

Pediatric patient safety from the perspective of the nursing team in a public hospital

RESUMO | A segurança do paciente é uma importante dimensão da qualidade em saúde e um desafio quando refere-se a pacientes pediátricos, devido à maior vulnerabilidade devido às características fisiológicas, desenvolvimento cognitivo, indisponibilidade de medicações. Objetivo: Compreender a percepção da equipe de enfermagem sobre o conhecimento e utilização do protocolo de segurança do paciente em um Hospital. Método: Pesquisa exploratória, descritiva com abordagem qualitativa. Os conteúdos resultantes foram identificados e analisados pelo referencial de Bardin. Resultados: Os profissionais identificam como importante a prevenção de acidentes na pediatria mas possuem conhecimento superficial sobre as metas de segurança e exemplificam utilizar com maior exatidão as metas de prevenção de quedas e identificação dos pacientes. Conclusão: Treinamentos em serviço auxiliam a equipe adquirir conhecimento sobre metas de segurança e as utilizar de forma rotineira na assistência à criança, minimizando eventos adversos.

Descritores: Segurança do paciente; Cuidados de enfermagem; Pediatria.

ABSTRACT | Patient safety is an important dimension of quality in health and a challenge when it comes to pediatric patients, due to greater vulnerability due to physiological characteristics, cognitive development, unavailability of medications. Objective: To understand the perception of the nursing team about the knowledge and use of the patient safety protocol in a Hospital. Method: Exploratory, descriptive research with a qualitative approach. The resulting contents were identified and analyzed using Bardin's framework. Results: Professionals identify the prevention of accidents in pediatrics as important, but they have superficial knowledge about safety goals and exemplify using more accurately the goals of preventing falls and identifying patients. Conclusion: In-service training helps the team acquire knowledge about safety goals and use them routinely in child care, minimizing adverse events.

Keywords: Patient safety; Nursing care; Pediatrics.

RESUMEN | La seguridad del paciente es una dimensión importante de la calidad en salud y un desafío cuando se trata de pacientes pediátricos, debido a la mayor vulnerabilidad por características fisiológicas, desarrollo cognitivo, indisponibilidad de medicamentos. Objetivo: Comprender la percepción del equipo de enfermería sobre el conocimiento y uso del protocolo de seguridad del paciente en un Hospital. Método: Investigación exploratoria, descriptiva con enfoque cualitativo. Los contenidos resultantes fueron identificados y analizados utilizando el marco de referencia de Bardin. Resultados: Los profesionales identifican como importante la prevención de accidentes en pediatría, pero tienen un conocimiento superficial sobre los objetivos de seguridad y ejemplifican utilizando con mayor precisión los objetivos de prevención de caídas e identificación de pacientes. Conclusión: La capacitación en servicio ayuda al equipo a adquirir conocimientos sobre las metas de seguridad y utilizarlas de forma rutinaria en el cuidado infantil, minimizando los eventos adversos.

Palabras claves: Seguridad del paciente; Cuidado de enfermera; Pediatría.

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INTRODUCTION

Patient safety is an important dimension of quality in hospital health and has generated a wide debate with worldwide repercussions. In recent decades, international health organizations and agencies have developed numerous strategies to improve patient safety and, consequently, improve the quality of health care, with reduced risks inherent to patients.⁽¹⁾

The challenge faced by patient safety becomes even greater when it comes to pediatric patients. This population is more vulnerable to error due to its physiological characteristics, size, weight, cognitive development, among others. Children must be guided and monitored at all times within the hospital environment so that accidents are avoided. In addition, these children become more vulnerable due to the unavailability of medications in the pharmaceutical market in pediatric doses, requiring the manipulation and re-dilution of medications by the health team. ⁽²⁾

Ordinance No. 529/2013, which established the National Patient Safety Program (PNSP), describes as Patient Safety the reduction, to an acceptable minimum, of the risk of unnecessary harm associated with health care. ⁽³⁾ Ordinance No. 529/2013, which established the National Patient Safety Program (PNSP), describes as Patient Safety the reduction, to an acceptable minimum, of the risk of unnecessary harm associated with health care.

The qualification of care for patient safety is related to six International Patient Safety Goals: 1. Identify the patient correctly; 2. Improve communication effectiveness; 3. Improve the safety of high-alert medications; 4. Ensure surgeries with the correct intervention site, correct procedure and correct patient; 5. Reduce the risk of healthcare-associated infections; 6. Reduce the risk of harm to the patient from falls. ⁽⁴⁾

Patient safety is a complex issue, which requires specific skills and competences from Nursing professionals to face it. Nurses play an important role in patient care, being also responsible for the permanent education of their team, throughout the process and according to their code of ethics, they are also responsible for any adverse event that occurs during a given process. ⁽¹⁾

Patient safety is an attribute of the quality of care and aims to promote safe health care and when it comes to pa-

tient safety in pediatrics, professionals report the interference of additional factors in the safety of child care, such as the coverage of different stages of development and dependence for self-care. ⁽⁵⁾



In addition, these children become more vulnerable due to the unavailability of medications in the pharmaceutical market in pediatric doses, requiring the manipulation and re-dilution of medications by the health team.



Our objective makes it essential to understand the perception of the nursing team about the knowledge and use of the patient safety protocol in a Public Hospital. Given the above, this study

will be guided by the following questions: What is the knowledge and use of the pediatric nursing team of a Public Hospital on the patient safety protocol?

METHOD

Exploratory, descriptive research with a qualitative approach. Qualitative research allows establishing factors arising from analyzed scenarios of the real, through the studied population, being suitable for the elaboration of forms, containing the stated or written permission by the participant, where basic data are provided for the development in order to understand the attitudes and values regarding the participants' behaviors. ⁽⁶⁾

The study took place in a public hospital in the city of Belo Horizonte, covering medical and academic care with 100% of its inpatient beds, consultations and complementary exams for users of the Unified Health System (SUS), assisting children, adults and seniors from the entire metropolitan region of Belo Horizonte.

Data collection was carried out between January 2021 and March 2021, with the participation of nine nursing professionals (nursing technicians and nurses) who provide care to children hospitalized in the Pediatric Unit of the public hospital. Inclusion criteria for participating in the study were having at least one year in the nursing category, being present in the sector during data collection and signing the Free and Informed Consent Term (FICT). Among the exclusion criteria were professionals absent during the collection period and nursing students and nursing technicians.

The interview script had a space reserved for the collection of personal information and each interview lasted, on average, 30 minutes. One of the researchers and the nursing professional, identified by their initials, were present at the site. The script contained ques-

tions about the perception of the patient safety protocol, the identification of this protocol in the sector, perception of the lack of application of some goal in the sector and the importance of carrying out each step of the protocol.

Bardin's Content Analysis was used as a reference to evaluate the answers to the questionnaire. It is a three-step analysis, the first being the pre-analysis that consists of organization, with initial reading of the information, organizing the guiding contents; the second as "exploration of the coded material", classifying and categorizing, thus being able to observe themes of repetition in each interview and thus choosing the initial category, later grouping the initial categories and understanding how the application of the patient safety protocol by the nursing team is through thematic categories; and finally, the "treatment of results", making the results valid and significant, being discussed according to each category defined above.^(6,7)

The research was carried out based on ethical precepts, in line with the guidelines and standards and fulfilling the requirements defined in Resolution No. 466/2012 of the National Health Council (CNS) on research involving human beings and Resolution No. 580/2018 establishing the ethical specificities of research aimed at respecting and protecting participants in the context of the public system.^(8,9)

The study started after the project was approved by the Research Ethics Committee of the Faculty of Medical Sciences of Minas Gerais, as well as by the Teaching and Research Center (NEP) of the Public Hospital under study and receiving the identification code 38377420.1.0000.5134.

RESULTS

Nine (9) nursing professionals participated in this research, five (5) nursing technicians (56%) and four (4) nurses

(46%) with a mean age of 39.22 years, mean training time of 11.22 years and working on average for 5.06 years in pediatrics, with seven (7) (78%) female workers and two (2) (22%) male workers.

From the content analysis process, four categories were highlighted: "Safety protocol for harm reduction in pediatrics"; "Minimizing child vulnerability"; "Knowledge of the nursing team about safety goals" and "Use of the safety protocol during care delivery".

Safety protocol for harm reduction in pediatrics

All respondents believe in the importance of health professionals following the patient safety protocol to promote quality and safe care, free of errors, thus reducing adverse events.

Patient safety is one of the key attributes in the quality of child-centered care. (E1)

It is very important to provide safe care following the safety goals that we already know, to ensure their well-being, so as not to worsen their health status. (E5)

Minimizing child vulnerability

Some interviewees reinforced that it is essential to follow the safety protocol in pediatrics, due to the greater vulnerability of children, which is characteristic of their age group due to their lower weight, motor development and also for not having a critical sense and perception of events that can put them at risk.

Pediatric patients are even more vulnerable to errors because of small doses of medication and because they do not know how to perceive and complain, so all care provided must be guided by science and best practices and policies. (E6)

If we make mistakes in adults, the risk is even greater in children, the small weight makes the doses of medication very detailed, leading to more errors. Children also do not realize the risks, parents must be aware, they are the legal guardians. (E8)

Children don't have critical thinking, and they put themselves in dangerous situations all the time. Accidents happen at home, as well as in the hospital environment. (E9)

Knowledge of the nursing team about safety goals

When approached about understanding patient safety, participants exemplified safety goals and their meanings. The deponents showed knowledge in relation to some security goals described below.

Regarding the correct identification of the patient, the deponents brought information about its applicability, and it is important to highlight the speech of one of the interviewees, who brought precise information about this goal.

Upon admission, the protocol begins. Identification wristband at least two child data, such as name and registration. Bracelet with differentiated color alert, risk to allergies [...] identification at the head of the bed and risk report. (E3)

Most of the interviewees expressed the prevention of falls as fundamental in the pediatric environment and exemplified the prevention of this incident with the elevation of the rails of beds and cribs.

Prevention of falls, keeping the railings elevated and the companions oriented. (E2)

In pediatrics, the safety protocol is very important in preventing falls, the bars must always be elevated. (E6)

Only two interviewees mentioned hand hygiene as important in preventing infection as a safety goal for the patient.

The goal of hand hygiene is very important, as it avoids infection from one patient to another.(E7)

Child safety in pediatrics starts with the goal of hand cleaning, this is part of the protocol. (E4)

The safety goal that talks about the correct use and administration of medicines was evidenced in the speech of some interviewees. That forced the goal to be important in pediatrics due to low weight and small doses of medication.

I think the administration of medication in pediatrics is very important because of the small doses. (E8)

Regarding the goal of safe surgery, the deponents brought vague information about what is described in the protocol and added that this goal is not part of their duties in pediatrics.

Safe surgery: make the checklist and confirm the surgical site. (E5)

Safe Surgery Protocol: Nursing can collaborate with the prevention of surgical errors. (E9)

Respondents did not bring up safety goals related to safety with high-alert medications, prevention of pressure injuries and safe prescriptions in their speeches. In addition, information regarding safe surgery related to the correct location, procedure and patient was not verbalized.

Use of the security protocol during the execution of the assistance

When interviewees were asked about the safety goals they used in their day-to-day child care, all of them spoke about the prevention of falls. The speech about raising railings was unanimous and three deponents added the importance of family orientation:

I keep the railings elevated to prevent falls. (E1)

Every admission I receive, I check that the bars are up and safe for this child's admission. (E2)

The nursing team brought up in their speeches the importance of involving the child's companion in fall prevention guidelines, keeping the railings high.

I advise mothers about the risk of falling, they should always stay next to the child and keep the railings high. They are children [...] improve quickly and move a lot in the crib or bed. (E7)

Whenever possible, I advise mothers not to lower the bars and not leave the child alone, this fall would not help anything during hospitalization. (E3)

Still in relation to the prevention of falls, one interviewee added that he raises the bars to avoid harm to the patient, which can increase the number of days of hospitalization:

I always remember to raise the big ones, especially when it's a baby or a patient who has a disease that makes him softer [...] they can fall and cause greater damage that can leave him hospitalized for more days. (E4)

In addition, another professional

said that when the child is admitted, he/she delivers a booklet that guides the family member and the patient about the risk of falling:

Upon admission, I give the mother a booklet that talks about the risk of falling when the bars are down and left unattended. (E8)

The second safety goal, most mentioned by nursing professionals, was the correct identification of the patient, which is done through the wristband and in bed. Some even added that in addition to checking the bracelet, they ask the family member the name of the child before the conference:

I always check the child's wristband when he/she enters pediatrics and identify it on the whiteboard at the head of the bed. (E4)

I ask the mother for the child's full name and confirm with the identification bracelet, and the bed. (E7)

Other interviewees brought up the importance of verifying the patient's identification to avoid errors that could be avoided with proper verification and identification:

I verify patient identification to avoid administering switched medication. (E1)

Before medicating the child, I ask for the name and check the bracelet, to prevent me from giving the wrong medication or performing an improper procedure. (E2)

Another goal that the team verbalized that it performs in child care was hand hygiene always before and after care. According to the interviewees, hand hygiene should be recurrent in pediatrics, due to the greater vulnerability

of the patient:

I always wash my hands before and after performing any procedure, I explain to moms about washing their hands whenever they come in from the street and leave the bathroom, it's very important. (E3)

One interviewee brought information about the cross-infections that can occur in the pediatric sector due to the care of more than one child per professional, where, we know that the child's immunity is lower:

I always perform hand hygiene to avoid cross-infection, because we take care of other children too, right? (E1)

Another interviewee brought hand hygiene before handling medications:

We sanitize our hands for handling the preparation of medications and for every child. (E6)

Despite the great vulnerability of pediatric patients related to small doses of medication, not all interviewees expressed their use in their daily work. Some reported checking the prescription in relation to small doses and taking care with the correct route of administration and performing double-checking.

I always check the prescription to check the drug dose and apply it in the correct route. (E4)

One participant mentioned the importance of checking the prescription of medicines correlated with the goal of safe identification of the child, bringing information about observing the correct name, bed, names of similar children.

At the time of medication prepa-

ration, I check the prescription, the bracelet and the identification plate. (E6)

The goal that talks about the effective communication of professionals was mentioned a few times, something that should be very relevant, due to the communications between the surgical center and pediatrics and the change of shifts.

We carry out communication between the sectors: through the telephone, through the evolution of the system and the shift change of our day to day. (E4)

The only goal not mentioned by the interviewees was safe surgery and the checklist, which was to be expected since the sector has a low reception of patients for surgery, most of which are in the immediate postoperative period.

When asked about what remains to be applied in the pediatrics sector in relation to the patient safety protocol, most deponents verbalized that there was no need for changes.

Everything is in agreement, we have a patient safety booklet being applied in the sector and we maintain good communication between the team. (E1)

Only one deponent brought information about improvements, as described below:

Regarding the safety protocol in the pediatrics sector, I would add some tools to the system when prescribing to generate alerts that would inhibit the prescription of wrong drugs or incorrect dosage. Young children are not able to report potential adverse events, which increases the likelihood of adverse events. (E6)

DISCUSSION

The interviewees' reports reinforce the importance of health professionals following the patient safety protocol to promote quality care. Scholars emphasize that patient safety, in its definition, represents the absence of damage and risks to life, aiming to minimize human operational errors related to the work process. For this, there is the care and training of health institutions. ⁽¹⁰⁾

The existence of care protocols in patient care does not exclude the need for the institution to continually seek to achieve the best care, always under the view of its standardized guidelines. ⁽¹¹⁾

The nursing team's perception of patient safety was highlighted, thus citing the six international patient safety goals. In this way, the knowledge and application of the patient safety protocol by professionals and the importance of its implementation can be perceived, however, it is always necessary to align this initiative with practice, following the recommendations of the literature. Therefore, the perceptions listed in this study corroborate the "Six International Patient Safety Goals" of the World Health Organization (WHO) and the basic protocols defined by Ordinance No. 529/2013 of the Ministry of Health. (3)

It is known that the performance of the Nursing team is essential for the identification of risk situations, as they actively contribute to the reduction of adverse events through the planning and execution of safe practices. ⁽¹²⁾

When analyzing the knowledge of the nursing team about the protocol, the research showed similarity with other studies about this knowledge: it was still considered superficial by the team, demonstrating a difficult aspect in the search for behavior change and the promotion of a patient safety culture. ⁽¹³⁾

According to the WHO, risk factors are defined as the probability of an incident occurring during health care. The

risk of falling exists in pediatrics and its prevention was cited by the noted as known by a large part of the research sample as a risk factor, that is, most know about this pillar and affirm its use in the sector. These and other risk factors are cited in the literature as factors that predispose to errors and may be related to professionals.⁽¹⁴⁾

Patient identification was demonstrated with high knowledge in the research. Other authors also address that professionals recognize that incorrect identification can cause harm to patients, among the consequences of this failure are, mainly, medication errors.⁽¹⁵⁾

In addition, the WHO points out that the main consequences of incorrect identification, in addition to medication errors, are also blood transfusion errors, diagnostic errors, changing patients when performing procedures or even procedures in the wrong places on the body, changing newborns.⁽¹⁶⁾

Regarding the practical approach to the safety protocol in pediatrics, it was observed that of the six pillars, two are more present in the sector, therefore, they are more applied by workers, namely: Reduce the risk of harm to the patient, resulting from falls. Studies that traced the notification profile in pediatric sectors concluded that, regarding the type of incidents, most of them (40%) were associated with medications, followed by allergy caused by identification bracelets and risk of falls (22%).⁽¹⁷⁾

Therefore, there is a relevance in the prevention of falls and should be applied and communicated in pediatrics. Among the participants, there was a relationship between the prevention of falls and the support of parents and companions in this regard. In this aspect, authors approach that the companion who understands the importance of care becomes a partner in patient safety. Family members become receptive to receive guidance when they are

included in the care process and serve as a barrier in the prevention of some adverse events.⁽¹⁸⁻²⁰⁾

Another frequently cited pillar that says about its application in the sector



In this sense, the importance and need for continuous training and qualification is observed, where managers and administrators could institute periodic training for the team to acquire knowledge of all safety goals and use them routinely in child care, ensuring safety and minimizing adverse events.



was patient identification. Participants informed about this pillar that is applied in the identification bracelet and its confirmation with the bed and also with the parents. In other studies, this goal was also one of the best known among the sample.⁽²¹⁾

As mentioned by professionals, the identification bracelet must be used containing the main data of patients at the first moment of contact with the hospital environment, such as the operating room, outpatient clinics, inpatient unit, emergency room and other spaces.⁽²²⁾

Reducing the risk of healthcare-associated infections (the former goal of hand hygiene) was cited six times, requiring a higher frequency of applicability. Studies suggest the need to promote work changes between professionals and the infection control service. The union of these sectors in addition to managers could generate better results in hand hygiene, since adherence to this practice is still a challenge.⁽²³⁾

The scarcity of studies on hand hygiene by the parents of hospitalized children is also noteworthy. Studies have shown that the majority of parents have deficient knowledge about the indications to perform hand hygiene, but recognized the practice as a relevant strategy for the prevention of infections associated with health care. Demonstrating the importance of guidance from professionals to companions and, in the same way, the participation of parents in reminding health workers about hygiene during their care.⁽²⁴⁾

The goal "Improve safety in the prescription, use and administration of medication" was mentioned a few times by the sample studied, demonstrating a greater need to approach this topic with the team. A study carried out in Spain showed that after the use and adherence of educational strategies on patient safety, there was a reduction from 21% to 3% in medication prescription errors.⁽²⁵⁾

Finally, the pillar "Ensure surgery at the correct intervention site, procedure and patient" was not mentioned by the research participants as applied in the sector, but there is knowledge on the part of the team. This fact is justified by the operating characteristic of the unit

for not performing surgical procedures.

When analyzing the results, some aspects regarding the patient safety protocol in pediatrics still need to be applied in this unit. Among them, the following stand out: reducing the risk of falls with the collaboration of parents and guardians. In this sense, the literature recommends, in addition to verbal guidance, the use of illustrated booklets to aid in the understanding of actions, in addition to the readback technique to confirm the information transmitted to parents.^(26,27)

This orientation to the family can also be related to the feeding of the hospitalized child. Guided companions are promoters of safety, there are reports in the literature of the difficulty of professionals in dealing with the family, due to the resistance of renouncing care. There is a need to improve verbal communication techniques and methodologies for guiding and educating patients and families.⁽¹⁸⁾

Regarding communication, this aspect also needs to be expanded in the sector. Communication requires strategies to be effective and can occur from

the use of standardized techniques and instruments to standardize information about the patient and their care, but it can also be expanded in the conception that the companion/family member and the patient himself have a voice to collaborate in the whole process.⁽²⁶⁾

CONCLUSION

The qualitative approach of the study allowed us to conclude that the nursing team identifies the prevention of accidents in pediatrics as important, but they have superficial knowledge about safety goals. Respondents reported knowing and exemplified using more accurately the goals of preventing falls and identifying patients. However, in relation to the other goals, not all interviewees reported being part of the protocol and said they use it in their day-to-day care for pediatric patients.

Therefore, a superficial knowledge of the studied team about patient safety in pediatrics was observed, where despite citing the importance of Patient Safety Goals, few report using them in daily care. And despite the perception

and continuous use of the goals “Identify the patient correctly” and “Reduce the risk of harm to the patient, resulting from falls”, the use of the other four less mentioned goals cannot be omitted, as they are complementary in view of the importance that care is carried out safely.

In this sense, the importance and need for continuous training and qualification is observed, where managers and administrators could institute periodic training for the team to acquire knowledge of all safety goals and use them routinely in child care, ensuring safety and minimizing adverse events.

We conclude that it is important to have more discussions about the real use of the patient safety protocol in pediatrics, considering the specificities,

the daily life and reality of each location, combining the reality of the sector with the protocol, but without giving up any goal and adopting barrier mechanisms, such as double checking, checklist, among others to comply with each stage of care.

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