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ORIGINAL ARTICLE

Vulnerabilities of children admitted to a pediatric inpatient care unit☆

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KEYWORDS
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Abstract
Objective: To identify the vulnerabilities of children admitted to a pediatric inpatient unit of a university hospital.
Methods: Cross-sectional, descriptive study from April to September 2013 with36 children aged 30 days to 12 years old, admitted to medical-surgical pediatric inpatient units of a university hospital and their caregivers. Data concerning sociocultural, socioeconomic and clinical context of children and their families were collected by interview with the child caregiver and from patients, records, and analyzed by descriptive statistics.
Results: Of the total sample, 97.1% (n=132) of children had at least one type of vulnerability, the majority related to the caregiver's level of education, followed by caregiver's financial situation, health history of the child, caregiver's family situation, use of alcohol, tobacco, and illicit drugs by the caregiver, family's living conditions, caregiver's schooling, and bonding between the caregiver and the child. Only 2.9% (n=4) of the children did not show any criteria to be classified in a category of vulnerability.
Conclusions: Most children were classified has having a social vulnerability. It is imperative to create networks of support between the hospital and the primary healthcare service to promote healthcare practices directed to the needs of the child and family.

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PALAVRAS-CHAVE
Vulnerabilidade em saúde;
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Família;
Unidades de internação

Vulnerabilidades de crianças admitidas em unidade de internação pediátrica

Resumo

Objetivo: Identificar as vulnerabilidades de crianças admitidas em unidade de internação pediátrica de um hospital universitário.
Métodos: Estudo transversal, descritivo, realizado de abril a setembro de 2013. A amostra foi constituída por 136 crianças de 30 dias a 12 anos incompletos admitidas em unidades clínico-cirúrgicas de internação pediátrica de um hospital universitário, e seus responsáveis. Dados referentes ao contexto sociocultural, socioeconômico e clínico das crianças e suas famílias foram coletados por entrevista com o responsável da criança e por prontuário dos pacientes, sendo analisados por estatística descritiva.
Resultados: Do total da amostra, 97,1% (n=132) das crianças tinham pelo menos um tipo de vulnerabilidade, relacionadas, na sua maioria, ao nível de escolaridade do responsável da criança, seguida por: situação financeira do responsável, histórico de saúde da criança, situação familiar do responsável, uso de álcool, tabaco e drogas ilícitas pelo responsável, condições de moradia da família, nível de escolaridade da criança e vínculo do responsável com a criança. Apenas 2,9% (n=4) das crianças não apresentaram critérios que as classificassem como pertencentes a um tipo de vulnerabilidade, conforme pesquisado.
Conclusões: A maioria das crianças foi classificada com vulnerabilidade social. A criação de redes de apoio entre o ambiente hospitalar e a atenção básica, promovendo a utilização de práticas direcionadas para as necessidades de cada criança e sua família, torna-se imperativa.

Introduction

The legislation on the rights of children and adolescents,[1] when not adhered to, leads the children and their families to a chain of events that affects not only their development, but also exposes them to vulnerabilities with consequent emergence of diseases.

Vulnerabilities are the result of the interaction of a group of variables that determines a greater or lesser capacity to protect subjects from an injury, embarrassment, illness, or risk situation,[2] and can be classified into individual, programmatic, and social levels. At the individual level, the knowledge about the diseases and the existence of behaviors that allow their occurrence is considered. At the programmatic level, the access to health services, their organization, the association between users and professionals of these services, as well as the prevention strategies and health controls are assessed. At the social level, the extent of the disease based on indicators that disclose the profile of the population in the affected area is assessed (access to information, expenses of social and health services, infant mortality rate, among others).[3]

Identification by and knowledge of the multidisciplinary team regarding such vulnerabilities that culminate in the health impairment of children and their families allows for providing greater completeness in health care, promoting the use of practices directed to these family's needs. Such consideration is proposed by the Extended Clinical Practice and Therapeutic Project (STP), in which a multidisciplinary team is committed to the patient, who is treated in a individualized way.[4]

Thus, the completeness of health actions in the context of STP "implies focusing on the political, social, and individual possibilities expressed by the individuals and by the collective, in their relations with the world, in their life contexts,[2]" and thus identifies and proposes targets for vulnerabilities found, in order to improve the quality of life of the children and their families.

Therefore, the STP is a set of proposals that articulates therapeutic approaches for an individual or collective subject. This working model is a movement of co-production and co-management of the therapeutic process of these individual or collective subjects in situations of vulnerability, resulting from a discussion of the multidisciplinary team, with matrix support, if necessary, usually dedicated to more complex situations.[5]

The development of STP requires four distinct moments. The first step is the diagnosis, which should contain an organic, psychological, and social assessment, which allows a conclusion about the user's risks and vulnerabilities, also taking into account their perspective in relation to the health problem. The second step is the definition of goals in the short-, medium-, and long-term, which will be negotiated with the patient by the team member that has the best rapport with the patient. The third moment is the division of responsibilities, in which it is important to define the tasks of each member clearly. The fourth and final