

141 - LIVING THE HEALTH PROMOTION IN THE FAMILY HEALTH STRATEGY

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INTRODUCTION

The Family Health Strategy (FHS) is one of the cornerstones of public sector action in the health area in Brazil. The basic feature of the proposal is to provide basic health care, increasing the population's access to health services, based on type of service that focuses on the family unit of work (Camargo, 2008).

The family as a unit of care is the perspective that gives meaning to the work process of the Family Health Strategy. According to the Manual of Nursing on PSF (2001) can consider the family as a system whose members may or may not be related or live together, may or may not contain children, they being a single parent or not, where there is commitment and bonding.

In this context means that nurses must be competent in access and intervene with families in a cooperative relationship - work / family, based on a theoretical basis. This is done by combining scientific knowledge and technological skills of observation, communication and intuition (ANGELO & BOUSSO, 2001).

The choice of this experiment was based on the fact that the situation in question go beyond a simple scabies: a teenager with developmental delay (ADNPM).

According to data from the World Health Organization - WHO, in peacetime at least 10% of children of any country are born or acquire handicaps, physical, mental or sensory impairments that interfere in its development (Miranda et al, 2003).

In our country, the census of 2000 indicates a prevalence of about 24.5 million people with disabilities, representing 14.5% of the population. However, the second document from the Ministry of Health in 1991, only 2% of these individuals received some assistance verifying unimpressive progress in this situation (Miranda et al, 2003). Given this, it is evident the importance of completing this case study as a learning tool and as an alert to the importance that has been given to the deficiencies in public health.

OBJECTIVE

The aim of this study was to report an experience during the supervised practice of the discipline of primary care in the undergraduate program in nursing at the University of Rio Grande do Norte in the Basic Family Health Felipe Shrimp, Natal/RN.

METHODOLOGY

This is a case study, descriptive, exploratory, held in a county in northeastern Brazil in the period between February and June 2010. This is a unique situation involving a teenager with developmental delay.

This study was approved by the Ethics Committee of the Federal University of Rio Grande do Norte, in 2010, as part of an evaluative study "Analysis of Implementation of the primary curriculum component and the Family Health Strategy in the undergraduate program Nursing, Federal University of Rio Grande do Norte.

The Case Study Method classifies itself as a qualitative approach and is often used for data collection in the field of organizational studies, despite criticism that the same is done, considering that does not have sufficient objectivity and thoroughness as to set a method of scientific research (inherent in critical qualitative methods, as already mentioned).

The prejudices that exist in relation to the Case Study Method are outsourced in statements such as: the data can easily be distorted at the whim of the researcher to illustrate issues more effectively, the case studies do not provide a basis for scientific generalizations, the statement that case studies take a long time and end up generating inclusion of documents and reports that objectivity does not allow for data analysis (Scholz and Tietje, 2002).

According to Yin (2001) and Fachin (2001) these issues may be present in other methods of scientific research if the researcher has no training or skills necessary to conduct scientific studies of nature, so there are inherent to the Case Study Method.

DISCUSSION OF THE CASE

M. D. S., 14, resides in the district of Felipe Shrimp with his family consisting of father, mother and two brothers (aged 8 and 10). The first contact with M. D. S occurred via a home visit performed, as requested by the health officer of the area, due to an attack of scabies in which the teenager is going through. However, on reaching the place, it was apparent that the situation was far beyond that.

According to Brunner and Suddarth (2009) scabies is an infection of the skin by the mite *Sarcoptes scabiei* itchy. It is a contagious disease transmitted by direct contact or through the interpersonal use of contaminated clothing and is strongly related to poor hygienic conditions, possibly in the case of the teenager in question.

M. D. S. spends practically all day on a network that apparently was dirty, and that the house where he lives is not aired, has few windows, which prevents the entry of sun and air circulation, and also has a pet (dog) that did not look proper hygiene.

Also according to the same author, the disease whose main characteristic is that the intense itching, usually worse at night. The typical lesion of scabies is a small linear path slightly elevated, skin-colored or slightly reddish and mainly occurs in areas between the fingers and wrists. In the case of M. D. S. beyond the fingers and wrists almost the entire body showed scabies lesions.

One of the actions taken before that point was the prescription of Deltamethrin 0.2%. Deltamethrin is indicated for the prophylaxis and treatment of pediculosis (lice) of ftirase (crabs) and scabies (scabies) and has a similar efficacy of permethrin (OLIVEIRA, 2004). The teenager's mother also was counseled about the use of the product: apply in the whole body of M. D. S, leave it for 3 minutes and remove with water. Use for four days and then again after 7 days. D. Luzineide was still oriented to the network and the washing of clothes used by M. D. S., hot water or ironing them with hot iron.

One week after the first visit to the M. D. S., returned to the residence of the treatment evaluation. Despite the presence of some lesions in the body, the general condition in relation to scabies had improved.

On that occasion we talked a bit more with the mother of a teenager, but one of the few who managed to gather information was the number of records of M. D. S. the Children's Rehabilitation Center (IRB) that can inform us that scabies affects M. D. S. since 2009

Furthermore, CRI, M. D. S. was evaluated by a pediatrician. According to the medical report of the teenager in question has developmental delay (ADNPM) + malnutrition. (31.07.09).

On first contact we had with M. D. S. already possible to see that the teenager in question has some delay in its development is always in a network, in a fetal position, with muscle loss evident, not walking, not talking, and, according to the mother, do not cry.

The child with ADNPM present delayed physical development and acquisition of motor skills, adaptive, language and social behavior (PAHO, 2005). In general, as previously mentioned, M. D. S. do not walk, not talk, do not cry, has spinal deformity and second orthopedic evaluation of the CRI (CRI chart), has multiple fixed contractures, adduction and valgus flat feet (flat feet).

According to Oliveira and Biagi (2005), the delay in DNPM can occur by inadequate stimulation but also due to disturbances or disruptions in the pre-, peri-and postnatal, called risk factors, which relate to the case in question.

During the prenatal period of pregnancy M. D. S. the mothers reported that, around 3 or 4 months, made use of five or six tablets of potassium permanganate vaginal delivery with intent to abortion. Despite having suffered a severe hemorrhage (sic) the fetus was not aborted. Also according to the birth mothers of M. D. S. was vaginal, happened at home, with many difficulties, was extended and took the child to cry, which suggests that M. D. S. has suffered any complication in the perinatal period.

The environmental risks related to the family and the general environment in which the child or adolescent living, manifested by action or omission, such as poor supply of health care, lack or indifference to social resources and educational materials, lack of policies and actions prevention of accidents, violence and others (Miranda et al, 2003).

When talking with the mother of M. D. S. was clearly perceived that it was never informed about the diagnosis of this disease that affects her daughter and perhaps not so aware of the importance of M. D. S. medical supervision.

According to the mothers she withdrew treatment in ADOPT four years ago due to difficulties in transportation. Moreover, it was evident a possible overload on the mothers since it does not receive support from your partner or any other family member.

From the detection of a lack of monitoring, the mother of M. D. S. was sensitized to return the treatment in the CRI, but it was not possible to check if it really happened due to completion stage.

The home caregiver clients with neurological sequelae and assumes greater responsibility to direct attention and continuous care to the person cared for. Neurological disorders incapacitate the person cared so much that eventually becomes a significant overhead, making it difficult for it to adapt to the changing capacity of the patient with frequent physical and emotional stress of the caregiver (Resck & GOMES, 2008).

It is the duty of the nurse working with the family caregiver in the promotion of care to clients with neurological damage and preparing them to reorganize their lives in their homes in addition to detecting, preventing and controlling adversities that may appear (Resck & GOMES, 2008).

Another noteworthy finding in the situation of M. D. S. malnutrition is evident. Besides registration of medical records in pediatric CRI (31/07/2009), muscle loss is a strong indication of the nutritional status of adolescents.

According to Hill (2000), among the factors that contribute to malnutrition in children/ adolescents are their requirements for larger amount of energy as protein, viral infections, bacterial and parasitic repetitive, which can produce anorexia and reduce nutrient intake; practices, inadequate child care such as administering food is not hygienically prepared and inadequate availability of food due to poverty and social inequality.

Moreover, in this case, it is clear that the physical condition of the teenager is not conducive to a proper diet: eat only foods and liquids or pastes are often chokes (SIC).

At this point the nursing professional must work closely with a nutritionist. A nutritionist would be the appropriate professional to provide all the guidelines, steps and solutions for the case of M. D. S. to provide improvement in the nutritional thereof. If this is not possible to own nurse can, based on scientific knowledge, working together with this family.

In the case of M. D. S. the issue of inadequate availability of food due to poverty is more evident. The teenager is part of a family with five members whose income depends on the father's work in a warehouse (rent imprecise and not known by the mother) and the Continuous Cash Benefit received by the adolescent.

The value of the BPC is a minimum wage per month paid to the elderly and / or disabled who cannot ensure their survival, on their own or with family support.

More than the right to a benefit of a minimum wage, M. D. S. and your family need a law that is respected in particular: the right to decent health care, holistic and effective.

CONCLUSION

Because of the importance and impact of delays in development with regard to child morbidity, it is essential that one can, as early as possible, to identify children at greatest risk, to minimize the negative effects arising therefrom.

From experience it was observed that people with disabilities represent a significant portion of the population and so the nursing staff must be prepared to provide a holistic care to these people, preferably involving a multidisciplinary team.

Given this, it is evident the importance of completing this experience report. This activity was a way to know more about this special portion of the population that normally is not discussed as their importance demands.

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ABSTRACT

The aim of this study was to report an experience during the internship in the Basic Family Health Felipe Shrimp, Natal / RN. This is a unique situation involving a teenager with developmental delay. The first contact with M. D. S occurred via a home visit performed, as requested by the health officer of the area, due to an attack of scabies in which the teenager is going through. However, on reaching the place, it was apparent that the situation was far beyond that. The contact with the teenager prompted further investigation of the case, aiming at acquiring knowledge and, if possible, interventions that provide better quality of life of the user. From experience it was observed that people with disabilities represent a significant portion of the population and so the nursing staff must be prepared to provide a holistic care to these people, preferably involving a multidisciplinary team. This is done by combining scientific knowledge and technological skills of observation, communication and intuition. In addition, it is evident the importance of completing this experience report. This activity was a way to know more about this special portion of the population that normally is not discussed as their importance demands.

KEYWORDS: Family Health Strategy; adolescence; scabies.

VIVRE LA PROMOTION DE LA SANTÉ DANS LA STRATÉGIE DE SANTÉ DE LA FAMILLE

RÉSUMÉ

Le but de cette étude était de rapporter une expérience au cours du stage dans la base de santé familiale de crevettes Felipe, Natal / RN. Il s'agit d'une situation unique impliquant un adolescent avec un retard de développement. Le premier contact avec M. D. S s'est produite via une visite à domicile effectuée, tel que demandé par l'agent de santé de la région, due à une attaque de la gale dans lequel l'adolescent traverse. Cependant, en arrivant à la place, il était évident que la situation a été bien au-delà. Le contact avec l'adolescent amené une enquête plus approfondie de l'affaire, visant à acquérir des connaissances et, si possible, les interventions qui offrent une meilleure qualité de vie de l'utilisateur. Par expérience on a observé que les personnes handicapées représentent une partie importante de la population et ainsi le personnel soignant doit être prêt à fournir une prise en charge globale de ces personnes, de préférence dans une équipe pluridisciplinaire. Ceci est fait en combinant les connaissances scientifiques et des compétences technologiques de l'observation, de communication et plus intuition. In addition, il est évident qu'il importe d'achever ce rapport d'expérience. Cette activité a été un moyen d'en savoir plus sur cette portion particulière de la population qui n'est normalement pas discuté en tant que leurs revendications importance.

MOTS-CLÉS: Stratégie de la santé familiale; adolescence; gale.

VIVIR LA PROMOCIÓN DE LA SALUD EN LA ESTRATEGIA DE SALUD DE LA FAMILIA

RESUMEN

El objetivo de este trabajo es presentar una experiencia en su práctica en el Básico de Salud Familiar de Felipe Camarones, Natal / RN. Esta es una situación única participación de un adolescente con retraso en el desarrollo. El primer contacto con M. D. S se produjo a través de una visita domiciliar realizada, conforme a lo solicitado por el funcionario de salud de la zona, debido a un ataque de la sarna en los que el adolescente está atravesando. Sin embargo, al llegar al lugar, era evidente que la situación fue mucho más allá. El contacto con el adolescente le pide una mayor investigación del caso, destinado a la adquisición de conocimientos y, si es posible, las intervenciones que proporcionan una mejor calidad de vida del usuario. De la experiencia se observó que las personas con discapacidad representan una parte significativa de la población y para que el personal de enfermería debe estar preparado para proporcionar una atención integral a estas personas, preferiblemente con la participación de un equipo multidisciplinario. Esto se hace mediante la combinación de los conocimientos científicos y las habilidades tecnológicas de la observación, la comunicación y intuición. In addition, es evidente la importancia de completar este relato de experiencia. Esta actividad fue una manera de saber más acerca de esta parte especial de la población que normalmente no se discute como las exigencias de su importancia.

PALABRAS CLAVE: Estrategia de Salud de la Familia, la adolescencia, la sarna.

VIVENDO A PROMOÇÃO À SAÚDE NA ESTRATÉGIA SAÚDE DA FAMÍLIA

RESUMO

O objetivo desse estudo foi relatar uma experiência vivida durante o Estágio na Unidade Básica de Saúde da Família de Felipe Camarão, Natal/RN. Trata-se de uma situação singular envolvendo uma adolescente com atraso no desenvolvimento neuropsicomotor. O primeiro contato com M. D. S ocorreu através de uma visita domiciliar realizada, solicitada pela agente de saúde da área, em decorrência de uma crise de escabiose pela qual a adolescente está passando. Entretanto, ao chegar ao local, foi perceptível que a situação ia muito além disso. O contato com a adolescente instigou uma investigação mais aprofundada do caso, objetivando aquisição de conhecimento e, se possível, intervenções que proporcionem melhoria na qualidade de vida da usuária. A partir da experiência vivida foi possível perceber que pessoas com deficiência representam uma parcela significativa da população e por isso o profissional de enfermagem deve estar preparado para prestar uma assistência holística a essas pessoas, de preferência envolvendo uma equipe multiprofissional. Para tanto, deve aliar os conhecimentos científico e tecnológico às habilidades de observação, comunicação e intuición. In addition, fica evidente a importância da realização desse relato de experiência. Essa atividade foi uma forma de conhecer mais sobre essa parcela especial da população que normalmente não é discutida como sua importância exige.

PALAVRAS-CHAVE: Estratégia Saúde da Família; adolescência; escabiose.