Oral Health of Hospitalized Children:
Care for Pediatric Nurses

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Abstract—Oral health permeates from physiological aspects until social aspects of growth and development of children. Objective is to understand how nurses pediatricians perform oral health care of the children, as do their promotion during hospitalization. This is a qualitative exploratory descriptive study, conducted in the Pediatric Inpatient units of a Public Hospital of Porto Alegre. The research was carried out through semi-structured interviews with ten pediatric nurses. Emerged from the data analysis, three categories: Concepts of oral health, oral health at graduation, and oral health promotion: the challenges that are imposed for inclusion in nursing care. The study beyond analysis and discussion of the data, based on the scientific literature, provides subsidies to reflect a theme rarely addressed in the hospital environment and offers suggestions to nurses in the promotion of oral health of their patients. And is also a contribution to new lines of research.

Keywords- Oral health; Pediatric nursing; Health Promotion.

I. INTRODUCTION

Oral health permeates from physiological aspects until social aspects of growth and development of children. Interferes with digestion, the articulation of words, in social relations, in the long term working relationships, physical health, emotional well-being, ie general health.
The hospitalized children and mainly family members need to be addressed, guided and taught about oral health care. It is very important that during history taking and physical examination, the oral cavity, teeth, and oral hygiene care effectively integrate nursing care.

Therefore, we believe that nurses should use the period of hospitalization to effect child care and family, teaching and promoting oral health, attending child holistically, and consistent with the principles of the Unified Health System (SUS) acting through prevention, health promotion and recovery while health educators in aspects that concern hygiene, feeding, care of the teeth and mouth and prevent problems related to oral health.

The healthcare team should elucidate the family about the importance of oral health, rescuing a time when it is most vulnerable to learning for self care [1].

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The research is based exactly this context, how is the approach to the promotion and prevention of oral health, which aspects are highlighted in the care of mouth and teeth and difficulties that pediatric nurses, specifically, found everyday working to make an effective oral health in children admitted. To better targeting of the study we use the the following research question: How pediatric nurses develop the oral health care of hospitalized children?

II. OBJECTIVE

Understanding how nurses pediatric develop oral health care of hospitalized children.

III. METODOLOGY

The methodology used is descriptive qualitative exploratory, which was developed in three pediatric inpatient units of a university hospital in Porto Alegre.

A. Field of Study

Pediatric inpatient units of a university hospital in Porto Alegre.

B. Participants

A total of 10 nurses pediatric inpatient unit. Inclusion criteria were considered: nurses who were actually working in the survey period, Monday to Friday, in the morning, afternoon and evening with over a year of experience and who agreed to participate voluntarily in the study. Exclusion criteria: nurses on vacation or licenses during the period of data collection; nurses who working at the weekend and which had less than one year of experience in Pediatrics.

Data were collected through interviews using a semi-structured script with open questions. The collection of interviews was carried out only after the approval of the HCPA Research Ethics Committee and after signing by the participants, of the Term of Free and Informed Consent Form (TCLE).

The interviews were recorded on audiotape and were transcribed soon after. The tapes will remain with the researcher for five years, to then be erased according to copyright law 9610/98 [2].

For the analysis of data was used the method proposed by Gomes (2007). The content analysis works through categories, namely, the grouping of statements that present similarities or commonalities. This means gather evidence, ideas or expressions within a concept that unifies all.

Through the analysis of the information units of meaning, which will have as its starting point the final category, starting with broader issues, addressing the scientific literature on the subject [3].

The project was submitted to the Group for Research and Graduate HCPA (GPPG / HCPA) for approval of the Scientific Committee and the Research Ethics Committee on Health, under number 100061. Ethical principles were adhered in accordance with the standards established by Resolution 196/96 of the National Health Council [4].
IV. DISCUSSION AND ANALYSIS OF THE DATA

Emerged from the data analysis the following categories: oral health concepts, oral health on graduation, promotion of oral health: the challenges that are imposed for inclusion in nursing care.

A. Conception of Oral Health

The analysis of the information pointed to pediatric nurses conceptualize oral health in different ways, highlighting aspects that depart from hygiene to physiological and anatomical aspects of the oral cavity, including broader issues who address a public health problem.

In the history of the oral cavity is important to note tongue and oral mucosa if there ulcers, bleeding gums and cheeks, abscesses or recent extractions, and retractions and infections, such candidiasis, herpes, among others. Question the practice of oral hygiene, teeth count, evidence of decay, stains, tartar and malocclusion. Examine brake length of the tongue, lips and coloring, the reflection of choking where the palate and uvula are visible to the examiner. Examine the hard and soft palate, the tonsils.

So in that sense various interviewees conceptualize oral health integrity of the oral cavity, and when mentioning the subject, the do incompletely.

Oral health for me is [...] have a full oral cavity, learn to take care of her, both teeth as the tongue, gingiva, everything involving the oral cavity (SA).

By analyzing the content expressed in the interviews, one sense more subjective than guided by scientific evidence, individualized conceptualization of oral health, being held in accordance with what the professional believes that it is important for the oral health of children.

One factor described by one of the nurses as essential oral health is the food, whether in the aspect of the difficulty of feeding as well as the issue of maintaining a healthy diet anticariogenic.

Children who cannot feed themselves by poor condition of the cavity oral? So the question arises of malnutrition [...]. A proper diet also, brushing your teeth before bed and fill the bottle of sugar. (SA).

One of the risk factors for dental caries in children in the first year of life, the habit of unrestricted use of bottles, sweetened beverages, fermentable carbohydrates such as starches and sugar, keeping the juices in the mouth for extended periods, especially during sleep [5].

The literature is unanimous indicating that the oral hygiene should be started from baby. The oral hygiene habits should be inserted into baby before the eruption of the first tooth [6].

The interviewees when asked which the ideal starting point for oral hygiene of children, showed the following steps: from the first month of life to stimulate the gum, hygiene in the early months for the child to get into the habit of hygiene. Some nurses also report that the process should start parallel the introduction of food supplement. There are also those who think that hygiene is necessary only starting the eruption of the first tooth (which according to literature occurs around 5 or 6 months).

Most respondents reported that when performing oral hygiene would be important the removal of food waste, wrapped with gauze or diaper on his finger and soaked in water to children who did not present tooth, however, it was reported by one subject the cleaning with a 0.9% saline solution instead of water. Stressed, too, that the teeth were washed at least once a day, preferably before bedtime.

In the opinion of the nurses interviewed when the child has teeth should brush them with brush for performing hygiene of teeth and tongue in a circular motion. A care noted, by one respondent, was supervising the brushing in this case, to avoid excessive force during an activity performed by the child and observation of the correct direction of brushing.
The toothpaste with fluoride is the most used material for fight plaque bacterial. Moreover, their use may increase the occurrence of fluorosis which is a problem of aesthetic effect, with white spots or lines, presents a critical period of onset between 20 and 36 months in the children [7]. This author points out that should be used in small quantities and is not contraindicated.

Regarding the introduction of fluoride toothpaste, many individuals know that its use should be postponed in early tooth eruption, but stated they not do know the time to start using it. However some have the notion that it is only recommended when the child is able to expel the foam.

Use of the toothpaste is not such a necessary thing at the beginning [brushing] (SH).

I know that while they are smaller not use toothpaste (SJ).

I know not say what age they could start with toothpaste (SC).

According to the literature, young children tend to ingest excessive amounts of toothpaste [9]. One of the interviewees corroborates the information described in the scientific literature showing know the amount of toothpaste with fluoride should be used.

And the amount [toothpaste] is very tiny, the size of a grain, they usually like complete all the brush [full of toothpaste] (SD).

B. Oral Health in the Graduation

The information obtained on the teachings of oral health in the Graduation will be discussed under the aspect of oral health within the community health and not hospital.

The reports of the subjects who remembered the teachings on oral health in undergraduate have learned in stages of community health (either theoretical, or practical), but why in the Basic Health Units (UBS), in most cases, there are programs on oral health for preschoolers and school children enrolled in the region. Thus, providing a differentiated learning for students who performed his internship in these UBSs.

At my stage of community health, but it was an event of the health center, nothing in explained at graduation. (SJ).

Yes we did an internship [...]in the nursery and also in school with children 12, 13 years old and also preschool[...] (SG).

The individual below, for example, argues not only that oral health is seen only in the context of primary care, but also states that this subject is not treated in the hospital during the graduation.

In only undergraduate internship, community health, nothing within the hospital (SJ).

The practice on the topic of oral health is practiced in any environment, is at the basic level, or hospital, because it only requires contact with patients and families to be able to provide guidance and care in order to promote health and prevent diseases.

C. Promoting Oral Health: the challenges that are imposed for inclusion in nursing care

The discussion of this category will address the oral health practices performed by nurses in both the issue of the difficulty of performing the care but also in referring to health education. As well as suggestions
to address their promotion. It will be a counter point to the idea that some of the professionals interviewed believe that there is no way to accomplish and promote oral health during pediatric hospitalization.

The subjects reported that one of the difficulties to include the promotion of oral health care in nursing was the lack of oral hygiene items like toothbrush and toothpaste, or the lack in the hospital because an item is not available in the institution, or the hospitalized patients who do not have the toiletries in your home.

Nurses reported provide material hygiene for special cases, explaining that in some situations the patient did not have the minimum requirements to purchase materials for hygiene.

One thing missing here, but also do not know if it is the responsibility of the hospital, is the toothbrush, we sometimes do not even have where to get, routinely nursing technicians come ask me ... "does not have a toothbrush inside the room [room nursing]?” ... and has not, soon we have to give money to go there to buy a toothbrush… (SI).

They came to little room [where was held the activities], through the game taught them to brush their teeth, but it was all on their own, right? Why the hospital does not provide this material to us, but not that the hospital provides, I think it ta missing (SA).

The hospital provides patients a solution to gargle flavored oral hygiene, which does not exclude the need for mechanical removal of food waste, which can be seen through the understanding of a subject in his speech below:

It is so little prioritized oral health in the hospital that you have no toothbrush and toothpaste or other material to which you can promote [refers to oral health] right? A proper hygiene, what you have is only one standard solution, which is a liquid that smells good, it actually is a perfumery (SE).

One individual concludes that to teach oral hygiene care is not only a responsibility of the nurses, but of the whole health team. The Hospital de Clinicas does not yet account in your multidisciplinary team, the presence of professional dentists in pediatric hospital, it takes us concern for who is responsible for this particular care? Is being developed as part of this dental care?

Teachers valuing it [oral health promotion] that is not a function only of the dentist, is also a function of the nurse, right? (SA).

This question brings us the light of the discussion of a broader problem which is the insertion of the dental professional in the hospital environment. The insertion of dentistry in hospitals is still in his early, the niche of dental surgeon, for now is restricted to maxillofacial procedures, emergency care, procedures requiring general anesthesia [9]. However, dentistry is becoming more popular in hospitals, overcoming barriers.

Such differences between professionals can be resolved when the team members begin to think and act not according to the interests of the profession of origin of each, but as members of a new profession - the health [9].

There are currently, there is an appeal incessant appeal of health care based on prevention and health promotion. However in relation to hospital conditions, the literature points to the problem of lack of oral hygiene of hospitalized patients, both by the nursing staff as of the carers.

Oral health guidelines suggested by the National Oral Health Policy presented a broad concept of health that goes beyond the technical dimension of the dental industry, integrating oral health other practices and health care. Proposed actions for the promotion of oral health approach of risk or protective factors for concurrent diseases of the oral cavity and for other damages, such as both: healthy eating policies to reduce the consumption of sugars and community approach to increase body care and oral hygiene [10].
Therefore, it is important to stress that part of the work of nurses provide support and changing the conditions that favor the adoption of measures necessary for oral health [11].

The care provided by pediatric nurses, as evidenced in this research are limited to the examination of the oral cavity at the time of admission, as well as systematic prescription of oral hygiene and a survey of the care needs of the mouth and teeth, that in this study, many times were not exactly identified.

Hygiene emerged in most speeches, both its realization, as the aid for its realization through administration of analgesia (in cases of mucositis) and mouthwash with oral solutions such as chlorhexidine and mauve tea.

You have to do a rescue analgesic to be able to do better hygiene, in an attempt to assist the patient to do even with difficulty, at least once the hygiene (SC).

Another caution is that developed, the hygiene of pacifiers, the guidance provided by nurses is that the child has, when you have the habit of using the nozzle, at least two units, so you can make the hygiene with hypochlorite solution one, while using another. In terms of frequency, it can be seen that most subjects orient only use while sleeping:

We do not interfere much, unclear if it is an older child right? We try to work these issues just to use during sleep (SC).

Some interviews bring the story of professionals who can not perform oral health care for lack of time and some delegate these responsibilities to the nursing staff and caregivers.

Not so much in practice, but we end up guiding the technical [nursing] and mother along with the child (SC).

The guidance you gave, but can not keep charging (SA).

The oral health care of children admitted, as a rule, is delegated to the background, as the biological, physical and mental conditions are determined as priority. Parents, despite knowing the importance, have little knowledge of how to perform a satisfactory oral hygiene. And at that moment the work of nurses in health education is essential for the promotion of oral health, teaching basics of oral hygiene, making the family a multiplying agent, equipping it, making it increasingly independent to the achievement of care [12].

It was mentioned by one of the individuals who do not believe it is possible to perform oral health care on pediatric hospitalization.

Look inside the pediatric unit… I do not see how can do (SG).

Maintaining children's oral health is based on shares of primary care through the promotion and prevention of future dental problems, either in the core network as in pediatric hospitalization. Through health education can interfere in all aspects (food, hygiene, guidelines for preventing cavities) that concern the care of teeth and the mouth. And this action is part of the duties of nurses regardless of specialty or area in which it operates [12].

Health education is a change of attitude externalized by a behavioral change, it is not only the transmission of content, behavior and hygiene habits, but also the adoption of educational practices that seek personal autonomy in the conduct of his life [12].

In this sense, we believe that health education is a fundamental part in the practice of any nurse who should encourage the autonomy of the individual and should take into consideration lifestyle, social, economic and cultural issues of the family.

In the aspect of health education was reported only guidelines on how to perform hygiene, that such activities should be made by parents or staff who accompany the child. Some of the subjects report the
realization of teaching toothbrushing. Evidencing perform activities more by demand than by anticipation to prevent injuries.

One subject reported that provides some information on events of interest to some mothers.

[...] issues that are most differentiated, buying one finger silicone, doing massage gums. Sometimes the mothers question whether it is good (SE).

This intermediate category emerges from the question asked to the professionals about ways on how to promote the oral health of their patients admitted to short and long term. Bringing discussion possible and resolutions for issues of day-to-day of the pediatric nurses.

An important issue that brings not only the improve of the quality of patient care, as well as the opportunity for graduation courses health, which could contribute to the theme, to participate in extra activities in the hospital environment was mentioned bellow:

Do some partnership with students who come do this [oral health activities] with children (SA).

There are subjects that suggest the promotion by conducting health education through activities with the children themselves, bringing the care of maintaining oral health in ways they can understand. So as to maintain a routine of guidance, customize a folder that serves to explore the subject, being used as a manual by the child and family.

Do a job in a playful manner with the children about brushing and mouth care (SC).

The good was to have a folder with figurines, speaking of the importance (SD).

Still on the issue of health education was suggested a direction towards providing relevant information for professionals involved in direct care of the child, as nurses and nursing technicians. Causing the nursing staff becomes a multiplier of health. Some pediatric nurses surveyed believe that if they introduce or maintain healthy habits in children during hospitalization that will endure over time after discharge.

Could you give a course, a workout which would strengthen this area [dental health] (SJ).

It is always time to change or else change the habit of someone, know? We [nurses] are those one that will try to change a habit that is wrong (SD).

There are some professionals surveyed who believe that a good way to promote oral health is an review by a dentist for all inpatients.

Other professionals, however, think that the promotion can already begin through guidelines such: as oral hygiene for babies and tooth brushing for older children who that already have teeth.

Confronting the subjects already mentioned, there are nurses who think they have nothing to add to the promotion of oral health on admission. And professionals who refute this idea lay the responsibility on the initiative of the medical team. Others suggest that this is done only at the community level, the basic network, outside the hospital premises.

Not sure if this is nursing, but maybe the medical staff (SC).

So I think it has to be in public health, outside the hospital, does not have much to do in this part [promotion] here within the hospital (SG).

There are professionals who still believe that this is not an assignment of pediatric nurses.
However when asked about the importance of oral health in patient recovery, are unanimous in saying that yes there is a positive influence on many aspects such as wellness, nutrition, general health maintenance, long term, and recovery of infectious conditions and inflammatory, such as mucositis and oral candidiasis and thrush.

The oral condition alter the progression and the response to medical treatment, as well as oral health is compromised by stress and by drug interactions. The mouth harbors microorganisms (bacteria and fungi) that alter the quality, quantity and pH of saliva and easily gain the bloodstream, exposing the patient to increased risk of infection [9].

V. CONCLUSIONS

It is believed that achievement of this study allowed for the discussion of the difficulties of the subject of oral health in pediatric inpatient approach, not only in the graduation, leaving gaps to be filled, but also the obstacles that arise in day-to-day work of the pediatric nurses. It is worth noting that research has not exhausted, somehow, the topic, but which constitutes contributory factor to know how nurses develop oral health care of hospitalized children in a university hospital.

It was observed that there is no systematic teaching of oral health in nursing degree, evidenced by the statements of the subjects conceptualized in different ways, as being synonymous with oral hygiene, absence of structural malformations of the oral cavity, the responsibility of caregivers and presence of material for grooming habits.

As positive points obtained from the respondents, we can point out: the factor of food and transmissibility of caries as factors of oral health; the description of the amount of fluoride toothpaste to be used in brush, risk of swallowing and the information that its use is not necessary early in the baby tooth eruption; knowledge that oral hygiene is important in the mechanical removal of food waste.

Respondents chosen some factors as barriers to the attainment of oral health care to patients, they are: the knowledge gaps of academic training, lack of time, lack of equipment and lack of prioritization by both professionals, but also by the institution. Pediatric nurses are unanimous in stating that oral health affects the recovery of their patients, but some respondents believe that there is no way to promote it in the hospital setting, delegating responsibility to other professionals and healthcare sectors.

In this research, the focus was the suggestion of closer ties between academia and the hospital, through university extension activities in the hospital environment. Providing opportunities in that sense, with knowledge and practices during graduation, besides contributing to the effective improvement of care; as were suggested for health education activities for children through the making of folders easy to understand and fun activities on the subject.

REFERENCES


Simone Algeri is PhD in Nursing, Associate Professor, Maternal and Child, Program Coordinator of Care and Prevention of Child Victims of Violence 6th edition, School of Nursing, Federal University of Rio Grande do Sul/ UFRGS. Porto Alegre (RS), Brazil.
APÊNDICE A- Roteiro semi-estruturado para a entrevista

Eu Juliana da Silva Dias, acadêmica do 9º semestre do curso de enfermagem da Universidade Federal do Rio Grande do Sul, em fase de elaboração do Trabalho de Conclusão de Curso, venho por meio deste convidá-lo a participar da minha pesquisa, respondendo o questionário abaixo. Trata-se de uma pesquisa, submetida ao Comitê de Ética e pesquisa do Hospital de Clínicas de Porto Alegre. Este estudo tem como objetivos: Conhecer o modo como os enfermeiros pediátricos desenvolvem o cuidado à saúde bucal da criança hospitalizada. Ao responder o questionário você está autorizando a inclusão destas informações no trabalho. Os dados serão utilizados única e exclusivamente para os fins da pesquisa, ficando o entrevistado ciente da intenção de publicação científica deste projeto, e que para garantir os aspectos éticos será mantido o anonimato dos participantes.

1 - IDENTIFICAÇÃO
Sexo:
Idade:
Turno de trabalho:
Tempo de formado:
Tempo de trabalho em Pediatria:

2 - TÓPICOS

a) Você poderia me falar sobre saúde bucal?

b) Na época de graduação em enfermagem recebeu algum aprendizado ou treinamento sobre saúde bucal?

c) Com base na sua formação acadêmica em relação a saúde bucal encontra dificuldades na realização do cuidado da saúde bucal das crianças internadas?

d) O que você pensa que deveria mudar na formação acadêmica para que o cuidado de enfermagem em saúde bucal infantil?

e) Quais os cuidados com saúde bucal realizados com as crianças internadas?

f) Em relação ao trabalho que desenvolve no seu serviço, tens algumas sugestões para a promoção de saúde bucal?

g) Na sua opinião a saúde bucal influencia na recuperação de um paciente internado?

h) Com que idade deve ser iniciada a higiene oral da criança e como deve ser realizada?
APÊNDICE B - Termo de consentimento livre e esclarecido

Prezado Enfermeiro(a) Pediatria:

Eu Juliana da Silva Dias, acadêmica do 9º semestre do curso de enfermagem, da Universidade Federal do Rio Grande do Sul, em fase de elaboração do Trabalho de Conclusão de Curso, sobre orientação da professora Dra. Simone Algeri convido-o a participar de minha pesquisa intitulada: “SAÚDE BUCAL DE CRIANÇAS HOSPITALIZADAS: O CUIDADO DAS ENFERMEIRAS PEDIATRAS” que tem por objetivos: Conhecer o modo como os enfermeiros pediatras desenvolvem o cuidado à saúde bucal da criança hospitalizada. A participação é voluntária e sigilosa, logo é garantido aos participantes o direito de não responder a qualquer uma das questões do instrumento da pesquisa e de desistir de participar do estudo a qualquer momento.

A pesquisa ocorrerá por meio de entrevista - duração média de quarenta (40) minutos, na qual será aplicado oralmente um questionário com perguntas abertas, visando conhecer a percepção dos participantes sobre o assunto, a entrevista será gravada em fitas, as quais após transcrição, serão guardadas por cinco anos em poder da pesquisadora e após desgravadas.

É assegurado aos participantes o anônimo, que as informações obtidas serão usadas apenas para os objetivos propostos e que não haverá exposição a qualquer risco ou mesmo prejuízo nas avaliações de desempenho do profissional na instituição.

Coloco-me a disposição, juntamente com a minha orientadora para esclarecimento de quaisquer dúvidas que possam surgir durante o desenvolvimento da pesquisa.

Esta pesquisa foi aprovada pelo Comitê de Ética em Pesquisa do Hospital de Clínicas de Porto Alegre. O telefone para contato é (51) 3359-8304.

Solicito, através desse documento, autorização para sua inclusão entre os participantes do estudo.

_________________________                        ___________________________
Juliana da Silva Dias                        Profª Dra. Simone Algeri
Fone: (51) 8160-1831                             Fone: (51) 9954-4396

Porto Alegre, ____ de ___________ de 2010

Concordo em participar da pesquisa acima referida, após ter sido esclarecido (a) de forma clara e detalhada dos objetivos e finalidades da entrevista a qual serei submetido.

Nome Completo:

Assinatura:

HCPA / GPPG
VERSÃO APROVADA

[Assinatura]
ANEXO A - Carta de aprovação da COMPESQ

COMISSÃO DE PESQUISA DA ESCOLA DE ENFERMAGEM DA UNIVERSIDADE FEDERAL DO RIO GRANDE DO SUL

CARTA DE APROVAÇÃO

Projeto: TCC 43/09
Versão: 12/09

Pesquisadores: Juliana da Silva Dias e Simone Algeri

Título: SAÚDE BUCAL DE CRIANÇAS HOSPITALIZADAS: O CUIDADO DAS ENFERMEIRAS PEDIATRAS

A Comissão de Pesquisa da Escola de Enfermagem da Universidade Federal do Rio Grande do Sul (COMPESQ), no uso de suas atribuições, avaliou e aprova este projeto em seus aspectos éticos e metodológicos. Os membros desta Comissão não participaram do processo de avaliação de projeto onde constam como pesquisadores. Toda e qualquer alteração deverá ser comunicadas à Comissão.

Porto Alegre, 16 de dezembro de 2009.

Profª Dra. Maria da Graça Crossetti
Coordenadora da COMPESQ
ANEXO B - Carta de aprovação – Comissão Científica e Comissão de Pesquisa e Ética em Saúde - HCPA

HCPA - HOSPITAL DE CLÍNICAS DE PORTO ALEGRE
GRUPO DE PESQUISA E PÓS-GRADUAÇÃO

COMISSAO CIENTÍFICA E COMISSAO DE PESQUISA E ÉTICA EM SAÚDE

A Comissão Científica e a Comissão de Pesquisa e Ética em Saúde, que é reconhecida pela Comissão Nacional de Ética em Pesquisa (CONEP)/MS como Comitê de Ética em Pesquisa do HCPA e pelo Office For Human Research Protections (OHRP)/USDHHS, como institutional Review Board (IRB00003921) analisaram o projeto:


Pesquisadores:
JULIANA DA SILVA DIAS
SIMONE ALGERI

Título: SAÚDE BUCAL DE CRIANÇAS HOSPITALIZADAS: O CUIDADO DAS ENFERMEIRAS PEDIATRAS

Este projeto foi Aprovado em seus aspectos éticos e metodológicos de acordo com as Diretrizes e Normas Internacionais e Nacionais, especialmente as Resoluções 196/96 e complementares do Conselho Nacional de Saúde. Os membros do CEP/HCPA não participaram do processo de avaliação dos projetos onde constam como pesquisadores. Toda e qualquer alteração do Projeto deverá ser comunicada imediatamente ao CEP/HCPA.

Porto Alegre, 22 de abril de 2010.

[Assinatura]
Prêmio Clausell
Coordenadora GPPQ e CEP/HCPA