

The performance of the resident nutritionist in times of a covid-19 pandemic: an experience report

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El desempeño del nutricionista residente en tiempos de pandemia de covid-19: Un informe de experiencia

RESUMO

Objetivo: Relatar a vivência de nutricionistas da Residência Multiprofissional em Saúde da Família no contexto da pandemia da Covid-19. Método: Trata-se de um relato de experiência composta por 04 nutricionistas e um preceptor, onde atuaram no início da pandemia no cuidado a pacientes nos hospitais de campanha e nos territórios de abrangência, mediante atividades realizadas em relação à prevenção e no combate a pandemia. Resultados: A equipe demonstrou algumas dificuldades ao lidar com o novo e em relação às condutas a serem tomadas durante a vivência, observou-se a necessidade do fortalecimento da comunicação no cotidiano do trabalho, sendo superado e fortalecendo assim as discussões de casos clínicos e novas condutas a serem tomadas e obedecidas no qual eram atualizadas junto com a orientação do tutor e preceptor. Conclusões: Diante da atuação na Pandemia da Covid-19, observamos a importância e o fortalecimento do fazer multiprofissional em especial do Nutricionista como categoria.

DESCRIPTORIOS: COVID-19; Equipe Multiprofissional; Atenção Primária à Saúde; Atenção Terciária à Saúde; Nutricionistas.

ABSTRACT

Objective: Report the experience of nutritionists at the Multiprofessional Residency in Family Health in the context of the Covid-19 pandemic. Method: This is an experience report composed of 04 nutritionists and a preceptor, where they worked at the beginning of the pandemic in the care of patients in field hospitals and in the territories covered, through activities carried out in relation to the prevention and fight against the pandemic. Results: The team showed some difficulties in dealing with the new and in relation to the actions to be taken during the experience, there was a need to strengthen communication in the daily work, being overcome and thus strengthening the discussions of clinical cases and new approaches to be taken and obeyed in which they were updated along with the guidance of the tutor and preceptor. Conclusions: Given the role in the Covid-19 Pandemic, we observe the importance and strengthening of multidisciplinary work, especially the Nutritionist as a category.

DESCRIPTORS: COVID-19; Multiprofessional team; Primary Health Care; Tertiary Healthcare; Nutritionists.

RESUMEN

Objetivo: Reporte la experiencia de nutricionistas de la Residencia Multiprofesional en Salud de la Familia en el contexto de la pandemia Covid-19. Método: Se trata de un relato de experiencia compuesto por 04 nutricionistas y un preceptor, que trabajaron al inicio de la pandemia en la atención al paciente en los hospitales de campaña y en los territorios cubiertos, a través de actividades realizadas en relación a la prevención y lucha contra la pandemia. Resultados: El equipo mostró algunas dificultades en el abordaje de lo nuevo y en relación a las acciones a tomar durante la experiencia, existía la necesidad de fortalecer la comunicación en el trabajo diario, siendo superado y fortaleciendo así las discusiones de casos clínicos y nuevos abordajes a ser tomadas y obedecidas en las que se actualizaban junto con la guía del tutor y preceptor. Conclusiones: Dado el rol en la Pandemia Covid-19, observamos la importancia y fortalecimiento del trabajo multidisciplinario, especialmente el Nutricionista como categoría.

DESCRIPTORIOS: COVID-19; Equipo multiprofesional; Atención Primaria de Salud; Atención Terciaria de Salud; Nutricionistas.

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INTRODUCTION

The enactment of the Federal Constitution of 1988 was a historic landmark that consolidated the creation of the Unified Health System (SUS), and it was in this context that proposals for changes in health education in Brazil were worked on. In this sense and with the aim of improving the training of health workers, the Ministry of Health (Mh) has promoted debates in order to meet the needs of the SUS and consequently the guidance in professional training. 1

For the implementation of a new health care model aimed at changing the old biomedical model, hegemonic with a mechanistic approach, there was a need to expand this health training in order to implement care focused on holistic and comprehensive health care. 2

From this, it was noted the need for action focused on teamwork and multiprofessional, interdisciplinary and comprehensive care, based on the principles of the SUS, with health training as a great challenge, with these challenges there was a need and demand of the health service for some adjustments of higher education institutions to elect renewal strategies with coherent construction and improvement of the SUS. 3,4

For this, the National Curriculum Guidelines were implemented for courses in the health area, with the aim of developing

skills to work in the SUS. In relation to the training of the new health professional, the MS has been supporting the *lato sensu* postgraduate course, as a modality of Multiprofessional Residency (MR). 5,6

Created from the Law n. 11,129/2005, MR in the professional area of health are guided by the guidelines and principles of the SUS, acting on the needs and local reality, covering various professions in the health area with the objective of working on interprofessional education, promoting the integration of teaching and health, aiming at changing training and care practices, based on the assumption that in order to do it together in daily life and in health care, it is necessary to learn together about the health work process and the construction of knowledge. 7

With this, MR proposes in practice a daily experience of the territory, detecting real problems existing in the service and breaking with the paradigms established with the care model, encouraging professionals to develop their skills based on theory and practice in loco. 3

In support of the MRs, the MS has been developing strategies since 2002 through the ReforSUS project and in 2003 with the creation of the Secretariat for the Management of Work and Education in Health (SGTES - Secretaria de Gestão do Trabalho e Educação na Saúde) where the National Policy on Permanent Education in Health is established, expressed in the

Ordinance No. 198, of February 13, 2004 and in accordance with Law No. 11,129, of June 30, 2005, which created the Residency in the Professional Health Area and instituted the National Commission for Multiprofessional Residency in Health. 4,5

The Multiprofessional Residency in Family Health (RMSF - Residência Multiprofissional em Saúde da Família) in Sobral (CE) has the Vale do Acaraú State University (UVA) as its training institution and the Visconde de Sabóia School of Public Health (ESP-VS), which annually selects vacancies for 30 candidates from different multi-professional areas, in a selection process. Residents are welcomed by the executing institution in order to get to know the field of action through territorialization and then are dimensioned to work in the territories with the multiprofessional team, being supported by a tutor and preceptor.

With regard to the performance of resident nutritionists in class 17 of the RMSF, the year 2020 was surprised by the COVID-19 pandemic, through a report by the World Health Organization (WHO), of the spread caused by the virus due to rapid transmission in several continents. 8,9 With this, the resident's performance was focused on the context of municipal intervention in the fight against COVID-19, in a differentiated way, acting in the territories supporting the Family Health Strategy and the field hospitals implemented by the Municipal Health Department.

According to the Brazilian Institute of Geography and Statistics (IBGE), Sobral is a city located in the northwest of Ceará, with an area of 2,068,474 km², and its estimated population is 210,711 inhabitants. In this sense, the Municipality of Sobral, through the Municipal Health Department, based on Federal Law No. 11,129 of July 30, 2005 and on MEC/MS Interministerial Ordinance No. interested, the selection processes the Postgraduate courses with the character of Multiprofessional Residency in Family Health (RMSF) and Multiprofessional Residency in Mental Health (RMSM), with the executing institution the Escola de Saúde Pública Visconde de Sabóia (ESP-VS) in partnership with the Vale do Acaraú State University (UVA), a training institution.

From this, the present research aims to report the experiences of nutritionist residents of the RMSF in the context of the COVID-19 pandemic in the territories covered and in the field hospital.

METHOD

The article is an experience report and aims to portray the main experiences and activities performed from the perspective of the nutritionist's perspective in the midst of the COVID-19 pandemic between May and August 2020, by the Nutritionist residents of the Multiprofessional Residency in Family Health. The field of study was during the beginning of the COVID-19 pandemic in two Family Health Centers and a field hospital with two nutritionists in each working space.

Regarding the Postgraduate courses with the character of Multiprofessional Residency in Family Health, 30 vacancies are offered for the following professionals, Nutrition, Physical Education, Nursing, Pharmacy, Physiotherapy, Speech Therapy, Dentistry, Psychology, Social Work, and Occupational Therapy.

The reports here were raised by the experiences lived in the daily routine of the service during the context of the pandemic, this idea started during the team meetings held weekly between preceptor and nutri-

tionist residents in order to discuss their anxieties, anxieties, learning difficulties of residents and the guidance of the preceptor.

RESULTS AND DISCUSSION

The multiprofessional residency in family health and the nutritionist's role in times of a pandemic:

The year 2020 was marked by the onset of the first cases of COVID-19 in Brazil, a pandemic that was declared by the World Health Organization - WHO as a high level of alert, thus constituting a Public Health Emergency of international importance. 10 Concomitant to this world situation, in March 2020 there was the annual insertion of the new group of the Multiprofessional Residency in Family Health (RMSF).

Faced with every national health emergency, given the unknown, all residents as well as all health professionals had to adapt to the new routines. Due to fear and the need to adapt to the new health protocols, there was an initiative through the management of the Visconde de Sabóia School of Public Health to use digital media to disseminate health information in the face of the installed pandemic. 11,10

We created new technologies such as the production of health education videos, educational spots on healthy eating and preventive actions against COVID-19, such as hand hygiene, isolation and social distancing had greater emphasis at this time, we held lives on social networks, production of podcasts and individualized daily teleservice. 10,11

In teleservices, we carry out nutritional strategies for patients with nutritional risk and association of comorbidities, emergency home visits and outpatient care for pregnant women at clinical risk such as Gestational Diabetes Mellitus - GDM and Systemic Arterial Hypertension - SAH, given the prevention of the risk of complications in childbirth by understanding that the clinical evolution of these patients is directly related to access to specialized care. 12

Among the health promotion practices related to nutritional recommendations,

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the guidelines in the manual on the 10 steps to healthy eating were used as a basis.¹³ Understanding that the consumption of fruits, vegetables and whole foods are associated with several micronutrients, such as minerals and vitamins that have a positive association with the immune system.¹⁴ However, it is known that the use of ultra-processed foods acts by providing weight gain and predisposition to comorbidities, which can cause complications especially in those affected by COVID-19, from which we advise on healthy and varied meals as well as good hydration.¹⁵

We also emphasize reports on the importance that there is no evidence supporting that routine empirical use and amounts above the therapeutic recommendations of micronutrients can prevent or improve clinical outcomes in patients with Covid-19. Therefore, only data with scientific confirmation until the moment of the report were used in the Spots.^{16,17,18,19}

After the production of the Spots, articulations were carried out with media such as the Bike Sonora project, which consists of community communication in the most vulnerable territories of the municipality to prevent COVID-19 through a bicycle and the same material was distributed to the community groups of Whatsapp.²⁰

There was the removal of some health professionals because they belong to a risk group, demanding the need for a greater contribution from the MR team at the Family Health Center for the monitoring of confirmed cases with COVID-19 through daily calls for confirmed cases with guidelines on how to proceed in relation to the main symptoms.²¹

During this period, there was also the remote participation via Google Meet of category circles with other nutritionists and preceptorship, multiprofessional circles with the participation of tutoring, sharing experiences in the face of the scenario lived in addition to the difficulties and challenges of the new work process during the pandemic.

In addition to home care activities, articulations for the reproduction of Spots and the activities of the MR modules, we carry

out several activities of permanent education, aiming to enable the construction of collective spaces for reflection and evaluation of the meaning of the acts produced in daily life.⁴ These educational processes were carried out with Community Health Agents - CHA, through the Google Meet

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platform on dietary guidelines in Diabetes Mellitus and Systemic Arterial Hypertension.

In July 2020, we have already started individual nutritional care, highlighting the most necessary cases, and home visits with the CHA company in the territory and

care in other territories when requested by the manager of another family health center.²² These services followed the recommendations of the Federal Council of Nutritionists on good practices for professional performance during the pandemic in face-to-face service.¹³

With the flexibility of the new municipal decrees, between July and August 2020, we started to work with individual calls to screened users and in team case discussions, interconsultations, home visits and reception.

However, the role of the resident nutritionist in primary health care is considered indispensable, given the performance of actions and health education in the territory and in the context of prevention, promotion and recovery of health in the face of other pathologies and in the face of the pandemic of COVID-19.

The multiprofessional residency and the role of the nutritionist in the field hospital in times of the COVID-19 pandemic

Experiencing the experience of working in primary health care is already a great challenge, even more so at a time when we face the worst public health crisis in our country and in the world. The COVID-19 pandemic re-signified our performance and challenged us, where health was able to resume its leading role in the face of the numerous aggravating factors caused by the severity of the virus.

Within the scope of professional practice, we had to adapt to different realities that had not been experienced until then, such as the pause in our activities at the beginning of a multiprofessional residency process to adapt to a rigid isolation, far from everything that subjected our occupation as residents. Such a measure became necessary, in view of complying with the most effective health strategy to control the transmission of the disease, isolation.²³

We carry out several activities within the scope of nutritional care in Primary Care on Non-Communicable Chronic Diseases such as obesity, metabolic syndrome, diabetes mellitus, arterial hypertension,

among others, as they represent the profile with the greatest worsening of COVID-19. 24,25,26 Among the topics covered, the following stood out: Nutrition and Antioxidants, Nutritional Care in Type 2 Diabetes and Nutritional Care in Chronic Patients during Quarantine.

In this panorama of the growing pandemic, in view of the increase in the number of cases, it became necessary to create Field Hospitals, in order to relieve the Emergency Care Units and other Hospitals, in which the Municipal Health Department requested the School of Public Health Visconde de Sabóia professional support in the fight against COVID-19 in field hospitals. Among the professionals, two Nutritionists to work at the Dr. Francisco Alves Campaign Hospital installed during the increase in cases at the beginning of the pandemic.

With that, we were included in the hospital team in May, when the peak of the pandemic was already installed in the municipality of Sobral, we had to quickly plan the implementation of the logistics of the nutrition service that would be offered to hospitalized patients and professionals from the hospital according to the recommendations established by the CFN, regarding good practices for the nutritionist's performance during the pandemic. 13

The first weeks were full of intense discoveries, fears, expectations and adaptations, but they served as important steps for our journey within that environment. The hospital routine, which until then was new and with so many protocols, gradually became very casual. At each shift change, we went through the wards visiting the patients, bed by bed, to assess the clinical condition and acceptance of the diet, we made adjustments to the diet maps in order to change the consistency of the meals if necessary, or even to supplement the diet. Corroborating with Da Silva et al 27, the period of hospital experience in the pandemic made it possible to strengthen ties between professionals from the most diverse sectors in relation to the nutritionist, however the category was able to count on all the support of the multiprofessional team, but especially the nursing technicians and

physiotherapists who gave the necessary support in relation to the anthropometric assessment of patients.

In addition, we had to establish routi-

Some precautions include cleaning distribution carts, using disposable utensils, identifying meals and cleaning the environment

nes and standardization of meals with the hospital food service, in order to organize the distribution flow of meals for patients and professionals who worked there. At each hospital discharge, we had moments of celebration and a feeling of gratitude for having collaborated in some way with the recovery of the patients' health status. 28

Among the activities carried out in the hospital routine, we saw the amount of meals that would be needed for the current day and requested the outsourced company, after which we made the dietary map with the respective identifications such as: ward and bed number, patient name, consistency and meals that should be offered in the context of hospitalization. The delivery of meals to the patients was performed by the nursing technician and with the support of the nutritionist, after which visits were made to the ICU patients, updated dietary

map, the flow of the diet and acceptance with the daily evolution of the patients.

Marques et al 29, guide on the importance of good practices in hospital food and nutrition in the fight against COVID-19, emphasizing the care that must be taken with personal, environmental and food hygiene. Some precautions include cleaning distribution carts, using disposable utensils, identifying meals and cleaning the environment.

The nutritional assessment of patients was carried out by professionals who had direct contact, mostly nursing technicians and physical therapists, the nutritionist provided support during this assessment, and later classified the nutritional status, thus making dietary changes whenever necessary, especially for malnourished patients who needed an intervention and nutritional support.

To the European Society for Clinical Nutrition and Metabolism (ESPEN) The prevention, diagnosis and treatment of malnutrition should be steps in the overall evaluation of all patients, including older adults and individuals suffering from chronic and acute illnesses, as it is about the inability to preserve healthy body composition and skeletal muscle mass. 30

In the ICU, patients' cases were discussed every day, especially those who were on tube feeding, and who were in critical condition and on mechanical ventilation. Many patients who needed intensive care needed to be fed by tube, becoming a dilemma within the ICU because there is some resistance from the medical team to feed due to the patient's prognosis.

In most cases, the diet was reset when the patient presented significant gastric residue and was in a prone position, presenting hemodynamic instability, or waiting to undergo some examination or procedure, causing him to stay on a zero diet for longer than recommended in the literature. 31, 32

Through an opinion presented by the Brazilian Society of Parenteral and Enteral Nutrition - BRASPEN, Campos et al. 31 emphasize that enteral nutrition should be started in critically ill patients for at least the first 24/48 hours, suggesting hypercalo-

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ric formulas in patients with acute respiratory and/or renal dysfunction. BRASPEN also guides the nutritionist's assessment through medical records or dialogue with professionals who maintain contact with the patient, which was carried out within the hospital.

To Silva and Kopruszynski, 27 three actions should be avoided, one of them being the administration of high fat formulas in case of hypertriglyceridemia, delaying or interrupting enteral nutrition, where the author adds that ventilation in the prone position does not contraindicate enteral nutrition and associating gastrointestinal complications with nutritional therapy, without ruling out adverse drug reactions.

At the end of September, given the decrease in the number of admissions and the possible closure of the field hospital, the Escola de Saúde Pública Visconde de Sabóia requested our return to the territories of primary care, thus ending an enriching cy-

cle in our professional work. We were able to develop skills and mature, dealing daily with a fine line between life and death of assisted patients. It was a unique experience. Today we build and carry the feeling of gratitude for having collaborated directly with so many patients and with a Unified Health System (SUS) that works, for having been part of the life history of these people, which makes our stay at the field hospital even more special.

After this action, we started another phase of our work as a resident, this time working in another sphere of assistance, focusing on the gateway to the SUS, Primary Health Care in the FHS. In the spaces where we are inserted, the protagonist is the user, the community, the territory, although we are still in social distance.

CONCLUSION

This experience lived in Sobral shows

the importance of strengthening the Unified Health System (SUS) not only in Primary Health Care, but also in an articulated network system anchored in research, extension in care and in the community, thus strengthening all points of the health-care network.

In this sense, we observe the importance and strengthening of doing and the multi-professional performance, especially of the Nutritionist as a category and its performance in times of pandemic.

We end this report by emphasizing that the SUS is one and that it works in the context of collaborative work aimed at building care, anchored in multiprofessionality and intersectorality. In this way, we observe that the COVID-19 pandemic has strengthened us as professionals in training within the PHC as coordinator of network care management and the Urgency and Emergency Network in field hospitals.

REFERENCES

1. Mendes EV. As redes de atenção à saúde. Brasília: Organização Pan-Americana da Saúde, 2011.
2. Gil CRR, Turini B, Cabrera MAS, Kohatsu M, Orquiza SMC. Práticas de interação ensino, serviços e comunidade: desafios e perspectivas de uma experiência de ensino-aprendizagem na atenção básica. *Revista Brasileira de Educação Médica*, Rio de Janeiro. 2008; 32(2): 230-239.
3. Brasil. Portaria Interministerial MS/MEC Nº 421 de 3 de março de 2010. Institui o Programa de Educação pelo Trabalho para a Saúde (PET Saúde) e dá outras providências. Brasília: Ministério da Saúde. Ministério da Educação, 2010.
4. Ceccim RB, Feurwerker LCM. Mudança na graduação das profissões de saúde sob o eixo da integralidade. *Caderno de Saúde Pública*, Rio de Janeiro. 2004; 20(5):1400-1410.
5. Brasil. Ministério da Saúde. Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação na Saúde. Residência multiprofissional em saúde: experiências, avanços e desafios / Ministério da Saúde, Secretaria de Gestão do Trabalho e da Educação na Saúde, Departamento de Gestão da Educação em Saúde. – Brasília : Ministério da Saúde, 2006. 414 p.: il. – (Série B. Textos Básicos de Saúde)
6. Cintra AMM, Martinez JE, Geraldini AFS, Borges GC, Saccomann ICRS. Programa de residência multiprofissional em urgência e emergência. Faculdade de Ciências Médicas e da Saúde Secretaria Municipal de Saúde. 2013.
7. Batista NA, Rossit RAS, Batista SHSS, Silva CCB, Uchôa-Figueiredo LR, Poletto PR. Educación interprofesional en la formación en Salud: la experiencia de la Universidad Federal de São Paulo, campus Baixada Santista, Santos, Brasil. *Interface (Botucatu)*. 2018; 22(Supl. 2):1705-15.
8. Gorbalenya AE, Baker SC, Baric RS, de Groot RJ, Drosten C, Gulyaeva AA, et al. The species Severe acute respiratory syndrome-related coronavirus: classifying 2019-nCoV and naming it SARS-CoV-2. *Nat Microbiol*. 2020; p. 536-544.
9. WHO. WHO announces COVID-19 outbreak a pandemic. 2020 Disponível em: <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>. Acesso em: 19 mai 2020.
10. Organização Panamericana da Saúde-OPAS. Atendimento domiciliar para pacientes com suspeita de infecção pelo novo coronavírus (2019-nCoV), que apresentam sintomas leves e manejo de contatos. Disponível em: <https://www.paho.org/pt/covid19>.
11. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Protocolo Do Manejo Clínico Do Coronavírus (COVID-19) Na Atenção Primária. Secretaria de Atenção Primária à Saúde (SAPS), 2020. 40p. (Versão 9). Disponível em: <https://docs.bvsalud.org/biblioref/2020/05/1095920/20200504-protocolomanejo-ver09.pdf>. Acesso em: 05/11/2020.
12. Sousa AJM, Torres AA, Araújo MM Dias FICR, Montelo ES, Nogueira FJS. ATENÇÃO PRIMÁRIA À SAÚDE E COVID-19: UMA REVISÃO INTEGRATIVA. Edição Especial - Enfrentamento da COVID-19 - Cadernos ESP - Revista Científica da Escola de Saúde Pública do Ceará. 2020; 14(1): 45-52.
13. Conselho Federal de Nutricionistas. Boas práticas para a atuação do nutricionista e do técnico em nutrição e dietética durante a pan-

REFERENCES

- demia do novo coronavírus (COVID-19). 2020; 3: 1-15.
14. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Política Nacional de Alimentação e Nutrição / Ministério da Saúde, Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Básica. – 1. ed., 1. reimpr. – Brasília : Ministério da Saúde, 2013. 84 p. : il.
15. Brasil. Ministério da Saúde. Na cozinha com as frutas, legumes e verduras. Brasília: Ministério da Saúde, 2016. Disponível em: https://bvsm.sau.gov.br/bvs/publicacoes/cozinha_frutas_legumes_verduras.pdf. Acesso em: 15/10/2020.
16. Junior LCL. Alimentação saudável e exercícios físicos em meio à pandemia da COVID-19. Boletim de Conjuntura (BOCA). 2020; 3(9):33-41.
17. Mendes L, Cebola M, Mendes D, Marinho A, Guerreiro AS. Intervenção nutricional no doente com COVID-19. Saúde & Tecnologia. 2020; 5(23): 11-18.
18. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde Secretaria de Atenção Primária à Saúde. Recomendações de Alimentação e COVID-19. Brasília: Ministério da Saúde, 2020. 28 p.
19. Dias JAA, Dias MFSL, Oliveira, ZM, et al. Reflexões sobre distanciamento, isolamento social e quarentena como medidas preventivas da covid-19. Revista de Enfermagem do Centro Oeste Mineiro 2020;10:e3795. [Access 23/09/2021]; Available in:23/09/2021. DOI: <http://dx.doi.org/10.19175/recom.v10i0.3795>.
20. Girolab. Projeto Bike Sonora. Disponível em: < <https://girolab.com.br/iniciativa/projeto-bike-sonora/>>. Acesso em 29 de Novembro de 2020.
21. Minussi BB, Paludo EA, Passos JPB, Dos Santos MJ, Mocellin O, Maeyama MA. Grupos de risco do COVID-19: a possível relação entre o acometimento de adultos jovens “saudáveis” e a imunidade. Brazilian Journal of Health Review. 2020; 3(2): 3739-3762.
22. Alves RL, Dias TG, Soares LA, Maccarone SD, Baldoni NR, Lima DB. Residência multiprofissional em saúde da família: vivência de nutricionistas em relação ao processo formativo. Fag Journal of Health (Fjh). 2020; 2(3): 402-406.
23. Barreto ML, de Barros AJD, Carvalho MS, Codeço CT, Halla PRC, Medronho RA. O que é urgente e necessário para subsidiar as políticas de enfrentamento da pandemia de COVID-19 no Brasil? Rev. Bras. Epidemiol. 2020; 23: E200032, p. 1-4.
24. Centers For Disease Control And Prevention (CDC). Coronavirus Disease 2019 (COVID-19). People who are at higher risk for severe illness, 2020. Disponível em: <<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>>. Acesso em: 17 jul. 2020.
25. Guan W, Ni , Hu Y, Liang W, Ou C, He J. Clinical characteristics of coronavirus disease 2019 in China. N Engl J Med. 2020; 382(18): 1708-1720.
26. Yang X, Yu Y, J Xu J, Shu H, Xia J, Liu H, et al. et al. Clinical course and outcomes of critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: a single-centered, retrospective, observational study. Lancet Respir. Med. 2020; 8(5): 475-48.
27. Silva GL, Kopruszynski CP. Assistência nutricional e dietoterápica em pacientes hospitalizados com COVID-19: uma revisão integrativa. Revista Eletrônica Acervo Saúde, 2020; 12(11): 4852.
28. Piovacari SMF, Santos GFCC, Santana GA, Scacchetti T, Castro MG. Fluxo de assistência nutricional para pacientes admitidos com COVID-19 e S-COVID-19 em unidade hospitalar. Brazilian Society of Parenteral and Enteral Nutrition, 2020; 35(1): 6-8.
29. Marques M. et al.,. Orientações para boas práticas em alimentação e nutrição hospitalar no enfrentamento da covid-19 [E-book], Goiânia: Cegraf UFG, 2020.
30. Barazzoni R, Bischoff SC, Krznaric Z, Pirlich, M, Singer P. ESPEN expert statements and practical guidance for nutritional management of individuals with SARS-CoV-2 infection. Editorial Clinical Nutrition. 2020; 39(6):1631-1638.
31. Campos LF, Barreto PA, Ceniccola GD, Gonçalves RC, de Matos LBN, Zambelli CMSF, Castro MG. Parecer BRASPEN/AMIB para o Enfrentamento do COVID-19 em Pacientes Hospitalizados. Apoio institucional da Associação de Medicina Intensiva Brasileira (AMIB). BRASPEN J. 2020; 35(1):3-5.
32. Vasconcelos L, Farias FO, Maia JMA, Carvalho M. Terapia Nutricional em um Hospital Pediátrico: Indicadores de Qualidade. Saúde coletiva. 2021; 11(62): 5144-5148.