## The multidisciplinary team activity with pediatric oncology outpatients

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BACKGROUND: Children undergoing cancer treatment are challenged with several limitations and feelings that were not part of their life and, with their families have a modified routine. The multidisciplinary team must work as a gear which each professional uses his expertise to provide individualized treatment.

HYPOTHESIS: Providing improve the quality of patient care and communication of the multidisciplinary team.

METHODS: In the experience of HIAE some areas act in a more integrated way in the clinic: nursing, psychology, pharmacy, educational psychology and nutrition in which each employee contributes with a specific evaluation routine. Nursing guarantees the child and family quality care and safety in order to meet the needs in its entirety. Given this perception, identifies and performs risk assessment and proposes a plan of action, which involves the entire team. Most of procedures provide pain in the child and family and to minimize this suffering are used playful techniques depending on the age group. Outpatient psychological support occurs from the connection and routine assessments with patients starting treatment. The initial approach is the interview with the parents and then the evaluation of the child, using recreational resources. After evaluation there is the discussion of the case with the team and instrumentation aimed at quality care. The educational psychology service will contribute to the continuity of development and learning processes, ensuring the right to education and play, as well as quality of life. The service begins with psychoeducational evaluation with the patient and parents/quardians and, after data collection, is set individualized intervention plan. This intervention promotes activities that favor the construction of knowledge and social interaction, ensuring the maintenance of the school bond and favoring the admission or reintegration into school. The pharmacy contributes in order to ensure the safety of medication use, seeking alternatives to adapt dosage forms according to the acceptance of the patient and adequate the home treatment to your routine. Thus, the pharmaceutical contributes to improved adhesion to treatment, which is extensive and with many particularities. Activities such as research of drug interactions, monitoring of chemotherapy protocols, medication reconciliation and orientation of the patient and family of chemotherapy drugs are also part of the action. Nutritional monitoring of the patient is performed throughout treatment by assessing the nutritional status, weight, height, body composition and food consumption in order to identify nutritional deficiencies. Nutritional interventions such as nutritional therapy (oral or enteral) and adjustments in diet are carried out with the help of information and discussions with other team members in behavioral, pharmacological and clinical questions.

RESULTS: Team Integration through discussion event and periodical meetings allows best approach all professionals to this patient and stimulates the patient's perception about care team, causing this patient better understanding their condition and participation in his treatment.