Outpatient care: experience report

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INTRODUCTION

Pediatric outpatient care is the most calm and complete physician-patient relationship, without interferences or intermediaries. Pediatric monitoring covers different age and development groups; immunization schedule; education; treatment of intercurrences; early detection of pathologies and referring to other specialists, when required; and guidance in accident prevention. As described by Professor Eduardo Marcondes¹ in the Manual of Pediatric Outpatient, outpatient practice contributes most to the professional development of a pediatrician.

“The pediatrician is also an educator”¹. There is a relationship of trust, respect and friendship with the child and their family. The pediatrician’s guidance is valued and heeded. A pediatrician performing his/her activities in outpatient care is more conducive to acquire new knowledge¹. Furthermore, another advantage of outpatient care is that it allows the same pediatrician to care for the child during their development. According to Dr. Marcio Maranhão², the statement “I am your doctor … sounded like a balm for a public system patient.”

According to the health officer Hector Werneck³, the reality of a health center, usually frequented by children, pregnant women and elderly, is different from the reality of emergency services. “Health centers are simple spaces, where people feel welcomed”, he adds.

OBJECTIVE

This descriptive study identifies the clinical profile of children attending outpatient clinic, highlighting the importance of this type of monitoring.

METHOD

Descriptive study performed at the Pediatric Clinic of the Municipal Health Center (Cemusa) of Teresópolis in Rio de Janeiro. During outpatient appointments from August 2014 to March 2015, 185 records were selected.

The selection criteria included a minimum of three visits for infants, and maximum interval of one year between visits in other age groups. Variables studied were: number of visits in prenatal care, type of delivery, gender, exclusive breastfeeding, breastfeeding for more than one year, age group, history of hospitalizations, overweight/obesity occurrence and school attendance.

RESULTS AND DISCUSSION

The clinical data and level of education of these 185 patients are described in the table 1 below.

Records show that the majority of mothers (74.05%) had more than six medical prenatal appointments, and 62.16% of the children were delivered vaginally. Most children (72.43%) were exclusively breastfed during their first six months of life. Also, the percentage of children breastfed until one year of age was considerably high (59.45%). Predominant age groups were the ones pertaining to the preschool and grade school.

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who was hospitalized due to acute respiratory infection during school vacation period, in 2013. The child was hospitalized in Hospital das Clínicas and was discharged after 15 days. This child had previously lived in the state of Paraíba where the child, according to the child’s stepmother, was hospitalized multiple times during their first year of life. Then, the child three-year-old moved to Teresópolis and started being monitored in the outpatient clinic. The third case was a child, accompanied by a family member, who had suffered burns to the chest caused by a hot dog pushcart in 2014. Hospitalization at Hospital das Clínicas lasted 15 days and the patient was further discharged without any complications.

Overweight/obese children belong to families who have these conditions in their medical history, although their medical exams are controlled and they are monitored by Endocrinology and Nutrition outpatient clinics. The low weight child, who was under the care of the grandmother, lived in precarious conditions. However, child is under monitored recovery.

Immunization situation was satisfactory, according to the vaccines available in public health clinics. Child immunization status was monitored at each medical appointment and, if a vaccine delay was observed, it was reported and corrected before the next consultation. Furthermore, other vaccines recommended by the Brazilian Society of Pediatrics were indicated.

All children in school age attended school, and the vast majority was in the school grade correspondent to their age.

Also regarding education, there were two inclusion cases. Two children had TD; nevertheless, they attended school. One of them was a triplet and went to school accompanying the two siblings, who are in the sixth grade.

In this study, we found a pulmonary stenosis case, which is being monitored by the Cardiology Clinic; one hypospadias case, monitored by the Surgical Clinic; three cases of inguinal hernioplasty, with two of them occurring in the first year of life; two children with sickle cell trait; a hepatitis case in 2009, when the child was six-years old, with regular discharge and normal exams; a vitiligo case in a four-year old child monitored by the Dermatology clinic; and eight children presenting increased total cholesterol level. For the last, ages and total cholesterol values were the following: a five-year-old (205), a seven-year-old (196), a seven-and-a-half-year-old (174), a nine-year-old (188), a nine-year-and-two-months-old (180), a ten-year-old (210), a 13-year-old (219) and a 14-year-and-and-two-months-old (186). Some of these children presented mismanagement in their feeding, such as cafeteria snacks, and all of them are under dietary guidance.

The intention of this study is to present a small documentation from 40 years of clinical pediatrics experience. The results were possible by clinical practice based on three pillars:

I - Welcome - Listen to the patient and his/her family or companion, not only regarding the reason for consultation, but in a more comprehensive manner;

II - Information records - Completion of medical records, prenatal history, delivery history, anamnesis, physical examination, growth and development evaluation, immunization schedule (including the child vaccination book, along with the World Health Organization chart), complications, education, exams, referrals to specialties, opinion and conduct records, treatment, and general and diet guidelines;

III - Patient Return - Patient return is important for medical monitoring and should occur as soon as needed (infants, vaccine evaluation, presence of complications and specialties opinion), thus avoiding a large number of hospitalizations.

REFERENCES


Note: satisfactory immunization - vaccines available for age groups in public clinics.