

**Child health nursing consultation through an extension project: profile of care****Consulta de enfermagem à saúde da criança através de um projeto de extensão: perfil dos atendimentos****Consulta de enfermería en salud infantil a través de un proyecto de extensión: perfil de las atenciones**

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**Objective:** to describe nursing care in an extension project aimed at children's health. **Methods:** descriptive study with a quantitative approach carried out in 2019, in an Integrated Health Care Center through nursing consultation and educational waiting room, by nursing professors and students, with the aid of two instruments (first consultation and follow up consultation). **Results:** 64 nursing consultations were held, 47 of which were first consultations. There was a prevalence of males (57.44%) and age group between 2 and 3 years (29.79%), mostly accompanied by the mother (81.25%). Twelve topics were discussed in the educational waiting room, with emphasis on body care, activities, preventive practices and food. **Conclusion:** the nursing consultation and the practice of health education in the waiting room showed awareness of nurses and the importance demonstrated by the community served, as well as the relevance of university extension projects.

**Descriptors:** Child; Child Care; Health promotion; Pediatric Nursing.

**Objetivo:** descrever os atendimentos de enfermagem num projeto de extensão direcionados a saúde da criança. **Método:** estudo descritivo de abordagem quantitativa realizado no ano de 2019, em um Centro de Atenção Integrada em Saúde através de consulta de enfermagem e sala de espera educativa, por docente e acadêmicas de enfermagem, com auxílio de dois instrumentos (primeira consulta e retorno). **Resultados:** realizou-se 64 consultas de enfermagem, sendo 47 delas primeiras consultas. Houve prevalência do sexo masculino (57,44%) e da faixa etária entre 2 e 3 anos (29,79%), predominância de acompanhante a mãe (81,25%). Foram discutidos 12 temas na sala de espera educativa, com destaque para o cuidado corporal, atividades, práticas preventivas e, alimentação. **Conclusão:** a consulta de enfermagem e da prática de educação em saúde em sala de espera mostrou sensibilização de enfermeiros e importância demonstrada pela comunidade atendida, bem como, a relevância de projetos de extensão universitária.

**Descritores:** Criança; Cuidado da Criança; Promoção da saúde; Enfermagem Pediátrica.

**Objetivo:** describir las atenciones de enfermería prestadas en un proyecto de extensión destinadas a la salud infantil. **Método:** estudio descriptivo de abordaje cuantitativo realizado en el año 2019, en el Centro de Atención Integrada en Salud a través de la consulta de enfermería y sala de espera educativa, por docente y académicas de enfermería, con ayuda de dos instrumentos (primera consulta y regreso). **Resultados:** Se realizaron 64 consultas de enfermería, 47 de las cuales fueron primeras consultas. Hubo un predominio del sexo masculino (57,44%) y del grupo de edad entre 2 y 3 años (29,79%), predominando la madre como acompañante (81,25%). Se discutieron 12 temas en la sala de espera educativa, con destaque para el cuidado corporal, actividades, prácticas preventivas y, alimentación. **Conclusión:** la consulta de enfermería y la práctica de la educación en salud en la sala de espera mostraron la sensibilización de los enfermeros y la importancia demostrada por la comunidad atendida, así como la relevancia de los proyectos de extensión universitaria.

**Descritores:** Niño; Cuidado del Niño; Promoción de la salud; Enfermería Pediátrica.

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## INTRODUCTION

**I**n Primary Health Care, the Nursing professional plays an important role in all stages of an individual's life<sup>1</sup>. As a member of a multidisciplinary team, they have important attributions related to health promotion and comprehensive care for individuals, and the nursing consultation is a necessary instrument to fulfill such attributions<sup>2</sup>.

Brazilian Law No 7,498, of June 25, 1986, establishes the professional practice of nursing, indicating the nursing consultation as a competence of the nurse, in which it follows the principles of universality, equity, resolution and integrality of health and is composed of the history of nursing, physical examination, nursing diagnosis, prescription and implementation of care and nursing evolution<sup>1</sup>.

When it comes to nursing consultations in childcare, it is known that there are some important subsidies for the potentialization of actions aimed at this target audience that go beyond techniques, but also aiming at valuing the understanding of this child and the necessary interventions when it comes to the family context<sup>3</sup>. It is essential that, during the consultation, the nurse pays attention to some aspects of the child, such as body language, behavior and bond with the person who is accompanying them. The data collected in conversation with the companion are essential to understand the child's context. After all stages of the consultation, the nurse can encourage the promotion of their development<sup>3</sup>.

A study shows that, during nursing consultations, nurses have broad knowledge, assessing child growth and development through anthropometric measurements and direct conversation with the companion, encouraging breastfeeding, evaluating and reinforcing the importance of vaccination and clarifying doubts<sup>3</sup>. The reduction of infant mortality, health promotion and prevention of injuries in childhood provide quality of life for the child, making it possible for them to develop according to normal standards<sup>4</sup>.

The child population has its specificities, requiring the nursing professional to have extensive knowledge and specific skills to serve this public, in addition to a comprehensive view of health<sup>5</sup>. One of the main difficulties in providing care to this population and the community it is part of is the unpreparedness of nursing professionals.

University extension has contributed directly to the training of professionals, as extension experiences induce social responsibility, commitment to the community, going beyond technical learning and encouraging care and comprehensive training with teaching and research actions that are correlated<sup>6</sup>.

Extension projects developed by universities execute action plans prepared by professors and with the collaboration of students, allowing participants to have a critical,

reflective and scientific perspective. They reinforce teaching and learning practices with direct contact with the community and show that educational practices change according to reality, causing students to change according to their area of expertise<sup>6</sup>.

Health education involves practices that bring the population closer to scientific knowledge related to care for their health and general well-being, providing a comprehensive search for the community when related to their individual needs<sup>2</sup>. And, with the opportunities that the university can offer, through extension projects, it is possible to know the reality of the community, as well as its needs, for the planning and execution of educational and informational works, as well as the improvement of the assistance provided to this population, with the aim of adding knowledge to both parties<sup>6</sup>. For this, this study aims to describe the nursing care in an extension project aimed at children's health.

## METHODS

This is a descriptive study with a quantitative approach, which allows knowing the characteristic traits of the studied population through the collection of a series of information, and, after organizing these data, it is possible to describe the facts and phenomena of reality<sup>7-8</sup>.

The study site is located in the municipality of Uberaba, in the state of Minas Gerais, Brazil. The Center for Integrated Health Care (CAIS) is a support center for Primary Health Care, whose function is to integrate teaching-service for training. It is a place to promote integrality and humanization in care, implementing differentiated assistance technologies in the areas of child and elderly health, administrative and planning meetings and, in addition, there are integrated academic programs<sup>9</sup>.

This study presents data from the extension project "*Nursing in Health Promotion and Prevention of Childhood Illnesses*" (Registration and approval number in SigProj 108121.324327.1589.319495.25072019) contained in the collection instruments after May 28, 2019, when the linked research project was approved by an Ethics Committee for Research on Human Beings (CAAE: 08880819.0.0000.5154; Approval opinion number: 4.113.348).

This extension project had the collaboration of four academics who had already attended the seventh semester of the undergraduate course in Nursing, since it is the semester in which the disciplines related to child health in their different scenarios are taught, under the supervision of the coordinating professor. The consultations took place on Thursdays from May 28 to December 5, 2019, from 1:10 pm to 6:00 pm, and could go until 7:30 pm, depending on the complexity and number of cases.

The project activities were divided into two: nursing consultation and educational waiting room. The nursing consultations were carried out by the professor and two academics, while the other two carried out educational activities in the waiting room. Two instruments were used as a basis (first consultation and follow up consultation) based on Wong & Hockenberry<sup>13</sup>, which were validated by a committee of specialists in the area and are in the final validation phase (field study) so that other nurses can also use these valid and reliable instruments.

The variables studied were: age; sex; companion during the consultation; number of consultations, being the first consultation, first and second follow up consultation; main complaints and changes found during care, such as history, cephalocaudal physical examination and assessment of the children's growth and development; conducts (nursing care) and referral to specialties.

In the city considered in the study, there is no specific protocol and definition of a theoretical methodological framework for the nursing consultation in child health (childcare). Thus, each nurse develops the consultation with the methodology they have the most domain, which is often limited only to verification of anthropometric data. Here, in the work to be presented, the recommended basic steps were contemplated: history/anamnesis, physical examination, detection of problems, care plan and educational actions.

The data contained in the children's attendance records were entered into a document in the Microsoft Excel™ program. Double typing was performed by participating academics to reduce the possibility of errors during data organization. For the analysis of these data, descriptive statistics was used, which consists of organizing, summarizing and describing the information collected to better understand the important characteristics of the studied population<sup>7</sup>.

## RESULTS

### *Nursing Consultations*

There were 64 nursing consultations, 47 of which were first consultations. There was a prevalence of males (57.44%) and aged between 2 and 3 years old, corresponding to 29.79% of attendances, as shown in Table 1.

During the consultations, measurements of height, head and chest perimeter, and weight were performed. Two children showed alteration in height, following the growth and weight curve provided by the Brazilian Ministry of Health (MH) in scores by age and sex, being greater

than expected for their age. One child was overweight. None of the children presented alterations in the cephalic perimeter.

**Table 1.** Profile of care provided at the Integrated Health Care Center, according to sex and age group. Uberaba, MG, March to December 2019.

Characteristics	No	%
<b>Sex</b>		
Female	20	42.56
Male	27	57.44
Total	47	100.00
<b>Age</b>		
<1 year	5	10.64
1 to 2 years	10	21.27
2 to 3 years	14	29.79
3 to 4 years	8	17.03
>4 years	10	21.27

The main complaints of consultations were: routine consultations (25); difficulty in introducing fresh foods into the diet (8); ear pain (4); nodules (3); speech difficulty (2); sore throat (2); constipation (2) and flu-like symptoms (2).

There was a predominance of first appointments in 73.44% and of companions, 81.52% were mothers, according to Table 2.

**Table 2.** Services performed at the Integrated Health Care Center, according to the number of appointments and companions present. Uberaba, MG, March to December 2019.

Characteristics	No	%
<b>Consultations</b>		
1 <sup>st</sup> consultation	47	73.44
1 <sup>st</sup> follow up appointment	15	23.43
2 <sup>nd</sup> follow up appointment	2	3.13
<b>Total</b>	<b>64</b>	<b>100.00</b>
<b>Companion</b>		
Mother	52	81.25
Grandmother	5	7.81
Father	4	6.25
Aunt	2	3.13
Neighbor	1	1.56

There were 14 referrals to other health professionals, ten of them for follow-up with the service's family health doctor. Regarding the clinical findings, 21 male children had non-retractable foreskin. Type I urine tests were requested; fecal parasitology and complete blood count for 37 children. Three children had parasites in their stools and were referred for follow-up consultation with the family health doctor. None of the children presented alterations in the urine tests and blood count.

In view of the findings during the history and physical examination, nursing actions were taken. Thus, the companions were instructed to try to negotiate with fresh foods instead of the

consumption of ultra-processed foods, and gradually reduce the offer; increase water intake; use the steam from the shower and wash the nose with 0.9% saline solution to fluidize secretions; and humidify the environment with a towel with water in a bucket or a basin due to the dry weather characteristic of the municipality and to avoid drowning accidents; encourage going to the toilet so as not to retain urine; gently retract the foreskin for hygiene during bathing; and the importance of an up-to-date vaccination record.

Regarding the requested exams, the person in charge was instructed on the proper way to conduct the collection and return to verify the results. When parasites or alterations were present, the children were referred for follow-up with the family health doctor for specific conduct.

### ***Activities in the Educational Waiting Room***

The themes addressed by nursing students in the educational waiting room were developed in a playful way and are presented, with their respective proposals, in Chart 1. The activities had the active participation of children and their companions.

**Chart 1.** Activities carried out in an educational waiting room at the Center for Integrated Health Care and their proposals. Uberaba, MG, March to December 2019.

<b>Themes</b>	<b>Proposals</b>
Personal hygiene	Show the importance of comprehensive hygiene: hair; body; genital region and nails. Addressing concepts of pediculosis, what it is and how to avoid it. Show the importance of hand washing.
Care with body	Show the importance of not leaving the genital region on display. React negatively when touched by strangers.
Children's rights and duties	Introduce the rights and duties of children.
Healthy eating	Show the foods that should be avoided. Introduce fresh foods. Warn about ultra-processed foods.
Physical activities	Encourage games like: "dead and alive"; "hide and seek"; "dodgeball"; "tag".
Prevention of childhood accidents	Show through images the main causes of accidents in each age group.
Prevention of domestic accidents	Present, through illustrations, the main rooms of the house that pose a greater risk to the child and in which age group. Warn about the importance of leaving sharp objects, cleaning and flammable products out of the reach of children.
Prevention of childhood burns	Illustrate items that cause the most burns and their particularities by age group due to the celebration of the World Burns Awareness Day.
Playing	Encourage play with other children to use imagination and creativity.
Oral hygiene	Illustrate for children through materials and brush made from stationery material how to remove dirt from teeth with brush and dental floss. Show the importance of brushing after each meal.
Feelings	Ask about feelings for the child. Demonstrate illustrative figures that refer to affection.
Memory game	Approach all themes in an illustrative way, for better understanding.

## DISCUSSION

Extension projects can bring nurses closer to the community in which they work, in addition to expanding their autonomy in relation to actions involving child health care in terms of health promotion, disease prevention, treatment and health recovery in the context of primary care<sup>10</sup>.

There was a prevalence of males in the consultations (57.44%), which differs from a study carried out in a UBS, in the city of Rio Grande, Rio Grande do Sul, Brazil, between 2005 and 2008, with data from 96 children under one year of age, in which 53% of the children assisted were female<sup>10</sup>. The greater number of consultations in boys may be related to the repressed demand of this population in the service in question<sup>11</sup>.

The age group that most attended consultations was 2 to 3 years old, and the first consultation represents almost 74% of all consultations. One of the implications for not returning was, apparently, not having a significant or altered clinical finding, and making an appointment for the following year. Children with relevant clinical findings were referred according to their need for more active follow-up. Children scheduled for 2020 did not attend consultations due to the world's health scenario in the following two years, which made follow-up consultations in basic health units impossible.

A documentary research with data sources from Brazil and Portugal showed that, in both countries, there was a vulnerability in the monitoring of children in childcare consultations in primary care imposed by sanitary conditions. As much as the moment of restriction was to contain the viral spread, it exposed children to illnesses due to preventable causes and to the worsening of pre-existing clinical conditions<sup>12</sup>.

The difficulty of introducing fresh foods into the diet was the main complaint. The family in general is the main reference in feeding practices for children, being responsible for offering different types of food<sup>14</sup>. At the beginning of a child's life, nutritional factors influence weight gain more than environmental factors, and it is essential for health professionals to provide correct guidance on food introduction and warn about the risks in the development of childhood obesity. In Southern Italy, there is a prevalence of childhood overweight and obesity, the highest in the country, which highlights the need for educational measures and a careful reassessment of the recommendations given to family members during this time of food introduction<sup>15</sup>.

The HM provides the food guide for Brazilian children under two years old, and it is in this age group that the child is selective about foods, so it is recommended to offer the same food eight to ten times so that the child tastes it and feels get used to the different textures of

existing foods<sup>14</sup>. Health professionals should positively reinforce the guidelines present in the guide, such as: proper cooking; food texture; number of times food should be offered and introduction in each age group, explaining how important it is for proper growth and development<sup>1</sup>.

In a survey, carried out in a Family Health Unit from 2012 to 2016, in a municipality of the state of Pernambuco, with the medical records of 84 children under two years of age who underwent the Nursing consultation, the main complaint found was in relation to respiratory problems (40%), with a predominance of the common cold (48%) and productive cough (39%)<sup>16</sup>, which differs from the results of consultations carried out in this project. Nurses' actions aimed at treating childhood injuries to resolve these health problems show the need for consultation in childcare to be carried out in an integral way, seeking to avoid gaps and fragmentation in the care process for these children and, therefore, not impair assistance<sup>9</sup>.

In all nursing consultations, the physical examination was performed cephalocaudally, anthropometric measurements were taken and noted on a chart provided by the Ministry of Health, which is present in the child's booklet, to monitor growth and development. A survey in which the development of 69 children under five years old, from a Family Health Unit, located in Mexico, between March 2018 and November 2019 was evaluated, revealed that nine children had delay in child development and 11 children were at risk for developmental delay. These results show the importance of monitoring and evaluating children under five years of age, given the considerable proportion of children with developmental disorders<sup>17</sup>.

In turn, in an integrative review, from May 2016 to March 2017, it was found that one of the child follow-up actions most performed by nurses in primary care services is the anthropometric assessment, with verification of weight, length and head, chest and abdominal perimeters<sup>9</sup>. The rigorous recording of these parameters and the follow-up of children are essential to improve the quality of care provided, with a view to providing adequate and healthy growth and development<sup>18</sup>.

According to the Brazilian Society of Urology, 97% of boys are born with phimosis, or non-retractable foreskin. At 3 years of age, the estimate is 10% and in adolescence this number is 1 to 3%. One of the main complications that the non-retractable foreskin brings is the difficulty in local hygiene, which can cause local and urinary infections. In most cases, there is spontaneous improvement. When this does not occur, the use of ointments is indicated by the specialist and in about 80% there is no indication for surgery<sup>19</sup>.

In 81.25% of the consultations, the companions who attended the consultations with the children were the mothers, followed by the grandmothers. The participation of family members



in child health care should be encouraged by professionals in order to encourage dialogue, exchange of information and provide better care for this child<sup>20</sup>. In addition to making companions aware of the importance of nursing consultations and regular follow-up in consultations to promote child health care.

In addition to the nursing consultation itself, the waiting room was used to present themes that were common in childhood and that could complement what was done in the office. The waiting room can be a welcoming and humanized environment before the service, giving space to the community to express their real needs to health professionals who are carrying out health education actions, enabling a potentiating exchange that helps in care. The activities carried out in the educational waiting room are aimed at health promotion and disease prevention, providing comprehensive care<sup>21</sup>.

The waiting room, when transformed into an educational space, goes beyond the transfer and transmission of knowledge, as it can enable the exchange of knowledge between professionals and the community. The space is a potentiator for clarifying concepts and encouraging a new lifestyle that must always be taken into account their needs and particularities<sup>5</sup>.

Considering the pandemic context, a profile was created on the Instagram™ social network to disseminate information related to the child's health theme for parents, guardians, health professionals and the community, in which it helped and expanded the project during this period<sup>22</sup>.

## CONCLUSION

In addition to the profile of the services described, the importance of carrying out extension activities is highlighted, as it shows in practice how necessary the professional/community bond is. It is also observed that, for a continuous service, the professional needs to understand the user's social context, with a view to solving their needs.

The COVID-19 pandemic, declared in March 2020, made it impossible to continue extension and face-to-face research projects at universities, causing researchers to reorganize and implement projects in a different way with the aim of offering health education practices to community.

The present study has some limitations, such as its descriptive character and the local setting, which compromise its generalization to other contexts, as well as the non-attendance of the children in the return visit, causing the continuity of care to be interrupted, and,

consequently, the data of these services could not be part of this work. This fact may also be related to the high demand for first appointments.

At the same time, this work contributes to raising the awareness of nurses and the community about the importance of carrying out a comprehensive nursing consultation and health education actions in the waiting room for the promotion of health and prevention of injuries in childhood.

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**Raquel Pan** contributed to the design, data collection and analysis, writing and proofreading. **Isabella Luiz Resende**, **Maria Júlia Lodi de Lima** and **Marija Antunes** collaborated in data collection and analysis, writing and proofreading. **Marcos Guilherme Lemos Ribeiro** and **Josiane de Pádua Arantes** participated in the writing and proofreading.

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