



INTERDISCIPLINARY CARE TO PATIENTS WITH PRESSURE ULCERS O CUIDADO INTERDISCIPLINAR AO PACIENTE COM ÚLCERA POR PRESSÃO EL CUIDADO INTERDISCIPLINAR AL PACIENTE CON ÚLCERA POR PRESIÓN

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ABSTRACT

Objective: to know the perception of medical and multidisciplinary residents about their roles to patients with pressure ulcers. **Method:** a descriptive, exploratory study with a qualitative approach, conducted in a university hospital, with 26 subjects, including medical and multidisciplinary residents, from October to December 2011. It was applied a semi-structured form for the production of data. For the analysis, the content analysis technique in the Thematic mode was employed. **Results:** after data analysis, the following categories emerged << Noticing in the process of caring >>, << >> Generating experience and <<Valuing interdisciplinary >>. **Conclusion:** the resident remains connected to fragmented practices, although he is stimulated to a new attitude and performance of interdisciplinary in care practices. **Descriptors:** Pressure Ulcer; Patient Care Team; Comprehensive Health Care; Qualitative Research.

RESUMO

Objetivo: conhecer a percepção dos residentes médicos e multiprofissionais sobre seus papéis ao paciente com úlcera por pressão. **Método:** estudo descritivo, exploratório, de abordagem qualitativa, realizado em um hospital universitário, com 26 sujeitos, entre residentes médicos e multiprofissionais, de outubro a dezembro de 2011. Foi aplicado um formulário semiestruturado para a produção dos dados, e para a análise foi empregada a Técnica de Análise de conteúdo na modalidade Temática. **Resultados:** após análise dos dados, emergiram as seguintes categorias << Percebendo-se no processo do cuidar >>; << Gerando experiência >>; e << Valorizando a interdisciplinaridade >>. **Conclusão:** o residente ainda permanece conectado às práticas fragmentadas, embora seja estimulado a uma nova postura e ao desempenho da interdisciplinaridade na prática do cuidado. **Descritores:** Úlcera por Pressão; Equipe de Assistência ao Paciente; Assistência Integral à Saúde; Pesquisa Qualitativa.

RESUMEN

Objetivo: conocer la percepción de los residentes médicos y multiprofesionales sobre sus papeles al paciente con úlcera por presión. **Método:** estudio descriptivo, exploratorio, de enfoque cualitativo, realizado en un hospital universitario, con 26 sujetos, entre residentes médicos y multiprofesionales, de octubre a diciembre de 2011. Fue aplicado un formulario semi-estructurado para la producción de los datos y, para el análisis fue empleada la Técnica de Análisis de contenido en la modalidad Temática. **Resultados:** después del análisis de los datos, surgieron las siguientes categorías << Notándose en el proceso del cuidar >>, << Generando experiencia >> y << Valorando la interdisciplinaridad >>. **Conclusión:** el residente todavía permanece conectado a las prácticas fragmentadas, por más que sea estimulado a una nueva postura y al desempeño de la interdisciplinaridad en la práctica del cuidado. **Descriptor:** Úlcera de Presión; Grupo de Atención al Paciente; Atención Integral de Salud; Investigación Cualitativa.

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INTRODUCTION

This study comes from the concerns during the interaction with a group of health professionals involved in the practice of care for pressure ulcer patients (pup), admitted to a university hospital that is configured as a practice field for Medical and Multidisciplinary Integrated Health Residence.

In Brazil, the Multidisciplinary Residency has been supported since 2002 by the Ministry of Health and Ministry of Education that constitutes a postgraduate teaching modality for professionals from different areas of health, based on the understanding that the multi-professional teamwork is an important tool for the production of knowledge and practices.¹

The implementation of interdisciplinary in that modality should be present as a guiding principle, ensuring the articulation of knowledge to address the multiple dimensions involving health actions.

Given the above, it is necessary to reflect on the definition of interdisciplinary. In the health field, it can be said that it is the pursuit of interdisciplinary, integrated actions in the provision of services, the association of teaching and service, or the issue of the interface between the biological and the social. It goes through the field called interdisciplinary relationships, characterized by a need for diverse knowledge contribution, surpassing the implementation of fragmented, biological and curative knowledge.²

The interdisciplinary approach requires the integration not only of knowledge but also practical, combining subjects and professions, fulfilling a close relationship between knowledge and action. It implies an ethical and political positioning that requires dialogue and negotiation to define the skills required for the resolution of the problems.³

The application of interdisciplinary in action in the health-disease to PUP is essential, and there should be a continuous pursuit of knowledge by health professionals to qualify them, realizing the importance of their evaluation and contribution consistently within the patients' needs, the approach and implementation of actions involving communities, public policy, and lifestyle habits.

The PUP is considered a serious problem for health services, resulting in discomfort and pain permeated hospitalization for patients with these lesions. Knowledge and understanding of what are the causes and risk factors for their development will enable the

health team to implement effective prevention and treatment.^{4,5}

As defined by the National Pressure Ulcer Advisory Panel (NPUAP), the PUP is a lesion on the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure or a combination of pressure and shear caused by friction.⁶

Ulcers are classified into six categories: Category I, it is characterized by non-blanching erythematous lesions on intact skin in the areas of bony prominence; Category II, it is characterized by partial loss of skin surface, presenting abrasive forms, bullous or shallow reepithelization; Category III, it is characterized by total skin loss involving subcutaneous tissue area; Category IV, it is characterized by extensive tissue loss and exhibit muscle, bone and/or underlying tendons; Category called non-gradable characterized by complete loss of tissue, with the depth filled with necrotic tissue or eschar; and finally, the category suspected of deep tissue injury, comprising ulcers with red-purple or dark areas on the intact skin or flictena with blood.⁶

It has to be considered the risk factors for the development of PUP, involving different professional skills, whose joint actions aimed at preventing its occurrence and aggravation. The identification of risk factors of PUP development, one of the most used scales is Braden, with the aim of helping the health professional team in patient assessment to develop PUP, their combined results indicate a higher or lower risk. These factors provide the professional weaving effective strategies and individualized prevention of PUP.⁷

The presence of PUP is still negatively associated with the quality of nursing care, constituting an important indicator of the quality of care. However, this is a multifactorial problem, which includes extrinsic factors relating to the physical exposure of the patient, and intrinsic, inherent to their clinical condition, such as hemodynamic changes, anemia, malnutrition, smoking and others.^{6,8,9}

Nursing professionals have been responsible for the implementation of preventive and systematic measures of care, due to providing direct care to patients and remain at their side 24 hours a day, through the adoption of protocols based on international guidelines to avoid such untoward event.¹⁰

Authors express concerns about the treatment and prevention of PUP, which are well documented in the literature, updating the knowledge of roofing, protocols, systematization of care and prevention. They

point out that the knowledge and skills of health professionals are essential in the prevention of PUP.^{2,11}

Such studies report the importance of teamwork in the treatment of PUP. However, the question of the perception of health professionals regarding their role in this care is not yet elucidated in the research found. The literature recognizes the need for a multidisciplinary approach to the care of wounds, among them the PUP, but the interdisciplinary approach is still incipient.

The research is justified to be an important contribution to the work process, based on interdisciplinary, horizontal knowledge, sharing responsibilities, and thus reflecting the quality of patient care with PUP to facilitate discussions among professionals with an expanded understanding of patient care and minimize the costs generated by the treatments and hospital stay.

Thus, the relevance of this study is to reaffirm the configuration of new paradigms in the treatment and prevention of PUP that break with the idea of care focused on nursing staff as the sole responsible for the care, from prevention to treatment. It is expected to contribute to interdisciplinary can be seen as a method of clear and conscious work by health professionals when inserted in the care process, providing the possibility that patients with PUP seen in full. And the balance of physical, emotional and social conditions is achieved by getting the quality of care and integration of scientific knowledge for understanding the health-disease process. Given the above, this study aims to know the perception of medical and multidisciplinary residents about their roles to patients with pressure ulcers.

METHOD

Descriptive, exploratory study with a qualitative approach. The setting was a university hospital, in which 26 participants, including medical and multidisciplinary residents (nursing, nutrition, psychology, pharmacy, physiotherapy, social work and physical education). The inclusion criterion was belonging to Medical and Multidisciplinary Health Residents, and the exclusion criteria were those professionals who do not meet the inclusion criteria, as well as those who refused or showed disinterest in participating in the study.

For the production of data, an approach was carried out to the subject of the study and then applying a semi-structured questionnaire. The collection took place from October to December 2011, after approval by

the Ethics and Research Committee of the Federal University of Alagoas, following the guidelines of Resolution N° 466/2012 CNS/CONEP, and CAAE 012568-2011-85.

Ensuring complete anonymity of the study subjects, all were coded by the name of the letter R followed by the numbers in ascending order, before starting the transcripts.

For data analysis, the Analysis Technique content in the Thematic mode was used, elucidating the units of meaning in the words of the respondents. In the data classification phase, exhaustive reading of responses present in the form was conducted, taking the relevance in the lines. The phase of the final analysis was assigned to the organization of the themes of the collected data.¹² Thus, the following categories emerged: noticing in the care process; generating experience and valuing interdisciplinary.

In the analysis, some approaches were carried out to interdisciplinary¹³ using the intercommunication between the subjects, resulting in a mutation between them, through the comprehensive dialogue, for the exchange of information set up in the interdisciplinary method, among other authors.

RESULTS

The 26 study participants were composed of four pharmacists, four nutritionists, four psychologists, three physical therapists, three doctors, three social workers, three nurses and two physical educators. Of them, five were male, and 21 were female, with ages ranging between 24 and 37 years old.

The methodology adopted in the study allowed the understanding of the information collected, the confirmation of the research assumptions and the expansion of knowledge on the subject researched, inserted in the social and cultures context, according to the report categories below.

◆ Noticing in the process of care

Residents study participants realize the importance of being inserted in the care process for patients with PUP, being recognized as an integral part of this care context that must go beyond the lesion and view the patient as a whole, estimating the individual of each professional contribution. Such understanding can be seen in the following lines:

This care is of interest to all professionals who deal with health, each contributing their professional peculiarity. (R-9)

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All health professionals must contribute to the care of patients with pressure ulcers and their families. (R-11)

Care of the patient with pressure ulcers up to all professionals who care directly or indirectly of that patient (R-23).

Although recognizing the value of the contribution of the various health professionals and see themselves as actors in this care, interdisciplinary in the patient care with PUP was not mentioned as practicing primary care in this process.

It is clear that the care setting for patients with PUP defined roles, and the nurse is perceived with fundamental importance in care delivery:

This care is by doctor, pharmacist, nutritionist, but it is mainly by nurses. (R-4)

Commonly, this care is exercised by the nursing professional. However, I believe that other professionals can be involved in this process. (R-14)

The role of the nurse, the nursing technician, and medical (R-7).

The perception of residents being placed in the care process to PUP is authentic, but it is clear that they do not realize being inserted fully in the process of interdisciplinary patient care with PUP.

This involvement is more evident in the next category in which their life experiences will be elucidated.

♦ Generating experiences

As actors included in this care process for patients with PUP, the experience gained in the developed actions denote their holdings, indicative of involvement. These actions were quoted on time and individualized in the statements of residents, being characterized as a fragmented care:

With patients with pressure ulcers, I encourage them to perform active practice out of bed, and those that have an impediment in bed are encouraged to change position in bed. (R-11)

During the R1 period, I could participate with diet therapy in the care of patients with pressure ulcers. (R-13)

When the hospital did not have dressing materials, it was necessary to find public agencies for viability. (R-8)

I followed a young and offer to listening, she complained of pain and feared the emergence of another PUP in her body. (R-16)

However, less frequently of the statements were revealed of some residents that experienced as a multidisciplinary team in their practice of patient care with PUP sharing of knowledge, featuring interdisciplinary experiences:

I have been involved in three cases, all acting together with nursing, and noticed a much faster recovery as combining nutritional therapy nursing care (R-24)

During the R1 period, there were professional discussions with the resident nurse and the resident doctor. This contact was very useful to clarify and understand the role of each in the treatment process. I realized the improved outcomes when there was this integrated care. (R-13)

With a bedridden patient, it has started a care plan and discussion with other professionals aimed at improving pressure ulcer picture, such as use of air mattress, daily change of dressings, initiate a specific supply, physical therapist guidance on the need and adherence mobilization in bed, pharmaceutical monitoring related to the use of antibiotics, counseling and medical care. (R-23)

It is evident in the reports the enriching experiences as team working in the interdisciplinary care of patients with PUP. By sharing the knowledge, reach a surprising and enriching result, providing knowledge acquired only with the division of knowledge.

Thus, the conception of interdisciplinary work provides the understanding that better results can be obtained in the practice of the health-disease process, and show the perception of interdisciplinary in their actions as reported in the next category.

♦ Valuing interdisciplinary

The interdisciplinary acquires importance in the speeches of residents in their conceptions, being necessary to take a new approach to achieving quality in the care process.

The pressure ulcer has a multifactorial etiology. Therefore, they must be cared and used protocols that include the assistance of several professionals to the patient who developed an ulcer. (R-15)

A new view is formed and included the patients with PUP as needing to be a comprehensive care that can only be offered when the team that assists him takes the real position of an interdisciplinary team:

Assuming that the human being is regarded under the biopsychosocial sphere and that from the moment that it is hospitalized, it is the responsibility of sector professionals enable an integrated and effective treatment. (R-7)

Therefore, it is understood that with a continuous sharing of knowledge, this comprehensive care will be obtained:

The care is through a continuous dialogue between different areas of knowledge, surpassing a unique behavior of a single profession. (R-8)

Residents understand that the PUP is triggered by various factors to which the human being is susceptible. However, these factors cannot be controlled in its entirety when the sharing of knowledge through interdisciplinary work, waking comprehensive care.

DISCUSSION

Residents who participated in this study realized the importance of interdisciplinary for the implementation of patient care with PUP, believing that teamwork in health results in a more integral and assistance care.

This may be unfeasible before fragmented actions, causing isolation and power relationships between professionals and those with service users. Professionals with different backgrounds in health, willing to move between specific training areas, articulate their specific knowledge with the others in the organization of work, which enables both share the actions as delegate activities to other professionals, along the lines of a collaborative practice.¹⁴

Comprehensiveness is a basic policy of the Unified Health System (SUS), proposing the expansion and development of care in health professions. It is also defined as a set of relevant concepts to an expanded assistance in a comprehensive view of the human being endowed with feelings, desires, anxieties and rationality, with coordination of actions of health professionals.¹⁵

Residents understand that to be recognized included in this process of building the collective patient care with PUP; they have to feel like an integral part in this context that sees all. However, the nursing teams have played a fundamental role in the prevention and even treatment of some cases of PUP in many centers world.¹⁶ Another study concerning the patient of soft tissue injuries corroborates the individual practice of nursing.¹⁷

Assistance to patients with PUP or prevention requires a technical car in addition to holistic care directed to the health needs beyond the physical body. Maintaining the integrity of the skin and underlying tissues has traditionally been a responsibility of the nursing team, to be closer to patients, performing the activities of care.¹⁸

This practice assumes an individualistic characteristic, yet rethinking on multidisciplinary actions in the work process allows the organization of performance from staff, so it is built differentiated

comprehensive care reproduction of fragmented and decontextualized practices.¹⁹

The Ministry of Health and Ministry of Education aimed at this comprehensive care encouraged the formation of multi-professional residencies, aiming at the integration of knowledge and practice in the performance of multidisciplinary teams allowing them to build skills shared in carrying out activities. With evident enrichment and enhancement of sharing of collective knowledge to provide changes in the training process, labor, and management in health.¹

Residents have the awareness that interdisciplinary would provide a possibility of comprehensive care, also including prevention of PUP. For any profession and knowledge is absolute and interdisciplinary is a constituent principle of difference and creation. An interdisciplinary professional approach allows going through the knowledge of other professionals to search and disclosure of different ways of approaching reality.²⁰

The purpose of the interdisciplinary activity is to spread knowledge to link the subjects where each out enriched and at the same time more complemented and harmonious knowledge of the human phenomenon.¹³

The interdisciplinary experiences contribute to the quality of care and professional satisfaction. There is a widespread feeling and causing malaise that knowledge is too fragmented, that each profession alone is a certain aspect. For this fragmented training also collaborate intense specialization, leading to a concentration increasingly located in restricted ways, making, again, the person incapable of perception of the whole.²¹

After the changes in the health system in Brazil, replacing the hospital-centered model for a universalized model that seeks completeness are fundamental humanized care, health promotion and interdisciplinary concepts that are founded in new perspectives in patient care with PUP.

Therefore, the profile of professional training, as well as the practice of healthcare professionals are responsible for the design of care models that value the integrity and humanized care.²² Therefore, professionals need to be open to dialogue and collective construction of new therapeutic approaches, revealing concepts, knowledge and attitudes necessary for its implementation.

Given the interdisciplinary work proposal in the care of patients with PUP, the results showed that the prospects of comprehensiveness and interdisciplinary are

configured in possibilities for a new look at the care of PUP. However, there is still a path to be built in an attempt to break the fragmentation of the health work process. But the practice of fragmented care and not shared with the multidisciplinary team is still strongly marked.

The study participants approved the idea of interdisciplinary for the implementation of patient care with PUP, believe that professional diversity with sharing the relevant individual knowledge every professional consequently will result in comprehensive care.

They understand that to be recognized in this process of building to the collective patient care with PUP; it is to feel like part of this context, considering aspects such as relationships and professional attitudes, constituents of all practices, ensuring the participation of various professionals in the dynamics of this care.

Interdisciplinary care has found obstacles in the practice of these residents because the discussion and planning of care among professionals is not perceived as the primary axis is not a common practice in the places where they develop their activities.

Residents of this study were conducted to perform specific, consistent roles with their professional activity. Although they consider included in the process of patient care with PUP, from prevention to treatment and realize the interdisciplinary care as a positive factor, there is not always exchanges of knowledge and planning together.

CONCLUSION

From this study, it is evident that residents perceive involved in patient care with PUP. However, this involvement does not occur with interdisciplinary characteristics but understand positively that the exchanges and deeper links between health professionals are enriching.

It is necessary that health professionals are encouraged in their training to adopt a new interdisciplinary approach in care practices in the health-disease, strengthening the proposed construction of the Multidisciplinary Residency in Health, meeting the constitutional precept of completeness.

However, the purpose of interdisciplinary is configured as a barrier to be overcome and should be increasingly encouraged in care practices, conducted by health residents. Thus, there is a critical-reflexive view these professionals, encouraging the transformation of the professional development process,

creating knowledge and services to the population, for full management of patients with PUP.

REFERENCES

1. Brasil. Portaria Interministerial nº 1.077, de 12 de novembro de 2009. Dispõe sobre a Residência Multiprofissional em Saúde e a Residência em Área Profissional da Saúde, e institui o Programa Nacional de Bolsas para Residências Multiprofissionais e em Área Profissional da Saúde e a Comissão Nacional de Residência Multiprofissional em Saúde. Diário Oficial da União. 13 nov 2009. Seção 1.
2. Medeiros ABF, Lopes CHFA, Jorge MSB. Analysis of prevention and treatment of the pressure ulcers proposed by nurses. Rev esc enferm USP [Internet]. 2009 Mar [cited 2012 Nov 25];43(1):223-8. Available from: http://www.scielo.br/scielo.php?pid=S0080-62342009000100029&script=sci_arttext.
3. Scherer MDA, Pires DEP, Jean R. A construção da interdisciplinaridade no trabalho da equipe de saúde da família. Ciência & Saúde Coletiva [Internet]. 2013 [cited 2015 Apr 20];18(11):3203-12. Available from: http://www.scielo.br/scielo.php?pid=S1413-81232013001100011&script=sci_abstract&lng=pt
4. Matos LS, Duarte NLV, Minetto RC. Incidência e prevalência de úlcera por pressão no CTI de um Hospital Público do DF. Rev eletr Enf [Internet]. 2010 abr [cited 2013 mar.10];12(4):71926. Available from: <http://www.revistas.ufg.br/index.php/fen/article/viewArticle/8481>.
5. Furman GF, Rocha AF, Guariente MHDM, Barros SKSA, Morooka M, Mouro DL. Pressure ulcers: incidence and associated risk factors in patients of a university hospital. J Nurs UFPE on line [Internet]. 2010 Mar [cited 2013 Oct 15];4(3):1506-14. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/1148/pdf_149.
6. European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: quick reference guide. Washington DC: National Pressure Ulcer Advisory Panel. 2009.
7. Simão CMF, Caliri MHL, Santos CB. Agreement between nurses regarding patients risk for developing pressure ulcer. Acta Paul Enferm [Internet]. 2013 Jan [cited 2013 Oct 17];26(1), 30-5. Available from: http://www.scielo.br/pdf/apv/v26n1/en_06.pdf.
8. Zambonato BP, Assis MCA, Beghetto MG. Associação das sub-escalas de braden com o

risco do desenvolvimento de úlcera por pressão. Rev Gaúcha Enferm [Internet]. 2013 [cited 2015 Apr 20];34(1):21-8. Available from:

<http://www.scielo.br/pdf/rngen/v34n2/v34n2a03.pdf>

9. Santos CT, Oliveira MC, Pereira AGS, Suzuki LM, Lucena AF. Indicador de qualidade assistencial úlcera por pressão: análise de prontuário e de notificação de incidente. Rev Gaúcha Enferm [Internet]. 2013 [cited 2015 May 10];34(1):111-8. Available from: <http://www.scielo.br/pdf/rngen/v34n1/14.pdf>

10. Rogenski NMB, Kurcgant P. Incidência de úlceras por pressão após a implementação de um protocolo de prevenção. Rev Latino-Am Enfermagem [Internet]. 2012 [cited 2015 May 10];20(2):[07 telas]. Available from: http://www.scielo.br/pdf/rlae/v20n2/pt_16

11. Miyazaki MY, Caliri MHL, Santos CB. Conhecimento dos profissionais de enfermagem sobre prevenção da úlcera por pressão. Rev Latino-Am Enfermagem [Internet]. 2010 June [cited 2012 Nov 30];18(6),1203-11. Available from: http://www.scielo.br/pdf/rlae/v18n6/pt_22.pdf.

12. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 10th ed. São Paulo: Hucitec; 2007.

13. Japiassu H. Interdisciplinaridade e Patologia do saber. Rio de Janeiro: Imago; 1976.

14. Peduzzi M, Norman IJ, Germani ACCG, Silva JAM, Souza GC. Educação interprofissional: formação de profissionais de saúde para o trabalho em equipe com foco nos usuários. Rev Esc Enferm USP [Internet]. 2013 [cited 2015 May 10];47(4):977-83. Available from:

<http://www.scielo.br/pdf/reeusp/v47n4/0080-6234-reeusp-47-4-0977.pdf>

15. Viegas SMF, Penna CMM. A construção da integralidade no trabalho cotidiano da equipe saúde da família. Esc Anna Nery [Internet]. 2013 Jan-Mar [cited 2015 Apr 15];17 (1):133-41. Available from:

<http://www.scielo.br/pdf/ean/v17n1/19.pdf>

16. Junior JAF, Almeida CEF, Garcia FL, Lima RVKS, Marques RR, Cologna, MHT. Tratamento multidisciplinar de feridas complexas. Proposta da criação de “Unidade de Feridas” no hospital das clínicas da FMRP-USP. Medicina (Ribeirão Preto) [Internet]. 2013 [cited 2015 Apr 20];46(4):355-60. Available from:

<http://revista.fmrp.usp.br/2013/vol46n4/Editorial%20Tratamento%20multidisciplinar%20de%20Feridas%20Complexas.%20Proposta%20de%20>

[20Cria%E7%E3o%20de%20%93Unidade%20de%20Feridas%94%20no%20HC-FMRP-USP.pdf](http://www.scielo.br/pdf/rngen/v34n2/v34n2a03.pdf)

17. Campos FS, Chagas ACP, Costa ABP, França REM. Fatores associados ao desenvolvimento de úlceras por pressão: o impacto da nutrição. Rev nutr [Internet]. 2010 Maio [C cited 2012 Dec 22];23(5), 703-14. Available from: <http://www.scielo.br/pdf/rn/v23n5/a02v23n5.pdf>.

18. Lima ACB, Guerra DM. Avaliação do custo do tratamento de úlceras por pressão em pacientes hospitalizados usando curativos industrializados. Ciência & Saúde coletiva [Internet]. 2011 jan [Cited 2012 Dec 20];16(1):267-77. Available from: <http://www.scielo.br/pdf/csc/v16n1/v16n1a29.pdf>.

19. Severo SB, Seminotti N. Integralidade e transdisciplinaridade em equipes multiprofissionais na saúde coletiva. Ciência & Saúde coletiva [Internet]. 2010 jan [cited 2012 dez 22];15(1), p.1685-98. Available from: <http://www.scielo.org/pdf/csc/v15s1/080.pdf>.

20. Etges NJ. Ciência, interdisciplinaridade e educação. In: Jantsch B L, organizadores. Interdisciplinaridade: para além da filosofia do sujeito. Petrópolis; (RJ): Vozes; 2000.

21. Tonet I. Interdisciplinaridade, formação humana e emancipação humana. Serv Soc Soc [Internet]. 2013 [cited 2015 Apr 11];116:725-42. Available from: <http://www.scielo.br/pdf/ssoc/n116/08.pdf>

22. González AD, Almeida MJ. Integralidade da saúde -norteando mudanças na graduação dos novos profissionais. Ciência & Saúde coletiva [Internet]. 2010 Mar [cited 2012 Dec 22];15(3):757-62. Available from: <http://www.scielo.br/pdf/csc/v15n3/v15n3a18.pdf>.

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