Objectives: to analyze, in the Brazilian and international literature, measures for home care of children with stoma. Method: an integrative review in order to answer the question <<What are the measures for home care to children with stoma?>>. It was performed a search for articles published from 2003 to 2013, using the instrument with item identification, year, author, country, journal of publication, purpose, results and conclusions, in the databases LILACS, Web of Science, MEDLINE, PUBMED, BDBENF and virtual libraries SciELO and Cochran library. Results: five articles approached training, planning, supervision, motivation, family equipped environment, social support services, involvement and communication with the healthcare team as measures for home care of children with stoma. Conclusion: before the return home of the child with respiratory stoma are important educational activities of nurses with parents.Descriptors: Children; Stomatology; Homecare.

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Objective: to analyze, in the Brazilian and international literature, measures for home care of children with stoma. Method: an integrative review in order to answer the question <<What are the measures for home care to children with stoma?>>. It was performed a search for articles published from 2003 to 2013, using the instrument with item identification, year, author, country, journal of publication, purpose, results and conclusions, in the databases LILACS, Web of Science, MEDLINE, PUBMED, BDBENF and virtual libraries SciELO and Cochran library. Results: five articles approached training, planning, supervision, motivation, family equipped environment, social support services, involvement and communication with the healthcare team as measures for home care of children with stoma. Conclusion: before the return home of the child with respiratory stoma are important educational activities of nurses with parents.

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RESUMO

Objetivo: analisar, na literatura brasileira e internacional, medidas para a assistência domiciliar à criança com estoma. Método: revisão integrativa com vista a responder a questão <<Quais são as medidas para a assistência domiciliar à criança com estoma?>>. Foi realizada a busca de artigos publicados de 2003 a 2013, utilizando o instrumento com identificação do artigo, ano, autor, país e periódico de publicação, objetivo, resultados e conclusões, nas bases de dados LILACS, Web of Science, MEDLINE, PUBMED, BDBENF e bibliotecas virtuais SciELO e Cochran library. Resultados: cinco artigos abordaram treinamento, planejamento, supervisão, motivação, ambiente familiar equipado, serviços de apoio social, envolvimento e comunicação com o equipe de saúde como as medidas para a assistência domiciliar à criança com estoma. Conclusão: durante o retorno da criança com estoma respiratória ao lar, são importantes ações educativas dos enfermeiros junto aos pais.

Descritores: Criança; Estoma; Atendimento Domiciliário.

ABSTRACT

Objective: to analyze, in the Brazilian and international literature, measures for home care to the child with stoma. Method: an integrative review in order to answer the question <<¿Cuáles son las medidas para la atención domiciliaria a los niños con estoma?>>. It was performed the search of articles published of 2003 to 2013, utilizing the instrument with identification of the article, year, author, country and periodical of publication, objective, results and conclusions, in the bases of data LILACS, Web of Science, MEDLINE, PUBMED, BDBENF and virtual libraries SciELO and Cochran library. Results: five articles approached training, planning, supervision, motivation, family equipped environment, social services, involvement and communication with the healthcare team as measures for home care of children with stoma. Conclusion: before the return of the child with respiratory stoma are important educational activities of nurses with parents.

Descriptors: Child; Stoma; Homecare.
INTRODUCTION

Stoma is a surgical opening made by means of a hollow organ through the skin forming a mouth that is in contact with the external environment for the externalization of waste, secretions, feces and/or urine.\(^1\) are named according to the body part where they are located, thus: stomata to the respiratory tract, tracheostomy, laringestomia, for intestinal stoma, the colostomies, ileostomies, and jejunostomies; and for urinary stomas, the urostomy.\(^2\)

The pediatric stomata are mostly temporary and performed in the neonatal period for treatment of congenital malformations, atresia and acquired diseases fortunately benign.\(^3\)\(^-\)\(^4\) The time may vary from months to years, depending on the disease which was given its performance and the number of surgeries performed throughout the life of this child.\(^5\)\(^-\)\(^6\)

The child with stoma needs constant care at home. Such care must be taught to family members since the preoperative period until after discharge. Most often, these guidelines, especially regarding the technical procedures related to the stoma, are passed in a quick and limited. Are eventually treated as practical situations of life, often failing to pay attention to the individual needs of the child and his family.\(^7\)\(^-\)\(^8\) Therefore, the child's transition from hospital to home requires a discharge planning by a multidisciplinary team and family participation to ensure efficient care, improving the quality of life and decrease readmissions child.

The planning of these activities consists in: teaching techniques and care, alleviate family stress and identify the resources available in the community.\(^7\) Thus the identification of essential steps for the development of successful care for the child at home with stoma aims to improve the care system, minimizing the difficulties in the transition of care in the hospital to the home, contributing to improved quality of family life.

OBJECTIVE

- To analyze in the Brazilian and international literature, the measures for the home care of children with stoma.

METHOD

A descriptive study, with integrative review, which is characterized as a method that aims to gather and synthesize research results about a defined topic or issue, in a systematic and orderly contributing to the deepening of knowledge of the subject investigated, comprising the following phases: identification of the research topic; process of literature search, categorization of studies, assessment of the studies included in the literature, interpretation of results and presentation of the integrative review.\(^9\)

In this review, we explored the electronic databases Latin American and Caribbean Center on Health Sciences Information (LILACS), Web of Science, MEDLINE, BDENF, PUBMED and virtual library Scientific Electronic Library Online (SciELO) and Cochrane Library for articles to answer the guiding question << What are the measures for home care to children with stoma? >>

It was adopted as a criterion for inclusion in the articles Portuguese, Spanish and English, available in full, produced from 2003 to September 2013. As exclusion criteria: theses, dissertations, books, conference reports and abstracts of conferences.

In order for the initial survey of articles was determined using the associated descriptors in English “Child” and “ostomy” and “home nursing “, selected by the Medical Subject Heading (MESH) and DeCS (Descriptors in Health Sciences - Bireme).

It is noteworthy that the descriptor ‘home nursing” in DeCS is defined as the provision of services in their own homes of citizens. A home care system, from the simplest to the most complex, can only be conceived from the existence of the network of health facilities offering the rear inpatient and outpatient for those patients.

For the analysis of the selected articles was used an instrument that analyze the dimensions of the studies, mainly containing the following variables: the article ID, year, author, country of publication, journal of publication, country of study, objective of the study, results and conclusions of the study.\(^10\)

All articles that make up the sample underwent thorough reading, carried out in two stages: first, there was the synthesis of data identification and characterization of the sample, and the second, the content analysis of the articles.

In the first step were found 110 in the aforementioned publications and databases, and in virtual libraries, as shown in Figure 1.
Database and virtual libraries | N. of articles
--- | ---
Cochrane Library | 0
SciELO | 0
Bireme | 33
Lilacs | 3
BDENF | 1
PubMed | 73
Web of Science | 0
Total | 110

Figure 1. Distribution of the number of articles found in the databases and virtual libraries searched. Alfenas, MG, 2013.

After exclusion of duplicate publications yielded 108 papers, which were submitted to the reading of the title and the abstract. Of those, 82 articles did not meet the inclusion criteria, leaving 26 articles available in full. After perusal of these, it was observed that 21 works did not respond to the guiding question. Therefore, the sample consisted of five publications that have been thoroughly analyzed paying attention to the interpretation of the results for the presentation of the synthesis of knowledge.

RESULTS

Regarding the study design publications evaluated, it was found that the level of evidence \(^1\): two articles presented evidence level V, being a descriptive, retrospective study and experience report, an article with level VI, retrospective descriptive, qualitative, two studies with level VII, who possessed the same methodology: theoretical reflection, shown in Figure 2.

Year | Study type | Evidence level | Authors | Language
--- | --- | --- | --- | ---
2011 | Theoretical Reflection | VII | Joseph RA. | English
2010 | A retrospective study, descriptive, qualitative | VI | Tolomeo C., Bazzy-Asaad A. | English
2006 | Theoretical Reflection | VII | Oberwaldner B, Eber E. | English
2004 | Case studies | V | Edwards EA, O’Toole M, Wallis C. | English

Figure 2. Distribution of articles included in the integrative review by level of Evidence\(^1\). Alfenas, MG, 2013.

The five articles included in this study were published in the period 2004-2012, in international journals in the English language, and no specific magazines of Nursing, however, make up most of the general area of maternal and child health (Figure 3).

ID | Periodic publication | Country of study
--- | --- | ---
Oberwaldner B, Eber E. | Paediatric respiratory reviews | Austria
Tolomeo C., Bazzy-Asaad A. | Pediatric Pulmonology | England
Edwards EA, O’Toole M, Wallis C. | Archives of Disease in Childhood | England

Figure 3. Distribution of articles by journal and country of study. Alfenas, MG, 2013.

Figure 4 presents a summary of the articles included in this review study, highlighting the main findings and conclusion of each item selected.
<table>
<thead>
<tr>
<th>ID</th>
<th>Main results</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph RA.</td>
<td>Parents are afraid of taking the child with tracheostomy home, so they should be educated about this type of care.</td>
<td>Essential measures for the successful care: planning, preparation of fathers and their involvement in the care of the child in the hospital environment.</td>
</tr>
<tr>
<td>Vanker A, Kling S, Booyse K, Rhode D, Goussard P, Heyns L, et al.</td>
<td>The average duration of care at home was 26.6 months. -24 children have had success after removal of the cannula, ten children were the death and in two the results are unknown. -The overall survival was 82%, being the survival of children cared for at home of 85% and for institutionalized children of 66%.</td>
<td>Children can be safely cared for respiratory stoma at home, even though an environment of limited resources. Essential measures for the successful care: proper training, technology and social support services.</td>
</tr>
<tr>
<td>Oberwaldner B, Eber E.</td>
<td>The stoma respiratory care can be performed safely at home, for both if necessary: trained caregivers; appropriate environment; equipment and necessary materials available; use of community resources.</td>
<td>Caring for a child with a respiratory stoma at home is a challenge. Essential measures for the successful care: motivated caregivers, proper education, family environment ready and equipped, community support, and communication with the health team.</td>
</tr>
<tr>
<td>Tolomeo C., Bassy-Assaad A.</td>
<td>50% of primary caregivers (parents/family) said they would not be able to care for the child at home, without a second caregiver trained. -The second caregiver is a person who can not only provide care for the child with Stoma, but also respiratory support and primary caregiver support. -The main carers boarded the themes: confidence to perform child care, security in bringing about child care and support/support for rest of the primary caregiver.</td>
<td>Necessary measures for home care: main caregiver training and a second caregiver to perform child care with respiratory stoma at home. -Training should include: medical/nursing for the child care with respiratory stoma; -Guidance on the unforeseen events that may occur in the home (lack of totally unexpected second caregiver, tiredness/fatigue of the main caregiver) and on the need to provide scale for clearance between caregivers.</td>
</tr>
<tr>
<td>Edwards EA, O’Toole M, Wallis C.</td>
<td>At home only 43% of children were dependent on specific care, 38% did not need more of ventilatory support, and 18% were to death.</td>
<td>The return of the child to the home environment does not mean exemption from responsibility and the assistance she provided. Essential measures for the successful care: regular supervision and adjustment.</td>
</tr>
</tbody>
</table>

**DISCUSSION**

Regarding to the measures necessary for the successful development of the care of children with stoma at home, five studies on the direct fear and fear that parents/caregivers have to take the child with respiratory stoma home, however claim that care offered before this condition can be performed safely in the home environment, but it is necessary that parents/caregivers are educated for such care.

For the success of these actions, parents/caregivers should be involved in learning such care during the hospital phase of treatment provided for this with the support of professional nursing. Nursing is in a unique position to prepare parents/caregivers of these children with respiratory stoma for a safe and effective transition to home care. In the learning process of the parents/caregivers, it is important to assess their learning needs, such as their willingness to learn and the learning method preferred. Should develop a plan, implement it, and evaluate its effectiveness.12

Note that often, this apprenticeship can be affected by the previous experience of families of children with the disease, their cultural background, level of education, as well as their emotional maturity. The nurse should educate parents so that they are able to: discuss the reason for making the stoma breathing; promote the management of airway secretions; demonstrate knowledge of the use of equipment and monitoring in order to maintain adequate ventilation condition his son; identify and manage emergencies and take appropriate action; perform skin care peristoma and tube, emphasizing its changing daily to avoid obstruction, fixation, humidification of inspired air, clean and protect the stoma.12,4

**Figure 4.** Summary of selected studies on databases. Alfenas, MG, 2013.

Among the articles selected for this study, all addressed in its thematic stoma breathing, which is generally made as a result of a congenital abnormality, infection or trauma due to prolonged use of mechanical ventilation.2

Caring for a child with a stoma at home is a challenge. Such care can be safely performed at home, even though this is a resource-constrained environment. The measures necessary for the successful transition of hospital care for children with stoma for the household are: training of parents/caregiver, planning and regular supervision of care, prepared and equipped family environment, social support services, motivation and parental involvement in child care in the hospital environment and communication with the healthcare team.
It was noted that in one study\(^5\), promoted by nursing education to parents/caregivers is linked to the recruitment of pediatric nurses trained, skilled and accustomed to the different situations of care and living with a child with respiratory stoma. This research also noted the importance of funding as a factor in reintegration of children in the household. Hereby, pays up possible expense of acquiring and maintaining the mechanical ventilator and provides it a suitable home environment for the child to return home with the same care provided to her in the hospital.

In another research\(^6\) was emphasized the importance of a second caregiver to assist the primary caregiver (parent/family) in home assistance for the child with respiratory stoma. For assistance successful at home, highlights the training of caregivers, both the principal and the second caregiver.

The family environment well prepared and equipped was also highlighted in another study.\(^14\) Plus support from family and community, it is essential for success in the care of children with respiratory stoma. Participation in support groups and networking with other families can help through exchanges of experiences and successful performances.

**CONCLUSION**

This study did not identify steps to home care for children with stoma generally covering only the theme of the stoma breathing. In this context, the returning home of the child with respiratory stoma, previously hospitalized, demands nursing educational activities with parents/caregivers. As much as continuity of care at home is a reality faced by these families, there are few studies that mention the essential steps to successful home care promoted by them.

Given this situation, it seems necessary to develop studies that highlight the real measures for continuity of care for children with respiratory stoma in the home environment, to subsidize the care provided by parents, as well as improve the quality of life of the child and family.

**REFERENCES**


