



PEDIATRIC NURSING CONSULTATION IN THE PERSPECTIVE OF NURSES FROM THE FAMILY HEALTH STRATEGY*

CONSULTA DE ENFERMAGEM PEDIÁTRICA NA PERSPECTIVA DE ENFERMEIROS DA ESTRATÉGIA SAÚDE DA FAMÍLIA

CONSULTA DE ENFERMERÍA PEDIÁTRICA EN LA PERSPECTIVA DE ENFERMEROS DE LA ESTRATEGIA SALUD DE LA FAMILIA

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Qualitative study that analyzed conceptions and experiences of nurses about the pediatric nursing consultation and its systematization in the Family Health Strategy. Semi-structured interviews were recorded with ten nurses from four cities of the countryside of São Paulo, in 2011. The interviews were analyzed according to the method of Thematic Content Analysis, based on current assumptions of the systematization of nursing care and the comprehensive child health care. Generally, nursing consultations, and specifically, pediatric ones were defined as the nurses' activities that allows them to know the life/health story, current needs and prevent future problems, having recognized the importance of its implementation and systematization. The experiences reported the paucity and lack of systematization in the pediatric nursing consultation in the context studied. Processes of ongoing health education are necessary to ensure quality and completeness to children's health.

Descriptors: Nursing; Family Health Program; Child Health.

Pesquisa qualitativa que analisou concepções e experiências de enfermeiros sobre consulta de enfermagem pediátrica e sua sistematização na Estratégia Saúde da Família. Entrevistas semiestruturadas foram gravadas com dez enfermeiras de quatro municípios do interior paulista, em 2011. Os depoimentos foram analisados segundo o método de Análise Temática de Conteúdo, com base em premissas atuais da sistematização da assistência de enfermagem e da assistência integral à saúde infantil. De modo geral, a consulta de enfermagem e, em específico, a pediátrica foram definidas como atividade do enfermeiro que possibilitam conhecer a história de vida/saúde e necessidades atuais e prevenir problemas futuros, sendo reconhecida a importância de sua realização e sistematização. As experiências relatadas apontaram a incipiência e a falta de sistematização da consulta de enfermagem pediátrica no contexto estudado. Processos de educação permanente em saúde revelaram-se necessários para assegurar qualidade e integralidade à saúde da criança.

Descritores: Enfermagem; Programa Saúde da Família; Saúde da Criança.

Investigación cualitativa que analizó concepciones y experiencias de enfermeros acerca de la enfermería pediátrica y su sistematización en la Estrategia Salud de la Familia. Las entrevistas semiestruturadas fueron grabadas con diez enfermeras de cuatro municipios del interior de São Paulo, Brasil, en 2011, analizadas según el método de Análisis Temático de Contenido, con base en supuestos actuales de la sistematización de la atención de enfermería y atención integral de la salud infantil. En general, la consulta de enfermería y, en específico la pediatría, fue definida como actividades que permite conocer la historia de las necesidades de la vida/salud y problemas actuales y futuros, siendo reconocida la importancia de su aplicación y sistematización. Las experiencias señalaron escasez y falta de consulta sistemática de enfermería pediátrica en el contexto estudiado. Procesos de educación continua en salud son necesarios para asegurar la calidad e integridad de la salud de niños.

Descritores: Enfermería; Programa de Salud Familiar; Salud del Niño.

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INTRODUCTION

This research addresses the issue of the Nursing Care System (NCS)⁽¹⁾ in the area of the Primary Health Care (PHC). The object of study is the NSC in pediatric nursing consultations conducted in the context of the Family Health Strategy (FHS).

Nursing as a science seeks its structuring and professional development, and a way to strengthen its identity in assistance may be acting in a planned way, based on scientific principles and reflection upon its actions⁽²⁾. The Nursing Process is the largest representation of the scientific method in nursing and it is directed by the NCS, which allows the organization and development of the nursing team's work, having the nurse as responsible for it⁽²⁾.

The use of the NCS favors the nurses' organization of work, allowing the development of their clinical practice⁽³⁾. It is assumed that the nurse should replace the empirical and cluttered way of doing, valuing the planning, the implementation and evaluation of their actions, which can identify needs of diverse backgrounds and, based on them, establish diagnoses, interventions and verify the achievement of the results expected⁽⁴⁾.

The adoption of NCS enables the organization of the nursing work, enabling the execution and documentation of the nursing process⁽⁵⁾. This, when operationalized in institutions that provide PHC services, corresponds to what is usually called nursing consultation⁽⁵⁾.

Since the 60s, in public health institutions, the nursing consultation is regarded as a core activity, exclusive of the nurse, regulated⁽³⁾ by the Article 11, subsection I, paragraph "i" of the Law 7,498 from June 25, 1986, Decree 94.406/87. It uses the components of the scientific method to identify situations of health/illness, to prescribe and implement nursing measures that contribute to the promotion, prevention, recovery and rehabilitation of the individual, his family and community, following the same steps of the Nursing

Process: history, physical examination, nursing diagnosis, nursing prescription and implementation of nursing care⁽⁶⁾.

Due to the global movement in favor of the organization and visibility of the nursing practice, currently, there are several classification systems available in the world and national literature that underlie NCS and collaborate in the task of standardizing its language as: NANDA (North American Nursing Diagnosis Association), NIC (Nursing Interventions Classification), NOC (Nursing Outcomes Classification) and CIPE (International Classification of Nursing Practice)⁽⁴⁾. In recent years, the International Council of Nurses (ICN) has decided to conduct an international project in the area of Public Health, encompassing nursing care in PHC, and, in Brazil this project was called the International Classification of Nursing Practices in Public Health – *Classificação Internacional das Práticas de Enfermagem em Saúde Coletiva* (CIPESC[®])⁽⁷⁾.

Like other professions, nursing has participated in the construction of the Brazilian Unified Health System (SUS) and in the development of the care model of FHS, accompanying profound and important changes in the social and political relations in the technological field, in interpersonal relationships, and especially in the way of organizing services to meet the new scientific and managerial demands of the health area⁽⁸⁾.

It is known that the implementation of the FHS promoted the advancement of the implementation of nursing consultations in PHC units, with the hiring of a greater number of nurses to undertake this activity continuously⁽³⁾, and that should be configured as clinical practice of generalist character, centered on the life cycle and on the family care and of its members⁽⁹⁾. In relation to children, it is expected that nurses share with physicians the responsibility for monitoring children's growth and development, performing, among other activities, the consultation for this population⁽¹⁰⁾. It is hoped that this way one will be able to promote

comprehensive health care and reduce infant mortality⁽¹¹⁾.

One understands as full assistance the overall approach of the child, and one must be guarantee the completion of all the actions that promote satisfactory responses in the production of care, not restricted to the demands presented. Under the full view of children in all aspects, one should contemplate their welcoming with attentive and zealous listening, establishing a bond and being (co)responsible for their health care. Integral child care also includes the idea of integration between all children's health services, from primary to specialized care, from diagnostic and therapeutic support to hospital care of greater complexity⁽¹¹⁾.

Considering the above, this study sought to answer the following questions: what is the understanding of FHS nurses about the nursing pediatric consultation and of its systematization and how has this activity been performed in this context?

One should clarify that this target group of nursing consultation was defined for this investigation because of the large clinical pediatric demand in the family health units (FHU) and due to the epidemiological importance of the problems that still afflict the Brazilian child population, especially regarding indicators of child mortality. Noteworthy are the high rates of neonatal mortality, preterm births and low birth weight⁽¹²⁾ and the occurrence of acute respiratory illnesses (pneumonia) and chronic (asthma), diarrhea and dehydration, nutritional deficiencies (iron deficiency anemia, malnutrition and obesity) and intentional injuries (violence)⁽¹¹⁾.

Aiming to analyze concepts and experiences of nurses about pediatric nursing consultations and their systematization in the FHS context, this study aimed to provide subsidies for the consolidation of clinical nursing practice with children, in a systematically and scientifically based way.

METHOD

This study, which has a qualitative approach, was conducted in health units organized according to the FHS in the municipalities that comprise the Intercity Consortium of Water Circuit (ICWC), tourist hub of São Paulo state, where one of the researchers exercises her professional activities.

The ICWC consists of five municipalities, and four of these agreed to participate in the study: Serra Negra, with three FHU, Lindóia, with two, Águas de Lindóia with one and Socorro with four. In each FHU there was a nurse.

The qualitative method allows one to capture subjective aspects of a given social reality, enabling the understanding of history, perceptions, thoughts, opinions of individuals inserted in this reality⁽¹³⁾.

The data were collected from April to July 2011, through semi-structured interviews, guided by leading questions made to the 10 nurses who had been working for at least six months at the FHU in the municipalities mentioned above. The interviews were scheduled in advance and conducted individually, in a private place, lasting on average 30 minutes, recorded in MP3 in the nurses' workplaces, with the careful not to interfere with the users' service and assistance. After transcribing the interviews completely, the recordings were deleted.

The method of content analysis was used to systematize the testimonies collected. Among the tendencies of this method, thematic analysis was chosen, which allows the discovery of the core meanings that make up the research, whose presence means the analytical target object, by themes of analysis⁽¹⁴⁾. Data analysis was performed considering the NCS assumptions^(1,4) and children's integral health care^(10,11) previously presented.

This project was approved by the health managers of the municipalities involved and the Ethics

Committee in Research from the Medicine College of Botucatu - UNESP - (opinion No. 29/11), followed the ethical principles of the Resolution 196/96, which deals with the Guidelines and Standards for Regulating Research with Human Beings, and used an Informed Consent Form with the research participants.

RESULTS

The ten study participants were females and were from 24 to 51 years old, with two to 30 years of graduation, most of them in the state of São Paulo and in private nursing colleges, with work experience in the FHS from eight months to five years. Four of them reported having participated in some activities of professional training on the subject of this study, after graduation.

It is shown below the conceptions and experiences of FHS nurses regarding pediatric nursing consultations and their systematization. After analyzing their reports, parts were selected and categorized into three different themes, represented by the letter N (nurse) and the number of the interview.

Initially, we sought to analyze the opinions and experiences of the participants about nursing consultations in general (Theme 1), to eventually make the analysis of a consultation with a child (Theme 2) and regarding the qualification of the pediatric nursing consultations to be held in the FHS (Theme 3).

Theme 1 - Conceptions and experiences of FHS nurses about nursing consultations

For the nurses interviewed, when they perform a consultation, they get to know better the individuals, their life story and health, allowing them to verify needs/problems presented in an expanded way, under the holistic approach, as expressed in the following statements: *It serves not only to know the present, but also the past concerning health. I think that if we do not perform the consultation, we won't practically know anything, anything about him*

(patient). It's seeing the patient as a whole. Both physically and the psychological part too (N1). I think nurses are more sensitive in this respect of seeing beyond, not only what the patient came to complain about on that day (N5).

Furthermore, they pointed out that the consultation allows inferences of future situations, contributing to the nurse's preventive work, as exemplified by the following report: *It is for the prevention of diseases, actually (N9).*

The next reports show that the nursing consultation was also considered as an exclusive nursing practice that, when performed well in the context of FHS, provides autonomy for clinical decision and rewards: *It is the service that only the nurse makes with the patient. I see that it has helped a lot ... (N2). It is important in the nurses' own work. It's increasing their range of expertise and giving them autonomy to decide what to do (N7). Here (at the FHU) we are closer to the patient, the family, the patient's home. So for me it has been very rewarding (N9).*

The interviewees considered that, in a systematic way, the nursing consultation should have steps to be followed, which can be seen in the following statement: *It's an approach to the patient in a systematic way, which guides the diagnosis and the procedures to be taken (N7).*

It is emphasized that the classifications of nursing practices were little mentioned, the most mentioned was NANDA. The CIPESC[®], despite being specific of Public Health, was not mentioned. One of the interviewees justifies not using NANDA due to the lack of validated diagnostics for the context of the FHS: *NANDA is not very focused on nursing care in the FHS. I think it's for lack of diagnostics... I think it's important. There should be something more focused on the FHS (N2).*

Some of the nurses reported their intention to implement the NCS. However, the statements below show that this does not always happen or happens incompletely: *I haven't done the NCS in the FHS. So I try to do it... I do it to some extent, skipping a few steps. I try to do the history part, but the evolution, I don't do it. There isn't a continuity (N2). I see it like this, we perform a consultation whose objective is only guidance. Our work in the nursing consultation is guidance and health education. As there is no (Nursing) protocol established we cannot do anything else (N7).*

Among the reasons of nurses for not conducting the nursing consultation in the FHS satisfactorily, we could also identify those attributed to the infrastructure problems and the accumulation of functions, with the consequent work overload and lack of time, as shown by the following statement: *We do not have a room to perform nursing consultations here! Every nurse has to do the systematization, yes, but at this moment, we can't do it. We don't have time to do it... with the work overload...* (N3).

Theme 2 - Conceptions and experiences of FHS nurses about pediatric nursing consultations

Regarding the pediatric nursing consultations, the reports were consistent with the conceptions of nursing consultations in general, previously presented, however the reported experiences revealed the specificities of this activity when connected to children in the FHS context. The conduction of the pediatric nursing consultation was related to Puericulture by several nurses, as exemplified by the testimony of N4: *In pediatrics? The nurse discusses the basics. The Puericulture...* (N4).

Other activities related to nurses' care to the children in the FHS were identified by the interviewees: such as weighing and measuring, providing health advice, especially on breastfeeding and healthy growth and development. Vaccination was identified as an activity performed that facilitates including the nurse's approach to the child and his family: *Nowadays, I think that something that facilitates children's care is the vaccine, because once a month children have to go to the health unit to take it. So I try to organize my attendance according to the children's vaccination. So, it becomes easier* (N5).

Apart from infrastructure problems, lack of specific training for the comprehensive care of children by the health staff and lack of recognition of the nurse's role were highlighted as some of the limiting factors for pediatric nursing consultations and a broader action of the nurse in Puericulture, as illustrated by the following statement: *We lack physical structure, staff training, not only the nurse but the whole staff. They should face the nurse as an important key point in child care and not only a person who is here only to solve problems. It's hard!* (N2).

About the systematization of pediatric nursing consultations in the FHS, the reports did not address the adoption of theoretical and methodological Nursing frameworks, having references only to official protocols and printed nursing consultation scripts, as reported by N7: *I follow the protocols of the Ministry of Health, particularly in relation to children under one year old. I make the evaluation of growth established by the Ministry of Health* (N7).

Theme 3 - Qualification of pediatric nursing consultations at the FHS

Among the reports collected, there are suggestions of the nurses to qualify their clinical nursing practice with children and their families in the FHS, through nursing consultations. One highlighted the references related to the professional development of nurses and teams, in order to recognize and incorporate this activity into their daily work in the FSH, such as: *There should be some training for people who start working in the FHS* (N2). *I think something that would facilitate, would be a reorganization of the team...* (N2). *It is a hierarchy, in the best sense of the word, which we don't have. If there is the recognition of the nurses' work, from that moment on, we'll actually be able to develop our work* (N8).

DISCUSSION

The characterization data of the participants of this study are consistent with the profile of nurses working in the healthcare model of the FHS, and women have always been the majority in Brazilian Nursing, as well as in the world Nursing⁽⁸⁾.

Despite the difficulties mentioned, the nursing consultation was very valued by nurses, for knowing their clientele and offering assistance based on their needs.

The nursing consultation aims to provide comprehensive, solving, continuous and quality care, seeking to meet the demands of the population who use health units. Moreover, the related scientific literature indicates the potential of this activity as a tool capable of recognizing not only the needs translated into specific

demands, but also as a space of emergence of other demands pertaining to everyday life. With this parameter, this moment of health care is regarded as a strategy that enables the obtainment of clinical information, valuing the comprehensiveness of health care⁽¹⁵⁾.

However, one verified that no references to theoretical frameworks that would support the systematization of nursing consultations were made, revealing the gap between what is proposed in the scientific literature^(1,4) and what, in fact, is done.

The CIPESC[®] was not mentioned by the interviewees, despite being focused on the area of Public Health⁽⁷⁾, which allows to infer the lack of knowledge about this classification by nurses, reaffirming the difficulty in incorporating the propositions of the scientific and technical literature of the nursing area in care practice.

Regarding the use of NCS, in spite of the intention to implement it, one reported that it is not always possible to use it in a complete way. Reaffirming, the NCS directs the Nursing Process, being set up in organized and planned steps for the conduction of the Nursing teamwork⁽²⁾. The nursing consultation, in turn, is nothing more than the name given to the NCS, which is used in the PHC units, and which has been regulated since the 80s and established by COFEN (National Nursing Council) to be deployed, following the same steps of the Nursing process: History of Nursing (interview), physical examination, nursing diagnosis, nursing prescription and implementation of Nursing care⁽⁶⁾.

Through the reports collected, it was possible to verify the barriers faced for the proper conduction of Nursing consultations in the FHS, especially when there are no care protocols established.

In fact, to reorder Nursing care in Brazilian health services in recent years, the adoption of care protocols has been recommended. These are configured as

instruments created for healthcare professionals to practice their profession in accordance with the rules of Professional Practice (Law No. 7.498/86). Based on them, the professionals may follow standards established institutionally, being supported to perform their functions, ensuring the quality of the services provided⁽¹⁶⁾.

The creation of protocols for the conduction of Nursing consultations in the FHUs is a professional's duty, who act in this context. Once prepared, the protocols must be submitted to the respective supervisory institution of the legal exercise of the profession, namely the Regional Nursing Council (COREn), to be analyzed and validated. Currently, according to the experiences of the authors of this article, some services of municipalities belonging to the regions where they work have been organized to create such protocols, based on policies/programs that already exist with the Ministry of Health, including those related to children. However, concerning the population of this study, one found no initiative in this respect.

Problems related to lack of infrastructure and to the accumulation of functions were added to the justifications given by nurses for the unsatisfactory fulfillment of the nursing consultation in the FHS, which allows the lack of governance of these professionals to change the organization of their working process and of their team, even feeling bothered and acknowledging the relevance of the changes needed.

Besides the technical and scientific support to subsidize the main role of the nurses in organizing their clinical practice, it is noteworthy that the Ministry of Health suggests the nursing consultation, as being one of the duties of these professionals in FHU, recognizing their expertise to perform procedures, but also their power to carry out group activities, continuing education and participation in the management of the unit, based on protocols and technical standards set by the various levels of management, federal, state or municipal⁽⁹⁾.

On the other hand, difficulties verbalized about performing nursing consultations may be related to the lack of commitment and political organization of managers and professionals, because with the establishment of the FHS, one expected transformations concerning the supply and organization of services⁽⁹⁾.

From the organizational point of view, the units that adopt the FHS care model must be properly equipped and meet the minimum definition of both the size of the team, and the size of the population that will be assisted by it. One recommends a maximum of four thousand people to a minimum team, consisting of one doctor, one nurse, four nursing assistants or technicians, 12 community health workers and, more recently, the inclusion of a dentist and an oral health assistant⁽⁹⁾.

Work overload and lack of time, indicated as justifications of the difficulties faced by nurses not to perform the nursing consultations in a systematic way may be related to the fact of not meeting the conditions above.

Another point to be considered can be attending the growing spontaneous demand that has been overburdening FHU, making the organization of the teamwork process difficult. Considerable part of the working schedule of the professionals who work in FHS is focused on solving the problems of users who were not scheduled and who went to the FHU in large numbers. Thus, there is the concern with a fast service, which is based only on the patients' complaints, fleeing the expectation that was created with the FHS, to promote the transformation of the care model⁽¹⁷⁾.

Still, it is a challenge for professionals who work in the FHS, to act in an interdisciplinary way to promote health, helping to solve the health needs of the population under their responsibility, despite this being one of the main objectives of the team's work, based on the articulation between different practices and knowledge⁽¹⁸⁾.

Concerning the pediatric nursing consultation, besides considering the aspects mentioned above for the consultation in a general way, the interviewees related this activity to Puericulture. The adoption of the FHS assistance model enabled nurses to perform clinical care with greater frequency⁽³⁾ and, in the form of individual consultations, they started to share with physicians Puericulture actions to maintain children healthy, ensuring their full development until their adulthood^(10,11). For that purpose, there are also other activities planned for the monitoring of children's growth and development, such as: therapeutic and/or educational groups with mothers/families of children with priority health problems and home visits observing the difficulties, the relationship between mother and child, offering basic newborn care and throughout childhood, favoring the bond among mother/child and health unit⁽¹⁹⁾.

As a current official national policy, focused on the attention of children's health in the FHS, there is the Schedule of Appointments for Comprehensive Child Health and Reduction of Child Mortality. This proposal was presented in 2004 by the Coordination of Children's Care of the Ministry of Health, aiming to organize assistance to the child population. Thus, it is proposed to have children's care performed by the multidisciplinary team, since their first visit, in PHC units, until specialized care for severe cases requiring hospitalization in units of medium and high complexity, giving priority to the care of children belonging to risk groups and improving their quality of care⁽¹¹⁾.

This study that analyzed nurses' working process and its influence on the development of Puericulture actions in child health care, verified that the actions are focused on procedures, based on diseases, and nursing consultations did not follow the recommendations of the Ministry of Health, but were based on complaints brought by the family, on the children's signs and

symptoms, with free demand, without a regular schedules program⁽²⁰⁾. In another way, Puericulture within FHS, contributes to the development of SUS, aiming to follow children's growth and development, in order to enable comprehensive care and promote quality of life⁽²⁰⁾. As in the present study, the non-completion of nursing consultations in an appropriate way was justified by the nurses of the research, due to a working process focused on the cure, rather than on promotion and due to a high medical turnover, which leads to overload of nurses' work⁽²⁰⁾.

Nurses conduct their clinical practice not only at the moment of the nursing consultation, but they also care for children and their families in specific situations, requiring improvisation to enable their actions sometimes not addressing all phases/stages suggested as a physical examination⁽⁵⁾, involving greatly children's integral approach.

Physical examination in the nursing consultation with the child is an important element to compare with the findings reported by the companion. However, in a study that analyzed 146 patients' charts, such information was largely impaired, highlighting the record of anthropometric data in more than 80% of the charts and the other items, also important for clinical evaluation (head, lung, heart, abdomen, genitals and limbs evaluation), obtained results below 50%⁽²¹⁾.

In the present study it is highlighted that the register in children's charts who were attended was not mentioned, through pediatric nursing consultations, however such procedure is considered the most important means of communication between professionals of the healthcare team, and also a way to monitor and evaluate the care provided and its response to the proposed treatment⁽²¹⁾.

Regarding the necessary measures for qualifying pediatric nursing consultations, the interviewees recognized its importance, despite the little or no power to make them happen without the support of other

members of the healthcare team, and especially of the health management levels. Thus one showed the limitations that these professionals have in order to modify the working process proactively.

The suggestions given for the qualification of nurses' work in the aspects studied can be related to qualification recommendations of SUS, seeing that the directions to be followed are similar.

This way, the cohesion of the entire staff in the working process developed in the FHS is crucial to act in line with the principle of comprehensive care^(4,15), in particular, child health⁽¹¹⁾, highlighting the property of theoretical and methodological contributions that can support the implementation and development of pediatric nursing consultations in order to, when sharing knowledge, experiences, expectations and suggestions, be able to provide a higher quality of care.

Consistently, the nurses in this study reported that in order to improve or facilitate the systematization of consultations in pediatric nursing in the FHS, it is necessary to empower not only the nursing staff, but the entire multidisciplinary team involved.

There are many names used for this type of education in the workplace, those that appear most frequently are: continuous or continuing education, in-service education and permanent education⁽²²⁾.

Continuing education is a tool which can expand the quality of analysis of reality and of the promotion actions and comprehensive health care, providing professionals with community empowerment, besides contributing to a better understanding of health promotion and working processes⁽²³⁾.

The qualification of health workers, especially FHS ones, is necessary due to the advances of different nature occurred since its implementation, besides the variety of inherent clinical and managerial aspects, imposing new situations to be faced in FHU^(3,8). The continuous health education allows redefinition of the working process, for being developed in service and the

actual appropriation of territory, with their health needs experienced or not.

A study that examined a training for the job of monitoring children's growth and development confirmed that after the professional qualification of participants, the majority of mothers who went to the FHU only for emergency care of their children's health needs, started to take them to Puericulture appointments frequently, demonstrating the importance of continuing education for the healthcare team⁽²⁴⁾.

It should be added that, in addition to technical training, the actions of Continuing Education in Health, institutionally, can bring solutions to problems of different orders, with consequent changes in Nursing practice with children and their families, aiming at comprehensive care.

FINAL CONSIDERATIONS

Throughout this research, it was found that nurses recognize the importance of pediatric nursing consultations in the FHS care model, especially concerning the possibility of sharing Puericulture with physicians. However, this activity was revealed as an incipient and fragmented practice, permeated by many difficulties to be developed, among which stood out the ones regarding the numerical deficiency and qualification of Nursing professionals and teams, as well as a lack of initiative and governance of nurses to change their working processes in this context.

It is noted that this practice is not occurring in a systematic way, with little appreciation of theoretical-methodological references and Nursing classifications proposed for the area. Even though this study is limited to a specific reality of the countryside of São Paulo, its findings supported by other studies found in the related literature point to the need of greater attention to the classification of nurses' clinical practice to perform and act in the FHS.

The adoption of these references, besides those stated in the official documents of the current Health Sector, was essential to guide clinical Nursing practice with children and their families, revealing the potential of a job with more intentionality and meaning within the FHS.

Finally, it is emphasized the importance of a shared discussion about the relevance of this topic in different spheres, involving professionals and managers of Nursing service and education and other Health professions, and, whenever possible, including users.

There are many challenges to be overcome in nurses' daily work at FHS. Through Continuing Education in Health, the stimulus could emerge to overcome these challenges with a view to greater involvement of nurses in clinical practice in the FHS and the consequent importance of these professionals, with positive reflexes to provide comprehensive care to the pediatric population.

COLLABORATIONS

Gasparino RF participated in the development, collection, analysis, interpretation of data and final approval of the version to be published. Simonetti JP participated in the analysis, interpretation of data, writing of the article and final approval of the version to be published. Tonete VLP participated in the development, analysis, interpretation of data and final approval of the version to be published.

REFERENCES

1. Nascimento KC, Backes DS, Koerich MS, Erdmann AL. Systematization of nursing care: viewing care as interactive, complementary and multi-professional. *Rev Esc Enferm USP*. 2008; 42(4):643-8.
2. Maria MA, Quadros FAA, Grassi MFO. Sistematização da assistência de enfermagem em serviços de urgência e emergência: viabilidade de implantação. *Rev Bras Enferm*. 2012; 65(2):297-303.

3. Matumoto S, Fortuna CMF, Kawata LS, Mishima SM, Pereira MJB. Nurses' clinical practice in primary care: a process under construction. *Rev Latino-Am Enfermagem*. 2011; 19(1):123-30.
4. Antunes MJM, Guedes MVC. Integralidade nos processos assistenciais na Atenção Básica. In: Garcia TR, Egry EY. Integralidade da atenção no SUS e sistematização da assistência de enfermagem. Porto Alegre: Artmed; 2010. p.19-28.
5. Conselho Federal de Enfermagem. Resolução COFEN nº358, de 15 de outubro de 2009. Conselho Federal: aprova a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado profissional de Enfermagem. Brasília: COFEN; 2009.
6. Conselho Federal de Enfermagem. Resolução nº 159/1993. Dispõe sobre a Consulta de Enfermagem. Brasília: COFEN; 1993.
7. Egry EY, Antunes MJM, Lopes MGD. Projeto CIPESC CIE-ABEn. In: Garcia TR, Egry EY. Integralidade da atenção no SUS e sistematização da assistência de enfermagem. Porto Alegre: Artmed; 2010. p.175-91.
8. Ximenes-Neto FRG, Ponte MAC, Amaral MIV, Chagas MIO, Dias, MSA, Cunha ICKO. Necessidades de qualificação dos enfermeiros da Estratégia Saúde da Família no Ceará, Brasil. *Enfermería Global* [periódicos na Internet]. 2009 [citado 20 nov 2013]; Disponível em: revistas.um.es/eglobal/article/download/75191/73121
9. Ministério da Saúde (BR). Política nacional de atenção básica. Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Brasília: Ministério da Saúde; 2012.
10. Ministério da Saúde (BR). Saúde da criança: crescimento e desenvolvimento. Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Brasília: Ministério da Saúde; 2012.
11. Ministério da Saúde (BR). Agenda de compromissos para a saúde integral da criança e redução de mortalidade infantil. Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Brasília: Ministério da Saúde; 2005.
12. Victora CG, Aquino EML, Leal MC; Monteiro CA, Barros FC, Szwarcwald CL. Saúde de mães e crianças no Brasil: progressos e desafios. *Lancet*. 2011; 377(9780):1863-76.
13. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 2010.
14. Bardin L. Análise de conteúdo. 5ª ed. Lisboa: Edições 70; 2010.
15. Santos SMR, Jesus MCP, Amaral AMM, Costa DMN, Arcanjo RA. A consulta de enfermagem no contexto da atenção básica de saúde, Juiz de Fora, Minas Gerais. *Texto Contexto Enferm*. 2008; 17(1):124-30.
16. Conselho Regional de Enfermagem do Rio de Janeiro (COREN-RJ) Prefeitura. Secretaria Municipal de Saúde e Defesa Civil. Coordenação de Saúde da Família. Protocolos de Enfermagem na atenção primária à saúde/Prefeitura, Secretaria Municipal de Saúde e Defesa Civil, Subsecretaria Geral Rio de Janeiro. Rio de Janeiro: COREN; 2012.
17. Shimizu HE, Rosales C. As práticas desenvolvidas no programa de saúde da família contribuem para transformar o modelo de atenção à saúde? *Rev Bras Enferm*. 2009; 62(3):424-9.
18. Trad LAB, Rocha AARM. Condições e processo de trabalho no cotidiano do programa saúde da família: coerência com princípios da humanização em saúde. *Ciênc Saúde Coletiva*. 2011; 16(3):1969-80.
19. Lima GGT, Silva MFOC, Costa TNA, Neves AFGB, Dantas RA, Lima ARSO. Registros do enfermeiro no acompanhamento do crescimento e desenvolvimento: enfoque na consulta de puericultura. *Rev Rene*. 2009; 10(3):117-24.
20. Assis WD, Collet N, Reichert APS, Sá LD. Processo de trabalho da enfermeira que atua em puericultura nas unidades de saúde da família. *Rev Bras Enferm*. 2011; 64(1):38-46.

21. Abdon JB, Dodt RCM, Vieira DP, Martinho NJ, Carneiro EP, Ximenes LB. Auditoria dos registros na consulta de enfermagem acompanhando o crescimento e desenvolvimento infantil. *Rev Rene*. 2009; 10(3):90-6.
22. Guimarães EMP, Martin SH, Rabelo, FCP. Educação Permanente em Saúde: Reflexões e desafios. *Cienc Enferm*. 2010; 16(2):25-33.
23. Tesser CD, Garcia AV, Vendruscolo C, Argenta CE. Estratégia saúde da família e análise da realidade social: subsídios para políticas de promoção da saúde e educação permanente. *Ciênc Saúde Coletiva*. 2011; 16(11):4295-306.
24. Reichert APS, Vasconcelos MGL, Eickmann SH, Lima MC. Assessment of the implementation of an educational intervention on developmental surveillance with nurses. *Rev Esc Enferm USP*. 2012; 46(5):1049-56.