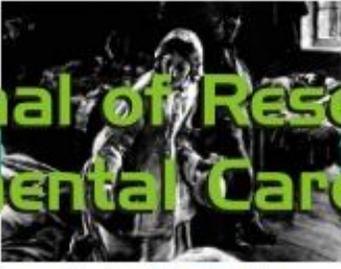


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RESEARCH

O cuidado de enfermagem na admissão e permanência do recém-nascido no alojamento conjunto na transferência intrahospitalar

Nursing care on admission and stay of the newborn in the accommodation set on intra-hospital transfer

Cuidados de enfermagem en la admisión y permanencia del recién nacido en el alojamiento conjunto en la transferencia intrahospitalaria

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ABSTRACT

Objectives: analyzing nursing care established for newborns in accommodation set who, subsequently, underwent intra-hospital transfer. **Method:** a descriptive, exploratory, quantitative and qualitative research approved by the Ethics Committee of the Faculty of Medicine of the University Hospital Antonio Pedro (HUAP), under protocol: 182.253/2012; and conducted with eight nurses of the accommodation set through document analysis through survey in the bank records with the application of a checklist on line of nursing care and semistructured interview. **Results:** in the analysis of the data, the results showed the importance of women and newborn in the same space and guidelines to escorts. The conduction of physical examination shows its effectiveness in monitoring. **Conclusion:** thus, nurses must perform their care upon admission and stay of the newborn in its entirety, favoring comfort and safety. **Descriptors:** Nursing, Nursing care, Hospital accommodation set.

RESUMO

Objetivo: analisar os cuidados de enfermagem instituídos aos recém-nascidos em alojamento conjunto que, posteriormente, passaram por transferência intra-hospitalar. **Método:** pesquisa descritiva, exploratória, quanti-qualitativa, aprovada pelo Comitê de Ética em Pesquisa da Faculdade de Medicina do Hospital Universitário Antônio Pedro (HUAP), sob protocolo nº: 182.253/2012; e realizada com oito enfermeiros do alojamento conjunto, mediante análise documental através de levantamento no banco dos prontuários com aplicação de um check list sobre a linha de cuidados de enfermagem e entrevista semiestruturada. **Resultados:** na análise dos dados, os resultados mostraram a importância da mulher e do recém-nascido no mesmo espaço, orientações aos acompanhantes. A realização do exame físico mostra a sua eficácia no seu acompanhamento. **Conclusão:** assim, o enfermeiro deve executar o seu cuidado na admissão e permanência do recém-nascido em sua integralidade, favorecendo o conforto e a segurança. **Descritores:** Enfermagem, Cuidados de enfermagem, Alojamento conjunto.

RESUMEN

Objetivos: analizar los cuidados de enfermería establecidos al recién nacido en el alojamiento conjunto que, posteriormente, se sometieron a la transferencia intra-hospitalaria. **Método:** investigación descriptiva, exploratoria, cuantitativa y cualitativa aprobada por el Comité de Ética de la Facultad de Medicina del Hospital Universitario Antonio Pedro (HUAP), bajo protocolo: 182.253/2012; y conducida con ocho enfermeras del alojamiento conjunto a través del análisis documental a través de búsqueda en los registros de los bancos de datos con la aplicación de un check list en la línea de atención de enfermería y entrevista semiestruturada. **Resultados:** en el análisis de los datos, los resultados mostraron la importancia de la mujer y el recién nacido en el mismo espacio, y pautas para escoltas. La realización del examen físico muestra su eficacia en su seguimiento. **Conclusión:** por lo tanto, la enfermera debe realizar su atención en la admisión y permanencia del recién nacido en su totalidad, promover la seguridad y el confort. **Descriptor:** Enfermería, Atención de enfermería, Alojamiento conjunto.

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INTRODUCTION

Neonatal health presents itself as the main component of infant mortality rate in Brazil, since post-neonatal components are more easily modified by factors of global order related to the condition of an individual's life. Neonatal mortality, in turn, is essentially assigned to the complications arising from pregnancy and childbirth directly associated with the quality of health services dispensed to the binomial gravid-puerperal cycle.

Currently the rate of neonatal mortality represents about 60-70% of total infant deaths featuring a serious public health problem and being an important indicator of healthcare quality. It is known also that most deaths are characterized by precocious and preventable causes.¹ Social inequalities between regions and populations in Brazil reproduce in mortality rates, constituting an important health problem to be faced by the whole society.²

And one of the important aspects for the reduction of neonatal mortality is the assistance provided to the newly born, either in accommodation or in neonatal therapy unit. It shows so how important the assistance provided to these babies in rooming is, suggesting its deficit may trigger a cascade of interventions initiated by the transfer of the same to a neonatal complex unit.³

In this sense, ensuring access to adequate and timely neonatal transport, when necessary, can be critical to the survival of the newborn with the best possible conditions.⁴ And, among the units to which the newborn can be transported are: rooming, intermediate unit, neonatal or neonatal intensive care unit.

Among the highlights of the neonatal transport are gestational age less than 34 weeks old; weight below 1800 g; maternal bleeding in third trimester; congenital anomalies with surgical implication; infections; Rh incompatibility; retarded intrauterine growth; Hypoglycemia; seizures; maternal use of drugs; oxygen demand; cardiac arrhythmias; and Apgar less than 5 in the 5th minute. Such conditions in itself indicates the importance to professional forwarding this patient to the Intensive Care Unit.^{5,6}

Already through Ordinance No. 1016 of 1993, newborns with over 2000 g; Apgar score greater than 6 in the 5th minute and more than 35 weeks of gestational age, besides the possibility and maternal psychological clinic of continuous contact with the NB are able to remain in Housing System Set. As stated, the conduct defined by constant assessment ends up being a set of factors will dominate both the forwarding of the newborn after birth as its permanence in this sector, intra-hospital transfer may occur.^{3,7}

This type of transfer the definition is restricted only to inpatients in neonatal unit and which are transported to the performance of any surgical intervention or diagnostic procedure within the premises of the hospital or in annexes.⁴ However, it is understood that

it is not just the patient hospitalized in neonatal unit that moves inside the hospital, but that this concept covers any and all displacement the neonate in hospital unit comprising the routes the delivery room/accommodation set room/intermediate unit, delivery room, intensive care unit/accommodation set/intermediate unit rooming/intensive care unit and intensive care unit/intermediate unit and vice versa.³

In this sense, care performed becomes of great importance to the safety and health of the newborn, having health professionals trained in transport; maintenance of equipment suitable for transport; keep the venous access; hemodynamic monitoring, among others. All these issues are important for the quality of transport and to avoid complications during the neonatal transport.

Thus, the study aims to analyze the nursing care provided to newborns in accommodation set that later passed by in-hospital transfer.

METHOD

This is quantitative and qualitative type survey with descriptive and exploratory approach, since the adoption of this drawing is based on the concept that a quantitative study can lead to issues that can be explored by qualitative research, and vice versa.⁸

This research was undertaken in the Rooming (AC) of motherhood at the University Hospital Antônio Pedro (HUAP), linked the Fluminense Federal University (UFF). The study population was composed of eight (08) nurses in maternity, obtaining as inclusion criteria: 1) with nurses, 2) nurses day laborers, 3) coordination of nursing and 4) performance in both shifts.

The methodological process was composed of the following step: documentary analysis through the survey in the database of the high-risk maternity HUAP referring to 1700 births that occurred in the period from 2008 to 2011. Later, gave up the search in charts of NBs involved applying the check list on the line of nursing to the newborn during the moments of admission, continued hospitalization and intra-hospital transfer being the accommodation always set the source sector. After the analysis of such charts and, on the basis of the criteria already described previously, were listed six (06) babies. Such data have led to concerns about what was happening in the process of care of such babies suggesting the need to search for more information. The analysis of documents not part of the data in this study.

Thus, the second stage of the study was performed through semi-structured interview, addressing the process of care to the newborn in accommodation set through the testimonials of the nurses.

The collection occurred in the period from June to August 2012 and participants had the identity kept confidential using alpha-numeric code (E1, E2, E3, etc. E8). The interviews were recorded on digital device with participants' permission, transcribed by

researcher and cleared after its contents were validated by the respective respondents, corroborating the scientific literature that claims to be the electronic recording the most reliable method to accurately reproduce the answers obtained in each question.⁹

After the documentary analysis, application of check list, transcription and validation of the interviews, the material was subjected to perusal to facilitate understanding and interpretation of data, then were analyzed quantitative and qualitatively. Under the quantitative aspect used simple statistical analysis through the survey and the data tab in the database in the Microsoft Office Excel version 2007 for Windows. Under the qualitative aspect, used the data based on thematic analysis.¹⁰ In its various phases: pre-analysis; exploration of the material; treatment of results, inference and interpretation, aiming to confront the data obtained through the application of questionnaires, with the process of care to the newborn in rooming.¹⁰

Data analysis resulted in the emergence of thematic categories titled nursing care on admission of the newborn to the accommodation set; and nursing care on the permanence of the newborn in the rooming.

The research obtained approval by the Committee of Ethics and Research of the Faculty of Medicine of HUAP, under Protocol: 182.253/2012; as stipulated in resolution 466/12 of the National Health Council (CNS). All respondents signed an informed consent (TFCC) confirming their participation in the research.

RESULTS AND DISCUSSION

Nursing care on admission of the newborn in the accommodation set

The time of admission of the newborn in the accommodation sector set is configured as the most important to know both who has recently given birth as the child to be received in the industry, its history and developments. Through this survey, the team can organize to provide more qualified and individualized assistance, paying attention to their needs and anticipate possible complications intervened promptly if they occur.

It was observed in consultation with records that during the admission of newborn in accommodation set there were no reports of maternal obstetric history, birth data or conditions of the birth of the neonate. At only 16.7% of the records examined was limited data description of childbirth, without other information, thus limiting the assistance provided to such children.

When asked about the process of care established by newborn during his admittance to the rooming, the nurses stressed the possibility of keeping the mother and the patient together in a same space from the moment of birth.

We care for mother and baby come together after the birth to the AC. (E1)

The newborn is admitted along with its mother. (E2)

The accommodation system consists of a hospital principle on which the healthy newborn soon after birth remains beside his mother 24 hours a day, in the same environment until hospital discharge. This admission system allows the mother and child establishing emotional ties and also receiving incentives to breastfeeding, mother care guidelines for child and prevention of infections.¹¹

Thus, in the rooming the mother takes care directly from your son (maternal care), paying attention to the needs revealed by him, while that is staffed by nurses. We understand that the whole housing system is fundamental to the human emotional development that arises in the context of interpersonal relationships, because it favors the proximity between mother and baby during the first days of life. This approach is essential for the construction of maternal care.¹² Therefore, it is essential that the admission to the rooming be established maternal and neonatal care, favoring the personal and direct contact with the binomial mother-child.

Ordinance MS/GM No. 1016 of August 26th, 1993 back to favor the mother/child relationship as one of the fundamental objectives of the rooming system, as well as guidance to the mother on the health of the binomial. Thus, the accommodation set has increased educational, and health professionals primarily responsible for relaying relevant information.⁷ In the records analyzed, low percentage (16.7%) professionals offered guidance to families and none of them held the host recommended. However, the mother and the accompanying guidelines emerge in the testimonies of nurses as part of newborn admissions process in the sector concerned.

Orientation to the mother's companion and the newborn, and plus the newborn's mother. (E3)

Orientation to the mother and to the companion regarding care to the newborn. (E4)

Guidelines regarding care to the newborn. (E5)

Made guidelines to parents and companions related to Therapeutic Nursing Plan. (E7)

As mentioned the provision of guidance to caregivers, it is noteworthy implied in these statements the constant presence of the figure of the woman's choice of companion throughout the pregnancy and childbirth process in respect to that recommended in federal law No. 11.108 of 2005. The chosen companion has key roles during their stay in the binomial rooming.¹³ For, in a study at the University Hospital of Santa Catarina with 32

subjects observed the insertion and actions of companions in the housing system set concluding that families bring prior knowledge about the process of childbirth and postpartum care and the baby, becoming that replacing the puerperal woman to take care of the newborn, provides logistical support through practical help and plays also supporting role is important character in this context. Thus, their welcome and appropriate guidance and effective communication with the health care team is essential.¹⁴

Thus, the presence of the companion throughout labor process, childbirth and the favors and reduces maternal complications, and it is essential to their presence, and the need for compliance with health institutions to ensure the right of women in enjoy their vests and experience the presence of his companion of choice.

Although not observed in the charts, received care according to clinical assessment and their consequences were cited massively by the subjects during the admission process of newborns in the set being marked accommodation physical examination, assessment of the general state of the RN and the heating. In this context, the assistance guidelines of municipal health department of the city of Rio de Janeiro brings the newborn physical examination describing their steps and stating that aims to evaluate the general condition of the newborn, with a view to early identification of signs of abnormality. The examination must take place as close as possible to the time of arrival of the newborn to the AC. The nurse is responsible for this procedure.¹⁵

In AC the newborn is heated after being scanned (...) observed activity/reactivity, physiological losses (...). (E3)

Physical examination (...) evaluation of vitality and general conditions [RN]. (E5)

Evaluation of the General State of RN (coloring, vital signs, [if] presents respiratory distress); Heats (...). (E6)

The nursing process, understood as a methodological tool for nursing care has been marked as a way to systematize nursing care in order to identify and resolve situations, considering a given context, in a period of time, in order to production of positive results for the health of an individual, family or community.¹⁶

To enable the identification of problems, the nurse must have a systematic roadmap for the lifting of the human data - historical nursing - where it belongs physical examination. Physical examination of the newborn is a very important procedure because through it, evaluates - The general and specific conditions and identifies - are more precisely the nursing problems. These data, properly assessed and analyzed, identifying the needs of infants and procedures necessary to meet them individually in a rooming.¹⁷ Thus, it becomes essential to approach the nurse and the physical examination in the RN to promote comfort and safety, and preventing complications through a thorough and detailed examination.

The nursing care around breastfeeding in rooming during admission were translated by nurses by early breastfeeding there is concern compliance with the mother's health, there is seen to characterize the population of risk attended in the maternity setting of this study.

Encourage breastfeeding soon; (E1)

Taken to the breast [the RN], in accordance with the general conditions of the mother (...); (E3)

Support and assistance on early breastfeeding; (E5)

If the mother is able to put to breast [the RN]. (E6)

If not contraindicated, encourage exclusive breastfeeding; (E8)

The ten steps to successful breastfeeding describe all units providing maternity services and neonatal cared for should, inter alia, inform all pregnant women about the benefits and management of breastfeeding (Step 3); Help mothers initiate breastfeeding within a half-hour of birth (Step 4); Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants (Step 5); Practice rooming-in - allow mothers and infants to remain together - 24 hours a day (Step 7); Encourage breastfeeding on demand (Step 8).¹⁶ Thus, we observe in the statements transcribed the concern of the nurses in applying the guidelines of the official agencies with regard to breastfeeding.

Nursing care in the stay of the newborn in the accommodation set

The maintenance of hospitalization of infants in rooming occurs by at least 48 hours after birth due to the high cannot be given before this period, considering the high educational approach inherent in the rooming system, and that this important period in the detection of neonatal morbidity.⁷

Throughout the hospital stay, are observed closely thermoregulatory aspects through the measurement of axillary temperature (83,3%), observation ends and heating promotion when needed. However, although the breathing pattern has been observed in 50% of cases, include the vital signs of the newborn there is no measurement or respiratory rate or heart rate, and there has been no record of cardiovascular pattern presented in the period. It is worth mentioning that the respiratory distress disorders of the newborn and newborn transient tachypnea showed significant incidence in this group. In addition, the diagnosis other preterm newborn is also present emphasizing that these babies still no lung maturity is necessary, therefore, that the team is always attentive, in the matters of the respiratory system.

During the maintenance of the newborn hospitalization in rooming sector nursing staff reports emphasize aspects such as weight (83,3%), the pattern of vesicular-intestinal eliminations (83,3%), breastfeeding as the handle, position and suction (66,7%) and descriptions of the appearance of the umbilical stump (83,3%). The main deficiency appears in the records is in the physical examination of the newborn, absent in all analyzed developments followed the general guidelines, observed in only 16.7% of the records. Again, we emphasize the essential educational aspect of rooming and the need for exercise.

The subjects also raised in his speeches issues inherent in daily assessment of newborns translated for general care as weighing, personal hygiene, physical examination, verification of physiological eliminations and umbilical stump, suction observation and takes appropriate breastfed.

The team of nurses makes explicit the support and encouragement given by the group to mothers so that they play the direct care to newborns under supervision. Also point out the observation of officials to the possibility of complications.

Assisting the RN according to its needs by encouraging its mother carries it care; (E1)

Direct care is done by the mother, under supervision and with support of the nursing staff; (E2)

During the permanence of RN nursing care is always assisting the binomial mother-son, performing procedures parent's guidelines with the RN; (E7)

Guidance regarding complications that may happen to the RN; (E6)

Therefore, the accommodation set, in its definition, enables the provision of all health care and guidance to the mother about the health of mother and child.^{7,17,18} This binomial system aims to provide conditions for nursing promote maternal training, through practical demonstrations of care essential to the newborn and postpartum designating as healthcare team will: advise the mother of gradual participation in the care of the newborn; make daily visits to mothers, enlightening, guiding, and giving security to the mother as to his condition and his son. Remember that this is not a method that aims to save nursing staff, according to the strongly educational nature printed.

The relational process between mother and child allows the creation of bonds, favoring satisfaction, peace of mind, confidence and personal security, from the time that mothers can observe and meet their children on their needs. The gap between both, in the first days of life, it is essential for the construction of maternal care, because the postpartum this phase is extremely sensitized to the signs and baby demonstrations, seeking to interpret them effectively. Generally, they tend to neglect their personal, social or other interests to the detriment of the child.¹¹

Thus, the nurse must work directly with directions and information to women about the care of itself and the RN, always conducting health education, and later the supervision of care, favoring the autonomy of the subject.

CONCLUSION

Giving the above, it is concluded that this study showed a divergence between the nursing records and the institutional practice of nurses working in the rooming with respect to nursing care for newborns that were in this sector and needed to be transferred to neonatal complex.

Through the instruments used can infer the presence of deficit in the official reports of nurses towards the acceptance moments, stay in their rooms, in identification. On the other hand, when listing the care provided at these times, the discourse of the subject is extremely comprehensive and based on scientific evidence than that observed in the charts, although it is still incomplete forward the complexity of the existing clientele.

The main issue is therefore the discrepancy between the records and the speech presented. Nursing Registration ensures continuity and quality of care, with important indicator. In addition, it is characterized as a legal document for health professionals, provides essential information on administrative and clinical level for the audit of nursing, and underlies the numerous research and studies developed. The fact is that any action developed by the health team, here specifically addressed the nursing needs to be registered as care not described generate all doubt as to their actual implementation.

The data analyzed revealed also failures in hospital information system due to incomplete food and/or incorrect the material contained therein. The inconsistency of maternity database in question generates numerous drawbacks with losses to the service, burden of financial and, especially, the production of studies and research. It is noteworthy that in a university hospital where there is great incentive to doing research this type of failure becomes a disorder and represents a barrier to their proper development.

REFERENCES

1. Ministério da Saúde (Br). Atenção à saúde do recém-nascido: guia para os profissionais de saúde. Brasília; 2011 [citado 2013 Dezembro 12]. Disponível em: URL: http://www.redeblh.fiocruz.br/media/arn_v3.pdf
2. Ministério da Saúde (Br). Síntese de evidências para políticas de saúde: mortalidade perinatal. Brasília; 2011 [citado 2013 Dezembro 12]. Disponível em: URL: http://bvsms.saude.gov.br/bvs/publicacoes/sintese_evidencias_mortalidade_perinatal.pdf
3. Dulfe PAM, Aguiar RCB, Alves VH, Rodrigues DP. Intercorrências ao recém nascido na transferência intra-hospitalar do alojamento conjunto. J. nurs. UFPE on line [periódico on line]. 2014; [citado 12 out 2014]; 8(3):514-22. Disponível em: URL: <file:///C:/Users/diego-pc/Downloads/5597-53333-1-PB.pdf>
4. Ministério da Saúde (Br). Manual de orientações sobre o transporte neonatal. Brasília; 2010 [citado 2013 dezembro 12]. Disponível em: URL: http://bvsms.saude.gov.br/bvs/publicacoes/manual_orientacoes_transporte_neonatal.pdf
5. Tamez RN, Silva MJP. Enfermagem na UTI neonatal: assistência ao recém-nascido de alto risco. Rio de Janeiro (RJ): Guanabara Koogan; 2010.
6. Montenegro CAB, Filho JR. Obstetrícia fundamental. 12ª ed. Rio de Janeiro (RJ): Guanabara Koogan; 2011.
7. Ministério da Saúde (Br). Portaria nº 1.016, de 26 de agosto de 1993. Brasília; 1993 [citado 2013 dezembro 12]. Disponível em: URL: <http://portal.anvisa.gov.br/wps/wcm/connect/ee8d0e80474591da9a2dde3fbc4c6735/PORTARIA+N%C2%BA+1.016-1993.pdf?MOD=AJPERES>
8. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12ª ed. São Paulo (SP): HUCITEC; 2010.
9. Figueiredo AM, Souza SRG. Como elaborar projetos, monografias, dissertações e teses: da redação científica à apresentação do texto final. 4ª ed. Rio de Janeiro (RJ): Lumen Juris; 2011.
10. Bardin L. Análise de conteúdo. 3ª ed. Lisboa: Edições 70; 2009.
11. Faria AC, Magalhães L, Zerbetto SR. Implementação do alojamento conjunto: dificuldades enfrentadas na percepção de uma equipe de enfermagem. Rev. eletr. enf. [periódico on line] 2010; [citado 24 nov 2012] 12(4): [aprox. 8 telas]. Disponível em: <http://www.fen.ufg.br/revista/v12/n4/v12n4a11.htm>
12. Pilotto DTS, Vargens OMC, Progianti JM. Alojamento conjunto como espaço materno e profissional. Rev. bras. enferm. 2009; 62(4): 604-607.
13. Ministério da Saúde (Br). Lei nº 11.108. 2005 [citado 2013 Dezembro 12]. Disponível em: URL: http://www.planalto.gov.br/ccivil_03/_Ato2004-2006/2005/Lei/L11108.htm
14. Cardinali F, Aires LCP, Monticelli M, Correia DS, Mendes L, Alcântara MG. O acompanhante no alojamento conjunto da maternidade. R. Enferm. UFSM. 2011; 1(1): 1-14.

15. Souza KV, Assis LTM, Chianca, Ribeiro CL, Gomes AC, Lima RJ. Roteiro de coleta de dados de enfermagem em alojamento conjunto: contribuições da articulação ensino-serviço. Esc. Anna Nery R. Enferm. 2012; 16(2): 234-239.
16. Almeida GG, Spiri WC, Juliani CMCM, Paiva BSR. Proteção, promoção e apoio ao aleitamento materno em um hospital universitário. Cienc Saúde Coletiva. 2008; 13(2): 487-494.
17. Paula AO, Sartori, Martins CA. Aleitamento materno: orientações, conhecimento e participação do pai nesse processo. Rev. eletr. enf. [periódico on line] 2010; [citado 24 nov 2012] 12(3): [aprox. 7 telas]. Disponível em: <http://www.fen.ufg.br/revista/v12/n3/v12n3a07.htm>
18. Roecker S, Marcon SN, Decesaro MN, Waidman MAP. Binômio mãe-filho sustentado na teoria do apego: significados e percepções sobre centro de educação infantil. Rev. Enferm. UERJ. 2012; 20(1): 27-32



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