ORIGINAL ARTICLES

Evaluation of six years of dental referrals from the pediatric inpatient area of Hospital Criança Conceição in Porto Alegre, Brazil

Evaluación de seis años de interconsultas odontológicas provenientes del área de internación pediátrica del Hospital Criança Conceição de Porto Alegre, Brasil

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Abstract

Introduction: this study aimed to describe the profile of the referrals sent to the hospital dentistry team from patients in Hospital Criança Conceiç o in Porto Alegre, Rio Grande do Sul, Brazil, from January 2012 to July 2018. ***Methods:*** a descriptive, retrospective study was conducted, evaluating 193 electronic dental records to extract the following data: patient's sex and age, description of the referral made by other health professionals and the dentist's behavior in solving the presented problem. ***Results:*** 61.6% of patients were male and the mean age of all patients was 10.5 years. Most dental referrals came from the oncohematology area (75.12%) and the predominant reason was pre- and post-chemotherapy patients' dental care (40.4%). The diagnosis most commonly found by dentists was mucositis (17.6%) and caries (16%). There was absence of oral diseases in 23.8% of cases. The interventions most commonly performed by the hospital dentistry team were laser therapy (57.5%) and oral hygiene instructions (49.1%) in the hospital setting, while procedures in dental offices and surgical rooms included exodontias (27.7%) and restorations (11.7%). ***Conclusions:*** the profile of referrals sent to the hospital dentistry team from patients hospitalized in the Hospital Criança Conceiç o in Porto Alegre, Rio Grande do Sul, Brazil, is inadequate, since there was a lack of transdisciplinary management including dental care, in addition to poor use of information technology resources and lack of more objective medical records for easy retrieval of patient health information.

Keywords: *dental staff, hospital dental service, dentists, children's health, oral health*

Resumen

Introducci n: este estudio pretende describir el perfil de las interconsultas enviadas al equipo de odontolog a hospitalaria provenientes de pacientes internados en el Hospital Criança Conceiç o de Porto Alegre, Rio Grande do Sul, Brasil, en el per odo de enero de 2012 a julio de 2018. ***M todos:*** estudio descriptivo retrospectivo en el que se evaluaron 193 historias cl nicas odontol gicas electr nicas para extraer los siguientes datos: sexo y edad del paciente, descripci n de la interconsulta realizada por otros profesionales de salud y conducta del cirujano dentista frente al problema presentado. ***Resultados:*** el 61,6% de los pacientes fue de sexo masculino y la edad promedio general fue 10,5 a os. Las interconsultas m s solicitadas para los cirujanos dentistas fueron provenientes del rea de oncohematolog a (75,12%) y el motivo predominante fue sobre el cuidado bucal a pacientes pre y posquimioterapia (40,4%). El diagn stico que m s encontraron los dentistas fue mucositis (17,6%) y lesiones de caries (16%). Hubo ausencia de enfermedades bucales en 23,8% de los casos. Las intervenciones m s realizadas por el equipo de odontolog a fueron aplicaciones de laserterapia (57,5%) y orientaciones de higiene bucal (49,1%) en mbito hospitalario; en sill n dental y sala quir rgica, fueron exodoncias (27,7%) y restauraciones (11,7%). ***Conclusiones:*** el perfil de las interconsultas enviadas al equipo de odontolog a hospitalaria provenientes de pacientes internados en el Hospital Criança Conceiç o de Porto Alegre, Rio Grande do Sul, Brasil, es inadecuado, pues se demostr falta de manejo transdisciplinar que incluya odontolog a, adem s de la necesidad de un mejor aprovechamiento de los recursos de tecnolog a de informaci n e historias cl nicas m s objetivas y que permitan obtener m s f cilmente la informaci n de salud de los pacientes.

Palabras clave: personal de odontolog a en hospital, servicio odontol gico hospitalario, odont logos, salud del ni o, salud bucal

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INTRODUCTION

The 1988 Brazilian Federal Constitution promotes the concept of Comprehensive Health Management, which seeks to include individuals at all levels of care, including their social, family and cultural contexts. Thus, in recent years, new actors have been incorporated in hospitals to form multidisciplinary groups in order to provide this level of care.[1] Hospital dentistry originated in this context as a way to ensure access to the population and to minimize social inequities in health. Considering health as a right to all, located in a broad context and influenced by numerous social determinants, allows the development of policies and the implementation of hospital dentistry.[1]

According to Resolution 163/2015 of Brazil's Federal Council of Dentistry (Conselho Federal de Odontologia, CFO), hospital dentistry can be defined as the area of dentistry that acts together with persons who need inpatient or outpatient assistance. Its objectives are the promotion of health, prevention, diagnosis, and treatment of orofacial diseases and oral manifestations of basic diseases or the side effects of their respective treatments.[2] CFO's Resolution 162/2015 regulates the exercise of hospital dentistry, with dental surgeons requiring a training course in hospital care.[3] A transdisciplinary management is critical for effective hospital treatment, as an adequate clinical condition of the patient allows dental procedures to be performed. Thus, the physical, nutritional, emotional, spiritual, and physiological conditions of the patient must be evaluated before defining the type of dental treatment to be performed.[4]

According to Gomes and Esteves,[5] the development of hospital dentistry in America began in the mid-19th century, with the efforts of Drs. Simon Hullihen and James Garretson. It later had the support of the American Dental Association and the respect of the medical community.

In Brazil, efforts have been made to achieve recognition of dentistry in hospital environments, including the introduction of Bill No. 2776 in 2008, which aimed to establish the mandatory presence of dental professionals in Intensive Care Units, and currently the Collegiate Director's Resolution No. 7 of February 24, 2010, which provides the minimum requirements for the operation of Intensive Care Units.[6]

In May 2010, Ordinance No. 1032[7] established the conditions for dental practitioners' clinical dental work in hospital surgical rooms under general anesthesia, securing financial contributions for the performance of such procedures.

Hospital dentistry is cited within the Brazilian dental code.[8] Article 26 states that it is for the dentist to intern and assist patients in public and private hospitals, with or without a philanthropic character, in compliance with the administrative technical rules of the institutions. And Article 27 states that dental activities carried out in a hospital shall comply with the relevant regulations.

According to Brunetti (2004),[9] several studies have proven the relationships of oral conditions and systemic diseases affecting the population; in addition, oral infections have a negative impact on people's systemic health by disseminating microorganisms in the bloodstream. The author states that cases of bacteremia are not uncommon and may be a significant source of oral microorganisms entering the bloodstream. Therefore, Bezinelli[10] argues that introducing

dental surgeons in hospital environment is highly important, since their work can help avoid or minimize comorbidities and systemic complications that can cause the death of immunosuppressed patients, and therefore reduce hospitalization time and the costs associated with it, in addition to providing the patient with more comprehensive health care.

The Hospital Criança Conceiç o, Porto Alegre, was one of the pioneers in establishing the Hospital Dentistry service in Brazil; however, its formation as currently known was only possible in 2011 with the project "Organization and Systematization of the Dental Service in a Hospital Environment". Since then, the Dental Surgeon of the sector, together with other colleagues, joined forces through the Hospital Dentistry Commissions to set forth the standards and regulations to establish this area in Brazil.[11] The hospital is located in the northern part of Porto Alegre, the capital city of the state of Rio Grande do Sul, Brazil. It is part of the Grupo Hospitalar Conceiç o (GHC), the largest hospital complex in Rio Grande do Sul and the only one that operates exclusively for the Single Health System (Sistema nico de Sa de, SUS) with universal and free access to health in the and sixty years of operation.[12] Today, the GHC is composed of the Cristo Redentor Hospital, the Conceiç o Hospital, the Hospital Criança Conceiç o, the Women's Hospital, the Moacyr Scliar Emergency Unit, twelve Basic Health Units, three Psychosocial Care Centers and the School of the Grupo Hospitalar Conceiç o.

Specifically, the Hospital Criança Conceiç o is the only general pediatric hospital in the state of Rio Grande do Sul, which operates in a building annexed to the Conceiç o Hospital, located in an area of 5,829 m^2. Its 1075 professionals perform 183,000 consultations a year and offer 24-hour emergency services to external patients, surgical room, imaging examinations, 219-bed hospitalization area, outpatient specialties: cardiology, surgery, dermatology, nursing, endocrinology, phono audiology, gastroenterology, nephrology, clinical neurology, neurosurgery, nutrition, otolaryngology, dentistry, oncohematology, ophthalmology, pneumology, psychology, psychiatry, pediatrics, orthopedic trauma and urology for children and adolescents aged 0 to 14 years. In addition, this hospital works with multidisciplinary groups such as CERAC (Center for the Rehabilitation of Craniofacial Disorders) and DESENVOLVER (follow-up care for premature patients) and has important programs available for its users, such as breastfeeding incentive groups, support to pediatric AIDS and obesity, school of atopic dermatitis, among others.

In consequence, this study aimed to describe the profile of the referrals sent to the Dental Hospital team from patients in the Hospital Criança Conceiç o, in Porto Alegre, Rio Grande do Sul, Brazil, in the period January 2012–July 2018. The reason for consulting, the systemic involvement of these patients, the diagnosis issued, and the treatment provided by dental surgeons were evaluated.

METHODS

A descriptive and retrospective study was conducted, evaluating the referrals sent to the Dental Hospital team, from patients aged 0 to 14 years in Hospital Criança Conceiç o, in the period January 2012–July 2018. This period was chosen as the computerized registration of referrals started in the hospital in 2012. The study was approved by the Ethics Committee in Research of the Universidade

Federal do Rio Grande do Sul (UFRGS) and the Grupo Hospitalar Conceiç o of Porto Alegre (Registration No. 2.505.027).

The electronic medical records system allowed access to all information on patient health status and the references they have received. This information technology (IT) system allows only doctors and nurses to request referrals from other health professionals.

All medical records for the aforementioned period were reviewed, which included 631 referrals for the Hospital Dentistry service (code 437). However, after applying the exclusion criteria (patients over 14 years of age, repeated referrals or directed to the wrong specialist, unanswered referrals or those containing insufficient information for the purpose of the study) there were 193 referrals to evaluate.

The variables under study were: patient's sex, age, basic disease, reason for referral, and diagnosis, behavior and treatment by the dentist in solving the problem presented. All this information was tabulated and recorded in Excel for Windows, with double data entry to avoid log biases. The data were subjected to descriptive statistics and presented in absolute values and percentages.

This is the first study conducted in the aforementioned Hospital Dentistry service collecting data from referrals.

RESULTS

Of a total of 631 referrals to the Dental Hospital service, 193 were evaluated. 75.1% belonged to the oncohematology area; 16.5% to the pediatrics area; 6.7% to the adolescent area; 1% to Intensive Care Unit, and 0.5% to the surgery service. Most patients were male (61.7%) in the age range of 6-10 years (42.0%), with an average age of 10.5 years (Table 1).

Table 1. Demographic profile of children and adolescents referred to the Hospital Criança Conceiç o. January 2012–July 2018

Characteristics	n	%
Age (years)		
0-5	38	19.7
6-10	81	42.0
11-14	74	38.4
Sex		
Male	119	61.7
Female	74	38.3
Total	193	100.0

Source: by the authors

As for the diagnosis that led patients to be admitted, 71.0% did because of some form of cancer; 6.7% for a syndromic disease and 5.7% for facial edema (Table 2).

Table 2. Main systemic diseases of children and adolescents referred to the Hospital Criança Conceiç o. January 2012–July 2018

Diseases	n	%
Cancer	137	71.0
Syndromic disease	13	6.7
Facial edema	11	5.7
Neurological disease	9	4.7
Gastrointestinal disease	4	2.1
Unknown diagnosis	6	3.1
Other	13	6.7
Total	193	100.0

Source: by the authors

Regarding the reasons that led doctors and/or nurses to request referral to the dental hospital service, 41.9% did it for evaluation of pre- and post-chemotherapy patients, 32.2% for oral mucosa injuries, and 14.5%

for "septic teeth" associated with deep cavity injury, pain, and infection (Table 3).

Table 3. Reason for referrals to the dental service in the Hospital Criança Conceiç o. January 2012–July 2018

Reason	N	%
Pre- or post-chemotherapy oral care	78	41.9
Oral mucosa injury	60	32.2
Septic teeth/tooth ache	27	14.5
Poor oral hygiene conditions	7	3.8
Evaluation for accompaniment	7	3.8
Other	7	3.8
Total	186	100.0

Source: by the authors

Concerning the diagnostics issued by dental surgeons, 23.8% of patients had no oral diseases, 20.2% did not have a definitive diagnosis, 17.62% had mucositis in varying degrees, 16.1% had tooth decay, and 5.2% had abscesses of dental origin (Table 4).

Table 4. Diagnostics issued by the dental service at the Hospital Criança Conceiç o. January 2012–July 2018

Diagnosis	n	%
Absence of oral diseases	46	23.8
No definitive diagnosis	39	20.2
Mucositis	34	17.6
Caries	31	16.1
Odontogenic abscesses	10	5.2
Dentoalveolar trauma	9	4.7
Mucosal trauma	7	3.6
Gingivitis	4	2.1
Other	13	6.7
Total	193	100.0

Source: by the authors

The most common therapeutic behaviors and interventions carried out by dentists in the admission service were laser therapy applications (35.0%), oral hygiene guidelines (29.3%) and application of 0.12% chlorhexidine (9.2%) (Table 5).

Table 5. Interventions carried out by the dental team of the admission service of the Hospital Criança Conceiç o. January 2012–July 2018

Interventions	n	%
Laser therapy	111	35.0
Oral hygiene guidance	93	29.3
Chlorhexidine 0.12%	29	9.2
Systemic medication	18	5.7
Restorations	16	5.1
Auxiliary exams	14	4.4
Abscess drainage	13	4.1
Extractions	12	3.8
Referral to Health Unit	7	2.2
Other	4	1.3
Total	317	100.0

Source: by the authors

The same patient in a single referral may often be offered several services from the hospital dental team. These are often performed outside the inpatient area, such as a surgical room and/or an ambulatory area suitable for the dentist to perform his/her intervention. In the evaluated period, a total of 1,908 such dental procedures were performed (Table 6).

Table 6. Total procedures performed by the dental service of the Hospital Criança Conceiç o. January 2012–July 2018

Procedures	n	%
Oral clinical examination	968	50.7
Extractions	530	27.8
Restorations	225	11.8
Care for patients with special needs	103	5.4
Root scaling and planing	66	3.5
Other	16	0.8
Total	1908	100.0

Source: by the authors

DISCUSSION

The presence of dental surgeons in health care units is increasingly gaining recognition. This study confirmed this need in several hospital settings, just as Souza et al claim,[14] who argue that this fact allows for the effective development of routine activities, such as oral hygiene, which is important for the prevention of hospital complications.

Most referrals served by the hospital dentistry team during the study period came from patients diagnosed with some type of cancer. Considering the severity of this disease and the side effects caused by treatment, the found predominance of mucositis is not surprising. These inflammations of the oral mucosa may result from the action of chemotherapeutic agents and vary from erythema to ulceration, aggravating by inadequate oral health.

Euz bio et al[15] described the activities carried out by dental surgeons at the Clinic Hospitals of the Universidade Federal de Goi s in Brazil, in the Maternal Child Health area in the period February 2011–July 2012. They carried out 1290 dental visits, with educational-preventive and oral hygiene control activities being the most common.

As for the treatments most performed by dentists in response to the referrals received in this study, laser therapy was the most common. According to Medeiros et al,[16] the laser acts in the prevention and treatment of oral mucositis, maintaining the integrity of the mucosa and generating analgesia and anti-inflammatory action, which improves the patient's quality of life.

The term "quality of life" is being used as an indicator to assess the impact of some treatments on carriers of various diseases. According to Reolon et al,[17] this is a broad and subjective concept, but of great interest nowadays. A quality of life improvement in sick patients may be an argument to choose a therapeutic modality. For the adequate rehabilitation of a patient during cancer treatment, for example, it is important to evaluate the quality of life and take into account the social, medical, and psychological impacts in order to minimize the main problems reported by each patient.[18]

In the study period, January 2012–July 2018, there were only two dental surgeons hired by the Hospital Criança Conceiç o as part of the multidisciplinary team. They worked 20 hours a week, allowing them to serve 193 referrals with evaluable data. In addition, they were able to develop preventive and curative work with quick and effective responses. This is reflected in their practice of using laser therapy as a prophylactic and curative action in patients about to start or already undergoing chemotherapeutic treatment. This can also be seen in the work done in relation to the oral hygiene guidelines established before, during and after treatment.

The data in the present study also show that several dental procedures were performed outside the inpatient area, including extractions and restorations. This confirms the importance of alternating between preventive health promotion actions and curative actions in the hospital environment. Healing actions are often less conservative as they seek immediate answers to requests, preventing the exacerbation of oral cavity infections and other systemic complications in patients with comorbidities. Dentistry may act synergistically in the presence of a basic disease (the cause of hospitalization), with its attention altered or hidden by exacerbation of systemic severity.[19]

Concerning the obtained results, it was expected to find referrals for dentistry in various professional areas, such as social service, nutrition and, mainly, phono audiology due to the proximity of their areas of action. However, the referrals were mostly requested by nurses and doctors, since the electronic medical history of the Hospital Criança Conceiç o only allows doctors to request referrals; nurses are also allowed but with some limitations. Doctors are the ones who coordinate and define which professionals will or will not participate in patient care. In a way, this prevents the demand for referrals. This is still a big challenge for multi-professional teams.

The few consultations found in the electronic medical records of the Hospital Criança Conceiç o show a lack of transdisciplinary work including dentistry. It can be said that this resource is being under-used. In addition, it was observed that many dental consultations were requested by the patients themselves or following a protocol, such as before administering chemotherapy, and especially when methotrexate is indicated, due to the side effects it produces in the oral cavity of cancer patients.

Another important result had to do with diagnoses issued by dentists after referrals. Many of the children were free of oral diseases. We think that this happened because most of the referrals came from doctors or nurses who were unaware of oral pathologies or because the hospital dental team used a methodology based on active and preventive search. According to Mattos,[20] active search is used as a political framework to achieve comprehensive care, which seeks to meet health needs beyond spontaneous demand. This last situation occurs in the oncohematology service, as one of its protocols states that all patients must go through dental examination before starting any chemotherapy or radiotherapeutic treatment; however, it is by demand in other areas. It may be considered that patients free of oral diseases do not require dental care; however, the work with these patients is aimed at health and prevention in a hospital environment.

On the other hand, hospital dentistry in the Hospital Criança Conceiç o allowed a better management of conditions related to the orofacial region. The increases in facial volume from dental causes were managed with canal drainage and removal of the tooth causing it, without the need for antibiotics or by using a smaller amount of them.

Mattevi et al[21] analyzed the perceptions of the health team and users of the Pediatric Service at the University Hospital of the Universidade Federal de Santa Catarina regarding the participation of dental surgeons in the health care of children. All participants emphasized the importance of a transdisciplinary work. And health professionals stated that dentistry is a fundamental support for a comprehensive and humanized care of the assisted population, ranging from health promotion to the most specialized treatment of problems in the stomatognathic system.

Hospital dentistry is currently recognized as an important field of action of dental surgeons by Brazil's Federal Council of Dentistry, which requires an authorization to act in this area. It is a recent field of action, which demands a change in the dental surgeon's perspective and behavior because it requires a holistic view of the patient's health and the reality that affects him/her, as well as a new attitude regarding the work in multidisciplinary teams.[22] As Aranega et al point out,[23] the hospital environment displaces dentists from their comfort zone

and faces them with a patient in weakened health, in bed, and without the structure and ergonomics that a dental office offers.

Limitations of this research project include those related to cross-sectional studies, preventing from establishing cause-effect associations. In addition, it presents data from a single hospital complex in southern Brazil, which may not represent the reality of other places. In this regard, further studies are encouraged in other countries and with longitudinal evaluations.

CONCLUSIONS

The profile of referrals sent to the hospital dentistry team from patients in the Hospital Criança Conceiç o in Porto Alegre, Rio Grande do Sul, Brazil, in the period January 2012 to July 2018 is inadequate, as there is a lack of transdisciplinary management including dentistry, in addition to poor use of information technology resources and lack of more objective medical records for easy retrieval of patient health information.

CONFLICTS OF INTEREST

The authors state that they have no conflicts of interest.

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REFERENCES

1. Webster J, Rizzoto JM. Organizaç o e sistematizaç o do serviço de odontologia em ambiente hospitalar. Brasil: GHC; 2001.
2. Resoluç o CFO nº 163 de 09/11/2015. Conceitua a Odontologia Hospitalar e define a atuaç o do cirurgi o-dentista habilitado a exerc -la [Internet]. Brasil: Conselho Federal de Odontolog a; 2015. Available in: http://www.normasbrasil.com.br/norma/resolucao-163-2015_310456.html
3. Resoluç o nº162 de 03.11.2015. Reconhece o exerc cio da odontologia hospitalar pelo cirurgi o dentista [Internet]. Brasil: Conselho Federal de Odontologia; 2015. Available in: http://www.normaslegais.com.br/legislacao/Resolucao-cfo-162-2015.htm
4. Queiroz AMD, Eduardo CDP, Navarro CM, Eduardo FDP, Neves ILI, Macedo LDD et al. Manual de Odontologia Hospitalar. In: Manual de Odontologia Hospitalar. Brasil: Secretaria de Sa de; 2012.
5. Gomes SF, Esteves MCL. Atuaç o do cirurgi o-dentista na UTI: um novo paradigma. Rev Bras Odontol. 2012; 69(1): 67-70.
6. Pacheco RA, Dietrich L, Martins VM, Costa MDMA, Andrade CMO. A import ncia do cirurgi o dentista no meio hospitalar-resoluç es e normativas: revis o de literatura. Revista de Odontologia Contempor nea - ROC. 2017; 1(2).
7. Portaria Nº1.032 de 5 de Maio de 2010 [Internet]. Brasil: Minist rio da Sa de; 2010. Available in: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2010/prt1032_05_05_2010.html

8. C digo de tica: resoluç o CFO-42 de 20 de maio de 2003 [Internet]. Brasil: Conselho Federal de Odontologia; 2003. http://www.lex.com.br/doc_25974_RESOLUCAO_N_42_DE_20_DE_MAIO_DE_2003.aspx

9. Brunetti MC, organizadora. Periodontia m dica: uma abordagem integrada. S o Paulo: Senac; 2004.

10. Bezinelli LM. A odontologia Hospitalar nos hospitais p blicos vinculados secretaria do estado de S o Paulo [thesis]. S o Paulo: Universidade de S o Paulo, Faculdade de Odontologia; 2014.

11. Bernardes L. XI Encontro das Comiss es de Odontologia Hospitalar contou com diversos representantes dos CROs [Internet]. Conselho Regional de Odontologia do Paran : Brasil; 2016. Available in: http://www.cropr.org.br/index.php/noticias/detalhes/xi-encontro-das-comissoes-de-odontologia-hospitalar-contou-com-diversos-representantes-dos-cros/460#.W_SKlehKjIU

12. Barroso VLM. Mem rias do Hospital Cristo Redentor e do Bairro Oper rio de Porto Alegre. In: Anais do XXV Simp sio Nacional de Hist ria da Anpuh. Fortaleza: Anpuh; 2009.

13. Grupo Hospitalar Conceiç o [internet]. Porto Alegre: Hospital Criança Conceiç o. Available in: https://www.ghc.com.br/

14. Souza AF, Guimaraes AC, Ferreira EF. Avaliaç o da implementaç o de novo protocolo de higiene bucal em um centro de terapia intensiva para prevenç o de pneumonia associada a ventilaç o mec nica. REME. 2013; 17(1): 177-84.

15. Euz bio L F, Viana KA, Cortines AAO, Costa LR. Atuaç o do residente cirurgi o-dentista em equipe multiprofissional de atenç o hospitalar sa de materno-infantil. Rev Odontol Brasil-Central. 2013; 22(60): 16-20.

16. Medeiros NJS, Medeiros NFS, Santos CCM, Parente GVU, Carvalho JN. Laser de baixa intensidade na mucosite oral quimioinduzida: estudo de um caso cl nico. Braz J Otorhinolaryngol. 2013: 79(6); 792. DOI: https://doi.org/10.5935/1808-8694.20130143

17. Reolon LZ, Rigo L, Conto F, C C. Impacto da laserterapia na qualidade de vida de pacientes oncol gicos portadores de mucosite oral. Rev Odontol UNESP. 2017; 46(1): 19-27. DOI: https://doi.org/10.1590/1807-2577.09116

18. Franco JB. Tratamento Odontol gico no paciente oncol gico submetido quimioterapia. In: Odontologia Hospitalar. S o Paulo: Quint; 2018. p.172

19. Costa JRS, Santos PSS, Torriani MA, Koth VS, Hosni ES, Alves EGR et al. A odontologia hospitalar em conceitos. Rev Virtual ACBO. 2016; 25(2): 211-18.

20. Mattos, RA. Os sentidos da integralidade: algumas reflex es acerca dos valores que merecem ser defendidos. In: Pinheiro R, Mattos RA. Organizadores. Os sentidos da integralidade na atenç o e no cuidado sa de. Rio de Janeiro: UERJ-IMS, ABRASCO, 2001.

21. Mattevi GS, Figueiredo DR, Patricio ZM, Rath IBS. A participaç o do cirurgi o-dentista em equipe de sa de multidisciplinar na atenç o sa de da criança no contexto hospitalar. Ci nc. sa de coletiva. 2011; 16(10): 4229-36. DOI: https://doi.org/10.1590/S1413-81232011001100028

22. Varellis, MLZ. Odontologia Hospitalar. S o Paulo: Quintessence; 2018.

23. Aranega AM, Bassi APF, Ponzoni D, Wayama MT, Esteves JC, Garcia Junior IR. Qual a import ncia da Odontologia Hospitalar? Rev Bras Odontol. 2012; 69(1): 90-3.