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## NURSING CARE IN THE NEONATAL INTENSIVE CARE UNIT FOR NEWBORNS WITH RESPIRATORY DISTRESS SYNDROME IN BRAZIL

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### ABSTRACT

Nursing care plays a fundamental role in the Neonatal Intensive Care Unit (NICU). In this place, the nurse is responsible for storing the newborn in the incubator, checking vital signs, as they need responsible individualized assistance. This paper describes nursing care in the NICU for newborns with Respiratory Distress Syndrome (RDS). It is a descriptive literature review study with a qualitative approach. Bibliographies were selected in the databases: Scientific Electronic Library Online (SCIELO), Latin American and Caribbean Literature on Health Sciences (Lilacs) and Brazilian Journal of Interdisciplinary Health (ReBIS). Descriptors were used: Patient-Centered Care; Neonatal Diseases; Nursing. Ten studies were analyzed that showed that nursing care in the NICU for children with RDS consists of monitoring vital signs, performing invasive procedures, hemodynamic monitoring, monitoring the functionality of equipment, establishing a good relationship between mother-child, the team for with the patient and the family. In this assistance, nurses act in a thorough, individualized, humanized manner and must master technical-scientific knowledge to exercise their role with excellence. Their assistance is not limited to the newborn, but they also impact family members by playing the role of intermediary of information on the care provided, establishing interpersonal relationships, emotional bonds between mother and child.

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## INTRODUCTION

In Brazil, ordinance No. 930 of the Ministry of Health published on May 10, 2012, defines the guidelines and objectives in the structure of comprehensive and humanized care for severe or potentially severe newborns (NB) and the parameters for categorization and qualification of Neonatal Unit beds under the Unified Health System (SUS). This same document establishes that the Neonatal Intensive Care Unit (NICU) is an inpatient service responsible for the comprehensive care of the NB, containing care structures that have adequate technical conditions to provide specialized care, including physical facilities, equipment and human resources (BRASIL, 2012).

The neonatal period initially covers the first 28 days of life and is seen as the most vulnerable in terms of newborn survival. When the situation poses a risk of death, the NICU is the hospitalization sector responsible for the comprehensive care of the newborn, which has structure and technical conditions resulting from the execution of specialized care (SOUSA *et al.*, 2020). One of the defining characteristics of the NICU is the high morbidity and mortality rate, which is due to the newborn's fragility and the greater risk of getting a serious pathology, and often lead to irreversible sequelae, which can increase the patient's length of stay, resulting in increased suffering for everyone in the family, including mainly the parents (SILVA; SANTOS; AOYAMA, 2020). Sousa *et al* (2020) point to data where most neonatal deaths (73%) happened in the first week of life and 36% in a period of less than 24 hours. In this sense, it is important that investments are made in human and physical resources for

intensive care units, considering that they are essential for the implementation of systematic care and efficiency in health care. Respiratory diseases are the most recurrent pathologies in the admission of newborns to the NICU. The aetiology of the problem involves many aspects, including: premature birth, sex, method of delivery and genetic susceptibility. The reasons for respiratory disorders are the result of a change in the functionality of this system, causing an inability of the neonatal lung to adapt to extrauterine life. The immaturity of the lungs existing in preterm NB is related to delay in the absorption of intrapulmonary fluid, insufficiency of surfactant and deficiency in gas exchange. In addition, in the last six weeks of pregnancy, the fetus has already developed synchrony and control over breathing, having an increased risk of precocity apnea at birth before this pulmonary maturation (PEREIRA; ALBUQUERQUE; CARTAXO, 2020). Neonatal Respiratory Distress Syndrome (RDS) is one of the main causes of illness in newborns. Surfactant deficiency (usually occurs when the lung is still developing) causes the alveoli to collapse, which manifests as respiratory distress during the first few hours of life. Treatment involves the application of positive airway pressure through non-invasive or invasive ventilation, related or not to the use of exogenous surfactants and pulmonary recruitment (FIOREZANO *et al.*, 2019). In the neonatal intensive care unit, the role of the nurse is fundamental. In this place, the nurse is responsible for storing the NB in the incubator, checking the reflection of temperature, light and humidity, as there are premature babies, and they need this assistance in an individualized and responsible way (SILVA; SANTOS; AOYAMA, 2020). The nursing team is responsible for welcoming parents to their children's visits and guiding the care, including in planning the respect for their treatment decisions, describing the types of targeted care and some interventions related to fears and doubts, the professional should be concerned with the newborn, the family, and with all the correct functionality of the equipment. When the team shows this sense of support, it consequently ends up leaving the family calmer, enabling them to view the situation with more relevance and tranquility, thus letting the entire team work towards the baby's recovery in the intensive care unit (MENDOÇA; PEDRESCHI, 2019). Considering this information, researches that address this issue are extremely important, addressing scientific knowledge to know how to implement the specific treatment correctly in hospitalized patients. In this context, the general objective of the study is to describe nursing care within the Neonatal Intensive Care Unit for newborns with RDS and with the specific objective of highlighting the impacts of nursing activities in this sector.

## MATERIAL AND METHODS

This is a descriptive study, of the literature review type, with a qualitative approach. The main objective of descriptive research is to describe the characteristics of certain populations or phenomena. One of its characteristics is the use of standardized data collection techniques, such as questionnaires and systematic observations (VOLPATO, 2017). The qualitative approach is presented as the most suitable for working with perceptions of people and groups, adapting perfectly to the characteristics that the vision to answer questions of individualities and particularities, because its characteristics aimed at the social sciences that make quantification impossible (FLORES; SEVERO, 2017).

Data collection was carried out in the following electronic databases in Brazil: Scientific Electronic Library Online (SCIELO), Latin American and Caribbean Literature on Health Sciences (Lilacs) and Brazilian Interdisciplinary Health Journal (ReBIS). The following Health Sciences Descriptors (DeCS) were used: Patient-Centered Care; Neonatal Diseases; Nursing.

In the inclusion criteria, studies between 2016 and 2020, written in Portuguese, were selected. With regard to the exclusion criteria, the following were removed: duplicate research, reviews, abstracts and books. The data in table 1 were organized by: author (a), study title, type of studies, objective and results.

After reading, rereading and applying the filters of the inclusion and exclusion criteria, 10 studies were selected to carry out the work as shown in Figure 1.

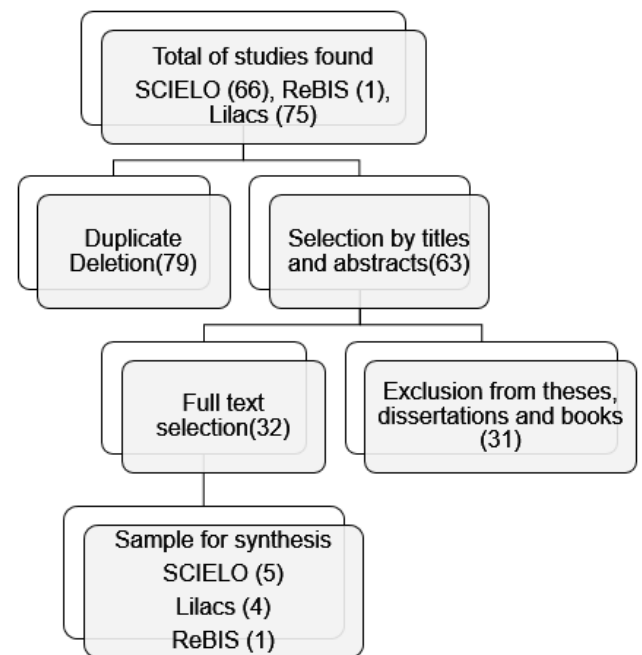


Figure 1. Flowchart for representing the development of article selection

## RESULTS

During the research on the electronic data platform, the deficiency of articles related to the topic that was addressed was evidenced. In the study selection process, a total of 142 articles were removed from the Scielo, ReBIS and Lilacs platforms, 79 of the duplicates being excluded, selecting only 63 using the selection criteria for title and abstracts, filtering 32 for full text, and discarding 31 for being theses, dissertations, review studies and books. In the end, for the synthesis sample there were 5 (Scielo), 4 (Lilacs) and 1 (ReBIS). This work seeks to bring contributions to nursing professionals who work in the NICU Care of Newborns with Respiratory Distress Syndrome, a sector where the nurse is present in order to reduce possible complications, contributing to the improvement of this patient. In this sense, the information collected from the 10 selected studies will be explained as shown in Table 1. When analyzing the ten selected articles, it was noted that they are all national journals. However, not all articles published were Nursing journals, seven on nursing, one on nutrition and two on neonatology. One published in 2016, three in 2017, two in 2018, one in 2019 and three in 2020. However, the universe of articles, it was identified that all the chosen works speak to the same audience. In A1 and A8, they are addressed about care in relation to respiratory distress syndrome. A1 reports that surfactant therapy is the treatment of RDS promoting the improvement of pulmonary function, its administration route is endotracheal, the nurse must keep constant monitoring of this NB. The A8 says that, in addition, mechanical ventilation and ventilatory support are necessary, and when performing these procedures, the nurse must be competent to perform them, following the protocol. In A2, a documentary research was carried out, seeking to emphasize the characteristics of the profiles of these NBs and what led to their hospitalization, namely, prematurity, respiratory complications and low weight. Where data were listed showing 23 NBs hospitalized with RDS disease, without being associated with any other pathology. The A3 also seeks to draw this profile, however, of preterm infants with very low weights admitted to the NICU, with a higher percentage of females than males, small stature in relation to gestational age, and those born by cesarean section.

**Table 1. Results of the analysis of methodological aspects of articles collected in databases on nursing care in the neonatal intensive care unit for newborns with respiratory distress syndrome.**

| Order | Author (year)                    | Title   | Kind of study  | Main goal   | Results   |
|-------|----------------------------------|---|--|---|---|
| A1    | FLORES; SEVERO, 2017.            | Assistência de Enfermagem ao Prematuro com Síndrome do Desconforto.   | Descriptive study based on a literature review.  | To analyze the nursing care provided to newborns with SDR based on the literature.  | Surfactant therapy is of paramount importance for treatment because it improves lung function, which reduces the need for high concentrations of oxygen, preventing complications for the preterm.  |
| A2    | SOUSA, et al., 2020.             | Caracterização clínico-epidemiológica dos recém-nascidos em cuidados intensivos.  | Descriptive, exploratory, documentary, with a quantitative approach to data, using bibliographic and field research. | Describe the causes that lead newborns to be admitted to a NICU.  | One of the studies confirmed that prematurity and respiratory distress were the main causes of neonatal admissions. In another study carried out in a NICU in the Northeast region, the causes are between prematurity (78.4%), respiratory complications (81.1%) and low weight (69%). As for the epidemiological profile, in admissions there is a predominance of male NBs and low birth weight, in addition, the length of stay in the unit is from 01 to 15 days of hospitalization. |
| A3    | MARCUARTÚ, 2017.                 | Perfil de Recém-Nascidos Prematuros de Muito Baixo Peso Internados em Unidade de Cuidados Intensivos Neonatais.   | Retrospective descriptive transversal quantitative, through a field research.  | Check the profile of very low birth weight preterm newborns admitted to an intensive care unit.   | Newborn females (73%), moderate preterm (73%), small for gestational age (73%), born by cesarean section (62.2%). A high rate of Health Care Related Infections (91.9%) and Respiratory Distress Syndrome (62.2%) were found.   |
| A4    | PAULINO et al., 2018.            | Educação em saúde, tecnologia somados para facilitar a compreensão da síndrome do desconforto respiratório (SDR) em recém-nascido (RN).                         | Problematization Theory (ARCO DE MAGUEREZ) and bibliographical research.   | Create a mechanism that can be offered to parents that postulates health education for RDS in NB.   | Construction of an animated video, where signs and symptoms of RDS in NB are explained in a playful way.  |
| A5    | MENDOÇA; PEDRESCHI, 2019.        | Cuidado de Enfermagem em UTI Neonatal.  | Exploratory and descriptive study through a literature search.   | Unveil the care that nurses must have in the intensive care unit in relation to premature infants.  | NICU professionals are generally overloaded and short of time to perform nursing procedures, mechanically providing a distance in their relationships with patients and their families.   |
| A6    | FIORINZANO et al., 2019.         | Síndrome do desconforto respiratório: influência do manejo sobre o estado hemodinâmico de recém-nascidos pré-termo < 32 semanas nas primeiras 24 horas de vida. | Cross-sectional prospective with field research.   | To investigate the influence of respiratory distress syndrome management on clinical and echocardiographic parameters of hemodynamic assessment in newborns < 32 weeks. | The mean airway pressure value was significantly higher in newborns who required inotropic agents [10.8 (8.8 - 23) cm H <sub>2</sub> O versus 9 (6.2 - 12) cm H <sub>2</sub> O; p=0.04]. There was a negative correlation between the number of doses of exogenous surfactant and: right ventricular output (r = -0.39; p = 0.028) and the velocity-time integral of the pulmonary artery (r = -0.35; p = 0.043).   |
| A7    | NUNES et al., 2017.              | Relação da duração e internação mãe-filho pré-termo na alta hospitalar.   | Observational and exploratory prospective that adopted a non-probabilistic sample.                                   | To analyze the influence of the duration of the kangaroo position on the initial interactions of the mother-preterm child dyad.   | The longer the time spent in the Kangaroo Position, the more the newborns attempted to make physical contact with their mothers during breastfeeding (r=0.37; p=0.03); and the longer the time in the Kangaroo Position, the less mothers talked to their children (r=-0.47; p=0.006).  |
| A8    | PEREIRA; ESCOBAR, 2016.          | Cuidados de Enfermagem ao Recém-Nascido Prematuro com Síndrome do Desconforto Respiratório.   | Integrative review, quantitative-qualitative, with a descriptive and exploratory approach.                           | Carry out an integrative literature review on nursing care for premature newborns with respiratory distress syndrome.   | After analyzing the data, the following categories emerged: respiratory support; monitoring of oxygen saturation; and quality of care. It is quite evident, from the analysis of the categories, that the understanding of science is essential for the realization of the technique. Therefore, nurses must have knowledge about strategies for qualified nursing care for newborns with respiratory distress syndrome.  |
| A9    | TOSCA; RIMOLO; BREIGEIRON, 2020. | Apoio oferecido aos pais de neonatos pela equipe de enfermagem.   | Quantitative and descriptive study, with a cross-sectional, prospective study carried out through field research.    | Know the perception of parents of newborns regarding the support they receive from the nursing staff during their child's hospitalization.                              | Participants aged 28.2 (SD=6.8) years, most of them mothers (76.4%), primiparous (51.2%). Participants declared full support in 66.0% in the appreciative domain, 65.5% in the instrumental domain, 51.7% in the informative domain and 46.2% in the emotional domain. There was a positive correlation between the emotional, appreciative and informative domains (p<0.001).  |
| A10   | SILVA; SANTOS, 2020.             | A Importância da Assistência de Enfermagem na Unidade de Terapia Intensiva Neonatal.  | Literature search through an integrative literature review.  | To analyze the importance of nursing care in the neonatal ICU and describe the continuous growth in the rate of newborns admitted to the intensive care unit (ICU).     | This research describes the importance of a committed, humanized nursing care in the neonatal ICU and that works as a springboard to humanize the environment among professionals, clients and family members.  |

Among this audience, 91.9% were NBs with health-related infections and 62.2% with RDS. A4 shows a form of health education using an animation video about RDS in NBs, aimed at the mothers, in order to help them understand how the pathology works and also highlighting the importance of interpersonal relationships as much as the mother - son, as a nurse-patient. The project is addressed during pregnancy, during the NB's hospitalization, and at hospital discharge. The A5 reports that nursing ends up providing care mechanically because they are often overloaded, resulting in a distance in their relationships with the patient and their families. And A7 emphasizes that it is necessary to establish this family bond, especially in preterm NBs, which the same influence even at hospital discharge, speaks of the method of the kangaroo position between mother and child. In A6, it seeks to emphasize the importance of interpreting specialized exams, which can show and/or prevent complications. He mentions, for example, the clinical and echocardiographic parameters of hemodynamic assessment in preterms in their first 24 hours of life. In this study, 33 preterm NBs on mechanical ventilation for the treatment of RDS, divided between male and female, were evaluated, evidencing the criteria of gestational age, weight and Score for neonatal Acute Physiology Perinatal Extension II (SNAPPE II). Where the largest number of surfactant doses were in NBs with cardiac dysfunction according to echocardiographic parameters. In A9, the role of the nursing team is to provide support to parents, citing that it is a painful process, and they need this empathic relationship. In A10, the importance of nursing care in the neonatal intensive care unit sector is highlighted, as nursing is responsible for deliberating all actions that seek to resolve the pathology, emphasizing that a humanized, committed and with didactics to provide good care to patients.

## DISCUSSION

During the research, the importance of nursing care in the NICU could be seen, which, due to its fragility that the NBs are, needs a comprehensive look from a qualified team, whose main objective is to promote adequate growth and development. The facts prove that knowledge about the care of the disease is essential for the health professional. Those dedicated to neonatology are attentive to the treatment and the evolutionary improvement of clinical conditions (BRASIL, 2012). According to A1 nursing care within the NICU in RN is extremely relevant, it is there that the professional will deploy their technical-scientific knowledge. In this sense, the nurse is responsible for the continuous monitoring and the early adoption of adequate treatment measures that can avoid the great risk of iatrogenic diseases, avoiding possible complications of the disease and premature birth. Therefore, in nursing care in RN with RDS they include: 1. Providing a neutral thermal environment to reduce oxygen consumption and CO<sub>2</sub> production, using an incubator or, more appropriately, a radiant heating station with a monitor; 2. Be aware of hyperbilirubinemia, being essential the dosage of bilirubin and early indications for phototherapy; 3. Keep the tip of the tracheal tube about 1 cm above the carina, avoiding selective intubation; 4. Monitor hemodynamic status, and when hypotension and/or shock occurs, correct and stabilize the patient before administering the surfactant; 5. It is recommended to maintain oxygen saturation (SatO<sub>2</sub>) between 85% and 93%, no more than 95%, to reduce the risk of retinopathy and bronchopulmonary dysplasia in premature babies (FLORES; SEVERO, 2017).

Monitoring the hemodynamic status allows nurses to assess the clinical situation and possible serious complications, such as heart complications, as we know that RDS influences the physiology of the organ, the A6 reinforces the magnitude of this assessment in the first 24 hours of life, it says that it is of great value that the professional knows how to interpret *all* the data, even the one from the echocardiogram exam, in order to define the best conduct to carry out the assistance (FIOREZZANO *et al.*, 2019). Nunes (2018) argues that newborn patients with respiratory failure require mechanical ventilation, for which they must be intubated, and describes that tracheal intubation is the introduction of a tube into the trachea with the aim of providing artificial ventilation.

It also highlights that to perform this procedure, the nurse needs to follow three steps, which are: 1. Pre-intubation, where the nurse separates and prepares the materials for the procedure, including sterile gloves, cap, mask, endotracheal tube (in neonates without cuff); laryngoscope handle and blades; manual resuscitator; 20 ml syringe; stethoscope and tube fixation material. The nurse checks the activities of the laryngoscope and the gas network (oxygen), vacuum system (aspiration) and the mechanical ventilator, checks the functionality of the connections and places the NB for the procedure; 2. During intubation, one should be aware of possible complications, usually a drop in saturation and bradycardia can occur. Monitor with multiparameter monitor or oximeter. Keep the team alerted to a possible emergency; 3. Post-intubation: check the tube fixation, preventing it from being displaced or lost (in neonates, Tensoplast adhesive tape is used to fix it); perform aspiration if necessary after pulmonary auscultation and monitor oxygen saturation. For Carr (2019), intubated children need to be under constant supervision of a multidisciplinary team. Nursing professionals or physiotherapists should collect arterial blood gases and evaluate the results and effectiveness of mechanical ventilation with the team. Assess the child through physical examination, pulmonary auscultation, check the need for endotracheal aspiration, assess fixation and take measures to avoid accidents.

According to A8, it is interesting to emphasize the focus on the quality of nursing care, having a look that encompasses all individual needs; in monitoring the oxygen saturation of premature infants with Respiratory Distress Syndrome, observe oxygen therapy accurately; and also focus on ventilatory support for premature infants. The specific knowledge of the nursing team is of great need for treatment, the thoroughness of care reduces the possibility of sequelae (PEREIRA; ESCOBAR, 2016). The A8 also strengthens the fact that the use of continuous positive pressure or continuous positive airway pressure (CPAP) has been widely used as an alternative in intubation with the administration of surfactant in premature infants with this respiratory distress. Because it is a relatively inexpensive device, it works as a quality respiratory support that is easy to handle. When following up, the implantation of this device must be done safely and by a nursing professional who is qualified to perform the procedure, and then he is responsible for supervising the functionality of the device (PEREIRA; ESCOBAR, 2016). To identify the reasons for the numerous neonatal admissions, A2 conducted a documentary research on NBs hospitalized with RDS disease, without being associated with any other pathology. In addition, it could be highlighted that male admissions are more prevalent than female admissions, such finding is justified by the reason that males have a slower lung maturity process. It has also been reported that RDS cases are one of the main neonatal admissions (SOUSA *et al.*, 2020). The authors Prestes *et al* (2019) justify such events mentioned by Sousa *et al* (2020) (A2) occur because they can be associated with risk factors, such as first pregnancy, complications in pregnancy and chronic diseases, and it says more, that cesarean delivery can also contribute to an RDS in the NB, as the process of chest compression does not occur, being a mechanism that helps in the excursion of the pulmonary fluid, resulting in a low concentration of surfactant. In this sense, it emphasizes the value of attending all prenatal consultations, the same being done successfully avoids possible complications.

According to A3 during the hospitalization of the NB with SDR, it is extremely important that the nursing professional perform the anthropometric data and monitor the nutritional status of the patient during their stay in the NICU together with the nutritionist, this assessment allows measuring the progress of the NBs, signaling risks and possible malnutrition. However, it should be taken into account that it has a limitation of the affective bond of the parents, so some reasons are taken into account when analyzing the nutritional status, for example, clinical status, postnatal age, route of administration of food, procedures performed and ambience, all these conditions imply the NB's weight loss (MARCUARTU; MALVEIRA, 2017). Nursing is characterized by being a profession responsible for health promotion, as a result of this, to bring knowledge about SDR through the media in advance and directly to the mothers, A3 described a

work through the arc of maguerez, exemplified by a video, situations from prenatal care, the interesting thing about the research is that the video will show how this monitoring will be during the hospitalization within the NICU, treatment, and the clarification of how it will be post-discharge. Thus, the nurse is also responsible for explaining why the NB is in that sector, this exchange of information with the parents is essential to reassure the afflicted family at that particular moment (PAULINO *et al.*, 2018). In addition to all these precautions, the A5 reinforces saying that nursing professionals must pay attention to the degree of need of each NB admitted to the NICU, in an individualized and qualified way, as it is a time-consuming process. Always seek to keep your multidisciplinary team united and attentive to each individuality of the patients who are in the sector, in order to reduce the mortality rate (MENDOÇA; PEDRECHI, 2019). A5 agrees with A4 when it says that the nursing team must establish a good interpersonal relationship with the patient's family, as it is responsible for welcoming the parents to the child's visit when possible (PAULINO *et al.*, 2018). A7, A9, A10 also discuss affective relationships, stressing that it is worthwhile to establish affective bonds between mother and child when possible, as it is a painful and time-consuming treatment for both the NB and the family, in reality of the disease, it can progress to more severe cases, and many unfortunately do not reach hospital discharge.

Therefore, Nunes *et al* (2017) emphasizes that there are correlations between the duration of the kangaroo position and the mother-preterm child interaction at hospital discharge, noting that the Kangaroo Method brings benefits, citing: lower risk of mortality, physiological stability, reduced hospital stay, strengthening the interaction of the mother-child dyad, improving maternal mood states and providing stimulation of breast milk. However, we know that the NB with SDR goes through a very delicate process, in the absence of the family, the nurse can perform this method as a form of empathy, showing him that he is not alone, talking to him, providing comfort when possible. Therefore, A9 has a view associated with A7, where he reported in his study that the nurse occupies an important position not only for hospitalized NBs, but also for family members. He must have all the alternatives in a dynamic and continuous way, seeking to provide the necessary support to parents, being instrumental, appreciative and/or informative, respecting their beliefs and opinions (TOSCA; RIMOLO; BREIGEIRON, 2020). When analyzing all the researches that were selected for the study of the Course Conclusion Work, it could be seen that in the A10 it is made clear that the impacts of the nursing team go beyond monitoring and carrying out procedures, and that for the same be able to perform their functions with excellence, their training in the care of the NICU is essential. The authors emphasize well when saying that the nursing team has the same way to perform functions of organization, delegation and conservation of pleasant communication with all professionals who are part of it. In addition to this set of functions, it is responsible for ensuring that patients and families receive qualified care, offering empathy at all times experienced during hospitalization, during and at hospital discharge.

## CONCLUSION

From the results found, it was possible to observe that when providing care in the NICU to NB with RDS, the nurse acts in a thorough, individualized, humanized manner and must master technical-scientific knowledge to exercise their role with excellence. Their assistance is not directly limited to the NB, but also positively impacting family members by playing the role of intermediary of information on the care provided, clearing up doubts, establishing interpersonal relationships, emotional ties between mother and child. Nurses cannot allow themselves to be accommodated, but rather seek knowledge on a daily basis, encourage their team to act in the same way. Within the NICU sector, he is responsible for supervising, delegating functions, procedures and always seeking to establish good relationships with the NICU. Therefore, nursing care in the NICU for children with RDS disease must encompass all the needs of the patient as a whole.

The nurse also performs key actions within the NICU, such as: monitoring vital signs (SSVV), performing invasive procedures, hemodynamic monitoring, monitoring the functionality of equipment and performing the correct drug therapy, always aiming to propose a quality of life.

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