

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i69p7000>

Nursing care for the patient affected by COVID-19: an integrative literature review

Atención de enfermería al paciente afectado por COVID-19: una revisión integradora de la literatura

Cuidados de enfermagem ao paciente acometido pela COVID-19: uma revisão integrativa da literatura

ABSTRACT

Objective: Search the scientific literature for evidence that points to nursing care for patients affected by COVID-19. **Method:** This is an integrative literature review, held in December 2020, carried out by searching for studies in the databases Medline, Lilacs, BDNF and Scielo, whose corpus of analysis was 10 articles. **Results:** In the present research, some points are attributed relevance, allowing to identify the necessary actions for nursing care to the patient affected by COVID-19. The study points out conducts with a focus: on the prevention and control of Covid 19; guidance and care for the elderly, pregnant women, puerperal women and newborns; care and guidance to the patient and family in Primary Health Care, among other recommendations. **Conclusion:** Reinforces the importance of building protocols and scientific studies that are based on nursing care in facing this pathology, providing humanized and quality care to patients with Covid-19.

DESCRIPTORS: Coronavirus Infections; Severe Acute Respiratory Syndrome; Nursing Care.

RESUMEN

Objetivo: Buscar en la literatura científica evidencia que apunte al cuidado de enfermería de los pacientes afectados por COVID-19. **Métodos:** Se trata de una revisión integradora de la literatura, realizada en diciembre de 2020, mediante la búsqueda de estudios en las bases de datos Medline, Lilacs, BDNF y Scielo, cuyo corpus de análisis fue de 10 artículos. **Resultados:** En la presente investigación se demostró que algunos puntos son relevantes, que permiten identificar las acciones necesarias para el cuidado de enfermería de los pacientes afectados por COVID-19. El estudio señala conductas con foco: en la prevención y control de Covid 19; recomendaciones y cuidados para ancianos, gestantes, posparto y recién nacidos; atención y orientación al paciente y familia en Atención Primaria de Salud, entre otras recomendaciones. **Conclusión:** Se concluye la importancia de construir protocolos y estudios científicos que apoyen el cuidado de enfermería en el enfrentamiento de esta patología, brindando atención humanizada y de calidad a los pacientes con Covid-19.

DESCRIPTORES: Infecciones por coronavirus; Síndrome Respiratorio Agudo Grave; Atención de enfermería.

RESUMO

Objetivo: Buscar na literatura científica o que as evidências apontam sobre os cuidados de enfermagem ao paciente acometido pela COVID-19. **Métodos:** Trata-se de uma revisão integrativa da literatura, realizada no período de dezembro de 2020, mediante busca de estudos nas bases de dados Medline, Lilacs, BDNF e Scielo, cujo corpus da análise foi de 10 artigos. **Resultados:** Na presente pesquisa alguns pontos se mostraram relevantes permitindo identificar as ações necessárias para os cuidados de enfermagem ao paciente acometido pela COVID-19. O estudo aponta condutas com foco: na prevenção e controle do Covid 19; recomendações e cuidados ao idoso, gestante, puérpera e recém-nascido; cuidados e orientações ao paciente e família na Atenção Primária de Saúde, entre outras recomendações. **Conclusão:** Conclui-se a importância de construção de protocolos e estudos científicos que embasem a assistência de enfermagem no enfrentamento desta patologia, proporcionando cuidados humanizados e de qualidade aos pacientes com a Covid-19.

DESCRIPTORES: Infecções por coronavírus; Síndrome Respiratória Aguda Grave; Cuidados de enfermagem.

RECEIVED ON: 02/05/2021 APPROVED ON: 05/24/2021

Hirla Vanessa Soares de Araújo

Nurse. Master in Nursing from the Associate Graduate Program in Nursing UPE/UEPB.

ORCID: 0000-0002-9995-7288

Márcia Felipe dos Santos

Student of the Bachelor's Degree in Nursing at Centro Universitário dos Guararapes.
ORCID: 0000-0002-9570-3408

Priscila Maria Torres de Amorim Araújo

Student of the Bachelor's Degree in Nursing at Centro Universitário dos Guararapes.
ORCID: 0000-0003-3496-2569

Wilson Guilherme Ribeiro

Student of the Bachelor's Degree in Nursing at Centro Universitário dos Guararapes.
ORCID: 0000-0002-5221-5316

Vivian Conceição Alves Leite Pereira Lago

Nurse. Professor of the Bachelor's Degree in Nursing at Centro Universitário dos Guararapes.
ORCID: 0000-0002-3047-3605

Simone Maria Muniz da Silva Bezerra

Nurse. Post-Doc. Professor of the Associate Graduate Program in Nursing UPE/UEPB.
ORCID: 0000-0002-0974-1409

INTRODUCTION

Infection caused in humans by the Severe Acute Respiratory Syndrome-Coronavirus (SARS-COV-2), known as COVID-19, has been declared a "Public Emergency of International Importance" by the World Health Organization (WHO). It is a virus that represents a causative agent of a potentially fatal disease.¹ With its power of dissemination it infected individuals from several countries, arriving in Brazil in February 2020, in the state of São Paulo, where its first two cases occurred.²

The pandemic generated great concern given the situation that was established, as there were no strategic plans ready to be applied in a pandemic like this one. Still, initially there was no clarity about the aspects involving the disease.³

It is a pathology with a high rate of transmission that results in Severe Acute Respiratory Syndrome. Among the clinical manifestations, pneumonia, fever, respiratory distress, cough, odynophagia and dyspnea stand out.^{4,5}

Considering the context, individual protection measures are indicated in order to prevent infection by the disease. Such measures involve not only individual, but also environmental and community scopes, such as: hand hygiene,

Infection caused in humans by the Severe Acute Respiratory Syndrome-Coronavirus (SARS-COV-2), known as COVID-19, has been declared a "Public Emergency of International Importance" by the World Health Organization (WHO).

ne, respiratory protection/label, social distancing, ventilation and sun exposure of environments and continuous cleaning of objects and surfaces. Strict measures can be adopted, such as restriction/prohibition of functioning of schools, universities, places of community life, such as bars and restaurants, and public transport.⁶

Brazilian epidemiological data are alarming, with a growing number of new cases and deaths due to the disease. Within this context, it is essential to develop research involving the topic, especially with regard to understanding the pathophysiology of the disease for the application of effective treatment based on scientific evidence.⁷

It is known that nursing represents the largest number of health professionals working in hospitals, whose work is centered on human care. It is a profession that requires technical and scientific competence, in addition to knowledge, skill and emotional control, especially in situations involving a pandemic scenario.⁸

Within this context, the study was developed from the following guiding question: What does the scientific evidence indicate about nursing care for patients affected by COVID-19? The objective of the research was to seek in the scientific

literature what the evidence points about nursing care for patients with COVID-19.

METHOD

This is an integrative literature review built from the following steps: formulation of inclusion criteria, definition of information to be extracted from selected studies, rigorous evaluation of studies included in the integrative review, interpretation of results and synthesis of knowledge.⁹

To select the studies, the following databases were searched: Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature on Health Sciences (LILACS), Scientific Electronic Library Online (SciELO) and Database in Nursing (BDENF), in December 2020. Descriptors were selected after consulting the DeCS/MeSH. The descriptors used (Coronavirus infections, Severe Acute Respiratory Syndrome and Nursing Care) were combined

based on the adopted search strategy, as shown in Chart 1.

The selected articles met the following inclusion criteria: research published in peer-reviewed journals, available in full and free of charge, that answered the guiding question, in Portuguese, English and Spanish and developed in Brazil. Articles, magazine articles and complete books that did not answer the study's guiding question were excluded.

The selective reading of the articles was carried out, initially, with analysis of the title and abstract. Duplicate articles were registered only once. To ensure the joint record of information relevant to the topic, a specific instrument was used to analyze the articles, which included identification data (period published, education and institution to which the authors are linked, language and country), methodological aspects of the studies (design research, sampling and data processing) and main results and conclusions. Then,

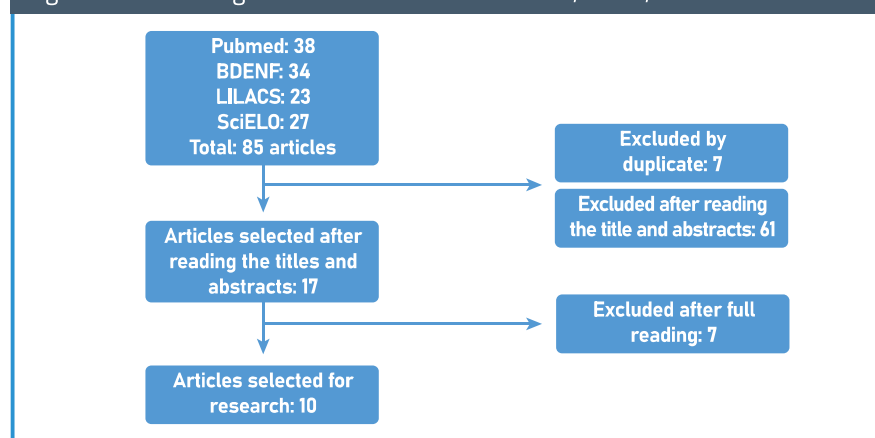
a detailed analysis of the articles was carried out, considering their rigor and characteristics, followed by the recording of the information listed in the instrument.

The selected articles were submitted to the classification of the level of evidence consisting of seven levels: I) evidence obtained from systematic review or meta-analysis of randomized controlled clinical trials or clinical guidelines based on systematic reviews of randomized controlled clinical trials; II) evidence from at least one well-designed, controlled, randomized clinical trial; III) evidence from well-designed, non-randomized clinical trials; IV) evidence obtained from well-designed cohort and case-control studies; V) evidence that originated from a systematic review of descriptive and qualitative studies; VI) evidence from a single descriptive or qualitative study and; VII) evidence from the opinion of authorities or a report by expert committees.¹⁰

Chart 1 – Search engine and number of articles found in different databases, Brazil, 2020.

DATABASE	CROSS-DESCRIPTORS	TOTAL STUDIES
PUBMED	Covid-19 OR Sars-Cov-2 AND nursing care	38
LILACS	Covid-19 OR Sars-Cov-2 AND nursing care	23
BDENF	Covid-19 OR Sars-Cov-2 AND nursing care	24
SciELO	Covid-19 OR Sars-Cov-2 AND nursing care	27
Total		85

Figure 1 – Flow diagram of the selection of articles, Brazil, 2020.



RESULTS

Eighty-five studies were found. Figure 1 shows the flowchart of the article selection strategy according to the pre-established eligibility criteria.

Chart 2 presents the characterization regarding the title and design of the research study. As for the year of publication, all researches date from 2020. As for the study design, 3 are reflective studies (level of evidence VII), 2 experience reports (level of evidence VII), 1 study of recommendations (level of evidence VII) and

4 literature review studies (level of evidence V).

Chart 3 presents the main nursing cares listed by the articles that were

included in the research. From the analysis of care, it was possible to classify the focus of attention into four groups: Care and guidance for

patients and families in primary health care; pregnant, postpartum and newborn; elderly; prevention and control.

Chart 2 – Characterization of studies regarding title, study design

ARTICLE (A)	TITLE IN ENGLISH	STUDY DESIGN
A1	Recommendations in times of COVID-19: a look at home care ¹¹	Reflective Study
A2	New coronavirus: (re)thinking the care process in Primary Health Care and Nursing ¹²	Reflective Study
A3	Recommendations for tackling the spread of COVID-19 in long-stay institutions for the elderly ¹³	Study of recommendations
A4	Covid-19 containment measures adopted in bone marrow transplant services ¹⁴	Experience Report
A5	COVID-19: Nursing care for safety in mobile pre-hospital care ¹⁵	Descriptive-reflective study
A6	COVID-19: nursing care in an intensive care unit ¹⁶	Review Study
A7	COVID-19 and the production of knowledge about recommendations in pregnancy: Scope review ¹⁷	Scope review study
A8	Care recommendations for parturients, postpartum women and newborns during the COVID-19 pandemic: scope review ¹⁸	Scope review study
A9	Prevention and control measures for neonatal COVID-19 infection: scope review ¹⁹	Scope review study
A10	Contributions of the nursing process research network for assistance in the COVID-19 pandemic ²⁰	Experience Report

Chart 3 - Nursing care for patients affected by COVID-19

FOCUS OF ATTENTION	NURSING CARE FOR COVID-19	ARTICLE
Care and guidance for the patient and family in primary health care	Home Care: Adequacy of the home environment; Verify that the family and the patient are able to adhere to the recommended precautions and understand the recommendations; Guide the patient and family to safety issues such as: accidental ingestion and fire risks related to the use of alcohol for hand rubbing; Family Health Strategy: Actively participate in combating the transmission of COVID-19; Monitor the home isolation of users affected by the disease.	A1, A2, A3, A4, A6
Pregnant, Puerperal and Newborn	Prenatal Guide the pregnant woman about social isolation; Carry out early diagnosis of pregnancy and COVID-19; Check vitality, movement and fetal heart rate; Measure uterine height, waist circumference; Weight; fetal movement and blood pressure; Advise on reconciling sleep and rest; Promote proper nutrition; Puerperal Period Encourage breastfeeding, as there is no evidence to prove the transmission of COVID-19; Ensure the use of the mask by the mother during breastfeeding; For women who do not wish to breastfeed the child in the presence of the disease, encourage the milking of breast milk for food; Newborn care Close monitoring of vital signs and gastrointestinal signs and symptoms after birth; Newborns born to mothers with suspected or confirmed COVID-19 should be cleaned and dried immediately after delivery;	A7, A8, A9

Elderly	Long Stay Institutions Carry out managerial, educational and assistance activities for monitoring the environment; Daily monitor the residents' body temperature, as well as the presence of respiratory symptoms; Evaluate elderly people who had contact with confirmed cases over 14 days; Isolate suspected elderly or diagnosed with COVID-19 in private rooms; Avoid transferring elderly people who are clinically stable; Optimize clothing processing; Carry out immunization/vaccination control; Intensify vigilance regarding the integrity of the skin, especially in the presence of diarrhea or restriction of the elderly to bed; Assess, monitor and control airways.	A3, A10
Prevention and Control	Screen individuals/patients for signs of fever and respiratory symptoms; Ensure the use of personal protective equipment by the patient; Decrease individuals' time in common areas; Disseminate and implement health information and control measures; Monitor vital and cardiac signs; Provide ventilatory support and supervise the installation of oxygen in with adequate material; Recognize and identify early all hemodynamic changes; Apply evaluation scales (Glasgow, Braden, among others) in hospitalized patients; Place patient in the prone position (if indicated): arterial oxygen partial pressure/inspired oxygen fraction ratio < 150); Prepare and administer medications according to medical prescription; Acid-Base Control; Perform fluid balance in critically ill patients.	A2, A3, A4, A5, A6, A9, A10

DISCUSSION

The human being is the main route of transmission. Due to this, the number of visits and hospitalizations in emergencies and emergencies grows exponentially, impacting the performance of health professionals.²¹

In this epidemic context, the description of nursing care for patients in general and the main approaches adopted to combat COVID-19 is remarkable, in addition to comparing characteristics of the disease and care in different areas of the world.²²

With a view to a better understanding and analysis of the results found, the focus of attention in care is presented in categories, respectively: Care and guidance to the patient and family in primary health care; Care and guidance for pregnant women, postpartum women and newborns; Care and guidance for elderly patients and; Prevention and control care and guidelines.

Category 1: Care and Guidance for the Patient and Family in Primary Health Care

Rethinking the care process in primary health care, a reflective study on the theme (A2) was developed based on the challenges of the nursing care pro-

cess in primary care, where measures have been imposed to strengthen the dialogue with the community and (re) creation of the nursing care process, including home care.¹²

A study on health recommendations in times of COVID-19 (A1) corroborates by bringing care focused on home nursing practice, which contributes to actions aimed at better care for patients affected by COVID-19 and assisted at home.¹¹

Both studies impose health strategies to participate in activities to combat the transmission of the disease, as well as monitor the isolation of these sick users at home. Among the care measures, the verification and adequacy of the environment and the ability of the family and the patient to adhere to the recommended precautions stand out.^{13,23} Within this reality required for disease control, it is important to pay attention to safety issues and comprehensive information about the new coronavirus and its forms of transmission.²⁴

According to a study on recommendations for coping with the spread of the new coronavirus (A3), there is a dynamic regarding the information surrounding the disease involving issues of treatment and prevention.¹³

Hand hygiene has always been a me-

asure adopted by nursing professionals to prevent the occurrence of infections related to care. However, it is a practice that was propagated and intensified among the other members of the health team and the general population during this period of pandemic.¹⁴

The guidelines given to these patients are provided through the practice of health education. The nurse, who has an educator role in primary health care, guides the patient in home isolation regarding the care needed during this period. The information provided in this process ranges from basic guidelines, such as using a mask and hand hygiene, to infection control measures to prevent the spread of the disease among family members.¹

Within this context, the family health strategy, inserted in the primary care policy of the Unified Health System, is the support and reference point for the patient who will be cared for at home.

Category 2: Care and Guidance for Pregnant Women, Postpartum Women and Newborns

The identification of the challenges faced by nursing professionals in providing care in the face of the COVID-19 pandemic in the prenatal, puerperal and newborn care period is essential

for training on forms of prevention, in addition to being an incentive for essential actions for precaution, appreciation and motivation to support the nursing team during the pandemic, in order to protect the physical and mental health of neonatal, pediatric, pregnant women and professionals involved in the care.²⁵

In addition to general measures to prevent the disease, the studies include care focused on each phase of this period. During prenatal care, care is highlighted such as checking vitality, fetal movement and heart rate, measuring uterine height, waist circumference and weight, measuring blood pressure and adequate nutrition (A7).¹⁷

In the case of pregnant women with a positive diagnosis for COVID-19, to date, there are no standardized guidelines for the treatment of the disease in this circumstance. However, care such as home isolation, sleep conciliation, rest and fluid and electrolyte intake are considered in the management of pregnant women.¹⁷

Also, considering the current scenario, pregnant women are afraid of complications that may occur during the pregnancy-puerperal period, such as the possibility of vertical transmission of the disease. However, research is considered inconclusive on this form of transmission and because of all this information and uncertainties, the feeling of fear that pregnant women develop in this process is natural and understandable.²⁶

The study on coronavirus infection in pregnancy confirms that the information available on the effects of infection for both the pregnant woman and the fetus is limited. Pregnancy itself produces certain changes in the immune system and the response to viral infections in general can cause more severe symptoms.²⁸

In the puerperal period, care focused on breastfeeding and the use of masks stand out.^{18,19} The scope review study on the subject brings results in your search for breastfeeding and allows you to reflect on whether or not to postpone this practice, which is so essential for

the newborn. The divergences found in the literature are due to contradictory research results, since in some there is no evidence of the presence of the virus in breast milk, so breastfeeding is recommended. However, in research where the virus was detected in breast milk, breastfeeding is contraindicated.^{18,28}

In newborn care (A8, A9), rigorous monitoring of vital signs, gastrointestinal signs and symptoms, and actions to be adopted after the child's birth are mentioned among the studies.^{18,19} The importance of continuous and rigorous monitoring of newborns born to mothers infected with COVID-19 is due to the fact that the clinical manifestations in this group are mostly nonspecific and because the child's immune system is still immature.²⁵

According to a study on care recommendations for parturients, postpartum women and newborns, newborns born to mothers with suspicion or confirmation for COVID-19 should be cleaned and dried immediately after delivery and skin-to-skin contact is not recommended.¹⁸

Care after birth is also determined by the clinical conditions of the mother and newborn. If there is suspicion or confirmation of COVID-19 in the mother and the mother-child binomial is stable, health care will be about precautions to prevent the spread of the virus, such as: hand hygiene before and after touching the newborn, use of a facial mask during breastfeeding and remain isolated in rooming. Now, if both the mother and the newborn are ill, the extraction of breast milk should be considered, in addition to adopting measures such as: limitation of visits and isolation measures during the isolation period.²⁹

Finally, throughout this period, it is important to emphasize the use of surgical masks, eye protection, procedure gloves, hand hygiene and precautions in the disinfection of equipment and surfaces after patient care by health professionals.

Category 3: Care and Guidance for the Elderly Patient

The research on recommendations for coping with the spread of COVID-19 in Long-stay Institutions for the Elderly (A3) was the first study that structured a core of nursing interventions to fight the spread of the covid-19 virus in vulnerable and classified as risk, according to health management protocols, where studies of recommendations from geriatricians, clinicians and specialist nurses draw a guideline for care.¹³ The study, on the other hand, covers contributions from the nursing process research network for assistance in the pandemic (A10) describes this process in order to improve improvement techniques for assistance also aimed at the elderly, where it values the essential phenomena for early identification, interventions and prevention of diseases aimed at these patients.²⁰

The main nursing diagnoses applied during elderly care: risk of infection, ineffective breathing pattern, impaired gas exchange, ineffective airway clearance, impaired spontaneous ventilation, physical inactivity, hyperthermia, diarrhea and impaired comfort. All these nursing diagnoses end up being related to the evolution of the disease, which ends up harming, in most cases, the patient's respiratory system. Thus, as an expected result of nursing procedures, the improvement of the breathing pattern and the control of signs and symptoms stand out.²⁰

Nursing interventions in general involve behaviors such as: providing ventilatory support, airway protection, continuous monitoring of the elderly, acid-base control, pressure injury prevention, especially in bed-restricted elderly, electrolyte balance, assessment of vital signs including checking blood glucose.^{13,20}

We can highlight the nursing care that is provided directly to the patient in long-stay institutions, such as: isolation of elderly people with suspected or confirmed condition for COVID-19,

providing exclusive professionals for their care, optimizing the processing of clothes and pay attention to existing comorbidities.^{13,20}

In addition to the care activities provided by the nursing staff, management, educational and care activities for monitoring body temperature, presenting symptoms and decreasing the level of general well-being, isolating or transferring to advanced health units stand out, paying attention to comorbidities and possible risks, which will result in the continuous monitoring of the nursing team.¹³

Category 4: Care and Guidelines for Prevention and Control.

In all the studies included in this research, prevention measures are still the main focus of care for the eradication of cases of infection by the new coronavirus. All actions are recommended by the WHO and nurses are responsible for the challenge of planning care for the prevention and control of the dissemination of the coronavirus, especially in high-risk populations, in order to implement basic measures based on the aforementioned evidence.¹⁴

The studies allowed us to reflect on the multidimensionality of actions needed to prevent and control the pandemic.¹⁵ We can highlight the practices that involve the performance of screening for classification regarding flu

signs and symptoms, use of personal protective equipment both by the patient and by the professionals, reduced service time, restriction of activities in groups, in addition to encouraging disclosure and implementation of control and information measures.^{12,13,14,15,16,19,20}

The studies allowed us to reflect on the multidimensionality of actions needed to prevent and control the pandemic.

Another important practice is hand hygiene, as it reduces the occurrence of preventable infections, reducing morbidity and mortality in health services. It is a control measure related to human behavior.³⁰

As for disease control, the measures involve nursing care aimed at monitoring signs and symptoms in general. However, one of the biggest problems established in several literatures is the risk classification and referral to ward beds and Intensive Care Unit beds, so the work of bed regulation has been quite intense, due to overcrowding, as well as the turnover of admissions, discharges, transfers and deaths, second.³¹

CONCLUSION

In this scientific research, the authors sought to outline some relevant topics that would allow the identification of the necessary actions for the nursing care of patients affected by COVID-19. The study points out behaviors focused on the prevention and control of the disease, as well as recommendations and care for the elderly, pregnant women, postpartum women and newborns, and care and guidance for patients and families in Primary Health Care, among others. Based on the observations made, it was possible to conclude that the construction of protocols and scientific studies that support nursing care in coping with this pathology are of paramount importance, providing humanized and quality care to patients with Covid-19. ■

REFERENCES

1. ORGANIZAÇÃO PAN AMERICANA DE SAÚDE. In: Atendimento domiciliar para pacientes com suspeita ou confirmação de COVID-19 e gerenciamento de seus contatos: orientação provisória. [Internet] 2020.
2. Croda JHR, Garcia LP. Resposta imediata da Vigilância em Saúde à epidemia da COVID-19. *Epidemiol Serv Saúde*. 2020; 29(1). DOI: <https://doi.org/10.5123/s1679-49742020000100021>.
3. Freitas ARR, Napimoga M, Donalísio MR. Análise da gravidade da pandemia de Covid-19. *Epidemiol Serv Saúde*. 2020; 29(2): e2020119. <http://dx.doi.org/10.5123/s1679-49742020000200008>.
4. Agência Nacional de Vigilância Sanitária (ANVISA). Nota técnica no. 04/2020 - GVIMS/GGTES/ANVISA - Orientações para serviços de saúde: medidas de prevenção e controle que devem ser adotadas durante a assistência aos casos suspeitos ou confirmados de infecção pelo novo coronavírus (SARS-CoV-2) [Internet]. Brasília: Agência Nacional de Vigilância Sanitária, 2020.
5. Adhikari SP, Meng S, Wu YJ, Mao YP, Ye RX, Wang QZ et al. Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: a scoping review. *Infect Diseases Poverty*. 2020;9(29):1-12. DOI: <https://doi.org/10.1186/s40249-020-00646-x>.
6. Garcia LP, Duarte E. Intervenções não farmacêuticas para combater a epidemia de COVID-19 no Brasil. *Epidemiol Serv Saúde*. 2020; 29(2): e2020222. DOI: <http://dx.doi.org/10.5123/s1679-49742020000200009>

REFERENCES

7. Cestari VRF, Florêncio RS, Sopusa GJB, Garces TS, Maranhão TA, Castro RR, et al. Vulnerabilidade social e incidência de COVID-19 em uma metrópole brasileira. *Cien Saude Colet*. 2020.
8. Dal'bosco EB, Floriano LSM, Skupien SV, Arcaro G, Martins AR, Anselmo ACC. A saúde mental da enfermagem no enfrentamento da COVID-19 em um hospital universitário regional. *Rev Bras Enferm*. 2020; 73(supl.2). DOI: <https://doi.org/10.1590/0034-7167-2020-0434>.
9. Mendes KDS, Silveira RCCP, Galvão CM. Integrative literature review: a research method to incorporate evidence in health care and nursing. *Texto Contexto Enferm*, 2008; 17(4): 758-64. DOI: 10.1590/S0104-07072008000400018.
10. Stillwell SB, Fineout-Overholt E, Melnyk BM, Williamson KM. Searching for the Evidence. *Am J Nurs*, 2010; 110(5): 41-7.
11. Tonin L, Lacerda MR, Caceres NTG, Hermann AP. Recomendações em tempos de COVID-19: um olhar para o cuidado domiciliar. *Rev Bras Enferm*. 2020; 73(supl.2). DOI: <https://doi.org/10.1590/0034-7167-2020-0310>.
12. Nunciaroni AT, Cunha FTS, Vargas LA, Corrêa VAF. Novo Coronavírus: (Re)pensando no processo assistencial em Saúde Primária e Enfermagem. *Rev Bras Enferm*. 2020; 73(supl.2). DOI: <https://doi.org/10.1590/0034-7167-2020-0256>.
13. Santana RF, Silva MB, Marcos DASR, Rosa CS, Wetzel Junior W, Delvalle R. Recomendações para o enfrentamento da disseminação da COVID-19 em Instituições de Longa Permanência para Idosos. *Rev Bras Enferm*. 2020; 73(supl.2). DOI: <http://dx.doi.org/10.1590/0034-7167-2020-0260>.
14. Rodrigues JAP, Stelmachuk AM, Lacerda MR, Galvao CM. Medidas de contenção à COVID-19 adotadas em serviço de transplante de medula óssea. *Rev Bras Enferm*. 2020; 73(supl.2). DOI: <https://doi.org/10.1590/0034-7167-2020-0476>.
15. Marques LC, Lucca DC, Alves EO, Fernandes GCM, Nascimento KC. COVID-19: cuidados de enfermagem para segurança no atendimento de serviço pré-hospitalar móvel. *Texto Contexto – Enferm*. 2020; 29. DOI: <https://doi.org/10.1590/1980-265x-tce-2020-0119>.
16. Moraes EM, Almeida LHA, Giordani E. COVID-19: Cuidados de enfermagem em unidade de terapia intensiva. *Scientia Medica*. 2020; 30: 1-11. DOI: <https://doi.org/10.15448/1980-6108.2020.1.38468>.
17. Mascarenhas VHA, Caroci-Becker A, Venâncio KCMP, Baraldi NG, Durkin AC, Riesco MLG. COVID-19 e a produção de conhecimento sobre as recomendações na gravidez: revisão de escopo. *Rev Latino-Am Enfermagem*. 2020; 28. DOI: <https://doi.org/10.1590/1518-8345.4523.3348>.
18. Mascarenhas VHA, Caroci-Becker A, Venâncio KCMP, Baraldi NG, Durkin AC, Riesco MLG. Recomendações assistenciais à parturiente, puérpera e recém-nascido durante a pandemia de COVID-19: revisão de escopo. *Rev Latino-Am Enfermagem*. 2020; 28. DOI: 10.1590/1518-8345.4596.3359.
19. Freitas BHBM, Alves MDSM, Gaíva MAM. Medidas de prevenção e controle de infecção neonatal por COVID-19: revisão de escopo. *Rev Bras Enferm*. 2020; 73(supl.2). DOI: <http://dx.doi.org/10.1590/0034-7167-2020-0467>.
20. Barros ALBL, Silva VM, Santana RF, Cavalcante AMRZ, Vitor AF, Lucena AF et al. Contribuições da rede de pesquisa em processo de enfermagem para assistência na pandemia de COVID-19. *Rev Bras Enferm*. 2020; 73(supl. 2): 1-12. DOI: <https://doi.org/10.1590/0034-7167-2020-0798>.
21. Correia MITD, Ramos RF, Bahten LCV. Os cirurgiões e a pandemia do COVID-19. *Rev Col Bras Cir*. 2020; 47. DOI: <https://doi.org/10.1590/0100-6991e-20202536>.
22. Chate RC, Fonseca EKUN, Passos RBD, Teles GBS, Shoji H, Szarf G. Apresentação de infecção pulmonar na TC em COVID19: experiência inicial no Brasil. *J Bras Pneumol*. 2020; 46(2): 1-4. DOI: <https://doi.org/10.36416/1806-3756/e20200121>.
23. Marchiori GS, Alves VH, Pereira AV, Vieira BDG, Rodrigues DP, Dulfe PAM, et al. Ações de enfermagem em bancos de leite humano em tempos de COVID-19. *Rev Bras Enferm*. 2020; 73(supl.2). DOI: <https://doi.org/10.1590/0034-7167-2020-0381>.
24. Geremia DS, Vendruscolo C, Celuppi IC, Adamy EK, Toso BRGO, Souza JB. 200 Anos de Florence e os desafios da gestão das práticas de enfermagem na pandemia COVID-19. *Rev Latino-Am Enfermagem*. 2020; 28. DOI: <https://doi.org/10.1590/1518-8345.4576.3358>.
25. Góes FGB, Silva ACSS, Santos AST, Pereira-Ávila FMV, Silva LJ, Silva LF, et al. Desafios de profissionais de Enfermagem Pediátrica frente à pandemia da COVID-19. *Rev Latino-Am Enfermagem*. 2020; 28. DOI: <https://doi.org/10.1590/1518-8345.4550.3367>.
26. Estrela FM, Silva KKA, Cruz MA, Gomes NP. Gestantes no contexto da pandemia da Covid-19: reflexões e desafios. *Physis: Revista de Saúde Coletiva*. 2020; 30(2): e300215. DOI: <http://dx.doi.org/10.1590/S0103-73312020300215>.
27. Ortiz EI, Castañeda EH, Torre A. Infecção por coronavírus (COVID 19) na gravidez. *Colombia Médica*, 2020; 51(2): e-4271.
28. Tacla MTGM, Rossetto EG, Perdigão GM, Zani EM, Silva IV. Reflexões sobre o aleitamento materno em tempos de pandemia por COVID-19. *Rev Soc Bras Enferm Ped*. 2020; 20(Especial COVID-19): 60-76. DOI: 10.31508/1676-379320200000127.
29. Procionoy RS, Silveira RC, Manzoni P, Sant'Anna G. COVID-19 neonatal: poucas evidências e necessidade de mais informações. *Jornal de Pediatria*, 2020; 96(3): 269-72. DOI: <https://doi.org/10.1016/j.jpedp.2020.04.002>.
30. Oliveira TC, Abranches MV, Lana RM. (In) Segurança alimentar no contexto da pandemia por SARS-CoV-2. *Cadernos de Saúde Pública*, 2020; 36(4): e00055220. DOI: <https://doi.org/10.1590/0102-311x00055220>.
31. Silva FV. Enfermagem no combate à pandemia da COVID-19. *Rev Bras Enferm*. 2020; 73(supl.2). DOI: <https://doi.org/10.1590/0034-7167-202073suppl201>.