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Original Article

INTERVENÇÃO DO ENFERMEIRO ÀS CRIANÇAS ATENDIDAS NO AMBULATÓRIO DE SEGUIMENTO DO RECÉM-NASCIDO DE RISCO

NURSING INTERVENTION TO ASSISTED CHILDREN IN OUTPATIENT TRACKING THE RISK OF NEWBORN

ENFERMERÍA DE INTERVENCIÓN PARA NIÑOS ASISTIDA EN AMBULATORIO DE SEGUIMIENTO DEL RIESGO DE RECIÉN NACIDO

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RESUMO

Objetivo:caracterizar os atendimentos de primeira consulta realizados pelo enfermeiro a crianças de risco, egressas da Unidade de Terapia Intensiva Neonatal de um hospital da região metropolitana de Belo Horizonte, e definir os principais diagnósticos de enfermagem e intervenções realizados nesse atendimento. **Método:** trata-se de um estudo transversal retrospectivo.Os dados foram coletados por meio dos prontuários da instituição, no período de setembro de 2013 a setembro de 2014. **Resultados:** os recém-nascidos com alta das Unidades de Terapia Intensiva Neonatal que regressaram para o seguimento ambulatorial foram, em sua maioria, do sexo feminino com 52 (52%). Em relação à idade gestacional, 44 (44%) nasceram com menos de 32 semanas e 29 (29%) com menos de 1500 gramas. Após a quantificação dos dados, foram predominantes os diagnósticos de amamentação eficaz (75%), risco de atraso no desenvolvimento (42%), padrão de sono prejudicado (19%), desobstrução ineficaz de vias aéreas (12%), risco de integridade da pele prejudicada (11%) e risco de infecção (7%). **Conclusão:** para garantir a continuidade do cuidado, estratégias devem ser implementadas junto com a família e, portanto, este estudo poderá contribuir para a exploração de novos diagnósticos e intervenções de enfermagem visando à vinculação do nível ambulatorial com os serviços de atenção básica.
Descritores: Prematuro; Continuidade da assistência ao paciente; Unidades de terapia intensiva neonatal; Família; Enfermagem.

ABSTRACT

Objective: To characterize the first consultation services performed by nurses to grads risk children in the Neonatal Intensive Care Unit of a hospital in the metropolitan region of Belo Horizonte, and set the main nursing diagnoses and interventions performed in this service. **Method:** This was a retrospective cross-sectional study. Data were collected by the institution's medical records from September 2013 to September 2014. **Results:** Newborns with high of IntenssivaNoenatal Care Units who have returned to the outpatient follow-up, were mostly female with 52 (52%). In relation to gestational age, 44 (44%) were born less than 32 weeks and 29 (29%) with less than 1500 grams. After quantification of the data, the effective Breastfeeding diagnoses were dominant (75%) risk of delay in development (42%), disturbed sleep pattern (19%) Ineffective Airway (12%) Integrity Risk impaired skin (11%) and risk of infection (7%). **Conclusion:** to ensure continuity of care strategies should be implemented with the family, and so this study may contribute to the exploration of new diagnoses and nursing interventions aimed at linking the outpatient basis with primary care services.
Descriptors: Premature; Continuity of patient care; Intensive care units neonatal; Family; Nursing.

RESUMEM

Objetivo: Caracterizar los primeros servicios de consulta realizados por personal especializado a los niños graduados de riesgo en la Unidad de Cuidados Intensivos Neonatal de un hospital de la región metropolitana de Belo Horizonte, y establece los principales diagnósticos de enfermería y las intervenciones realizadas en este servicio. **Método:** Se realizó une studio retrospectivo transversal. Los datos fueron recogidos por los registros médicos de la institución a partir de septiembre de 2013 hasta septiembre de 2014. **Resultados:** Los reciénnacidos con alto de Unidades de Cuidado Intenssiva Noenatal que han regresado al seguimiento ambulatorio, eran en sumayoría femenino 52 (52%). En relación con la edad gestacional, 44 (44%) nacieron con menos de 32 semanas y 29 (29%) con menos de 1500 gramos. Después de la cuantificación de los datos, los diagnósticos que amamantan eficaces fueron el riesgo dominante (75%) de retraso en el desarrollo (42%), patrón de sueño alterado (19%) de las vías respiratorias ineficaz (12%) Riesgo de Integridad piel deteriorada (11%) y el riesgo de infección (7%). **Conclusión:** para garantizar la continuidad de las estrategias de atención debe ser implementado con la familia, y por lo que este estudio puede contribuir a la exploración de nuevos diagnósticos e intervenciones de enfermería dirigidas a vincular la forma ambulatoria con los servicios de atención primaria.
Descriptores: Prematuro; Continuidad de la atención al paciente; Unidades de cuidado intensivo neonatal; Familia; Enfermería.

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INTRODUCTION

The technological advances that have occurred in neonatology in recent decades have brought major changes in care for the newborn, including those at high risk. This event has promoted an increase in the survival of those who are born premature and / or underweight. However, the reduction of neonatal mortality, from the technological advancement, accentuates the morbidity in this specific population, due to the high time of hospitalization necessary to guarantee the survival of these children[1].

Although there has been a reduction in infant mortality, it is considered that preterm infants are five times more likely to die during the first year of life than children born at term[2]. Therefore, prematurity exerts a relevant influence on infant deaths, and therefore, the health care of the newborn, especially the premature infant, needs to be rethought in the health services, making effective interventions necessary to reduce this specific mortality[1,2].

In this sense, children who present risk conditions, due to prematurity or other clinical conditions such as low birth weight, need specialized follow-up, at least in the first years of life[3]. It is assumed that adequate neonatal care should not be limited to guaranteeing the survival of the preterm infant until discharge and, therefore, the follow-up and appropriate support to the infants from the neonatal units and their families are still great challenges.

It is up to the health services to ensure continuity of care in the health of the child. This continuity refers to the provision of care to the patient throughout his life, with an appreciation not only of the biological aspect, but with an implication in the responsibility for prevention and the way life is carried out[4].

The importance of continuity of care for the development of newborns is highlighted. Studies show that children not attending the follow-up services present less favorable results than those who maintain follow-up. These children have had higher rates of disability and less access to necessary services, such as those favoring early diagnosis[5].

The role of the nurse in the follow-up clinic goes beyond supervising, coordinating, referring and prescribing. It is important to discuss the possibilities of this professional and contributions in the context of a collaborative work to offer comprehensive and qualified assistance to children who leave the Units of Neonatal Intensive Care, which will favor the continuity of care.

Nurses have sought scientific basis over the years, so their actions and interventions are structured and organized, contributing to the systematization of their practice. The scientific character of nursing is reinforced by Resolution 358/2009 of the Federal Nursing Council, which deals with the Systematization of Nursing Care and the implementation of the Nursing Process in public or private environments, where professional nursing care takes place. In this sense, it is incumbent on nurses to be the leader in the execution and evaluation of the Nursing Process, being exclusive to them the diagnosis and prescription of nursing actions or interventions[6].

However, the Systematization of Nursing Assistance, via Nursing Process, offers subsidies for the organization of health services, planning of actions and establishment of priorities. This has repercussions on improving the quality of health care for the population[7]. The systematic records of care, developed in a systematic and optimized way, demonstrate and guarantee continuity of care in a safe, integrated and qualified manner[6].

The Nursing Process is presented as a methodological tool that allows the Nursing Assistance Systematization and the organization of the service, and is organized in five items: data collection or nursing history, establishment of nursing diagnoses and planning of actions, implementation of nursing interventions and evaluation of nursing outcomes[6].

Considering that caring after hospital discharge is determinant in the process of maintaining the health of the child born in conditions of risk, there is a need for a care mode with the goal of comprehensive care, at the home and outpatient follow-up. Therefore, it is understood that nursing care, via the Nursing Process, can favor the continuity of the care to be given to these children and their families.

Specialized outpatient follow-up has the potential to accompany risk conditions and to carry out early diagnoses, especially those related to development. Although the potentiality of nurses acting in the monitoring of at-risk children is perceptible, the Nursing Process as an instrument that qualifies care has been little discussed in outpatient follow-up.

In this sense, the purpose of this study was to characterize the first-time consultations performed by the nurse to the at-risk children

from the Neonatal Intensive Care Unit of a hospital in the city of Belo Horizonte, as well as to define the main nursing diagnoses and interventions performed in that hospital service.

METHOD

This is a cross-sectional retrospective study. The study was carried out at the outpatient clinic to monitor the growth and development of high risk newborns at a hospital in the metropolitan area of Belo Horizonte, Minas Gerais, Brazil. The hospital follow-up clinic was created in 2001, initially offering care to the premature through nursing consultations and the support of a pediatrician doctor. Currently, the ambulatory has a multiprofessional team formed by nurse, physiotherapist, occupational therapist, neurologist, pediatrician, ophthalmologist, speech therapist and nutritionist.

The first consultation of the child in this service has been carried out with the nurse of the service and the nursing resident in neonatology of the institution. In the first moment, the work developed in the hospital and the importance of maintaining the follow-up of the child are presented to the family. After that, the anamnesis begins, which is guided by the documents of the Systematization of Nursing Assistance. Thus, first, the nursing history of Child Health is filled out. From the findings raised in the evaluation of the child, the nursing diagnoses are determined, which shall be drawn up in a proper annex, and the guidelines and appropriate interventions are carried out, which are recorded in the child's file.

In this way, the nurse acts in the evaluation of the child, in the identification of injuries, in the resolution of the problems that compete with nursing and in the accomplishment of referrals to the other professionals of the team according to the patient's need. In addition, the professional guides these parents, including them in the process of care and making them feel more confident to perform the care in the home environment.

The data for the study were collected through an instrument filled out from the charts of the children attending the follow-up clinic of a hospital in the metropolitan area of Belo Horizonte, Minas Gerais, Brazil. As an inclusion criterion, it was decided to select the charts of the children who performed the first outpatient follow-up visit with the nurse practitioner, from September 2013 to September 2014, whose families lived in the metropolitan area of Belo Horizonte, Minas Gerais, Brazil. From this criterion, 133 charts were selected, of which 33 were excluded from the study because they did not cover the phases of the Nursing Process. Thus, the final sample investigated was of 100 charts.

Data were obtained that allowed children to be characterized by the following variables: gender, gestational age at birth, birth weight, baseline disease, comorbidities, type of delivery, and to determine current health conditions such as sleep, feeding, eliminations, body hygiene, sunbath, immunological regulation, housing / infrastructure, socio-family history, nursing diagnoses, nursing interventions.

After the data collection, the data were released in the Epi Info database 3.5.2 version (December/2010), and a descriptive analysis of the data was performed, in which the frequencies and proportions of the categorical variables and the average, standard deviation, quartiles, minimum and maximum for the continuous variables were calculated. The analyses were performed in the Stata Corporation software, College Station, 12.0 Texas version.

The collected data were quantified and discussed as to the characterization of the children served, the nursing diagnosis and nursing interventions.

The project was submitted to the evaluation of the Research Ethics Committee of the Sofia Feldman Hospital and approved under the opinion number 579,616. It is worth noting that the research followed all ethical aspects embodied in Resolution 466/12 of the National Health Council.

RESULTS AND DISCUSSION

In relation to the profile of the families of newborns who had been discharged from Intensive Care Units, which were attended at the hospital's follow-up clinic, 71 (71%) of them live in their own home, 98 (98%) with collection of garbage and 69 (69%) have family income of 1-3 minimum wages. Of these families, 55 (55%) report that reside in the same house with up to five people.

The literature discusses the association of prematurity with an increase in the frequency of perceptual deficits, motor deficits, attention disorders and behavior disorders. However, some authors claim that environmental factors, in particular the low socioeconomic level, are important factors in relation to cognitive

development, which reinforces the importance of outpatient follow-up of this population[8].

Other authors also deal with environmental risks and emphasize the family component as the main one, since it is understood that the motor and cognitive development of this population is related to the interaction between biological, psychological and social factors to which the newborn is exposed[9].

Given this reality, it is expected that nurses, as reference professionals for this family, should carry out interventions that contribute to a better understanding of the risk factors for child development. It is up to this professional, besides performing the assistance in a qualified manner, to make the necessary referrals[9].

When outlining the profile of outgoing infants from the Neonatal Intensive Care Units, who returned for outpatient follow-up, there was a slight predominance of female children, by 52 (52%) . Regarding gestational age, 44 (44%) were born less than 32 weeks and 29 (29%) weighed less than 1500 grams. It was observed that 59 (59%) were born by normal delivery and 72 (72%) with good vitality in the fifth minute of life, presenting an Apgar score higher than 7.

The expressive occurrence of preterm infants younger than 32 weeks and / or birth weight less than 1,500 grams, characterizes this population as being at risk, and therefore, with the need for increasingly specialized and individualized care, according to the demands of mother and child[10]. These data agree with the findings in the literature that guide the continuity of post-hospital care to this at-risk population in order to aim at the integral development of the child and the family and to seek the early identification of developmental delays and adequate referral to reference services[11].

In relation to the main pathologies of this population, 22 (22%) developed neonatal jaundice, requiring phototherapy treatment, 21 (21%) had early sepsis, 13 (18%) had late sepsis and 42 (42%) had hyaline membrane disease. Among children with hyaline membrane disease, 12 (28.6%) required tracheal intubation and pulmonary surfactant administration in the first hours of life in the neonatal intensive care unit.

It is worth noting the significant number of cases of respiratory distress syndrome in this study. It is considered that this disorder is one of the most serious and frequent respiratory problems in the child and is one of the main causes of morbidity and mortality in the first week of life, and its severity is directly related to gestational age until birth[12].

Children born at risk, and who presented hyaline membrane syndrome, tend to present respiratory problems in the first year of life more frequently than those who do not present respiratory discomfort. This context is associated with a greater number of hospitalization. A study carried out in the State of Mato Grosso reinforces this assertion by discarding that 43.3% of 113 children born at risk presented respiratory problems in the first years of life, of these 12.5% needed hospitalization [13].

Nursing diagnoses identified by the nurse at the first consultation of the child were predominant in the diagnosis of efficient Breastfeeding (73%), followed by Risk of developmental delay (42%), Impaired sleep pattern (19%), Ineffective airway clearance (12%), Impaired skin integrity risk (11%) and Risk of infection (7%) (Table 1).

Table 1 - Nursing Diagnoses of the Newborn attended in a Risk Follow-up Outpatient at the first visit, Belo Horizonte, 2014.

Diagnósticos	**Sim** n (%)	**Não** n (%)
fective breastfeeding	73(73,0)	27(27,0)
Risk of development delay	42(42,0)	58(58,0)
Impaired sleep pattern	19(19,0)	71(71,0)
Ineffective airway clearance	12(12,0)	88(88,0)
Risk for impaired skin integrity	11(11,0)	89 (89,0)
Risk of infection	7(0.0)	93(93,0)

Source: Record of first consultation records to the newborn egressed from the Neonatal Intensive Care Unit attended by the nurse in the follow-up clinic of a hospital in the metropolitan region of Belo Horizonte.

Figure 1 - Distribution of the main Nursing Interventions performed by the nurse during the first consultation to the children attended in a Follow-up Ambulatory, Belo Horizonte, 2014.

Nursing Diagnosis	Main Nursing Interventions
Effective breastfeeding	- Encourage and support the maintenance of breastfeeding on free demand;
	- To encourage the mother to empty the breasts at each feeding, turns both breasts, preventing breast engorgement;
	- To emphasize on the importance and benefits of breastfeeding up to six months.
Risk of delay in development related to prematurity	- To guide parents about the concerns and developmental issues of premature babies;
	- To encourage parents to remain in the service and health.
Impaired sleep pattern	- To adapt the regular sleep/alert cycle of the baby to the care plan.
	- Immersion bath at nightfall for baby relaxation.
	- Monitor the baby's sleep pattern and observe physical disorders such as sleep apnea and obstructed airways.
Ineffective airway clearance	- Instill 0.5 ml of saline solution (0.9%) in each nostril 3/3h before feeding - Position baby in dorsal or lateral position with raised head.
Risk for impaired skin integrity	- Perform frequent diaper changes.
	- Use cotton with warm water in the diaper changes.
	- Use topical medications as prescribed.
Risk of infection	- To advise the parents on the limitation of the number of visits (mainly of patients) to the RNPT and washing of the hands before touching in the premature one.
	- Guiding caregivers about the importance of vaccination.
	- Guide the parents to keep the environment clean.

Source: Record of first consultation records to the newborn egressed from the Neonatal Intensive Care Unit attended by the nurse in the follow-up clinic of a Sofia Feldman Hospital.

A positive finding in this study refers to the exclusive breastfeeding index at discharge, evidenced by the "Effective Breastfeeding" nursing diagnosis. However, this fact, by itself, does not guarantee the exclusivity of breastfeeding until the 6th month. The Ministry of Health, through actions based on the 'Breastfeeding Brazil' strategy and the 'National Breastfeeding Incentive Policy', for example, has encouraged breastfeeding exclusively until the child's 6th month of life. To this end, it has promoted campaigns and actions that support breastfeeding, given the benefits to the newborn, and the reduction of infant mortality[14].

Other actions can also be seen, such as the establishment of the Joint Housing system, the approval of the Brazilian Food Marketing Standard, the establishment of norms on the functioning of human milk banks, the implementation of the Baby Friendly Hospital Initiative and the interruption of distribution of breast milk "substitutes" in health services. Breastfeeding is the single strategy that has the greatest impact on reducing infant mortality, since it can prevent 13% of preventable deaths in children under 5 years of age, worldwide[14].

Through these health actions, nurses find theoretical basis for their practice. The follow-up clinic is a space that allows the nurse to counsel, manage and encourage breastfeeding in an individualized way, as well as the assessment of the mother and child bond, helping the process of approaching and accepting the birth of a premature child and / or with low weight[15].

According to data from the National Breastfeeding Survey, conducted in 2010 in all Brazilian municipalities, exclusive breastfeeding rates based on the parameters of the World Health Organization in children younger than 6 months are considered reasonable, with prevalence below 50 %, and in Belo Horizonte only 37.9% remain exclusively breastfed until the sixth month of life[14] .

Through the National Survey data, it was identified that the mothers were oriented exclusively to breastfeed. However, the literature shows that some factors may influence exclusive breastfeeding at home, such as age, family cultural influence, schooling, family financial conditions, number of prenatal consultations, milking volume, the frequency of mammary milking and the performance of Kangaroo care[15].

Factors such as fatigue and stress may also be related to early weaning. In this context, the authors[15]discuss the importance of the follow-up of mothers of premature infants in order that the

difficulties of this population in the lactation process and establishment of exclusive breastfeeding can be overcome, especially in the first days of hospitalization and after discharge, to the success of exclusive breastfeeding.

Other results obtained in this study demonstrate that 42 (42%) of newborns from the Neonatal Intensive Care Unit present a risk of developmental delay. A study[16] carried out in a high risk maternity hospital in the city of Recife - Pernambuco agree with the findings that a larger proportion of children with altered development are among those with a gestational age of 32 weeks or less, which are admittedly the group at greatest risk for developmental delays[16].

Regarding the sleep pattern, 19 (19%) of the infants followed up at the outpatient clinic present changes such as daytime inversion at night and / or nasal obstruction. As interventions, night-immersion baths are advised for baby relaxation and observation of physical disorders such as sleep apnea and obstructed airways.

It is considered that the arrival at the home is a critical period of adaptation of the neonate and the parents to the new environment and, therefore, the nurse must propose strategies of care to favor this adaptation. In regard to the impaired sleep pattern, authors report that the night-immersion bath contributes to the neonate's relaxation, as well as reduces thermal instability and favors adequate sleep[17] and, therefore, can be indicated and guided during nursing consultations.

With regard to respiratory infections, it is known that these are causes of neonatal morbidity and mortality worldwide. Ineffective airway clearance is a common clinical manifestation in this population, due to the characteristic anatomy of the age, which demands rapid and resolutive intervention to this signal[18]. During the consultation, the parents are instructed to instill 0.5 ml of saline solution (0.9%) in each nostril 3/3h before feeding and to position the baby in the supine or lateral position with raised head.

The skin of the newborn can be easily injured by contact with the diapers or by the use of wipes, which cause repeated removal and increase skin permeability, which can lead to injury. In this way, the hygiene of the perineum with warm water and cotton without soap is sufficient in the daily cleaning of the urine. For feces, it is recommended to use soaps with the minimum of perfumes to diminish the sensitization of the allergic ones to the topical agents[19].

The skin of the newborn is characterized by being sensitive, thin and fragile. The presence or risk of impaired skin integrity was evidenced in 11 (11%) of the children attended at the outpatient clinic. As interventions, the nurse proposed frequent diaper changes, the use of cotton with warm water in diaper changes and the use of topical medications according to the medical prescription.

It is noteworthy that skin lesions are directly related to the risks of infection that were identified in 7 (7%) of the newborns. This index may also be related to the weight of this population that, because they have not yet completed 2000g, they cannot be immunized with the BCG vaccine as recommended by the Ministry of Health[14].

These guidelines serve as a basis for nurses' decision-making in the continuity of the care of the premature child with a focus on the family, since it is necessary for the intervention of this professional aiming at the quality of life of the newborn, providing a humanized and qualified assistance, broadening the view on the demands of families, in the search for an integral health of this population at risk.

The main nursing interventions carried out were directed to breastfeeding, in particular to the positioning, sucking and orientation regarding the benefit of breastfeeding.

Guidance was also given to parents on the development of infants and encouragement for continued follow-up, as well as guidelines for evening immersion baths for relaxation. Other issues addressed by the family at the time of the query referred to the vaccination calendar and prevention of skin lesions arising from the continued use of baby wipes.

The study in question signals the importance of nurses in outpatient follow-up of children at risk. However, it is noteworthy that the data discussed here refer to first consultation held by the professional nurse in a specific context. This situation can be characterized as a limitation of the study, whereas the subsequent queries may have other demands and needs of new interventions of nurses. Given the importance of studies that describe the participation of nurses in the care of at-risk children in outpatient follow-up, it is suggested to develop researches with other methodological designs, such as longitudinal ones, that allow a

deeper understanding of the contribution of nursing diagnoses and Interventions, reflecting the reduction of risks and evaluating the quality of care offered to these children over time.

FINAL CONSIDERATIONS

In summary, the findings show the need for care that the children of the Neonatal Intensive Care Unit present, and express the importance of nursing diagnosis and nurses' interventions as a contributing factor to the quality of life of these children. The nurse has the competence to act and intervene in the care needs of at-risk children, which justifies the institutional investment and the public policies that consider this professional as a member of the team in the follow-up of children.

The results show the predominance of at-risk children and therefore require a broader approach to their needs. At the first outpatient follow-up visit, it is verified that the post-discharge period of the Neonatal Intensive Care Unit is a critical moment of adaptation to care, and that nursing diagnoses and interventions seek to create situations that may be determinant in the quality of care of these children's life.

This study allows for the exploration of new nursing diagnoses and interventions aimed at linking the outpatient level with basic care services. In the institution where the study was carried out, there is an ease of care between the nurse and the multiprofessional team, which favors the referral of the demands.

It can be seen that there was a broad approach to the health needs of premature infants in the outpatient clinic, but there is still much to explore. Nurses should seek to use an approach based on integral care and interaction between subjects, families and health professionals, through a relationship of trust and in establishing a participatory therapeutic process.

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