioeconomic status. The subjects involved in this activity were children aged 0 to 2 years of age and their families.

**Results:** Lack of knowledge of mothers regarding some care with the child.

**Discussions:** On the technical-scientific knowledge that the nurse must have, besides an attentive and careful look to detect possible changes in the health status of the child.

**Conclusion:** Despite some difficulties observed in the implementation of nursing care in the unit, childcare consultations were satisfactory, since it counted on the bond and affective participation of the family with the unit.

**Keywords:** Child; Child Health; Child Care; Professional- Family Relations

### Introduction

Childhood is a phase of paramount importance, because it is present the growth and development of all vital processes. A period where children begin to discover the world where they live, they acquire skills that are becoming increasingly complex.

Childcare (From Latin pueris, child) is medical science dedicated to the study of developing human care, more specifically with the monitoring of child development. The term came in 1762, created by Swiss Jacques Ballexserd, who addressed in his book entitled "Childcare Treaty", questions about the hygiene of the child. In 1865, Caron resumed the term after noting that most children admitted to Paris hospitals could avoid illness and hospitalization if their mothers had received instructions on how to care for children [1].

Nursing care practice was legalized by the Cofen Law (Federal Nursing Council) No. 7,498/86 of July 25, 1986, that regulates nursing exercise and establishes this activity as a nurse's private sector, since then other ordinances and resolutions see being implemented as COFEN/159 Resolution, which establishes the obligation to perform the nursing consultation at all levels of health care in public or private institutions and regulates the actions of the nurse in consultation, prescription of medications and request for examinations [2].

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Family health is in the first level of care in the SUS (Unified Health System) and is considered a primary strategy for the organization and strengthening of primary care. From the follow-up of a defined number of families, located in a delimited geographical area, actions are developed to promote health, prevention, recovery, rehabilitation of diseases and more frequent diseases. The family's health teams establish a link with the population, including the commitment of professionals to users and the community, with the purpose of expanding the boundaries of care and care [3].

In Brazil in recent decades, the infant mortality rate (referring to children under one year) has fallen sharply, due to actions to reduce poverty, expansion of coverage of the Family Health Strategy and among other factors. In view of the challenges presented, the Ministry of Health (Ministry of Health) organized a great strategy in order to qualify maternal and child care networks throughout the country with the aim of further reducing maternal and infant morbidity and mortality rates. Then he implemented the Stork Network, which brings a set of initiatives involving changes in the model of pregnancy care, childbirth/birth and comprehensive care to the child's health. But it would not do this effort to advance this effort to the survival of all NEWBORNS in maternity hospitals without an adequate process in their referral to the continuity of care, and it is in primary health care (PHC) that this continuity is made with a strong concern with the first week of the child's life, stimulating the paternal presence next to the mother whenever possible, supporting breastfeeding, immunizations, blood collection for the test of the small, a careful follow-up of the growth and development of the child until he is 2 years of age [4].

The Ministry of Health recommends that 7 consultations be made during the first year of life (1 consultation up to 15 days of birth and the others with 1, 2, 4, 6, 9 and 12 months of age) and two consultations up to 2 years (18 and 24 months of age). In these consultations, the health team should evaluate the child in an integral way, being attentive to growth, development neuropsicomotor, breastfeeding, feeding in the weaning period, hygiene care, accident prevention, vaccination and promotion of stimuli. In order for this to be carried out in full the entire team, the whole team must be involved in the care of the child and his/her family [4].

### Objectives of the Study

In this sense, the objective of this study is to report the experiences experienced in the implementation of nursing care in the childcare consultation in the Family Health Unit of a medium-sized municipality located in the interior of the state of Rio de Janeiro. Moreover, the interest in the study arose, in the search for knowledge of the theme.

Due to what was mentioned, it is justified to provide a better understanding of the care provided by the nurse and to evaluate the bond between the family and the professionals of the Family Health Unit, and as a contribution will enable instrumentation, the planning of health actions in favor of the protection of the child's health, and to promote educational actions and measures for this public and their families, as well as to be a theoretical material that will serve for students and health professionals, to promote educational actions and measures for this public and their families, to be a theoretical material that will serve students and health professionals, to studies and new research.

### Methodology

This is an experience report about the performance of a care practice in the childcare consultation, developed in a Family Health Unit (FHU) of the Municipal Health Department of a medium-sized municipality located in the Middle Region Paraíba - RJ, in a neighborhood with low socioeconomic status, in the period of July 2017.

The study population consisted of children aged zero to age and their families, attended in July 2017 at the USF.

It was due to inclusion criteria that all children to be treated in childcare should be between zero and two years old. Therefore, those who did not present this characteristic were excluded.

Regarding the methodological path, at first the proposal of care practice was presented to the nurse managing of the said FHU, after acceptance, the actions inherent to the implementation of the childcare consultation with technical basis were initiated scientific and in accordance with the protocols of the MS. The care practice was carried out with home visits (Rv) to the families of the children, together with Community Health Agents (CHA) and the nurse, with consultations and with conversation groups scheduled in the unit. In these moments, the objectives of nursing consultations for the child were explained and how these would be conducted.

### Results and Discussions

In order to report this experience, we organized this moment of study in a topic: "The trajectory of care practice as academic", where the activities performed and the difficulties observed in the implementation of health care will be reported child in childcare.

#### The trajectory of care practice as an academic

Every desire to delve deeper into child health care practices emerged from the knowledge acquired in the stages supervised by Professor MSc. Ana Lúcia Naves Alves in the child's health area as a requirement for completing the course undergraduate nursing from the University Center of Barra Mansa - RJ, where we performed childcare consultations. After the end of mandatory curricular activities, I received the invitation to continue to develop care activities, now under the supervision of the nurse of the unit.

The consultations were pre-scheduled, took place every Friday in the unit, were held in Newborns and children up to 2 years of age, in a neighborhood where socioeconomic and sanitary conditions are still precarious, but always sought integration with the health unit as a means of solving their doubts and welcoming. Thus, it is of paramount importance to implement nursing care by childcare consultations, in order to guide and help these families to have a more satisfactory quality of life.

The childcare consultation stimulates the care of the mother to the child, overcoming uncertainties, through health promotion and prevention of diseases. Therefore, it is evidenced that the performance of the child and his family offers benefits, providing quality of life and full child development [5].

In the consultations, we prioritized periodic and systematic follow-up for the evaluation of the growth and development of the child. In this sense, it was necessary to follow a systematized sequence of actions, which are supported by the Federal Nursing Council, which provides about the Systematization of Nursing Care (SAE) in public or private environments, in which professional care occurs, this practice understands that the consultation should evaluate the history through anamnesis, then the diagnosis, planning, implementation of care actions and, finally the nursing evaluation [6].

In this context, we performed the caudal cephalus physical examination, with the inspection and palpation of bregmatic and lambdoid fontanelle, cardiac and pulmonary auscultation, gastrointestinal evaluation for auscultation of peristaltic sounds, palpation in order to identify presence of masses, tumors, herniations, increased lymph nodes, among other possible alterations.

The physical examination of the child is considered a relevant step for the planning of care, seeks to evaluate through signs and symptoms the presence of abnormalities that when identified are carefully evaluated and forwarded when necessary to specific professionals. In this sense, we seek to trigger the care networks and allow the child to continue care and the possibility of multiprofessional care [7].

Because it is a consultation that also fit the NRs, we performed neurological evaluation through reflex tests, among them the Babinski reflex, where stimulus is performed in the plantar region, causing hyperextension of the toes the dorsiflexion of the hallux.

Most of the newborn's movements are represented by primitive reflexes, which disappear during the first six months of life, when hierarchically more recent neurological structures (cortical) mature and become functional. Among the reflexes, we highlight: suction, Moro,

palmar grip, plantar grip, gait, and asymmetric cervical tonic reflex (RTCA). The absence of these reflexes at ages at which they should be present or the persistence of these at age at which they should have disappeared may indicate neurological impairment [8].

Then, the recommended anthropometric measurements, weight, length and head circumference were performed, with their proper marking on the child's booklet development charts, to monitor its development, and for the better support the guidelines for families in relation to breastfeeding, the introduction of feeding at the right time and ferrous sulfate supplementation for those over 6 months.

It was indispensable to all consultations to check in vaccination booklets, and some guidelines such as: individual and environmental hygiene, prevention of childhood accidents, home violence, care for umbilical stump, neonatal jaundice, foot test, prevalent childhood diseases, among others.

The nursing consultation with the child aims to provide systematized nursing care, in a global and individualized way, identifying health-disease problems, executing and evaluating care that contributes to the promotion, protection, recovery and rehabilitation of their health. Its performance involves a systematized sequence of actions: nursing history and physical examination, nursing diagnosis, therapeutic plan or nursing prescription, and evaluation of the consultation [9].

In this context of clinical evaluation, it is worth mentioning that nurses should have a careful and careful look at the child, to evaluate and detect possible changes in their health status. During the dialogue with family members, the lack of knowledge of mothers was perceived in some care, especially adolescents about the adherence of The EME, evidenced by the lack of knowledge of the importance of this path to the child's health. The index was perceived the family influence in the face of the early introduction of complementary feeding and other popular credence in relation to child care. And from these questions we began to develop groups and breastfeeding with pregnant women and with puerperal women in order to clarify all doubts and encourage breastfeeding correctly, so that their children grow and develop properly. In addition, the bond provided effective dialogue with the family, the exchange of knowledge, the valorization of home care actions when performed positively and, when necessary, the possible ways of improving this care through guidance to family members.

During this period I spent within the unit, I realized that the care process develops through various activities performed by health professionals who occupy and share the same physical space and use the same material resources, which are not always available for care, thus hindering the development of activities provided to patients. Another point that caught my attention was that in the FHU, the professional nurse should play a role of multiplicity of tasks of completely different natures, thus being considered a generalist nurse, and should meet all the demands of the service besides being responsible for the administrative and management of the unit. And this burden of tasks to the nurse of the unit ends up hindering the performance of some activities, and resulting in some difficulties in operationalization, where he ends up losing skills with some tasks. But there are still other problems for the systematization of childcare care, such as the lack of scientific technical preparation in the area of child health, due to the lack of training, absence of protocols that base their actions.

The practice of nurses in childcare should always be permeated with reflections so that one can transform it, generating a change in the implementation of health promotion actions [10].

### Conclusion

Nursing care through childcare consultation in the family health unit, it provided the growth of practices already developed in the internship field, thus having more circumstances that allowed the improvement of skills and competencies inherent to nurses who work in the field of child health care and their families in primary care.

However, the nurse professional should be prepared to meet all the singularities of demand of his population in order to maintain quality care for any scope of care, and his care actions should always be supported in the scientific knowledge so that quality and humanized care is offered.

However, it is concluded that despite some difficulties observed in the implementation of nursing care in childcare in this FHU, childcare consultations resulted satisfactorily in care and health education actions, as it told with the bond and affective participation that families have with the unit, and this will certainly have repercussions on the promotion, prevention and recovery of diseases aimed at the child's health.

### Bibliography

1. Ricco RG., *et al.* "Childcare: pediatria themes". *Nestlé Nutrition* 80 (2005): 7-47.
2. Federal Nursing Council (COFEN). Law, No. 7,498/86 of June 25, 1986. It provides about the regulation of nursing exercise and gives other measures. *Official Gazette* (1986).
3. FIOCRUZ (BR). *Family Health* (2017).
4. Ministry of Health (BR). "Health Care Secretary. Department of Primary Care. Child health: growth and development". *Primary Care Notebooks*, n. 33. Brasília (DF) MS (2012).
5. Ferreira ACT., *et al.* "Consultation of childcare: challenges and perspectives for nursing care for children and the family". *Experiences: Revista Uri Extension Electronics* 11.20 (2015): 231-241.
6. Federal Nursing Council (COFEN). Resolution No. 358 of 15 October 2009. It provides about the Systematization of Nursing Care and the implementation of the Nursing Process in public or private environments, in which nursing professional care occurs, and gives other measures. *Official Gazette* (2009).
7. Santos N., *et al.* "Importance of anamnesis and physical examination for the care of nurses". *Revista Brasileira de Enfermagem* 64.2 (2011): 355-358.
8. Urzêda RN., *et al.* "Reflexes, reactions and muscle tone of preterm babies in an early intervention program". *Revista Neurociências* 17.4 (2009): 319-325.
9. Campos RMC., *et al.* "Nursing consultation in childcare: the nurse's experience in the Family Health Strategy". *Revista da Escola de Enfermagem da USP* 45.3 (2011): 566-574.
10. Suto CSS., *et al.* "Childcare: nursing consultation in basic health units". *Journal of Nursing UFPE Online* 8.9 (2014): 3127-3133.

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