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Early exploratory behaviors in preterm infants and their implications to intervention

Source: Babik I, Galloway JC, Lobo MA. *Infants born preterm demonstrate impaired exploration of their bodies and surfaces throughout the first 2 years of life.* Phys Ther 2017; 97:915-25.

Studies indicate that preterm infants present delays in development of gross and fine motor skills, language, learning and integrative, executive and cognitive functions^{1,2}. Therefore, it is important to follow them up in early development. In an initial phase, before beginning the object-guided exploratory behavior, the infant perform a series of non-object-oriented exploratory behaviors that were studied by researchers from the University of Delaware.

The longitudinal study followed 24 full-term (FT) infants, 24 preterm without significant brain injury (PT) and 6 preterm with significant brain injury (PTI). The behaviors of the infants were taped at birth and at 1.5, 3, 4, 6, 9, 18 and 24 months of corrected age. Until the corrected age of 9 months, the infants were placed in prone and supine. Since 3 months they were also taped in a seating position. There was no social direct interaction nor with portable objects during the assessment and each posture was taped for 3 minutes. Behaviors were assessed and analyzed by Hierarchical Linear Model.

There was a constant increase in the maintenance of the head in midline in all postures. In prone and supine, such behavior was more frequent in FT, followed by PT and then PTI. There were no differences between groups in seated.

One hand in midline was less frequent in PT and PTI than in FT, in prone and seated. Both hands in midline occurred less frequently in prone in the PTI and in seated for PT and PTI than FT.

One hand fist ed asymmetric decreased with age in the all postures. In supine and prone, PTI showed more frequency than FT and PT. In the sitting position, PT and PTI showed more frequency than FT. For both hands fist ed the percentage of time decreased over the first year in all postures, with both hands opening at approximately 7 months in bench press and prone, and at 12 months in seated. In prone, it was greater for FT than PT and PTI in the first 6 months.

Mouthing the hands was seen more often in PTI than FT and PT in prone. In supine, PTI showed fewer hands in the mouth from 0 to 9 months. It declined steadily from 3 to 15 months for all infants in seated.

Looking at the hands and Looking at hands while acting were watched at very low frequency in prone. In supine, PTI looked less than the others did. In seated, no differences were found between groups.

Touching the body decreased through the months in supine and prone for all infants, and for 3 to 18 months in seated. PTI played less touches than the others did. Touching surfaces in prone increased during the first nine months without differences between groups. In supine, there was a peak at 9 months, with PTI showing more touches than FT and PT. Seated, there was a steady increase from 3 to 18 months for all infants.

Head up in prone was more frequent in FT, followed by PTs and after PTIs. Keeping the raised head increased with age for FT and PTI groups.

PTI infants performed fewer bouts of exploration per minute than other infants from 6 to 9 months in prone and from 6 to 24 months in seated. Over the age, all infants increased the separate behaviors performed. In prone, FT infants showed greater variability than PT and PTI. In seated, FT and PT showed greater variability

than PTI. For the combined behaviors performed, FT performed greater variety than all PT. PT performed a greater variety than PTI in seated.

The results show the delay of preterm infants, especially those with significant brain injury in the acquisition of important motor milestones, such as cervical and upper limb control.

Commentary by: Jocelene de Fátima Landgraf PT, PhD;
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If these non-object-oriented exploratory behaviors are not present, delays are expected in object-oriented exploratory behaviors such as reaching. A systematic review showed that preterm infants performed more bimanual, with increased movement units and variable postural muscle activity when compared with full-term infants³. Furthermore, preterm at 6 and 7 months achieved slower reaches and greater adjustments in the attempt to obtain successful holds⁴. However, we should consider the gestational age of the preterm baby because more similarities than differences in exploratory behavior of objects was found in late preterm (more than 34 weeks of gestational age) than full term infants⁵.

Therefore, the present study reinforces the literature about the need of early follow-up programs to detect and intervene in the preterm infant population. A systematic review highlighted the variability in early intervention programs and the difficulty in identifying the most effective intervention package⁶. However, we can emphasize that exploratory non-object-oriented behaviors should be stimulated during the intervention. It is believed that practicing/repeating such skills during therapy could lead to increase such behaviors. Increasing such behaviors would increase the possibility of providing fundamental experiences for the future development of these children. It is important that new studies verify the effects of intervention using such behaviors as part of rehabilitation for immediate and long-term effects on gross and fine motor development, language, cognition, and other aspects of child development.

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Use of echocardiography at diagnosis and detection of acute cardiac in youth with systemic lupus erythematosus

Source: JC Chang, AM Knight, R Xiao, LM Mercer-Rosa, PF Weiss. *Lupus. Use of echocardiography at diagnosis and detection of acute cardiac in youth with systemic lupus erythematosus.* Lupus 2018;0:1-10.

In this article, the authors quantify the prevalence of acute cardiac disease in youth with SLE, describe echocardiogram at SLE diagnosis and compare regional echocardiogram use with incident cardiac diagnoses.

Youth with SLE were defined as individuals having at least three hospital or physician visit claims with an ICD-9 diagnosis code for SLE, each recorded at least 30 days apart. Individuals with congenital heart disease, bacterial endocarditis or rheumatic fever were excluded from analysis.

The authors, using United States administrative database from 2000 to 2013, identified 699 youth ages 5-24 years with new-onset SLE and determined the prevalence of diagnostic codes for pericardial disease, myocarditis, endocarditis and valvular insufficiency. Multiple logistic regression was used to identify factors associated with echocardiography during the baseline period, up to one year before or six months after SLE diagnosis.

During enrollment, the majority of patients had prescription for antimalarial drugs (82%) and oral glucocorticoids (84%), cyclophosphamide (5%) and immunosuppressants (mycophenolate, methotrexate, azathioprine, tacrolimus and leflunomide) in 46%.

The diagnosis codes pertaining to the categories of chest pain, dyspnea, murmur or other abnormal heart sounds tachycardia and shock. A total of 178 (25%) youth with SLE had a transthoracic echocardiogram with the baseline period. Hospitalization within 30 days of SLE diagnosis was the most strongly associated with echocardiography use. 37 patients who did not undergo echocardiogram during the baseline period but were later diagnosed with cardiac disease. Median time from SLE diagnosis to the first cardiac code was 546 days and valvular insufficiency represents the majority of diagnosis. Pericardial disease was the second cardiac diagnosis most common, though literature describes pericarditis as the most common cardiac manifestation in SLE. 55% of echocardiograms were performed in an ambulatory setting and the majority was billed by cardiologists.

They observed that nearly one-fifth of youth had acute cardiac manifestations of SLE, the majority of which occurred near the time of SLE diagnosis. They have reported up to a five-fold difference across geographic regions in the odds of echocardiography use that was not explained by other patient demographic or disease

characteristics. Inappropriate use of imaging- with underutilization (failure to detect cardiac involvement) or overutilization (provision of echocardiograms that are not necessary for diagnosis of cardiac disease). The study observed that there may be incremental diagnostic value to early use of echocardiography.

Systemic lupus erythematosus (SLE) occurs before 18 years in about 15% of cases, with an incidence between 0,36 and 0,9 per 100.000 children. Affected females more than males (8:1) and most affected children are between 12 and 16 years of age. This disease has a multiorgan involvement. Symptoms most frequently encountered in the child and adolescent age are those involving the pleura and pericardium, joints, kidneys and skin.¹

The cardiovascular system may be compromised in 23 to over 50% of SLE, including pericardium, myocardium, endocardium, conduction tissue, and coronary arteries. Pericardial disease is the most common cardiac manifestation of SLE. The majority of acute cardiac manifestations occur within six months of SLE diagnosis.^{2,3,4}

Valvular heart disease is an important cardiac manifestation of SLE (18% to 60%) on echocardiographic studies and autopsy specimens. Left-sided valves are most affected, with the mitral valve affected more than the aortic. Common manifestations include valve thickening, verrucous endocarditis (classic Libman-Sacks lesions), regurgitation and stenosis. Lupus arteritis can lead to the development of aneurysms or vasospasm of the coronary arteries. Immune complex deposition is implicated in the development of coronary artery disease.^{2,3,4}

Echocardiography can help in the evaluation by assessment of regional wall motion abnormalities, global ventricular dysfunction, or pericardial effusion.^{3,4} Prospective studies are needed to determine whether greater use echocardiograms modify outcomes.

This study is interesting to help pediatricians to choose the best time to request echocardiography as a routine evaluation among the many tests that the patient usually has to do. The rational use of echocardiography will allow the early diagnosis of heart disease with improved survival of the SLE patient.

Commentary by: Márcia Fernanda da Costa Carvalho MD, MSc.
Pediatric Cardiologist - Instituto de Puericultura e
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Video-modeling, bullying and autism

Source: Rex C, Charlop MH, Spector V. *Using Video Modeling as an Anti-bullying Intervention for Children with Autism Spectrum Disorder.* J Autism Dev Disord. 2018 Mar 7.

Bullying among school-aged children brings important repercussions to the mental health and academic lives of affected individuals. Patients with autism have an increased risk of bullying, in view of two striking features: difficulty in socialization, which reduces the ability to create strong friendships; and the presence of stereotypies, which makes the behavior of these individuals markedly different in the view of the others. In addition, bullying becomes more serious involving these patients in that these individuals often present inappropriate reactions with aggression or emotional dysregulation. There are several bullying intervention programs that focus their actions on remediation of damages caused by the situation itself and not on the victim's response. These programs often have variable and inconsistent results. In order to find an alternative management to this situation, a group of researchers from Claremont Graduate University (USA) published an intervention study on six autistic youngsters aged 9 to 13 years, of both genders, using a video modeling method. This method values the assertive verbal response to aggression, which achieves several objectives, such as: (1) avoiding passivity in the reaction, which can contribute to victimization; (2) increase the power of the victim, since the act of bullying presupposes an imbalance of forces between the peers; (3) surprise the aggressor, who does not expect a response from the victim; and (4) be socially acceptable as a form of reaction to repeated assaults. In this study, autistic youngsters are exposed to videos in which three types of bullying are exemplified by actors: verbal, physical, and exclusion. In a second moment, the same videos are presented, but with a different outcome, composed of assertive responses to the aggression. Finally, autistic youngsters are tested for real situations of the three types of bullying and their responses are evaluated. It should be noted that autistic children are also encouraged to tell their parents what happened. The results show that autistic children have been able to capture the content of the videos and transpose them into real life. What was most interesting was that the speeches were not simply repeated but adapted to the context experienced in the bullying test situations.

Commentary by: Giuseppe Pastura MD, PhD.
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Autism spectrum disorder is a prevalent condition in children of school age. Currently, data from the Centers for Disease Control and Prevention (CDC) report that one in every 59 children is within the spectrum of the disorder. It is four times more common in boys than in girls. Its risk factors include: parents with advanced age, genetic syndromes such as Down syndrome X-Fragile syndrome and tuberous sclerosis; and prematurity / low weight. According to DSM-V, its cardinal symptoms include social interaction deficit and repetitive / stereotyped behavior. There are no additional tests to confirm this clinical condition and the diagnosis is based exclusively on clinical criteria. There is no curative treatment for the disorder. Medications can help control symptoms such as restlessness, insomnia and compulsive behavior. The core of the treatment consists of behavioral therapies focused on the cardinal symptoms of autism (eg, social skills training). Children with autism have great difficulty in socializing, which can be aggravated in situations of bullying^{1,2}. It should also be noted that autistic children are more likely to be victims of bullying than children without this condition. There are studies demonstrating that these patients usually suffer aggression even by their siblings³. The prevalence of bullying among autistic patients is estimated at 40%. Coping with this problem is not a simple task and several techniques have been developed for proper management. A recent publication highlights the important role of training in theory of mind (ToM) in reducing mothers' bullying victimization complaint. Theory of mind (ToM) consists in the cognitive understanding of other people's mental state and, likewise, predicting their behavior. Autistic children have a deficit in mind theory, which raises the risk of suffering and / or perpetrating acts of bullying. The study reported here brings another alternative for the management of bullying situations that can be used even by children without other diseases. Video modeling methodology has already been used in other situations in patients with autism, such as communication instructions, and has great potential to teach verbal, assertive and non-violent responses to conflict resolution. Another positive point is its potential for dissemination in regions with low socio-economic index, as is the case in the interior of Brazil. Finally, one point that needs to be reinforced is the importance of children informing their parents about verbal and / or physical aggressions, since they do not always know what goes on in the school environment, and this measure can facilitate decision making.

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Annals of III presentation session to course completion of the multiprofessional integrated residency program in child and adolescent health of IPPMG/UFRJ - held on 2/21/2018

ANALYSIS OF CLINICAL PHARMACY ACTIVITIES IN THE PEDIATRIC INTENSIVE CARE UNIT AT IPPMG / UFRJ

Juliana Esther de Araújo Maia - Multiprofessional Integrated Residency Program in Child and Adolescent Health / IPPMG / UFRJ.

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Elisangela da Costa Lima - Multiprofessional Integrated Residency Program in Child and Adolescent Health / IPPMG / UFRJ; School of Pharmacy / UFRJ.

Introduction: The clinical pharmacy in the pediatric intensive care unit (PICU) is a complex activity since children have pharmacokinetic and pharmacodynamic differences in relation to adults that may influence treatment (posology regimen, pharmaceutical form and administration routes) and compromise the desired therapeutic effect. The Pharmacy Service of *Instituto de Puericultura e Pediatria Martagão Gesteira* (IPPMG / UFRJ) started since 2013, in several multiprofessional activities of the Intensive Care Unit.

Objective: To analyze and compare pharmaceutical care services in the PICU to concepts recently discussed in Brazil.

Methodology: Procedures and practices related to clinical pharmacy activities was identified and assessed during the residence in-service training between July (2017) and February (2018) at IPPMG. Document analysis was based on conceptual framework as gold standard published by Brazilian Council of Pharmacy (in 2016).

Results: Few changes were necessary on the documents, forms and accompanying instruments. It was observed that the services offered in the IPPMG (drug therapy evaluation, drug dosage adjustment, therapeutic drug monitoring, drug distribution, patient education, multiprofessional rounds participation) are appropriate to the conceptual framework indicated by the Brazilian Council of Pharmacy.

Conclusion: We believe that this review about internal procedures proposed by work will enable the development a guideline of the clinical activities from IPPMG in the future. This guideline may also be useful to other pediatric institutions, considering the scarcity of Brazilian publications on pharmaceutical care in PICU.

Keywords: pediatrics, clinical pharmacy, pharmaceutical care, pediatric intensive care unit.

APPLICATION OF THE QUESTIONNAIRE PEDCARBQUIZ FOR EVALUATION OF KNOWLEDGE ON CARBOHYDRATE COUNTING IN CHILDREN AND ADOLESCENTS AT A UNIVERSITY HOSPITAL OF RIO DE JANEIRO

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Objective: To verify the knowledge about the method of carbohydrates counting (CC) in children and adolescents with diabetes mellitus type I with application of the PedCarbQuiz questionnaire.

Methods: An observational, cross-sectional, analytical study. The study population consisted of children (≥ 1 to 9 years and 11 months) and adolescents (≥ 10 and ≤ 17 years) of both sexes, diagnosed with DM1, followed up at a university hospital of reference for the treatment of diabetes. The questionnaire was applied with the parents / guardians or with the patient when the patient was responsible for performing the CC and the insulinization. PedCarbQuiz evaluates seven domains regarding DM control by means of 52 scored items with a value of one. The following variables were analyzed: glycemic control, anthropometric parameters, clinical, sociodemographic and biochemical data. Statistical analyzes were performed in SPSS software for Windows version 23.0 (SPSS Inc., Chicago, USA).

Results: The sample consisted of 49 children and adolescents, 63.3% female ($n = 31$), mean age $11.3 (\pm 3.15)$ years and mean disease time $6.44 (\pm 3.21)$ years. The nutritional status of most patients was eutrophic ($n = 33, 67.3\%$). The average score of correct answers of the sample was $58.5 (\pm 9.4)$ points, approximately, 75% of correct answers. The mean of Hb1Ac was $8.25 (\pm 1.58)\%$, without association with knowledge of CC by PedCarbQuiz ($p = 0.310$). The average of parent's years of study was $13 (\pm 2.33)$ and it had no association with the knowledge of the CC ($p = 0.414$).

Conclusion: There was no association between knowledge of the CC method and glycosylated hemoglobin levels, despite good knowledge in general.

Keywords: Diabetes type I, carbohydrates counting, children, adolescents.

CHARACTERIZATION OF INFANTS WITH MICROCEPHALY EXPOSED OR SUSPECTED OF EXPOSURE TO THE ZIKA VIRUS AT 12 MONTHS ON CHRONOLOGICAL AGE: SERIES CASE

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Introduction: In the last couple of years, the identification of infants with microcephaly and the association to the Zika virus got the attention of researchers from different areas. While various groups started to worry about the understanding of vertical transmission and the development of a vaccine against the Zika virus, others endeavored to follow the infants with microcephaly with the aim of detecting changes and proceed to specialized treatment.

Objective: To characterize neuropsychomotor development of infants with microcephaly at 12 months of chronological age, accompanied in the Nucleus of neuropsychomotor development and rehabilitation of *Instituto de Puericultura e Pediatria Martagão Gesteira* (NRDN / IPPMG / UFRJ), in the year of 2017.

Method: The pre, peri and postnatal information of the infants, including the results of Alberta Infant Motor Scale (AIMS) were collected from the charts.

Results: The sample included six infants, two premature infants and four full-term infants. All mothers had shown suspected diagnosis of infection by Zika virus, but only one diagnosis was laboratory confirmed. All infants began the follow-up in the *Nucleus* RDN at the end of the fourth trimester of life, only for guidelines. At 12 months of chronological age, all were delayed in development and were below P5 on the scale chart, which categorize their development as abnormal.

Conclusion: Even though most of the mothers didn't present laboratorial confirmation of infection by the Zika virus, they reported the presence of very characterized signs and symptoms, which can justify the cephalic perimeter below normal on birth and typical motor development deviation. However, the prematurity of two infants must as well be considered.

Keywords: microcephaly, infant development, Zika virus.

CHILDREN WITH LONG PERMANENCE CATHETER'S FAMILIES' CHALLENGES IN THEIR RESIDENCES, RELATED FOR NURSES

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Introduction: The pediatric cancer is characterized as a group of neoplasias, which affect people under 15 years old, and can have different causes. After the diagnoses, chemotherapy is the most used treatment. For this reason, central venous catheters are utilized, invasive devices that allow discharge from the hospital for the child to go home. These catheters need special cares and the family must get specific orientations about these cautions.

Objectives: Identify and analyze the children with long permanence catheter's families' difficulties and challenges in their residencies, related for nurses.

Method: Qualitative and descriptive research, developed by using semi-structured interviews, guided by a 3 open questions script, with thirteen nurses who worked in Nursery and hemo-oncological Ambulatory located in a University Hospital in Rio de Janeiro state. The data were analyzed by Minayo theme. This study was approved by the institute's CEP, under de number: 2.300.245.

Results: The difficulties and challenges were related to home cares, catheters complications, children issues and staff orientations, besides problems with bandages, some kind of leisure activities deprivation and change of habits.

Conclusion: There is still the need for creating a standard in the way professionals give families and the children themselves the necessary orientation. Making strategy for the families to overcome these problems is extremely important for efficiency of long term care. Encouraging a support group for families is also of great value, considering that information and strategies exchange can help both families of children in the beginning of the treatment and the ones with more experience with it.

Keywords: Pediatric nursing, hematology, catheter, family.

DEVELOPMENT IN THE VISION OF PREGNANT WOMEN: WHAT DO THEY KNOW?

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Introduction: The development of a child is a complex process that occurs with the interaction of biological factors with the environmental influences and the everyday experiences. Mothers are the main stimulating agents of their children, since they spend most of their time caring, interacting and showing the “new” to their baby. In this way, checking the mother’s knowledge of child development can bring information about the biggest gaps and doubts about the subject for educational measures may be propose for this public.

Objective: To check the degree of knowledge of pregnant women on child development up to 12 months.

Method: There were 50 pregnant women who carry prenatal care, aged between 12 and 45 years, accompanied at the Maternity School of the Federal University of Rio de Janeiro (UFRJ) and in a private doctor’s office of the City of Rio de Janeiro. Pregnant women responded to a questionnaire with easy-to-understand questions about the motor and respiratory development of their child. According to the results obtained, there is a limited knowledge of pregnant women on child development in a global way, and those accompanying the public system had 43.9% of hits, which was relatively minor in relation to the private (55.5%), A difference of 11.6%, already in comparison between the primiparous and multiparous and adolescent and adult pregnant women, there was little difference, being 47.9% hits between the primiparous and 44.15% in multiparous and 42.5% hits between adolescents and 46.3% hits between the Adult. The summary and descriptive analyses of the results found were carried out.

Results: According to the results obtained, there is a limited knowledge of pregnant women on child development in a global way, and those accompanying the public system had 43.9% of hits, which was relatively minor in relation to the private (55.5%), A difference of 11.6%, already in comparison between the primiparous and multiparous and adolescent and adult pregnant women, there was little difference, being 47.9% hits between the primiparous and 44.15% in multiparous and 42.5% hits between adolescents and 46.3% hits between the Adult.

Conclusion: This study showed that there is a shortage of information given about child development for pregnant women. This demonstrates the need for family access to quality information so that they are able to stimulate their children properly and identify warning signs to seek a specialized professional.

Keywords: Maternal knowledge, pregnant women, child development.

FUNCTIONAL PROFILE OF CHILDREN WITH DIABETES MELLITUS TYPE 1

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Introduction: Diabetes mellitus can be defined as a heterogeneous group of metabolic disorders that have in common hyperglycemia, arising from defects in insulin action, insulin secretion or both. Currently, the incidence of type 1 diabetes mellitus is increasing, mainly, in the population under five years old.

Objective: To outline the functional profile of children with type 1 diabetes mellitus aged 1 to 7 years.

Methods: Fifty-two children with type 1 diabetes mellitus, mean age 5 years and 8 months \pm 1 year and 10 months, participated in the study. To evaluate the children, the Pediatric Evaluation of Disability Inventory (PEDI) was used.

Results: The results showed that children with type 1 diabetes mellitus had functional abilities adequate for age. In addition, they revealed that children perform tasks of medium to high complexity, however, some tasks were identified as already being part of the children's functional repertoire, among which we can highlight: combing and hair distribution; tie the shoes; keep dry overnight; opening and closing the tap; seeking an adult to work the solution together in the face of a problem; invent elaborate pretend sequences from the imagination; go to an adult to ask for help on how to get home; start simple routine how to take care of own belongings; start and finish at least one household task; cross a busy street safely in the absence of an adult; make transactions at a neighborhood store without assistance.

Conclusion: In this study, children with type 1 diabetes mellitus did not present dysfunctional functional abilities. However, changes such as nocturnal enuresis and the excessive protection of caregivers in the performance of some tasks were investigated.

Keywords: diabetes mellitus, functional skills, child development.

HOW CAREGIVERS AND ADOLESCENTS COPING WITH DIABETES? REPERCUSSIONS FOR THE ADHERENCE TO TREATMENT

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Introduction: Diabetes mellitus type 1 (DM1) is a chronic health condition diagnosed early in the childhood. In the adolescence, the adherence to diabetes treatment has an impact on the disease control, and depends on how the young person and their caregiver perceive and cope with this condition.

Objective: Was to analyze how caregivers and adolescents deal with the demands of DM1 based on the investigation of indicators of coping and their repercussions for the adherence to treatment.

Method: This is a comparative study with 20 adolescents with DM1 compared to

their caregivers in terms of coping strategies and a profile of the Diabetes treatment adherence. Both answered, individually, the COPE Inventory to identify coping strategies and General Data Protocol to collect sociodemographic data, and identify indicators of adherence to treatment.

Results: Most of the caregivers were female, with a mean of 41.1 years; while adolescents averaged 14.8 years of age, and 55% were in high school. Related to the coping with DM1, both adolescents and their caregivers more often adopted an engaging such as Positive re-interpretation and growth, Active coping and Planning. Disengaged coping strategies, such as Focus on Emotion, were used only by adolescents. Finally, it was observed that 65% of them presented good clinical indicators due to an adequate treatment adherence (ideal weight and glycated hemoglobin below 7.5%), with follow-up of nutritional guidelines.

Conclusion: It is concluded that the coping style of adolescents and their caregivers has repercussion in DM1 treatment adherence because the prognosis of diabetes is best when both are able to deal with the difficulties imposed by the disease and its treatment in an engaged way. Therefore, knowing about the confrontation, both of the adolescents and their caregivers, should guide interventions that help them to live better with this silent disease that has serious consequences.

Keywords: Adolescent, Caregivers, Diabetes Mellitus, Coping, Treatment adherence.

PROFILE OF ANTIEMETIC UTILIZATION BY ACUTE LYMPHOBLASTIC LEUKEMIA PATIENTS WITH IN A PEDIATRIC UNIVERSITY HOSPITAL

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Background: Leukemia treatment is composed by combined antineoplastics of different action mechanisms with potential emetogenic variables. Antiemetic drugs are commonly prescribed (immediately before the chemotherapy administration, regularly during the chemotherapy cycle *or pro re nata* (prn). However updated guidelines about management of chemotherapy induced nausea and vomiting in children are not always followed.

Objective: To evaluate the profile of antiemetic drugs utilization by children in the treatment of acute lymphoid leukemia (ALL) in a pediatric hospital.

Methodology: A drug utilization study was carried out between March and August of 2017 and included children in ALL Berlin-Frankfurt-Münster chemotherapy regimens. Profile of antiemetics utilization was compared to MASCC and ESMO guideline (2016).

Results: We observed antiemetics prescription for all children in treatment with intrathecal, intravenous or subcutaneous chemotherapy. Its majority the 5-HT₃ antagonist, ondansetron, regardless of the emetogenic potential of the antineoplastics. In the meantime only in 24% of the prescriptions related oral chemotherapy had association with antiemetic.

Conclusion: Findings showed the importance of creation of an antiemetic protocol for the institute. It should be based on the most uphold guidelines, with a view to the rational use of that support therapy, having a relevance the emetogenic potential and the dose of the antineoplastic used, in addition to intrinsic characteristics of the patient.

Keywords: Pediatrics, chemotherapy induced to nausea and vomit, antiemetic.

SAFE MEDICINE PREPARATION FOR HOSPITALIZED CHILDREN: STRUCTURE REVIEW OF THE ENTERIC USE PREPARATION'S COMPOUNDING ROOM

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Introduction: The most of the medicines used for pediatrics doesn't have specifications of this use described in their package, and so they are categorized as off-label or unlicensed. When a drug isn't available on a commercial formulation suitable for pediatric use, it is necessary to use magisterial manipulation or carry a pharmaceutical dosage form modification, in order to adapt them for patient's needed.

Objectives: Search on literature and current legislation about the safest way to carry compounding activities and pharmaceutical forms modifications, and from this review, propose changes in hospital's pharmacy structure in *Instituto de Puericultura e Pediatría Martagão Gesteira* - IPPMG.

Methods: A literature review was carried out to gather the available knowledge about the structure, methods, techniques and procedures related to safe compounding drugs for oral administration in children. Books, legislations and articles indexed in virtual databases (Pubmed, Science Direct and Lilacs) were used.

Results: Several studies have been found, but just a few were conclusive regard the safety of drugs and excipients. RDC 67 was used as basis for the construction of a pharmacy adequacy project for magisterial manipulation medicines.

Conclusion: Oral use of compounding formulations will contribute to increase patient safety in hospital. The pharmaceutical dosage form modification, previously carried out by nursing professionals in the hospital ward, will be carried out by pharmacists inside a suitable environment, applying good manipulation practices and based on scientific literature.

Keywords: Pharmacotechnical, Pediatrics, Patient Safety.

THE RESIDENT'S PERSPECTIVE FROM THE PRODUCTION OF HEALTH CARE

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Introduction: Residency is a postgraduate studies focus on education in service. It is an intersection space between teaching and working, which can contribute of the formation of professionals and all institution. The care can be considered like one of the premises of the work in health system. And it can be defined as the bond, the meeting between professional and user, and their development and implication in the health-disease process.

Objective: To the conception of care from the perspective of the residents and the implications in their practice.

Method: It is a qualitative exploratory descriptive study conducted with 12 residents who worked in a pediatric hospital. The interviews were analyzed based on the Bardin methodology of content analysis. Their answers were divided in some categories: Care; Integrality; Educational and Residency Training; The child in the Hospital.

Results: The most part of the residents tended to conceptualize health care from a technical perspective of their professional qualification. A few of them included the user, especially the child, as one of the protagonist of their own health care, although they recognized the importance of multiprofessional team work to produce this health care.

Conclusion: This research indicated that the majority of the residents had a very similar comprehension, independent of the professional category. This fact may be happened because the biomedical model still being quite present and strong in the process of work in health. This research desired to produce affectations, which can be a tool for a new perspective about the health care, the bond, the importance of integrality practices, the residence formation. These changes can contribute for a new model of producing the health care, in a new clinic which the singularities of all and the relationship are important factors in this meeting of different worlds.

Keywords: Integrality of care, Health care, Medical residency, Multiprofessional residency.

THE SICKLE CELL TRAIT AND SICKLE CELL DISEASE IN THE FAMILY OF THE ACCOMPANYING CHILD IN AN OUTPATIENT CLINIC: FAMILY MEMBERS' KNOWLEDGE ABOUT HEREDITY

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Objective: To analyze the family members knowledge about who carry the trait or have sickle cell disease by one of the legal guardians of the child.

Methodology: Descriptive study with a qualitative approach. The study scenario was the sickle cell outpatient clinic of a pediatric institution located in the city of Rio de Janeiro. Participants were 23 mothers of children with sickle cell disease who were waiting for medical consultation and who accepted to spontaneously participate in the study. The data were collected by interview technique and analyzed on the basis of the scientific literature.

Results: All study participants and their partners had sickle cell trait, having at least one child with the disease and the participants who had more than one child had healthy children and / or sickle cell trait. The diagnosis was informed by the result of the foot test, however, three participants only discovered the disease of the child, when already hospitalized. It is observed that despite being a genetically transmitted disease, the participants reported that they did not know about the heredity of this disease in other members of the family, they just know about the nuclear family (father, mother and child), only four reported having knowledge of the sickle cell trait in grandparents, uncles and cousins, and three reported knowing about sickle cell disease in nieces.

Final considerations: It is concluded that there is still a gap of information about the results of the foot test and the search of other members of the family of second and third grades (grandparents, uncles and cousins) for sickle cell disease and / or its trait. This study presents a great contribution to nursing as a member of the multiprofessional team that must be present in the guidelines and follow up of the child with sickle cell disease and his relative.

Keywords: Anemia, Sickle cell, Pediatric Nursing, Child.

THE VIOLENCE AGAINST CHILDREN AND ADOLESCENTS AS A DETERMINANT OF HEALTH: AN ANALYSIS ON THE IDENTIFICATION / NOTIFICATION OF CASES ATTENDED AT IPPMG / UFRJ

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The main objective of this study was the survey about the situations of violence against children and adolescents attended at IPPMG, seeking to reveal the way in which this social phenomenon was expressed in the health unit, considering it as a significant epidemiological factor that has consequences to the health of children and adolescents. The analysis presented here is based on data obtained through the survey of SINAN records notification issued by IPPMG, on cases of violence against children and adolescents, during the period from March 2016 to June 2017. The results show some aspects that deserve attention: in the year 2016, neglect / abandonment and physical violence were the main forms of violence reported. In 2017, the highest rate of notifications was related to neglect and abandonment. In both years the mother appears as the main perpetrator of the violence, which makes it possible to question about the accountability of women in matters related to child and adolescent care. Among the professional categories that filled out the notification forms, only the Physicians and the Social Workers appear, as well as the Hospital Director. The research sought to foment and deepen the discussion about the issue of violence, making it possible to qualify the knowledge about its main forms, experienced by children and adolescents attended at IPPMG.

Keywords: Violence, Notification, Health, Childhood and Youth.