

Nursing Care Towards Feeding Children Undergoing Chemotherapy Treatment: Collière's Contributions

Cuidados de Enfermagem da Alimentação de Crianças em Quimioterapia: Contribuições de Collière

Cuidados de Enfermería en la Alimentación de Niños en Quimioterapia: Contribuciones de Collière

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ABSTRACT

Objective: The study's purpose has been to further understand the nursing care with regards to the dietary pattern alterations of children undergoing anticancer chemotherapy in the light of Collière's thoughts. **Methods:** It is a qualitative research, which was carried out in 2015 through semi-structured interviews with 17 nursing professionals. Data were submitted to the Thematic Analysis through the theoretical reference of Collière. **Results:** The professionals perform the care of children's food maintenance, which includes the following: family orientation, participation along with the multi-professional team, medicine administration for side effects relief, pain level assessment and diet checking. The strategies of care are as follows: tactic approach aiming to minimize mucositis, encouragement of the child through conversation, playfulness and offering frozen foods, attractive and tasteful, as well as respecting their own space. **Conclusion:** Nursing care refers to the daily, usual care and repair, as Collière points out, always targeting to maintain the child's good nutrition.

Descriptors: Child Health, Pediatric nNursing, Nursing Care, Chemotherapy, Feeding.

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RESUMO

Objetivo: Compreender os cuidados de enfermagem frente às alterações no padrão alimentar de crianças em quimioterapia antineoplásica à luz de Collière. **Métodos:** pesquisa qualitativa, desenvolvida em 2015, com entrevistas semiestruturadas junto a 17 profissionais de enfermagem, cujos dados foram submetidos à Análise Temática por meio do referencial teórico de Collière. **Resultados:** os profissionais realizam cuidados de manutenção da alimentação das crianças, o que inclui: orientação dos familiares, participação junto à equipe multiprofissional, administração de medicamentos para alívio dos efeitos colaterais, avaliação do nível de dor e conferência da dieta. As estratégias de cuidado são: táticas para minimizar a mucosite, incentivo da criança através da conversa, do lúdico e da oferta de alimentos gelados, atrativos e do seu gosto, e respeito ao seu espaço. **Conclusão:** os cuidados de enfermagem versam sobre os cuidados cotidianos, habituais e os de reparação, conforme distingue Collière, com a finalidade de manter a alimentação da criança.

Descritores: Saúde da Criança, Enfermagem Pediátrica, Cuidados de Enfermagem, Quimioterapia, Alimentação.

RESUMEN

Objetivo: Comprender los cuidados de enfermería frente a las alteraciones en el patrón alimentario de niños en quimioterapia antineoplásica a la luz de Collière. **Métodos:** investigación cualitativa, desarrollada en 2015, con entrevistas semiestruturadas junto a 17 profesionales de enfermería, cuyos datos fueron sometidos al Análisis Temática por medio del referencial teórico de Collière. **Resultados:** los profesionales realizan cuidados de mantenimiento de la alimentación de los niños, lo que incluye: orientación de los familiares, participación junto al equipo multiprofesional, administración de medicamentos para alivio de los efectos colaterales, evaluación del nivel de dolor y conferencia de la dieta. Las estrategias de cuidado son: táticas para minimizar la mucositis, incentivo del niño a través de la conversación, del lúdico y de la oferta de alimentos helados, atractivos y de su gusto, y respeto a su espacio. **Conclusión:** los cuidados de enfermería versan sobre los cuidados cotidianos, habituales y los de reparación, conforme distingue a Collière, con la finalidad de mantener la alimentación del niño.

Descritores: Salud del Niño Enfermería Pediátrica, Atención de Enfermería, Quimioterapia, Alimentación.

INTRODUCTION

Infantile cancer is a group of several diseases that have in common the disordered growth of cells, which can occur anywhere in the body and spread through different tissues and organs. The most common tumors in childhood are leukemia, lymphomas and central nervous system disorders.¹

Antineoplastic chemotherapy is one of the main types of treatment to combat it, and it can be performed both for curative and palliative purposes.² Nowadays, it has the best cure results for many types of tumors, increasing the survival of cancer patients,³ being the most used in

childhood, either with or without association with other modalities, such as surgery and radiotherapy.⁴

Taking advantage of the chemotherapy treatment to control and cure childhood cancer, it is not free of side effects that interfere with the daily life of the child and his family. It can change the eating habits of patients, especially children, due to the effects on the gastrointestinal system, characterized by vomiting, nausea, diarrhea, mucositis and constipation; which may either cause or aggravate problems, such as child malnutrition and delayed growth and development, in the already fragile health of the child with cancer, requiring the joint attention of the multidisciplinary team and the family.⁵

Antineoplastic drugs also cause changes in hematopoietic tissue, such as neutropenia, which predisposes the body to infections, and is one of the main complications of the child with cancer. Thus, modifications in the preparation of their food, such as adequate hygiene and cooking of foods are indispensable, which evidences the need to share information about this safe preparation among health professionals and the family.⁶⁻⁷ However, an international study points out that in many pediatric cancer treatment centers there is no early intervention to prevent complications related to the nutritional status of the child undergoing chemotherapy treatment.⁸

Both national and international studies have demonstrated the experiences of children and adolescents in chemotherapy treatment, revealing that the side effects of these drugs lead to refusal of food intake.^{2,4} Another study pointed out that the family's challenges to feeding these children are related to the side effects of medications in the gastrointestinal and hematological system, adaptation to food change and hospitalization. Moreover, the study pointed out the importance of the nurse's responsibility as an educator to assist in the modification of dietary practices in order to give continuity to home care.⁹ An integrative literature review indicated that among the objectives of nursing care in pediatric oncology the maintenance and improvement of the child's nutritional status, and even the stimulation of appetite.¹⁰ Nevertheless, it is necessary to advance research that deals with nursing care regarding changes in the dietary pattern of children undergoing chemotherapy treatment.

This research used the theoretical foundations of Marie-Françoise Collière, which distinguishes two types of care, as follows: daily and habitual care, which ensure the continuity of life, being based on habits of life, customs and beliefs, related to food, hydration, elimination, heating, energy, displacement and affection; and the care of repair or treatment of the disease, with the purpose of limiting the disease, fighting against it and attacking its causes. These different types of care, which are not exclusive, guide different forms of care.¹¹⁻¹²

Therefore, it is essential to rediscover the original

meaning of care, from the understanding that caring is not a treatment. For to care is to maintain life, guaranteeing the satisfaction of a set of indispensable necessities to live. No treatment can replace care. Based on these premises, the field of nursing competence needs to take care of the people, precisely seeking to compensate for the limitations caused by the disease and to supplement them, if these capacities are insufficient.¹¹⁻¹²

Given the aforementioned, the present study aimed to understand the nursing care with regards to the dietary pattern alterations of children undergoing anticancer chemotherapy in the light of Collière's thoughts

METHODS

It is a qualitative research,¹³ which was carried out in 2015 in a public pediatric university hospital, located in *Rio de Janeiro* State, which assists children bearing cancer and undergoing antineoplastic chemotherapy treatment.

A semi-structured interview was used with 17 professionals of the nursing team, being 09 nursing technicians and 08 nurses. Inclusion criteria: professionals of the nursing team who assisted in the care of children with cancer for more than three months. Exclusion criteria: professionals who were on vacation, medical leave or any other type of separation from the sectors.

The interview script contained five questions regarding nursing care regarding changes in the dietary pattern of children undergoing chemotherapy, specifically: 1) Do you realize that the family faces challenges in feeding the child who is undergoing antineoplastic chemotherapy? What would they be? 2) How can the nursing professionals address the challenges faced by the family in feeding the child who is undergoing antineoplastic chemotherapy? 3) What are the resources used by the nursing team in order to deal with the challenges faced by the family in feeding the child who is undergoing antineoplastic chemotherapy? What are the amenities found by the nursing team in feeding the child who is undergoing antineoplastic chemotherapy? 5) What are the difficulties encountered by the nursing team in feeding the child who is undergoing antineoplastic chemotherapy?

All 17 interviews were conducted by the first author, had an average duration of 20 minutes and were recorded in full by digital media. There was no refusal to participate and none of the companions during data collection or afterwards. In order to preserve the privacy of the participants, the interviews were conducted in a reserved room of the hospitalization unit, where only the researcher and the interviewee were present. It should be noted that the interview was performed at the end of the work shift, aiming not to impair the progress of the participant's work activities.

The number of participants was delimited in the course of the work field when the organization of the state-

ments enabled the identification of data saturation, in other words, the existence of a recurrence of ideas, practices, and worldviews.¹⁴

The interviews were transcribed in full and submitted to the Thematic Analysis, following the three phases recommended by the method¹³: (a) pre-analysis, with floating reading to know the content of the empirical material generated by the interviews; (b) phase of material exploration, when, from exhaustive readings, the raw data were transformed into themes that represented meanings and then combined into thematic units that responded to the research objectives; (c) the treatment phase and the interpretation of the results, when it was possible to make inferences in the light of the theoretical reference¹¹⁻¹² about nursing care regarding changes in the dietary pattern of children in antineoplastic chemotherapy.

Given the ethical and legal issues related to the research, the interviews were only conducted after approval of the study by the Research Ethics Committee from the study institution, under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appraisal] No. 46891715.4.0000.5264 and Legal Opinion No. 1.239.259; also, all participants had read and signed the Free and Informed Consent Term. The place of the meeting happened in a space of the own institution, private and reserved, only for the purpose of the research, by that day.

In order to identify the interviewed participants, the letter "T" was used for nursing technicians and the letter "N" for nurses, followed by the sequential numerical order of the interviews, thus ensuring their anonymity.

From the analysis of the data emerged the following thematic units: 1) Nursing care towards the feeding maintenance of the children undergoing chemotherapy treatment; 2) Care strategies towards feeding the child undergoing chemotherapy treatment.

RESULTS AND DISCUSSION

Nursing care towards the feeding maintenance of the children undergoing chemotherapy treatment

The professionals pointed out changes caused by an antineoplastic chemotherapeutic treatment that can modify the child's eating pattern, being: inappetence, nausea, vomiting, mucositis, food restrictions caused by neutropenia and refusal of food during a hospital stay. The statements show the aforesaid:

The feeding is so hard, which remains throughout the treatment of the child, because the chemotherapeutic brings many reactions like mucositis, sickness, and vomiting. (N7)

These children have many dietary restrictions and this is cyclical, depending on the number of neutrophils, they can either eat raw food or not. (N1)

There is the hospital's own menu, because sometimes things come that the child does not eat. Often they point out that the taste is not good, the seasoning of the hospital food by itself. (T9)

Repair care, in the case of antineoplastic chemotherapy whose side effects modify the daily and habitual care of maintenance of the life of these children, present a challenge for the families. Therefore, changes in their food pattern implied the need for nursing care so that the limitations imposed by the disease were overcome, so that the maintenance of children's lives was guaranteed.

In this sense, the conversation, explanations, and orientations with the relatives of the children emerged with care practices to face a new reality, especially related to the appearance of side effects, such as mucositis and nausea:

It is important to always talk, guide the parents throughout the treatment, especially after the administration of chemotherapy that is when they begin to appear the lesions in the mouth and seasickness. (N7)

The nursing team can guide the mothers, explaining the side effects of medications and chemotherapy, aiming to alleviate. (N2)

In the set of care for the maintenance of the vital feeding need of these children, the participation of the nursing team with the multi-professional team was also mentioned, as follows:

I think it would be like this, as a team put together, the nurse who is living every day, call the nutritionist to come, the psychologist. (T4)

We (nursing staff) by talking to the medical staff and the nutrition itself, so I believe in a joint evaluation of the multidisciplinary team. (N7)

To limit the symptoms related to the side effects of medicines that harm the child's nutrition, the nursing professionals take care of medications:

It is about taking care of the medications in order to minimize these signs and symptoms. (N3)

We do the mouthwash, which is a mixture we make and gives the mother can do to the child every 3 hours to relieve the mucositis. (T3)

During the administration, often, we use an antiemetic to help this child not to get sick by just seeing the food. (T9)

Still considering the nursing care in the face of the alterations, other reparative care, such as the evaluation of the level of pain and analgesia, were evidenced to facilitate the maintenance of the feeding by the child:

It is important to recognize the level of pain in the child, to see if he is doing adequate analgesia. So if you are not in pain, if the food is adequate, we can talk and persuade this child to ingest the food. (N7)

Checking the diet received at the hospitalization unit according to the prescription was another care mentioned by the interviewees:

If the child is having mucositis, often comes wrong food. Sometimes it is neutropenic and food arrives that has grated raw carrots. The child was making nasal cap and prescribed pasty feed, but came whole feed. When it comes to food, we have to identify if it's for that child, and if that's right. (N6)

Care strategies towards feeding the child undergoing chemotherapy treatment

In order to maintain the child's diet, the professionals revealed different strategies in nursing care, such as: teaching tactics to minimize the symptoms of mucositis, such as adjustments in food consistency and temperature and the use of ice, and the performance of oral hygiene preventing new injuries.

It is interesting that people are advising to offer food in a consistency pasty and cold temperature, because it is better for them to ingest, especially when there is a lesion in the mouth. Also for oral hygiene in order not to increase the lesions, do not use a toothbrush. Teaching to do the cleaning using gauze. (N7)

Before starting chemotherapy, people are advised to suck on ice, and they accept diet better, the ice helps and prevents mucositis. (N2)

In the set of strategies used to improve the child's feeding acceptance, professionals also discussed the child's encouragement through the conversation.

We try to encourage food intake, we try to encourage the child. (T1)

The nursing team goes like this; Eat this, eat that. Other day a nursing technician tried everything and managed to make it. (T4)

I even had a patient that, often times, I managed to make her eat from 3 to 4 tablespoons throughout the conversation. (T6)

Although it is important to encourage food intake, professionals also pointed out that it is essential to respect the child's space:

Children who are sick prefer not to eat, only eat at home, but we give the food and they do not eat. We always explore this space of the child. And we have to respect it, because a child who loses hair, who is sometimes nauseous, who gets very swollen because of a corticoid, sometimes is not well to eat. So, we respect them. (T5)

It was also mentioned as a strategy of care, offering frozen foods, attractive and tasteful to the child:

Give a lighter food like gelatin and juice, but careful to avoid traumatizing, because everything is already bruised. (N5)

The food has to be more beautiful, the child eats with beauty. (T5)

See the child's favorites, because the child who is doing chemo has a difficulty to eating. (N6)

Targeting to stimulate the interest in food, then playing was another strategy of care mentioned by the study participants:

Here it is not only a hospital, it has colors here, and it has a life. Despite the suffering they stay there playing, there is the recreation room to work with the child, and this also helps with the food intake. (T5)

They felt so comfortable in that play space; the mothers would take their meal to try to get them to eat the food from the hospital. So, it turned out to be a playful resource for improving the eating habits. (N8)

Herein, we were able to understand the nursing care with regards to the dietary pattern alterations of children undergoing anticancer chemotherapy in the light of Collière's thoughts. Participants were attentive to the child and his/her relative, identifying the limitations imposed by the treatment of the disease and seeking strategies to ensure the maintenance of their food intake, either through daily and usual care, that ensure the continuity of life, and/or repair care, in order to limit the symptomatology of the treatment.¹¹⁻¹²

Childhood cancer exposes the family to difficult situations, such as changes in food patterns. In this sense, the nursing team needs to listen, give emotional support,

be clear and objective, and include the family in care,¹⁵ which includes guidelines on safe modifications for the preparation and delivery of food to the child undergoing chemotherapy.⁶⁻⁷ Still, family members need guidance on the changes that the child will experience in their appetite due to nausea, vomiting, mucositis, and other effects of treatment, before starting treatment.¹⁶

It should be noted that these daily and habitual care for the maintenance of life were listed by the participants interviewed, which reveals their concern to ensure, therefore, the satisfaction of a set of necessities essential to living, in this specific case, the nurturing.¹¹⁻¹²

Studies corroborate the findings of the research, revealing that the nutritional damages caused by the side effects and the refusal of food from the chemotherapy treatment should be avoided or minimized in order not to compromise the health status of the child already debilitated by chemotherapy.^{5,9} Furthermore, that the guidelines made by the nursing team generate emotional support and greater security for the family member and patient to deal with and prevent such situations.¹⁷

In this perspective, changes in the way of daily and habitual care depend directly on the learning of new care, many of which come from the field of nursing competence, thus requiring the active participation of nursing in the orientation of these families,¹¹⁻¹² as in the teaching of the tactics to minimize mucositis, referred by the professionals.

Thus, professionals interviewed indicated repair care related to neutropenia, which alters the child's eating pattern. Among the care for the management of this side effect, they pointed out the performance of mouthwashes. This finding is in line with literature recommending mouthwashes with solutions, such as bicarbonate, aimed at alleviating its symptoms.¹⁷ Moreover, nursing guidelines on oral hygiene maintenance and how to do it is the most effective way to prevent this condition,¹⁸ which was also evidenced in the study. Nonetheless, the definition of the severity criteria of the condition and the establishment of the risk classification to prioritize preventive measures, which are essential elements in this care, were not addressed by the participants.¹⁸

Still, in the set of the repair care, the professionals reported that for the cases of nausea and vomiting, the antiemetic drugs are commonly administered. In this regard, the literature indicates that these side effects associated with antineoplastic therapy are quite frequent, and it is still a challenge to prevent them. Such manifestations lead to changes in dietary patterns and nutritional problems for the child, such as malnutrition, which in turn increases the risk of infection, decreases tolerance to treatment, and affects the child's life quality,⁸ which reinforces the need for control of these side effects.

The participation of the nursing team with the multi-professional team, described by the participants, also matches the scientific literature, because, with all the com-

plexity and gravity involved in chemotherapy therapy, this work together is essential to offer the necessary care and welcoming.¹⁵

The side effects of chemotherapy are frequent and contribute to the altered feeding of the child. In this way, attention is needed from all those involved in the child's treatment process, i.e., the family and the multidisciplinary team must be prepared so that the child can maintain his life habits, such as food intake.⁹

In this logic, the nurse, together with the multi-professional team, can develop individual care plans for children undergoing chemotherapy, aiming for a comprehensive care that encompasses both daily and usual care as well as repair. For it is important to stress that if curing prevails over caring, there will be the progressive annihilation of all the living forces of the person, because the sources of vital energy are depleted.¹¹⁻¹²

Therefore, when working with this population, it is necessary for the team to have a dialogic relationship, based on sensitive listening, valuing experiences, life histories, worldview and the reality in which they are inserted, starting from the real needs of the children and their families. Therefore, it is necessary to consider the doubts and difficulties related to the care of this child.

The professionals say that offering cold, attractive foods and the taste of the child improves their interest in food. The study also points out that varying the menu with foods of different consistencies, textures, flavors and colorful presentations, as well as letting it consume what it likes, taking into account the restrictions given by health professionals, increases the child's interest in eating food.⁵

The child's diet becomes different from the rest of the family, necessitating special care, such as greater hygiene and a ban on raw food intake, in order to reduce the risk of infection,⁴ which was also highlighted by the participants.

The findings also corroborate a research conducted with the family of the child undergoing chemotherapy, in which family members pointed out that pleasing the child's taste, attending to their wishes and elaborating something that makes food more attractive is a way to improve food acceptance.⁹ These positive practices, which encourage children, can provide the opportunity for parents to support the child and thus build a good relationship for maintenance of food.¹⁶ Care therefore needs to be built between all the involved subjects: professionals, family and child, being essential to respect and value family autonomy, to be recognized as subjects of rights.¹⁹

The research participants, as well as the literature, point to play as an important strategy to minimize the discomfort caused by hospitalization and help in coping with the disease, as well as being an important tool for nursing care. The playful feature provides distraction, allows the child to forget for a moment the suffering inherent to the illness and hospitalization and offers the opportunity

to rescue homemade jokes, approaching their new reality with the old one, which helps them to maintain activities previously performed, such as food intake.²⁰

Thus, through the inclusion of the family in care, it is incumbent on the nurse to build competencies for the educational practice in health, requiring guidelines that can be understood by the caregiver, through accessible language and participatory methodology.^{9,16} Such guidelines need to address on the selection of foods, the way in which these foods are prepared, the time of supply and the play strategies, in order to provide a good food standard against the side effects of chemotherapy treatment.

Conclusively, care cannot be reductionist, focusing only on life-repair care, which exposes the need to identify, implement and problematize care of different natures, such as life-support, stimulation, compensation, comfort, opinion, and appeasement,¹¹⁻¹² which also contribute to the maintenance of the child's diet during the chemotherapy.

It is hoped that the study will contribute to a more qualified assistance to the child in chemotherapy treatment, seeing the maintenance of their daily habits and habitual of life, specifically the feeding. It also contributes to evidence the use of a theoretical reference of the Nursing in the analysis of data related to the assistant practice, and thus to reinforce the importance of the nursing care in face of the challenges faced by the family in the feeding of the child during the chemotherapy treatment.

It should be emphasized that this study was performed in a health service in *Rio de Janeiro* city, therefore, only one source of data was used, interviews with nursing professionals, which prevents the generalization of the findings more comprehensive. This fact points to the need of developing new researches about the subject that includes the child and his/her family members, as well as other health professionals.

CONCLUSIONS

The findings of the study revealed that changes in the eating pattern of children undergoing antineoplastic chemotherapy poses challenges to family members and health care professionals, including nursing professionals. Faced with such changes, nursing care is about daily and usual care and repair care, both with the purpose of ensuring maintenance of food intake, as says Collière.

In this perspective, in the understanding of nursing care in the light of changes in the dietary pattern of children undergoing anticancer chemotherapy in the light of Collière's concepts emerged family orientation, participation along with the multi-professional team, medicine administration for side effects relief, pain level assessment and diet checking. Strategies for performing such care include: tactic approach aiming to minimize mucositis, encouragement of the child through conversation, playfulness and offering frozen foods, attractive and tasteful, as well as respecting their own space.

Given this reality, it is understood that nursing care in the feeding of children with cancer requires the search for different strategies. It is necessary for the professional to know and establish a relationship of trust with the child and his family, understand their habits, tastes and preferences, aiming to meet their individual needs. The search for a harmonious hospital environment, in which the children's world is present, allows the impact of hospitalization to be reduced and also contributes to the child's diet improvement.

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