ABSTRACT

Objective: classifying, according to expert nurses, levels of complexity lower, middle and higher of problem situations of patients with chronic encephalopathy. Method: a descriptive study with a qualitative approach, case study type. There were used as primary source records of 40 patients with chronic encephalopathy of a Health Institution of Rio de Janeiro/RJ, specialized in caring for people with special needs. The research project was approved by the Research Ethics Committee, CAAE 05730012.0.0000.5243. Results: there was a predominance of patients classified as of higher complexity (55%), middle complexity (25%) and reduced complexity (20%). Conclusion: in the opinion of expert nurses would be important not only to identifying an isolated nursing care, but the set of elements/aspectos in the context of problem situations. These showed that the independence, openness, cooperativeness, ability to support the patient during care and family support also influence the level of complexity. Descriptors: Nursing; Chronic Encephalopathy; People with Disabilities.

RESUMO

Objetivo: classificar, de acordo com os enfermeiros peritos, os graus de complexidade menor, médio e maior das situações problema do paciente com encefalopatia crônica. Método: estudo descritivo, com abordagem qualitativa, do tipo estudo de caso. Foram utilizados como fonte primária 40 prontuários de pacientes com encefalopatia crônica de uma Instituição de Saúde do Rio de Janeiro/RJ, especializada no atendimento às pessoas com necessidades especiais. O projeto de pesquisa teve a aprovação do Comitê de Ética em Pesquisa, CAAE 05730012.0.0000.5243. Resultados: houve predominância de pacientes classificados como de maior complexidade (55%), de média complexidade (25%) e de menor complexidade (20%). Conclusão: na opinião dos enfermeiros peritos importante não seria apenas a identificação de um cuidado de enfermagem isolado, e sim o conjunto de elementos/aspectos no contexto das situações problema. Estes mostraram que a independência, receptividade, cooperatividade, capacidade de auxílio do paciente durante os cuidados e o apoio familiar, também influenciam no grau de complexidade. Descriptors: Enfermagem; Encefalopatia Crônica; Pessoas Com Deficiências.

ORIGINAL ARTICLE

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SITUAÇÕES PROBLEMA E OS GRAUS DE COMPLEXIDADE NA PRÁTICA ASSISTENCIAL AO PACIENTE COM ENCEFALOPATIA CRÔNICA

SITUACIONES PROBLEMÁTICAS Y LOS NIVELES DE COMPLEJIDAD EN LA PRACTICA DE ATENCIÓN MEDICA A PACIENTES CON LA ENCEFALOPATÍA CRÓNICA

Patricia Osório Pereira1, Gisella de Carvalho Queluci2, Tereza Cristina Felippe Guimarães3, Ana Karine Ramos Brum1

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INTRODUCTION

Chronic non-progressive encephalopathy of childhood (EC), also known as Cerebral Palsy, is a set of motor manifestations resulting from a brain injury sustained during the maturing period of the central nervous system, and so are non-progressive disorders of posture and movement. It is a non-progressive disease; however, although the neurological lesion is static, the musculoskeletal complications change throughout life, resulting in sequelae, such as orthopedic deformities, changes in muscle tone, joint degeneration, difficulty to controlling seizures, spasticity, changes in postural tone, osteoporosis, fatigue and pain.1-4

These sequels usually manifest with specific patterns of posture and movement, which can compromise the functional performance and become a major cause of the affected disabilities causing physical and/or mental impairment resulting in a problem situation (SP) that will vary the complexity of the patient in daily care practice.6,7

Problem situation is conceptualized as a set of circumstances of spatial and temporal reality that compromise the health of the individuals, groups or communities and whose sphere befalls the meeting of the nurse with its patient, and that can change the complexity of the affected individual.7

In the hospital setting, it is observed that the SP and its level of complexity can be covered in terms of nurse-client encounter, since nurses usually providing care, emerge with difficulty on determining a proper conduct in relation to the specific conditions and affected aspects, or opposite to the levels of complexity: lower, middle and higher - in situations involving the problems of patients with special needs.5,7

It is worth noting that situations differ, sometimes, regarding the level of complexity not only because they are related to the symptoms of the patient, but also by the amount of trouble in the dimension of elements present in the context of which occur around this individual, these elements, perceived practical experience and give meaning to the situation of problem nursing covered up, as clinical care situation that embraces this patient, with a certain degree of complexity, influencing clinical practice.6

It is believed that this study will provide grants for clinical practice of nurses, due to the importance of this topic for the daily life of these professionals once, rethinking leads to the development of care initiatives for people with disabilities to be observed in exercising the profession.

Given the problems exposed, the following questions were raised:

Which elements or conditions underlie the situations problem of patients with chronic encephalopathy in order to determining a level of lower, middle or higher complexity?

As this complexity is defined by expert nurses (EP) from problem situations described?

To answering these questions, the following objectives were defined:

- Classifying, according to expert nurses, lower, medium and higher levels of situations problem of patients with chronic encephalopathy complexity;
- Analyzing the level of complexity of problem situations and the influence of nursing care.

METHOD

The present study was extracted from the dissertation << Manual guidelines and basic nursing final care from the complexity of problem situations of patients with chronic encephalopathy >> School of Nursing Aurora de Afonso Costa/MPEA/EEAAN/UFF, 2012-2014.

It was used in the research the methodology of resolution of problem situations 6 having as proposal to giving continuity to the doctoral thesis, presented at Program of Postgraduate in Nursing Research of the Anna Nery School of Nursing at the Federal University of Rio de Janeiro-EEAN/UFRJ, based on a study on the classification of nursing situations by levels of complexity - lower, middle and higher - involving hospitalized patients based on the perspective of the nurses’ diagnostic.7

This is a descriptive study with a qualitative approach, of case study type, conducted in a Philanthropic Institution of Health of Rio de Janeiro/RJ, specialized on care for people with special needs. The theoretical framework used was Virginia Henderson, which discusses the needs of primary care nursing.8 For data collection it was used as primary source 40 records.

Inclusion criteria were: the records of hospitalized clients with confirmed diagnosis of EC. Charts of patients with CS who came to death were excluded. The data collection
period was from September to November 2012.

Four expert nurses participated in the selection (EP) determining the level of complexity of SP. The selection criteria of the expert nurses were: having a master's degree or doctorate in nursing and articles in the area of Fundamental Nursing and/or Nursing Assistance Systematization.

Initially, came into contact with the director of the institution, whose purpose was to obtain authorization to accessing the information contained in the medical records of patients. Then, the researchers followed the steps: the first step consisted of an instrument to be completed by the researcher through observation in the data collection scenario. There were first described 40 SP subtracted from medical records and later were checked and/or described the nursing problems of each. This instrument shows the major nursing problems highlighted by the author, and was also used as a guide for observation and field diary.

The second stage included questionnaires to be delivered to expert nurses to identifying the level of lower, middle and higher complexity, from the SP found. For the degree of agreement between the responses of the EP, it established the following criteria: minimum of three experts agreed with the same degree of complexity of SP. With the tools (and the notes of the researcher) triangulation of data was performed.

In a third step, we detailed some specific factors, the instrument related to nursing problems with patient conditions, which may be found as the clinical picture and vary according to the complexity of the SP. For example: for hygiene and physical comfort, it is important to note: related to good or poor hygiene of the patient is bedridden or aspect is independent of aid for self-care, it performs the activity and mobility in bed, among other specific conditions, and which nursing care they need.

It was maintained the anonymity of the expert nurses, being identified by the letters “EP” with the numbering, as for example: EP1, EP2, etc. Data analysis was used to follow the content analysis of Bardin.

We emphasize that the construction of data only started after project approval by the Research Ethics Committee (CEP) of the Antonio Pedro University Hospital (HUAP/UFF), registered under number CAAE: 05730012.0.0000.5243, of the Confidentiality Agreement and the Term of Consent. Been complied the criteria laid down by Resolution No 196/96, of the National Health Council, insuring the rights and obligations with regard to the scientific community and the information of the subjects of research.

Results are shown considering the characteristics of research participants being constituted a single category:

Problem situations of lower, middle and higher complexity in patients with EC and the influence of nursing care.

In this category, the expert nurses spoke about the classification of levels of complexity in hospitalized patients with EC. Considering the content expressed in their testimonies, grouping into 3 subcategories, as shown below:

![Figure 1. Percentage of classification of complexity levels.](image-url)
Regarding the classification of levels of complexity, figure 1 (one) shows the lower, middle and higher percentage according to the analysis of expert nurses. From figure 01 it can be seen that the observed 40 SP, 22 (55%) were classified as higher complexity, 10 (25%) as middle complexity and 08 (20%) as lower.

- **Subcategory 1 - Situations problem of lower complexity in patients with Chronic Encephalopathy and the influence of nursing care**

Data presented in Figure 1 integrates relevant information about the studied sample, which features on the percentage of SP of lower complexity with 08 (20%), constituting the minority, being classified by the EP as those in which patients are quiet, lucid and oriented in time and space or partially oriented; have preserved their individual needs, are receptive, perform verbal or non-verbal communication, roam with or without assistance and/or move around with wheelchair, may have mobility limitations, collaborate with the nurses in their own care, making meals alone and/or with assistance, bathing with or without assistance and/or under supervision, have family support and have conditions to study. Some patients have seizures and hypertension.

**Considered of lower complexity, because it depends minimally of nursing. (EP1)**

**Patient is quite independent in most activities of self-care. (EP2)**

These data are reinforced by the theory of Henderson that the nurse should stimulate and encourage the patient so that he acquires as much independence as possible. Impaired or absent motor function beyond the limitation to physical activities should not act as a useless factor in the life of the person with EC.

A selection of some activity is important for self-esteem, for thought and depends in most cases, the sex of the patient, his age, intelligence, experience, and predilections mainly depend on your general condition or the severity of their disease, as well as the taste that he feels the exercise and the arts, the existence of company resources for recreational activities.

**Human thought is sometimes very limited, not because it has insufficient information, but because it is not able to sort the information and knowledge, hindering communication.**

The following statement emphasizes not only the fact that the patient is responsive, communicative, as well as the importance of family, aiming at all.

**It is responsive, carries out basic activities without assistance and receives family assistance (EP4)**

Another important aspect to be emphasized is that it is the cooperativeness and communication with the nursing actions reduced the complexity of the situation. The patient interacts better and allows you to understand its needs when you receive support from family, being of great importance it to be present.

The nurse also has pedagogical training that promotes interaction between the patient and the family. We note that, in the aid relationship, the nurse uses both nursing their general knowledge and the specific situation in question as technical procedures and especially himself, as a therapeutic tool. In aid relationship, it is believed that the nurse manages an environment where individuals feel peace and confidence to express themselves, because the goal of the helping relationship is to give the patient the ability to identify, feel, and know how to choose decide whether to change.

In turn, the fact that they have to study clinical conditions was pointed out by one of the EP for the patient points to be considered less complex, because to live with other colleagues, learn to interact and become more receptive, benefiting the emotional part.

**The patient is quietly studying in a Municipal school in a special class. (EP3)**

Education is fundamental to the treatment, as it helps in preserving the social side of these people. Law No. 7.853, of October 24th, 1989, establishes general standards which ensure the full exercise of individual and social rights of persons with disabilities, and their effective social integration, as well as the inclusion in this education system, special, private and public schools.

Data related to education and formal insertion in schools for disabled in long-stay institutions demonstrate a large percentage (81,3%) were illiterate. Part of this high percentage is explained by the severity of cases, the lack of specialized schools or professional for this type of clientele, transportation difficulties and a not effectively safeguard the inclusion of this group in the formal school system; however, despite laws further establish the individual and social rights of people with disabilities,
impressive considering that education aims to impart knowledge that is blind as to what is human knowledge, their devices, diseases, difficulties, tendencies to error and illusion, and do not worry to make known what is known. 16

Subcategory 2 – Middle complexity problem situations in patients with Chronic Encephalopathy and the influence of nursing care

From Figure 1, we observe that the percentage of SP middle complexity was 10 (25%), being classified by the EP as those in which the patients are also quiet, though alternate with moments of agitation, partially oriented or disoriented, partly depend on the effectuation of nursing care, unable to walk or roam with aid, have abnormal movement patterns, shortening and/or deformity, impaired communication and/or do not speak, hygiene, assistance with bathing and feeding, have difficulty falling asleep, generally have poor financial conditions, requiring careful attention to their basic human needs and hospitalized client. In addition to presenting these and other specifics as postoperative use of cystostomy, a peripheral venipuncture, have other associated diseases such as: hydrocephalus, seizures, hypertension, etc. They need more aid from nursing, clients who present the most risk to their own condition and also to effectuation of care.

Considered of middle complexity because it depends on the Nursing without, however, being in serious health conditions. (EP1)

Partially dependent patient to perform self-care activities, because although voice, need aid to feed and maintain hygiene. (EP2)

Partially depends on nursing and receives a supportive family. (EP3)

It was noted, also, that addiction for the basics of food and hygiene, besides other associated diseases such as hydrocephalus and hypertension influenced the patient to be considered of medium complexity. However, the EP show that despite needing more help nursing and expose associated diseases, have positive points as the ease in communicating not be serious health conditions, in addition to family support.

As regards the lack of motor/dependence coordination and other diseases in general increase the functional deficiencies are however while the child care facilities, and the forms of ergonomic adaptation, such as seats, bathtubs, are more accessible. However, when adults become heavier and the difficulties increase. The market adapted equipment is also limited and when they offer these equipments having high cost and difficult accessibility, increasing the complexity of the patient. 17

The imperative of complexity is to think through an organizational form, which was considered beyond the complications associated with the patient to understand that the organization is not just some principles of order. We observed that the organization of nursing planning should be carried out from which emerge the problems related to a given nursing situation, since there is no way to establish rules on professional actions of nursing care according to the well-being of the patient and family. 9

The family also appeared as one of the elements that permeate the SP will help to determine the degree of complexity. The strong family bond with parents favors the patient, since it makes it more receptive and happy. The family is a social force that has influence in the determination of human behavior and personality formation. It can be defined as an insert in the immediate community and wider society significant social unit. And interdependent, that is, the relationships among family consisting influence each other, and any change in this direction will play arising influence on each member individually or the system as a whole. 18

Thus, it is necessary that the family establishes knowledge about the special needs of their children, as well as builds coping patterns of feelings and needs of each Member and of the group as a whole, in decision-making and in seeking resources for their well-being. It is essential that nurses also develop healthy and respectful interpersonal relationships, which will lead to greater efficiency in achieving their goals. 10

Health professionals, especially nurses, need to develop the ability to understand the complexity of being a family of people with disabilities, seeking to strengthen and facilitate the emotional bond from birth, as well as stimulate and empower the family to enable growth and development of this family, and assist in the communication process. 19

Somehow, verbal or non-verbal communication is also an important factor throughout the process of caring for hospitalized poor, where there is much proximity and the “touch.” Orientation to the patient about the whole procedure to be performed, as well as all is happening around them (environment and actions involved), where the nurse often needs to understand...
their expectations and anxieties feelings in order to identify the needs to be met. 7

The various ways to expressing themselves by themselves are also scents for the “art of care” [nursing care] as well as to maintain good quality care, since they are linked to ways to show affection, to be present entirely and appreciate others. 20

Nursing requires that the individual is affected by age, cultural background, emotional balance, and their physical and intellectual capacity. This set of factors must be taken into account when assessing the nurse about the customer needs help. 8

Through established communication with the client, the nurse can understand it as being holistic, and understand their world view, that is, his way of thinking, feeling and acting. Thus, you can understand the needs of the patient and thus provide adequate care to minimize their suffering. In this process, communication occupies space and irreplaceable if it is not effective this assistance becomes failure. 21

♦ Subcategory 3 – Problem situations of greater complexity in patients with Chronic Encephalopathy and the influence of nursing care

In this category, it was found that there was a predominance of patients with CS of greater complexity 22 (55%) which are classified by the EP as those in which patients manifest with various difficulties and increased risk margin, which requires the support of specific theoretical knowledge of the nurse. Features on your medical condition confusion, disorientation, do not walk, speak, need help to feed and perform hygiene, have difficulty falling asleep even with medication, are emotionally unstable and may become aggressive, requiring constant surveillance, and do not have family ties, noting abandonment. Usually also have visual or hearing disabilities associated deformity in upper, lower or both, hypertension, seizures, obesity, dyspnea, among other members. These patients require multiple nursing care.

For the EP, besides considering the dependency to activities of self-care, it has also expressed concern because they are emotionally unstable, risking hurting themselves or someone else, beyond the compromised sleep and rest.

Of higher complexity because of his clinical suggests a greater need for nursing care. (EP1)

Nursing-dependent patient to perform self-care activities and has risk of injury. (EP2)

The individual who is on full health is free to keep track of the environment in which he lives or modify it when you feel that there is some danger, however the disease can deprive him of that freedom. For the patient confused, disoriented, delirious or psychotic, with protection from the dangers that surround them, can become a very complex problem, since he has no awareness or control what you do. 8

Studies say that from the moment in which people with disabilities were admitted to the institution, began to experience an emotional overload that cannot be minimized, because the two considered very stressful situations: deprivation of coexistence with their families and/or caregivers, different environment and adaptation to the rules governing the institutional life. 14,22

Many are the difficulties experienced by disabled people in the period of adjustment to institutional life. Often signs as intense crying and/or continuous, social withdrawal, aggression and agitation behaviors occur, describes how can be multiple and severe damage to the biopsychosocial development, especially when the institutionalization occurs for too long, as is the case most neurologically considered more complex. 22

One study showed that there is a delay in the development of perceptual-motor institutionalized people with disabilities compared to non-institutionalized. The superiority of non-institutionalized could be related to emotional and material security resulting from the presence of relatives and a stimulating environment, which seems to be a necessary condition for a good perceptual-motor development and learning of these subjects. 24

Another study shows that although children are in shelter situations, susceptible to factors in the social environment and stress, the area was the social function that had greater weight in most cases, even in the most severe cases of EC. 23

The teachings on media safety should also be part of the curriculum of every nurse. The better the nursing service offered to the patient, so the smaller the necessary measures of physical coercion, causing tension and stress, and to the extent possible should be avoided. 8
Another listed problem is the activity of sleep and altered sleep. Sleep is one of the mysteries of life and the individual has the necessary and right up to the day he is prevented this natural act of the senses. The lack of rest and sleep are one of the causes, as well as a manifestation of disease. The dependence on sleep medications, it becomes acceptable to many people who are unable to do it naturally.³

The rhythm of sleep, when changed, brings numerous health hazards such as stress, nervous tension, hypertension, etc. In Symposia on the subject, has been discussed as the search for alternatives that do not require medication; however this issue is still a challenge for scholars. The nurse, however you can opt for other methods to induce patients to sleep and rest, as the reduction of irritating stimuli such as sounds, smells and unpleasant scenes, famine relief, soft and harmonious songs, among others, before resorting to prescription drugs.⁸

Another concern of the EP as well as a greater reliance on nursing, and is familiar with the financial aspects, as shown in the statement below:

Total dependency of nursing, financial hardship and family abandonment. (EP3)

It can be observed that the EC has a dark prognosis, lead the carrier to limitations in daily activities and dependence in most cases and many families show both financial and psychological difficulties to care for the child and or family, been seeking admission to specialized institutions. ¹⁷

Another aspect to be considered is that many families have a situation of particular vulnerability, for different treatments and special care they need are expensive. Moreover, often need to be managed throughout the life of people with EC. And national laws and international conventions are clear: the rights of persons with disabilities cannot be violated. It is the duty of the State to assuring them and to supporting the family that has care conditions and treatment for their children with disabilities;¹³ however, studies show that the lack of material resources of the family or guardian appears as an important reason for demand admission. These same surveys show that for a third of people with disabilities, their universe is reduced to the institution. The poverty of the family, as well as various other associated factors shall justify institutionalization and not the temporary shelter, as established by law. Also denotes the fate of those clients who lose family ties, and that will be established as a candidate for the "perennial institutional confinement".¹³

Faced with so many injuries, leads us to think that the way the nurse face complexity in SP is in thinking, reasoning, around strategies that will advance the nursing problems. The complexity attracts only through strategy and the strategy we can move forward in right and random. Therefore, the path of complex thinking is fundamental to understanding the articulation of identified and understanding/discrimination of all situations of nursing needs.⁹

CONCLUSION

There was a predominance of institutionalized patients with EC of higher complexity, due to the dark prognosis, which leads to limitations in daily activities and total dependence on care.

The expert nurses also, when classifying the SP, the conditions that underlie these hospitalized patients, associated social factors such as communication, difficulties in family relationships, swinging visits, abandonment and the precarious financial situation, influencing the degree of complexity. Families showed both financial and psychological difficulties to care for the child and or family, came to seek admission in specialized institutions, often resulting in abandonment, also raising the level of complexity.

There is the need to seek individuality in the histories of each patient, aiming to understand their specific care and, as a result, able to delineate their actual demands. Nursing acts directly on patient care, so the partnership between the patients, family and nursing are keys to success in planning a quality care. This means integrated and responsible commitment among all stakeholders commitment. Another aspect to be commended is that even if the sample is not representative for the whole population of hospitalized patients with CS, the results are consistent with the literature and raises as the need for developments and strengthening lines of research on this subject in nursing, since it is still so little attention graduation.

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