

A SAÚDE DA PESSOA IDOSA NO CONTEXTO DA PANDEMIA PELO CORONAVÍRUS: CONSIDERAÇÕES PARA A ENFERMAGEM

ELDERLY HEALTH IN THE CONTEXT OF THE CORONAVIRUS PANDEMIC: CONSIDERATIONS FOR NURSING

LA SALUD DE LOS ANCIANOS EN EL CONTEXTO DE LA PANDEMIA DEL CORONAVIRUS: CONSIDERACIONES PARA ENFERMERÍA

Aline Miranda da Fonseca Marins¹, Ana Maria Domingos², Sabrina da Costa Machado Duarte³, Rafael Barroso Gaspar⁴, Simone Feliciano de Abreu⁵, Lizandra Quintiliano de Carvalho⁶

RESUMO

Objetivo: Refletir sobre a saúde da pessoa idosa na pandemia pelo COVID - 19, para a elaboração de orientações de enfermagem, dirigidas a Atenção Primária à Saúde e à Assistência Hospitalar Especializada. **Método:** Análise e discussão à luz da produção científica sobre a COVID 19, pautando-se em indicadores epidemiológicos, clínicos, políticos, sociais e espirituais, considerados estruturantes do cuidado de enfermagem. **Resultados:** Identificou-se que a prática de enfermagem deve ser direcionada à pessoa idosa em três situações específicas e a seus desdobramentos: o idoso frágil e acamado na comunidade; o idoso autônomo e independente em isolamento social; o idoso em potencial risco de hospitalização. **Conclusão:** O estudo identificou que idosos acamados, residentes em comunidades, compõem o grupo de alto risco dessa pandemia. Entende-se que os esforços para que a situação seja contida, requer empenho coletivo e conscientização da população e do cuidador do idoso. Sendo então, a articulação, os esforços e apelos realizados pelos profissionais de saúde, parte fundamental, para que ocorra a promoção da saúde e não só auxílio para resolutividade de comorbidades e recuperação dele. Ademais, também é dever do Estado acolher a população vulnerável, considerando os determinantes sociais implicados no processo de adoecimento a fim de minimizar os danos.

Descritores: Enfermagem Geriátrica; Idoso; Infecções por Coronavírus; Atenção Primária à Saúde; Hospitalização.

ABSTRACT

Objective: to reflect on elderly health during the COVID-19 pandemic and elaborate nursing guidelines focused on Primary Health Care and Specialized Hospital Care. **Method:** discussion and analysis of scientific production on COVID-19, based on epidemiological, clinical, political, social and spiritual indicators, which are considered to be the pillars of nursing care. **Results:** the nursing practice should be directed to the elderly in three specific situations and their consequences: the frail and bedridden elderly in the community; the autonomous and independent elderly in social isolation; the elderly at potential risk of hospitalization. **Conclusion:** the study shows that bedridden elderly people living in communities are the high-risk group of this pandemic. Efforts to contain the situation require collective commitment, awareness of the population, and attention of the elderly person's caregiver. Therefore, the articulation, efforts and appeals made by health professionals is fundamental for health promotion and not only assistance for the resolution of comorbidities and recovery. Moreover, the Government is responsible for embracing the vulnerable population, considering the social determinants involved in the process of illness in order to minimize the damage.

Descriptors: Geriatric Nursing; Aged; Coronavirus Infections; Primary Health Care; Hospitalization.

RESUMEN

Objetivo: reflexionar sobre la salud de los ancianos en la pandemia del COVID - 19, para la elaboración de pautas de enfermería dirigidas a la Atención Primaria de Salud y Atención Hospitalaria Especializada. **Método:** análisis y discusión a la luz de la producción científica sobre COVID 19, basado en indicadores epidemiológicos, clínicos, políticos, sociales y espirituales, considerados base de la estructura de la atención de enfermería. **Resultados:** se identificó que la práctica de enfermería debía dirigirse a los ancianos en tres situaciones específicas y sus consecuencias: los ancianos frágiles y acostados en la comunidad; los ancianos autónomos e independientes en aislamiento social; ancianos con riesgo potencial de hospitalización. **Conclusión:** el estudio identificó que los ancianos postrados en cama que viven en comunidades son el grupo de alto riesgo de esta pandemia. Se entiende que los esfuerzos para contener la situación requieren un compromiso y conciencia colectiva de la población y del cuidador de los ancianos. Así, la articulación, los esfuerzos y los llamamientos realizados por los profesionales de la salud, son una parte fundamental para la promoción de la salud y no sólo la asistencia para la resolución de las comorbilidades y la recuperación de las mismas. Además, también es deber del Estado acoger a la población vulnerable, teniendo en cuenta los determinantes sociales involucrados en el proceso de la enfermedad para minimizar el daño.

Descriptores: Enfermería Geriátrica; Anciano; Infecciones por Coronavirus; Atención Primaria de Salud; Hospitalización.

¹Professor Adjunto do Departamento de Enfermagem Médico-Cirúrgica, Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro (EEN-UFRJ) - Brasil.

²Professora Associada do Departamento de Enfermagem em Saúde Pública da EEN-UFRJ - Brasil. ³Professora Adjunta do Departamento de Metodologia da Enfermagem da EEN-UFRJ - Brasil. ⁴Enfermeiro do Hospital Clementino Fraga Filho, da Universidade Federal do Rio de Janeiro. ⁵Enfermeira, coordenadora da Unidade da Terceira Idade no Programa de Assistência Integral à Pessoa Idosa no Instituto de Atenção Básica São Francisco de Assis UFRJ. ⁶Discente do Curso de Enfermagem da EEN-UFRJ - Brasil.

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INTRODUCTION

In December 2019, the city of Wuhan, China, was the first to report cases of SARS-CoV-2 that is part of the Coronavirus family, a virus causing respiratory infections. SARS-CoV-2 is the causative agent of COVID-19 disease, and due to its high rate of transmissibility, the disease began to be faced in several countries of the world, initially becoming a Public Health Emergency of international importance and, later, characterized as a pandemic⁽¹⁾.

The virus transmission occurs by droplets of saliva, sneezing, coughing, phlegm, personal contact such as touching or handshaking, contact with contaminated objects or surfaces, and by mouth, nose or eyes contact^(1,2). The average incubation period of Coronavirus infection is 5.2 days, but it can reach up to 12.5 days. The transmissibility of infected patients is on average 7 days after the onset of symptoms, however, preliminary data suggest that transmission may occur even when the person is asymptomatic. The commonly found signs and symptoms are: fever (axillary temperature greater than or equal to 37.8°C), cough, difficulty breathing, muscle pain, fatigue, rhinorrhea, sore throat, headache, chest pain and mental confusion^(3,4).

... iam evoluir para elevação progressiva da temperatura, ocasionando febre persistente⁽⁴⁾.

Clinically, the onset of the virus is like a flu. However, it was observed that mild and subfebrile initial cases could evolve to progressive temperature elevation, causing persistent fever⁽⁴⁾.

The risk of death due to COVID-19 increases with the age of the individual and is more frequent in people over 60 years old, especially those with chronic health conditions.^(3,5)

Elderly people are the most vulnerable group to all infectious diseases, which leaves them in the range with more complications among those infected by the new coronavirus. Some diseases increase even more the chance of the elderly population developing severe cases of coronavirus, such as lung problems, obesity and diabetes mellitus⁽⁵⁾. Lethality is significantly higher in elderlies and in individuals with comorbidities (cancer 5.6%, arterial hypertension 6%, chronic respiratory disease 6.3%, diabetes mellitus 7.3% and cardiovascular disease 10.5%)⁽⁶⁾.

Elderly people, especially patients with comorbidities such as diabetes, hypertension, heart, lung and kidney diseases, neurological diseases, undergoing cancer treatment, patients with immunosuppression, among others, and those over 80 years old and patients with frailty syndrome, need to adopt measures to restrict social contact. Healthcare of elderly should preferably be at home, avoiding collective exposure in health services⁽⁷⁾.

In this context, PHC/FHS is the gateway to the Unified Health System. During outbreaks and epidemics, PHC/FHS plays a fundamental role in the global response to the disease in question, with great potential for early identification of severe cases that should be managed in specialized services⁽¹³⁾.

About this, there are important implications for the organization of health services and actions for disease control, including prevention, diagnosis and treatment⁽³⁾. Due to the much higher lethality of COVID-19 among the elderly (people with 60 or older), they should be a priority care group⁽¹³⁾.

Regarding specialized care, as the disease progresses, infected people have progressive respiratory difficulty, acute respiratory distress syndrome or life-threatening complications and need intensive care. Since in many cases, elderly people already have underlying diseases and, therefore, usually present immunosuppression, symptoms may appear atypically, and a poor prognosis for Covid-19 is common⁽⁸⁾.

Thus, the imperative role that health teams have in coping with this pandemic (COVID-19), especially nursing professionals, in providing health care to the general population and, particularly, to the elderly population.

Nursing care begins from the entrance door of the Basic Health Units, from screening and receiving the users and suspected cases of Covid-19 infection, in the nursing consultation, giving guidelines and conducts for home isolation, in referrals, in the vaccination room, in specialized health care for elderlies, taking care of the scheduled demand, in home visits, surveilling suspected cases, in the protocols for proper hand hygiene and use of personal protective equipment (PPE) and cleaning procedures of the health unit⁽⁹⁾ to specialized hospital care⁽⁸⁾.

For the above, the following study objective is: to reflect on elderly health during COVID-19 pandemic to elaborate nursing guidelines directed to Primary Health Care and Specialized Hospital Care.

METHOD

This is a reflection study derived from the analysis and discussion of the current scientific production on COVID-19, available especially in electronic media, considering elderly people specificities, to formulate contents for infographics and other informative materials, based on the needs of the elderly population itself and the commitment to university extension, reinforced in extension actions directed to the specialized / hospital area and primary health care, specifically, in the *Projeto de Extensão Cuidando do Idoso e de seu Cuidador* (PROECIC - EEAN - UFRJ) and in the *Programa de Assistência Integral à Pessoa Idosa* (PAIPI - HESFA - UFRJ). We highlight that this reflection study is enhanced as a structuring element of the process of establishing nursing guidelines for the elderly/family, in both contexts, specialized hospital care and primary health care, in view of the challenges and trends raised by the pandemic. The following indicators were also considered: epidemiological, clinical, political, social, and spiritual, which permeate nursing guidelines.

RESULTS AND DISCUSSION

Nursing guidelines to the frail and bedridden elderly in the community

In the case of COVID-19 infection, the challenge is the early detection of symptoms to anticipate the fast development of the disease. In this aspect, the bedridden elderly person is even more vulnerable, due to the high transmissibility of the virus added to the demands of the elderly and/or worsening of their health pattern.

COVID-19 is similar to a common flu: first epidemiological phase "imported cases", people returning from countries with epidemic; second phase local transmission and identification of the person who transmitted the virus; third stage community transmission and proliferation of cases and non-identification of the source⁽⁷⁾. In this sense, the following question is worth: why does the elderly person become population at risk in the context of SARS-CoV-2 infection?

One of the causes is frailty, a clinical syndrome characterized by decreased strength, resistance and physiological function, increasing an individual's vulnerability to develop greater dependence and/or death⁽¹⁰⁾.

According to the National Health Policy for the Elderly⁽¹¹⁾, frail elderly people are those who live in a Long-Stay Institution for the Elderly (LSI); is bedridden; has been hospitalized recently for any reason; presents diseases known to cause functional disability (stroke, dementia syndromes, other neurodegenerative diseases, alcohol consumption, terminal neoplasia, limb amputations); presents at least one basic functional disability or lives situations of domestic violence.

Thus, it is necessary to point out the problem of the bedridden elderly, living in a community, because the demand for health care is a cause for concern for those who age, for families and for health teams for helathcare coverage against COVID 19.

As an example of specific needs, we can mention that an elderly person bedridden at home experiences the deprivation of sociability. It is known that social relationships are beneficial but with COVID-19, additional care is vital and deprives the elderly of face-to-face social contacts. Therefore, it is important to emphasize that the physical environment of the elderly should be safe, besides being stimulating and being among friends and family⁽¹²⁾.

The National Health Policy for the Elderly⁽¹¹⁾ provides adequate and dignified health to the elderly. In this sense, Primary Care/Family Health Strategies is responsible for serving the population at home, being the gateway to the Unified Health System (SUS), coordinating different levels of health care. Thus, the importance of family health teams in the management of community prevention measures aimed at the elderly population⁽¹³⁾.

The nursing team should accompany frail elderly and their families as caregivers, guiding them to perform behavioral education, presenting respiratory etiquette and guiding on the maintenance of home isolation. In the presence of suspected flu-like syndrome, the advice is to avoid referring the frail elderly for urgent care

(emergency room, etc.), where the risk of contamination is high⁽⁹⁾.

Home visits are an excellent strategy to guide users, especially related to Covid-19. Before going home, the health team should try to communicate with the family to know the existence of flu-like syndrome cases, perform visits mapping and, in cases of home procedures, the professional needs to take the PPE and dress them before entering the residence and when leaving remove them with aseptic technique and put them in a plastic bag⁽⁹⁾.

Nursing guidelines to the autonomous and independent elderly people in social isolation

Specifically, in this approach, autonomous and independent elderly people in a condition of social isolation are considered, with a double-challenged management of answers: first, to help them to understand their role in managing their self-care in the face of COVID-19 spread and second, to pay attention to the initial manifestations of the disease.

It is worth mentioning that the guidelines management for elderly people in social isolation need to consider the specificities of aging in actions/interventions planning by family health teams.

In this sense, the nursing professional can outline the following strategies and guidelines with the elderly and their social support network: Stimulate the maintenance of activities of daily living (ADL); Encourage the participation of the social support network, which aims primarily to reduce the chances of contamination with COVID-19; Emphasize the need to restrict activities that expose the elderly to the risk of contamination (in this case, avoiding leaving home is the first rule); Explain the importance of hand hygiene with the use of soap and water or alcohol gel. Regarding the home environment, if possible, maintain a minimum distance of 1 meter (3 feet) between the elderly and anyone who is coughing or sneezing; Explain the respiratory etiquette that consists of measures such as coughing or sneezing into the bend of the arm or a tissue that should be discarded immediately. Keep the home environment well ventilated; clean and disinfect with 70% alcohol, frequently touched objects and surfaces (bed headboard, remote control, door handles, cell phones, walking sticks, etc.); Maintain healthy eating and good fluid intake⁽⁷⁾.

It should be noted that social isolation can have an impact on mood levels, especially in elderly people who live alone, because of changes in life habits and social relationships due to family and friends distancing. Thus, it is important that nurses can propose to the elderly and their family caregivers: stimulation in performing playful, recreational, and physical activities of low impact, which in isolation constitute an intervention capable of promoting comfort and well-being. There are also options for activities to be stimulated: Television, Radio, Computer, Playing Games, Domino, Checkers Dancing; Crochet, Embroidery, Painting, Knitting; Reading

newspapers, magazines, books, crossword puzzles⁽¹⁴⁾.

Activities that stimulate leisure, creativity and new experiences gain prominence, such as: taking care of plants, organizing some room of the house, sharing video or photos of your daily life with those who are distant, making a video call with their family, watching the same movie with friends and then discussing about it, setting up a puzzle, making a list of places to visit after social isolation, attend an online music concert and visit a virtual museum⁽¹⁵⁾.

It is of paramount importance and a type of care for the elderly, the management of catastrophic thoughts, especially in a pandemic, in which society experiences social isolation / social distancing. These types of thoughts refer to trends in interpreting reality imagining the worst outcomes. One way to manage these thoughts is emotional management: identifying emotional states, identifying the thoughts that precede emotional states, tracking possible use of catastrophic lens, questioning catastrophic thoughts and reformulating thoughts in a more balanced way⁽¹⁵⁾.

In addition to measures with personal hygiene, objects and the like, the exercise of spirituality / religiosity is an essential care that can be stimulated in coping with the COVID-19 pandemic. Religious experience can be especially useful to deal with crises and traumas when individuals do not have other resources that can contribute to this support⁽¹⁶⁾.

Thus, watching online, masses, preaching, worship, prayers, etc., respecting the personal beliefs of each elderly person is a care to be encouraged and guided by the nurse. There is a need to expand the development of skills of older people to use technologies, aiming at information, communication and social participation⁽¹⁷⁾.

On the use of technology for communication, at the current moment of coping with COVID-19 infection, where social, physical, and face-to-face contacts should be avoided, many products are ordered online and delivered. Thus, as a preventive measure, it should be recommended that, in cases of delivery services, all packages are sanitized. In exceptional cases, such as going to the market, it is recommended to go during the least crowded time⁽¹⁸⁾.

Another management of nursing care refers to elderly people living with family members. If the latter have flu-like symptoms, they should immediately avoid contact with the elderly. The need for the elderly vaccination and their contacts is reinforced. Vaccination is the most effective form of prevention against influenza and its complications. The vaccine is safe and is considered one of the most effective measures to prevent severe cases and deaths from influenza. The constant change of influenza viruses requires global monitoring and frequent reformulation of the influenza vaccine. Because of this change in viruses, annual influenza vaccination is required. The vaccine is not effective against coronavirus, but protects against other types of influenza virus⁽¹⁹⁾.

In addition to the measures already mentioned, as a prevention measure, nurses can recommend to the elderly and family members: individualize towels, soap, cutlery, glasses, and dishes. Suspend visits opting for video calls, chats and phone calls. Keep at least one meter away from the person with the symptoms. Do not share beds. If possible, individualize the rooms. Sanitize bathrooms with sanitary water⁽¹³⁾.

The nursing team and the nurse should pay attention to surveillance in suspected cases of Covid-19. If the elderly has fever and cough, the clinical management consists of every 48 hours follow-up, by home visit with precautionary measures of contact or by telephone contact. In case the condition presents some new symptom, the guideline is to keep the elderly in an isolated and well ventilated room until the end of the symptomatic period, keeping respiratory hygiene and healthy habits related to feeding and hydration⁽¹³⁾. If clinical conditions worsen, the family will contact the health team immediately, which will make the relevant referrals⁽⁷⁾. Family members, collaborators and caregivers of the elderly should redouble their care with personal hygiene and house cleaning⁽¹⁸⁾.

In primary health care, it is recommended to maintain an updated map of mild cases of Covid-19 for active surveillance, which is the main management tool for prevention of community transmission⁽⁹⁾.

Caregivers are key elements in elderly people care at home, whether family caregiver and/or non-family caregiver (formal caregiver). Dementia is common in elderly population, and neurodegenerative diseases cause functional disabilities, which, in turn, generate dependence, and the caregiver is the most important person in the life of a dementia patient. At the pandemic moment, the caregiver should be instructed on preventive measures of contamination, both to the patient and to himself/herself⁽²⁰⁾.

In view of the various challenges posed by the COVID-19 pandemic, it is necessary to envision coping strategies and possibilities for actions with healthy elderlies and their family. In the professional sphere, online education platforms are highlighted, with several free online courses on Covid-19 theme, proposed by public and private educational institutions, as well as the Federal Government. In addition, several scientific journals have opened specific calls for the theme and published articles with various aspects involving the pandemic period⁽⁸⁾.

Nursing guidelines for elderly people at potential risk of hospitalization

The risk of developing incapacity increases in times of crisis, so the presence of acute processes that require hospitalization is a delicate moment for many elderly⁽²¹⁾.

Regarding specialized hospital care, it is important to consider that the effects of aging cause anatomical and physiological conditions that potentiate the emergence and development of respiratory problems. It is noted that the

connective tissues responsible for breathing are weaker, the elastic retraction of the lungs during expiration is decreased (elastic decrease of collagen and elastin), which requires the active use of accessory muscles. In addition, the alveoli have decreased elastin, develop fibrous tissue and contain few functioning capillaries. Vital capacity reduces and residual volume increases. As a final effect, there is a decrease in air exchange and accumulation of secretions in the lungs⁽²²⁾.

Still on the effects of aging, the different body temperature patterns can cover up fevers that often appear at atypical levels, which can confuse the evolution of a respiratory infection. In general, elderly people have a smaller physiological reserve margin and are less able to compensate and adapt to physiological changes, so infection is a problematic situation in these individuals. Signs and symptoms of pneumonia may be altered and severe pneumonia is possibly present without the evidence of symptoms⁽²²⁾. In people infected with COVID-19, bilateral pneumonia was commonly observed on imaging. In addition, other complications observed were Severe Acute Respiratory Syndrome (SARS), followed by acute cardiac injury and secondary infections⁽²⁾.

In this sense, it is essential to emphasize the nursing team attention in the care of the elderly with COVID-19: a) Suspect infection, when any abrupt, unexplained change is detected in the physical and mental function of the elderly, b) Observe carefully and record body temperature, because changes in the pattern of temperature in the elderly can cause little or no fever, masking, for example, a picture of pneumonia, c) Observe and record mental confusion, agitation and behavioral changes.

Ordinance No. 758, of April 9, 2020⁽²³⁾ defines the procedures for the mandatory registration of hospital admissions of suspected and confirmed cases of COVID-19 in public and private health facilities that provide services in *SUS*. Also, according to this ordinance, the mandatory registration will have at least the following information: I. The number of patients in ward beds and/or intensive care (ICU) with suspicion or confirmation of COVID-19; II. The number of hospital discharges (outflows) of patients suspected and confirmed of COVID-19; and III. Number of beds in wards and/or intensive care (ICU) available in the health facility available for COVID-19.

Considering the emergency organization of the health care network, researchers from UFRJ, UERJ and FIOCRUZ, jointly recommended in a Technical Note⁽²⁴⁾ the strategic adoption of three measures that seek to increase the speed of responses and decision-making based on evidence and, consequently, to ensure health care with greater safety and resolution, directed to the State of Rio de Janeiro. These three measures would be: Creation of a situation room: for monitoring, coordination of communication/ information and management of the demands of the health sector of the State of Rio de Janeiro); Articulation and interaction of actors and sectors: through

structuring the public and private health care network linked to *SUS*, in order to organize the provision of services to the population, with support from strategic sectors and class entities, in short, medium and long-term actions; Emergency Strategic Plan: for Health Care in the new coronavirus / COVID-19 pandemic. Essentially, the plan should include actions that answer the following questions: what, where, who and how, including financial resources.

In addition to the measures mentioned, it is worth mentioning the need for instrumentalization, training and specialization of health professionals to serve elderly clients, since it is a population group that requires targeted care, given its specificity and complexity of care. "The more remarkable the knowledge related to the aging process, as well as an attentive look at the situations and conditions valued by the elderly themselves, the better prepared Nursing professionals"⁽²⁵⁾.

FINAL CONSIDERATIONS

This study made it possible to reflect on the fact that bedridden elderly residents in communities are the high-risk group of this pandemic. Thus, it is understood that the efforts to contain the situation requires collective commitment and awareness of the population and the caregiver of the elderly. The act of staying at home is not only for one's own safety, but also for the protection of those who are most vulnerable. Thus, the articulation, efforts and appeals made by health professionals are fundamental for health promotion and not only helping to resolve comorbidities and recovery.

At this moment, it is also the duty of the State to welcome the population, considering the social determinants involved in the process of illness, especially those who are in a vulnerable situation, in order to minimize the damage. On the most vulnerable populations, there are real possibilities of this virus spreading, because they live in situations of agglomeration, without basic sanitation, among other problems. Therefore, public authorities should be required to formulate strategies to protect the most vulnerable groups.

It is necessary to emphasize the important role that Primary Health Care has in the organization of health services, with emphasis on its performance and design of strategies for coping with Covid-19.

Finally, in the context of the COVID-19 pandemic, although there is evidence that the elderly population, especially the frail elderly, are among the group at greatest risk, it is reinforced that there is a need for in-depth studies addressing, specifically, the implications of this pandemic in the health context of this population, as well as training professionals to work with these users.

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Email address:

Aline Miranda da Fonseca Marins.
Rua Afonso Cavalcanti, nº 275 - Cidade Nova
CEP: 20071-003 Rio de Janeiro/RJ -Brasil.
alinemiranda@gmail.com.