ABSTRACT

Objective: to apply historical nursing the hospitalized elder. Method: quantitative and descriptive study was conducted in three units of a university hospital in Rio Grande do Sul, Brazil. The subjects were 50 hospitalized elderly. Data collection took place by applying validated instrument. The data received descriptive statistical treatment. For defining characteristics, often above 30%, were prepared nursing diagnoses and prescriptions. The research project was approved by the Ethics in Research, CAAE: 23116003961. Results: older people aged 60-69 (44%), women (56%). With: preserved cognition (68%), anorexia (54%), changes in bowel elimination (62%) and urinary (66%), visual changes (70%) and auditory (60%). Conclusion: the history of nursing was shown to be effective as to the direction of the development of nursing diagnoses and prescriptions appropriate to meet the basic human needs of the hospitalized elderly. Descriptors: Elderly; Data Collection; Nursing Process; Nursing.

RESUMO

Objetivo: aplicar histórico de enfermagem ao idoso hospitalizado. Método: estudo quantitativo e descritivo, realizado em três unidades de um hospital universitário do Rio Grande do Sul, Brasil. Foram sujeitos 50 idosos hospitalizados. A coleta de dados deu-se mediante aplicação de instrumento validado. Os dados receberam tratamento estatístico descritivo. Para as características definidoras, com frequência acima de 30%, foram elaborados diagnósticos e prescrições de enfermagem. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE: 23116003961. Resultados: idosos na faixa etária entre 60-69 (44%), mulheres (56%). Com: cognição preservada (68%), anorexia (54%), alterações nas eliminações intestinais (62%) e urinárias (66%), alterações visuais (70%) e auditivas (60%). Conclusão: o histórico de enfermagem aplicado mostrou-se eficaz quanto ao direcionamento da elaboração de diagnósticos e prescrições de enfermagem adequadas ao atendimento das necessidades humanas básicas dos idosos hospitalizados. Descriptors: Idoso; Coleta de Dados; Processos de Enfermagem; Enfermagem.

RESUMEN

Objetivo: aplicar historia de enfermería al anciano hospitalizado. Método: estudio cuantitativo y descriptivo realizado en tres unidades de un hospital universitario de la ciudad de Rio Grande do Sul, Brasil. Los sujetos fueron 50 ancianos hospitalizados. La recolección de datos se llevó a cabo mediante la aplicación de instrumentos validados. Los datos recibieron tratamiento estadístico descriptivo. Para definir las características, a menudo por encima de 30%, se prepararon diagnósticos y prescripciones de enfermería. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE: 23116003961. Resultados: las personas de edad entre 60-69 (44%) de edades, las mujeres (56%). Con: la cognición conservada (68%), anorexia (54%), los cambios en la eliminación intestinal (62%) y urinario (66%), cambios en la visión (70%) y auditiva (60%). Conclusión: la historia de la enfermería ha demostrado ser efectiva en cuanto a la dirección del desarrollo de los diagnósticos de enfermería y prescripciones adecuadas para satisfacer las necesidades humanas básicas de los ancianos hospitalizados.

Descriptors: Ancianos; Recopilación de Datos; Proceso de Enfermería; Enfermería.
INTRODUCTION

The elderly population has increased in recent decades demanding a more specific care. The nursing process (PE) can be an important strategy to guarantee the elderly a call systematic, individualized and humanized. The elderly are individuals who need special care and attention, the greater potential for fragile biological, psychological and social, that come with the aging process itself. The elderly represent a quantitatively important in the Brazilian population, and this number is increasing in order to forecast the future, requiring that professionals and health services are able to serve them adequately to meet their needs.

This study sought to implement nursing care through one of the stages of the EP, which was the history of nursing. The EP is a tool used by the nurse so he can showcase their work effectively, seeking better care for humans, whether in hospital, home or institution for the aged.

The EP must occur in all health institutions in Brazil, considering its implementation in practice of the process of work suited to the needs of the client, whether individual, family or community, and how model of care to be applied in all areas of operation to health by nurses. With the resolution of the Federal Council of Nursing (COFEN) No 358/2009, has been described to differentiate between the Nursing Care System (NCS) and PE. The SAE set up to develop a methodology of nursing practice for organizing and systematizing care, and can carry up through the EP, which is a method developed based on scientific principles, aiming to rationality printing process care.

The EP is a methodological tool that guides the professional nursing care, and also the documentation of professional practice. The Elements EP: data collection in nursing (nursing or historical); nursing diagnoses, nursing planning; implementation; nursing assessment are described below. 4 Data collection nursing (nursing or historical) is the process that has the characteristics of deliberation, systematization and continuity, conducted with the help of various methods and techniques, which targets to obtain information about the person, family or human community and on their responses in a given moment of the health and disease.

The Nursing diagnosis includes a process of interpretation and collation of data collected in the first stage, culminating in the decision making about the concepts that represent nursing diagnoses, more accurately, the responses of the person, family or human community at a given time of health and illness, and which form the basis for the selection of actions or interventions with which it aims to achieve the expected results. In Brazil have long been used nursing diagnoses according to the taxonomy of the North American Nursing Diagnosis Association International - NANDA-I.

Planning nursing is the resolution of the results expected to be achieved and the actions or nursing interventions to be performed on the responses of the person, family or human community at a given time of the health and disease, identified in step nursing diagnoses.

Implementation occurs through the execution of certain actions or interventions in the planning stage of nursing. Evaluation of nursing process consists of a deliberate, systematic and continuous verification of changes in the responses of the person, family or the human community at a given time of the health and disease, to determine whether the actions or nursing interventions achieved the expected result, and verification of the need for changes or adjustments in the steps of the nursing process.

The EP is a methodology to organize and systematize care given to humans, based on the principles of scientific method; it aims to provide professional customer service, in order to consider their singularities and so extended, requires theoretical foundations of the field of nursing and beyond. You could say that it is the expression of the clinical method in our profession.

The nursing care of the elderly is implemented through the Nursing ground, specialty that has a recent development and based on knowledge of the aging process for the recovery needs bio-psycho-socio-cultural and spiritual needs of the elderly. This branch of nursing is to quality standards services organization, theoretical concepts to guide practice, data collection, nursing diagnosis, planning and continuity of care, intervention, assessment, multidisciplinary collaboration, research, ethics and professional development. The use of PE is a perceived need worldwide to improve nursing practice ground so the development of studies such as the one in question are important.

Nursing care is essential in improving the health of people or when the intervention is directed to maintaining or achieving a healthy lifestyle, or when in a state of disease to refer the acquisition of well-being or the promotion of independence. Nursing is an important discipline in providing excellent care, with...
repercussions in terms of the gains that people and the system of health care can get with your contribution. Increasingly nurses must demonstrate their contribution to the achievement of the outcome of the customer as a basis for evaluation practice. The development of this study is justified since the implementation of the nursing process can direct this intention. And the EP starts by applying a history of nursing that can grasp the real health needs of a person.

Research questions were << The application of nursing history directs the attendance of nursing care needs of hospitalized elderly? >>, << From the application in a group of elderly, which nursing diagnoses can be identified, together with the requirements related? >>

The objectives of this research are:
• Apply historical nursing to the hospitalized elderly.
• Develop nursing diagnoses and prescriptions as proposed nursing care of the hospitalized elderly.

METHOD

Quantitative and descriptive study was conducted in three units of a university hospital in Rio Grande do Sul, Brazil, from October 2010 to March 2011. The subjects were 50 elderly hospitalized, with the following inclusion criteria: having 60 years and over, with conditions (present or caregivers/family conditions) to respond to the instrument and agree to participate in the study.

Instrument was used for data collection, historical nursing named, built and validated through dissertation, comprised of seven parts: identification, general conditions, functional assessment - activities of daily living, cognitive appraisal, social and family assessment, evaluation basic human needs (oxygen, nutrition / hydration, elimination, sleep / rest / activity, sexuality, physical integrity cutaneous-mucosa/integrity, immune conditions, perception, shelter / safety / space, love / self-esteem, self-image), perceptions of nurses. With this history of nursing intended in the previous survey, start the nursing process directed to the hospitalized elderly, but did not succeed, and the reason of having rescued this idea and made its application, this current research, through interviews the elderly or when these conditions had no communication with their caregivers. The interviews were conducted by the first author.

Data were grouped / organized for descriptive statistical treatment, using the Excel program and statistical calculations were performed. The results were tabulated and displayed descriptively. The authors of the study decided that from the defining characteristics, often above 30% would be prepared nursing diagnoses and prescriptions for hospitalized elderly.

In the preparation of the diagnoses used to analysis Risner, for whom the nursing diagnosis is understood as a moment to separate the whole into parts and carries a critical examination of the data, defining the essential components and relationships. This process takes place in two stages:

1st) Formed by analysis and synthesis. In the analysis, the data are categorized, using conceptual models, identifying discrepancies or gaps, often requiring new data collection. In summary, grouped evidence / defining characteristics into groups / patterns, we compare these groups / patterns with theories, concepts and rules, requiring knowledge and experience of the nurse.

2nd) Give up the establishment of the DEs themselves first verifying the title of diagnosis and then proceed to the construction redaction of nursing diagnoses, following a specific taxonomy, which in the case of this study was to NANDA.

For preparation of nursing prescriptions, there was used the experience of the authors, aimed at gerontogeriatry and Nursing.

The research project followed all ethical rules of Resolution 196/96, which provides guidelines for human research and was approved by the Area Committee of Health of the Federal University of Rio Grande (STRAINS) under the number of the opinion 87/2010. CAAE: 23116003961. The elderly and / or their caregivers signed or put fingerprints on the Term Consent.

RESULTS

• Characterizations of the elderly

Table 1 shows the prevalence of elderly females (56%), aged 60-69 years old (44%), married (38%) with incomplete primary education (72%) and Catholics (42%).
Table 1. Characterization of hospitalized elderly by gender, age, educational level, marital status and religion. Rio Grande do Sul, Brazil, in 2011.

<table>
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<tr>
<td>80 or older</td>
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<td>14</td>
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<td>30</td>
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<tr>
<td>NS/NR</td>
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</tr>
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</table>

♦ Health-related issues

Regarding the presence of chronic non-communicable diseases (NCDs), 43 (96%) presented them with prevalence for Hypertension (HBP) present in 25 (50%) elderly and Diabetes Mellitus (DM) in 17 (34%). Of the total of 50 individuals, 20 (40%) were smokers.

On the assessment of functionality and daily life activities, the study showed that 32 (64%) of the elderly were independent for Activities of Daily Living Basic and 29 (58%) were independent for Instrumental Activities of Daily Living, 39 (78%) did not participate / performed any kind of group activity or leisure. As for cognitive assessment, 34 (68%) of the elderly kept it preserved.

Regarding socio family, it was observed that 36 (72%) live with relatives, 35 (70%) have someone who is responsible for their care. In many cases it is the elderly who lives with the family, but the family is residing with the elderly, since the household belongs to the elderly.

Basic needs were highlighted for: pain (68%), anorexia (54%), edema (42%), dyspnea (42%) and cough (38%). Of the 37 seniors (74%) make use of dental, 15(30%) showed abnormalities in mastication and 17 (34%), nausea. Elimination, 31(62%) elderly patients changes in bowel pattern and 33 (66%), urinary habits changed.

The hospitalized elderly, 9(18%) had difficulties falling asleep, such impediment were related pain or dyspnea as triggering factors. Difficulty moving a body part / lower limbs was observed in 25 (50%) seniors, these: 18 (36%) showed an inability to ambulate, 36 (72%), some sort of fall risk, 35 (70%) needed some assistance for ambulation (cane, walker).

About sexuality/sexual act, 30 (60%) elderly were inactive sexual life, 26 (52%) were using medications that may alter libido, and antihypertensives the most frequent.

Integrity mucocutaneous, 24 (48%) elderly patients pallor, followed by dehydrated skin (38%) and cold extremities (32%). In physical integrity, it was found that 15 (30%) showed some elderly injury / wound, and bruises, varicose ulcers and wounds incisions most widespread. It was found that 10 (20%) of the elderly have scabs and located in the most prevalent and sacral regions coccygeal, followed by trochanters, elbows and heels, with varying degree of 1 to 2.

As for the perception, 35 (70%) subjects reported a problem of vision and 30 (60%) some hearing impairment.

Regarding the psychosocial aspects showed that 41(82%) seniors have own a home and felt safe and comfortable, 34(68%) are afraid of suffering, 31(62%) were quiet about life; 27(54%) manifested the need to be heard, 10(20%) had negative feelings about their own bodies.

From basic needs changed/defining characteristics that had a frequency equal to and above 30% in 50 historical nursing applied, drew up a proposal for diagnosis/nursing prescriptions targeted to hospitalized elderly.

♦ Nursing diagnosis and nursing prescriptions
Ineffective breathing pattern: assess and record the respiratory conditions of 4/4h; listen investigating adventitious breath sounds; assess levels of arterial blood gases, monitoring oxygenation and ventilatory status; assist the elderly to adopt a comfortable position that allows for chest expansion, if prescribed, performing breathing exercises (percussion, vibration, postural drainage), helping in mobilizing and removing secretions.

Impaired gas exchange: ask the old to turn around, coughing and breathing deeply every 4h, preventing atelectasis or fluid accumulation in the lungs and increasing the concentration of oxygen in the blood, the elderly move slowly avoiding postural hypotension; listen lungs every 4h, notifying abnormalities, monitor vital signs, heart rate and arterial blood gas levels and hemoglobin.

Impaired nutrition: less than body requirement: observing, recording intake of the elderly, determining food preferences of the elderly and providing a diet that stimulates the senses, monitor, recording patterns elimination evaluating occurrences of changes; weigh daily at seven o’clock (before the breakfast), always at the same time, precisely evaluating the data.

Impaired dentition: assessing conditions of the mouth, teeth or dentures; guide for dental visit later to check for proper dental situation; offer soft diet easy to swallow; elevate the head during meals, avoiding possible risks of aspiration.

Excess fluid volume: monitoring, recording vital signs every 4 hours, identifying changes; verify urinary intensity at each change of duty; daily weigh, count or weigh diapers appropriately controlling diuresis; keep accurate record of intake and output of fluid ensuring adequate fluid balance and hydration status monitor hemodynamic status, identifying changes, evaluate the site and extent of edema.

Changes in the pattern of bowel elimination: monitor frequency and characteristics of stool, forming the basis of an effective treatment plan, monitor, recording fluid intake and output (water balance); administer fluid and electrolyte replacement, ensuring balance between intake and output; care region to prevent perianal ulcers, decubitus changing regularly and administering medicines as prescribed, ensuring skin integrity and preventing infections.

Changes in the pattern of urinary excretion: notify the intake is greater than the flow rate and ensure proper hydration, if necessary, perform prescribed urinary elimination procedure: miccionaries techniques, or maneuvers Credé Valsalva every 2h intermittent catheterization, the techniques increase bladder pressure and help eliminate urine; establish, with the elderly, fixed times for urination (eg every 2 hours), the conditioning bladder may help alleviate symptoms.

Disturbed sleep pattern: assessing sleep pattern, ensuring appropriate care plan, talk with the elderly, identifying triggers of sleep disorders; keep old awake during the day, propitiating you a brief nap.

Impaired physical mobility: perform exercises range of joint movements once every shift; progressing exercises liabilities for assets as tolerated, avoiding joint contractures and muscle atrophy; turning, repositioning the elderly every 2h, ensuring skin integrity and to determine the level functional using a scale of functional mobility, ensuring continuity and maintaining the level of independence detected.

Impaired ambulation: assist the use of assistive devices (cane, walker, etc.), encouraging independence, support ends, avoiding or reducing edema.

Changing patterns of sexuality: encourage elderly to talk about their sexuality, clarifying doubts, helping the elderly to highlight specific issues and clarify misconceptions.

Impaired skin integrity: evaluating the skin every shift, describing conditions and recording changes; Keeping the elderly in a comfortable position, reducing pressure on bony prominences with cushions and changing position every 2 hours; follow the treatment regimen prescribed evaluating the effectiveness of the same.

Risk of falls: assessing the environment for potential health risks, eliminate risk; help the elderly more debilitated to leave the bed.

Risk of infections: wash hands, wear gloves, perform procedures respecting aseptic technique and reducing the risk of infections; observing, recording the presence of inflammatory signs as hyperemias, hyperthermia, edema and others, ensuring appropriate therapy.

Disturbed sensory perception: vision · to provide a safe environment for the elderly; verify use and adaptation of corrective lenses.

Disturbed sensory perception: hearing · provide information on progressive hearing loss that occurs with the aging process; talk to voice serious and clear, clear up doubts about the existing audio devices.
Fear: encourage the elderly in expressing their fear, if possible, clarifying doubts, building, along with it, control measures of fear.

Pain: evaluating type and intensity of pain: if acute or chronic, identifying factors that accentuate the pain, location, duration and characteristics. Monitor the pain, focusing on the effectiveness of treatment; administer prescribed painkillers, considering side effects, such as hypotension, nausea / vomiting, dry mouth, and others.

**DISCUSSION**

About the profile of the elderly in Rio Grande do Sul, there are 832,127 women to 627,470 men aged over 60 years. Between 1980 and 2009, life expectancy at 60 years for both sexes, increased from 16.39 to 21.27 years, an increase of 4.88 years in the period. This means that a person who has reached the age of 60 in 2009 expects to live until 81.27 years old.12

Religiosity is a central dimension in the life of a large part of the elderly and has emerged as a variable able to contribute to the promotion and maintenance of the welfare of the elderly, whether through spiritual solace, the social support network and / or the rules of moral conduct and spiritual she sets.13

As for education, it is fair to say that education and health information are an efficient process between preventive actions; they are instruments of social transformation aimed at behavior change. The little schooling, along with the changes of the aging process, has implications for nursing care directed to the elderly and need to be considered when carrying out educational activities.14

By difficulty in entering the labor market, the elderly constitute a portion of the population highly vulnerable to poverty. Although retirement represent a guarantee of law and social inclusion, with values lower incomes may limit access to the same food and social care, with emphasis on education and health, significantly compromising quality of their lives.15 In the present study 70% of pensioners receive the minimum wage per month, a figure that probably does not allow proper evaluation of the survival.

Elderly people suffering from NCDs require constant monitoring. These chronic conditions tend to manifest significantly at older ages and can be associated (comorbidities). Highlights include the Hypertension Diabetes Mellitus and Stroke, confirming the findings of the study.16

The NCCD, added to the lack of physical activity may aggravate the health status of the elderly by taking them to a degree of dependence. May become common for some seniors pass the fact to depend on special care to perform their ADLs, for example, help to feed, clothe, among others, which can lead to loss of autonomy and independence.17 Although the present study show that most seniors are independent activities of daily living, assessment of functional capacity is essential to choose the right kind of action and monitoring of clinical and functional status of the elderly. It is essential in establishing the diagnosis, prognosis and appropriate judgments and these serve to specific treatments for each senior.2

As for cognitive assessment, the study highlights the relationship between population aging and dementia, stating the increased prevalence of dementia with age. Dementia in the elderly is also associated with low education that was also characteristic of the sample.18

The EP is essential in nursing care. With the implementation of the EP will be possible to assess the real needs of the elderly and support the profession of nursing as a true scientific method. Thus, this study also seeks to sensitize nurses to perform nursing care through the EP, is a tool used by nurses, so he can show off your work care effectively, seeking better care for humans, is in the hospital, home or long-term institution.4

Data collection is an essential part of nursing care. The instrument for data collection, history of nursing, and the collection provides key information for the nurse to come to identify the nursing diagnoses accurate and provide the necessary care and according to the specific situation of each patient. Such information makes it possible to individualize and qualifying requirements to be performed.9

The elderly consume more health services, hospital stays are more frequent and time bed occupancy is higher when compared to other age groups. In general, the elderly are chronic diseases and multiple, lasting for several years and require constant follow ups, permanent care, continuous medication and periodic examinations. The length of stay in hospital will depend on several factors such as the type of disease, the general condition, the response to the treatment and potential complications exist.2

The application of PE, qualify and can take care to reduce the time that the elder is admitted to the hospital because it is a
process of critical care, reflective and based on a system of moral values and beliefs and the technical and scientific knowledge. The EP shows a specific professional work that requires a variety of actions and dynamic, indicating the adoption of a particular method or way of doing that is the systematization of nursing assistance.  

The process of aging is evolving and nursing care will be increasingly frequent and necessary in hospitals and long-stay institutions. Aging is an achievement component of the course full of life of individuals. Quality aging is a privilege, which involves changes in various sectors of society, and so comprehensive in generalized conceptions about health, education, justice and social rights.  

The EP is an instrument of care, related to an attitude toward life, on the other, the social environment. An attitude that depends on the individual recognizes the human condition of the other. One dimension of care is to offer a humane and respectful care, recognizing the uniqueness of the patient. The social care, which is placed as a central reference attitude toward life, is inserted into a broader movement to reshape society necessary for sheltering the elderly. Thus, it encompasses the clinical dimension, referred to health itself, the political dimension, social, cultural and legal.  

The main nursing diagnoses identified were also more frequent in previous research related to other hospitalized elderly, such as altered nutrition: less than body requirements, risk of infection, impaired physical mobility, impaired dentition, sleep patterns changed, Pain, impaired gas exchange, impaired skin integrity.  

A limitation of this study, there was the difficulty of verbal communication by some elderly, making data collection, since they were collected through reports from caregivers who often lacked precision when answering certain questions raised by account casters these people in elderly care.

**CONCLUSION**

The instrument for data collection, historical nursing was shown to be feasible, easy to use and reliable, effective as to the direction of the development of nursing diagnoses and prescriptions appropriate to meet the basic human needs of the hospitalized elderly. The methodological approach was appropriate and led to the achievement of goals. The quantitative model/descriptive facilitated the analysis and proved to be adequate to achieve the objectives.

As research contributions to nursing, stand out allusions to teaching, research and service. In education, this study may sensitize teachers of nursing, as the deepening of questions about the nursing process, particularly with respect to the application in nursing care directed to the elderly. For research, it is expected that these results will contribute to future studies and theoretical and practical correlations can happen, and it can also wake up nurses to new studies, which have as their purpose the issues of Nursing Process, aimed at elderly hospitalized. Expected to contribute and sensitize the nurse as importance of completing the nursing process as a fundamental part of the elderly care.

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