

OCULAR HEALTH IN SCHOOLCHILDREN AND THE NURSES' PRACTICE IN PRIMARY HEALTHCARE*

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ABSTRACT: The aim was to describe the profile and the practices of the nurses of the Family Health Team geared towards ocular health in schoolchildren. It is a descriptive study, in a Planning Area (PA) of the municipality of Rio de Janeiro, undertaken in May – June 2013. Among the actions, emphasis is placed on the number – 62 (66%) – of the nurses who identified impaired visual acuity during the nursing consultation, and those who asserted – 17 (18.08%) – that they had undertaken health actions in the schools. It is evidenced that all of those interviewed indicated the need to receive information on the visual acuity test. The actions directed towards schoolchildren's ocular health need to be improved, with emphasis placed on extending the nurse's work to include actions in the ambit of the school community. Periodical updating on the issue is recommended, along with encouragement to adopt routine practices in the health promotion and prevention actions undertaken in the schools, favoring improvements in the quality of the care offered.

DESCRIPTORS: School Nursing; Eye health; Public Health Nursing.

SAÚDE OCULAR EM ESCOLARES E A PRÁTICA DOS ENFERMEIROS DA ATENÇÃO BÁSICA

RESUMO: Objetivou-se descrever o perfil e as práticas dos enfermeiros da Equipe de Saúde na Família voltadas para saúde ocular em escolares. Trata-se de estudo descritivo, em uma Área de Planejamento do município do Rio de Janeiro, no período de maio a junho de 2013. Dentre as ações destaca-se o quantitativo 62 (66%) dos enfermeiros que identificaram acuidade visual prejudicada durante consulta de enfermagem e os que afirmaram 17 (18,08%) ter realizado ação de saúde nas escolas. Evidencia-se que todos os entrevistados pontuaram a necessidade de receber informações sobre o teste de acuidade visual. As ações voltadas para saúde ocular de escolares precisam ser aprimoradas, ressaltando-se a ampliação da atuação do enfermeiro para ações no âmbito da comunidade escolar. Recomenda-se atualização periódica sobre o tema e incentivo à adoção de práticas rotineiras nas ações de prevenção e promoção de saúde nas escolas, favorecendo melhorias na qualidade da assistência ofertada.

DESCRIPTORIOS: Serviços de Enfermagem Escolar; Saúde Ocular; Enfermagem em Saúde Pública.

SALUD OCULAR EN ESCOLARES Y LA PRÁCTICA DE ENFERMEROS DE ATENCIÓN BÁSICA

RESUMEN: Se objetivó describir el perfil y las prácticas de enfermeros del Equipo de Salud de la Familia orientadas a salud ocular en escolares. Estudio descriptivo, en un Área de Planificación del Municipio de Río de Janeiro, entre mayo y junio de 2013. Entre las acciones, destaca la cantidad de 62 (66%) de enfermeros que identificaron agudeza visual disminuida durante consulta de enfermería y los 17 (18,08%) que afirmaron haber realizado campañas de salud en escuelas. Resulta evidente que todos los entrevistados puntualizaron necesidad de recibir capacitación sobre test de agudeza visual. Las campañas orientadas a la salud ocular en estudiantes necesitan mejoras, resaltándose ampliación de actuación del enfermero en campañas en el marco de la comunidad escolar. Se recomienda actualización periódica sobre el tema e incentivación de adopción de prácticas de rutina en las campañas de prevención y promoción de salud en escuelas, permitiendo mejorar la calidad de atención ofrecida.

DESCRIPTORIOS: Servicios de Enfermería Escolar; Salud Ocular; Enfermería en Salud Pública.

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● INTRODUCTION

Among those with visual handicaps, 148,000 people are blind. According to the estimates, approximately 90% of these cases could have been avoided with health promotion actions and early prevention and detection actions. The prevalence of childhood blindness, in Brazil, is from 1 to 1.5 per 1000 children, and approximately 20% of Brazilian schoolchildren present some form of ocular alteration⁽¹⁻²⁾.

The prevention and early detection of ocular impairments in childhood are the best resources for avoiding possible consequences of changes in visual acuity, and these actions can be undertaken, preferentially, in the school environment, as these are institutions where there is a high concentration of children, thus reaching the greatest number possible⁽³⁾. The base of the School Health Program (PSE)⁽¹⁾ is the articulation between the School and the Primary Healthcare Network, which entails shared multidisciplinary between the health and education sectors and the other social networks, for the undertaking of the PSE, obtaining more than one offer of services in a single territory, and which provides for the sustainability of the actions based on the configuration of the networks of co-responsibility. The Brazilian programs lead and guide municipal adherence and the agreement of the goals, just as they point to the need to empower and support the primary healthcare professionals in the practice of school health promotion, in particular the ocular health actions in this age range, which shows fragility and, as a result, deserves re-doubled attention⁽¹⁾.

Prevention, health promotion, early diagnosis and control of vision must be planned and undertaken with the objective of reducing the number of cases and the consequences of visual alterations in children. The nurse has a fundamental role in this process, as in addition to having the opportunity for contact with children in their different phases of development, she can provide guidance to family members and caregivers so that these may identify any sign of altered visual acuity and then seek a specialized health professional^(1,4).

The insertion of the nurse into the school environment, as a professional who promotes care, is fundamental and can create positive effects in the health choices made by the individuals who use the school environment. International evidence indicates that nurses who work in primary care can provide efficacious care and achieve positive results for the health of the service users, due to their skill, knowledge and receptivity, noting the importance of the nurse in relation to the Family Health Team in the sense of improving the quality of primary care⁽⁵⁻⁶⁾.

However, the rationale for this article lies in the evidence of the participation of primary care professionals working in promoting ocular health in schoolchildren, with the aim of assisting in early identification, this being essential for the control of visual impairment in childhood.

The authors are seeking to draw attention to the importance of the nurse undertaking multidepartmental actions within the Family Health Strategy (ESF), in conjunction with the other professionals of the team. In this way, there is the intention to extol the practice of health promotion, geared towards the ocular health of schoolchildren, undertaken by nurses, and to help managers regarding encouraging these practices and providing tools for undertaking ocular health actions. The aim, therefore, is not to seek to assess errors or make denunciations; rather, the hope is to contribute with scientific knowledge and provide evidence to support the premises of the current National Primary Care Policy, including strengthening the bond between the areas of health and education, associated with promoting health with quality and efficacy.

As a result, this study aims to describe the profile and practices of the nurses of the Family Health Team directed towards ocular health in schoolchildren, in a Planning Area of the municipality of Rio de Janeiro.

● METHOD

In order to undertake the research, the descriptive study was adopted, undertaken in Planning Area (PA) 3.1 of the municipality of Rio de Janeiro, in the period May – June 2013. The scenario, PA 3.1, was

chosen because of the total number of complete ESF teams when compared with other areas of the municipality, this data being obtained from the Municipal Health Department, along with the National Health Facilities Census number for each professional nurse of the ESF of the selected area.

The reference population was constituted by all 119 nurses, registered in the ESF in the data collection period, regardless of their type of employment (contracted or statutory), allocated in the above-mentioned area. Of the total number of nurses, 19 were considered ineligible as the exclusion criteria applied to them, that is, they had worked for less than three months in that Health Center, were on leave or maternity leave and/or were residents. Of the population which was eligible for the study, there were six losses due to schedule incompatibility with the professionals, even after three attempts.

Having excluded the losses, the study population which met the inclusion criteria, that is, to be a regularly contracted nurse or statutory, and with experience of working in the ESF, was made up of 94 nurses. It is emphasized that the Terms of Free and Informed Consent document was presented and read out loud, with two copies being signed by both parties (researcher and participant) following the clarification of doubts.

Data collection was undertaken through a questionnaire for investigating the variables of sex, age, title, time since qualification, and length of service in the ESF. In relation to the ocular health actions undertaken with schoolchildren, the nurse was asked if she had ever identified some case of visual alteration while undertaking a nursing consultation, during her activities undertaken in primary care, and what had led her to investigate, this possibly being a complaint, a referral, indication or during the undertaking of a physical examination. Another data raised was interest in receiving information on the issue of ocular health, from the nurse's point of view, and what the best way of passing on this information would be.

An exploratory descriptive analysis of the data was undertaken, this being presented through graphs and tables of absolute frequency. The statistical program used was Epi-Info (version 3.5.2) and the questions which made it possible to tick more than one response option were analyzed through the use of the Check Box option of the statistical program used. The study was approved by the Research Ethics Committee of the Anna Nery School of Nursing of the Federal University of Rio de Janeiro, under CAAE N. 12455513.4.0000.5238 and protocol N. 240.019, and was approved on 8th April 2013.

● RESULTS

Among the results, it is worth having a brief discussion regarding the profile of the nurses in the ESF, which is presented in Table 1. Among the data, emphasis is placed on the predominance of women (84%) in the age range between 20 and 29 years old (43.6%), followed by the age range 30 – 39 years old (39.4%). In relation to the professional characteristics, half of the population studied had academic training which had lasted between one and five years (49.9%), with 72 (76.6%) nurses stating that they had concluded the specialization course. The length of service in the unit in which they were working, at the time of data collection, had as evidence from one to two years of work (35.1%).

Of the nurses who responded positively (66%) in relation to identifying visual alterations during the nursing consultation (an activity established under primary care), when they were questioned regarding the reason, 35 (56.4%) nurses stated that they investigated the case because of a complaint, made by the child's companion or family member, of apparent difficulty in seeing, followed by complaints from the schoolchild that, at the bus stop, he or she was unable to make out the bus number from far away. These results are described in Table 2.

Among those who answered 'others', some participants reported identifying possible alteration during the taking of the medical history, and one reported that she received a note from the educator regarding a possible symptom of visual alteration, emphasizing, even in an initial and infrequent form, the relationship between health and education professionals. It is worth emphasizing that four participants (6.45%) indicated that they had received some form of notification from an education professional regarding some sign or symptom of visual alteration in the child, which leads us to a link between the ESF and the school unit.

Still in relation to the nurses' practice, the question was placed whether they had undertaken some ocular health action in the schools in their professional trajectory in the ESF, regardless of whether this was in the area in which they work; 77 (81.9%) said that they had not undertaken ocular health actions in the schools (Table 3).

When questioned as to whether they would like to receive further information on visual acuity, all the nurses interviewed (100%) responded positively and showed themselves to be interested in the issue. Shortly afterwards, they were questioned regarding the best way to receive such information, with courses and workshops being the ways indicated most by the study participants (Table 4).

Table 1 – Distribution of the population by sociodemographic characteristics and professional training. Rio de Janeiro, RJ, Brazil, 2013

Variables	n	%
Sex		
Female	79	84
Male	15	16
Age range (in years)		
20 - 29	41	43.6
30 - 39	37	39.4
40 - 49	12	12.8
50 - 60	4	4.3
Time since qualification		
Up to 11 months	1	1.1
Between 1 and 5 years	47	49.9
Over 5 years	31	33
Over 10 years	15	16
Title		
Graduate	13	13.8
Specialization	72	76.6
Master's degree	7	7.4
Not stated	2	2.1
Length of service in the ESF in the unit		
Up to 11 months	4	4.3
1 year	33	35.1
2 years	24	25.5
3 years	17	18.1
4 to 10 years	14	14.9
Not stated	2	2.1
TOTAL	94	100

Table 2 – Distribution of the population by reason for investigating the visual alteration during the nursing consultation. Rio de Janeiro, RJ, Brazil, 2013

Reasons for investigating visual acuity during the nursing consultation	n = 62	%
Complaint from the child's companion or family member of some apparent difficulty in seeing	35	56.4
Complaint from the schoolchild	24	38.7
Indication from an education professional	4	6.4
Indication from a health professional	3	4.8
Identified at the time of a physical examination	19	30.6
Others	4	6.4

Obs.: Percentage calculated based on the interviewees who stated that they had already identified visual alteration (n=62).

Obs. 2: The question which produced this situation made it possible to tick more than one response option.

Table 3 – Distribution of the population, by undertaking some form of ocular health action in the schools. Rio de Janeiro, RJ, Brazil, 2013

Undertaking ocular health action in schools	n	%
Yes	17	18.08
No	77	81.91
Total	94	100

Table 4 – Distribution of the population by the best way of receiving information on the issue of visual acuity. Rio de Janeiro, RJ, Brazil, 2013

Ways for receiving information on the issue of visual acuity	n =94	%
Courses and workshops	66	70.2
Continuing education classes	56	59.6
Printed pamphlets	18	19.1
Electronic means	13	13.8

Obs.: Percentage calculated based on the total number of interviewees (n=94).

Obs. 2: The question which generated this table made it possible to tick more than one response option.

● DISCUSSION

This article's objective of describing the profile and practices of the nurses inserted in the ESF which are directed towards the ocular health of schoolchildren is justified with the intention of investigating these and, as a result, to outline the best strategy for encouragement for holistic care practices (prevention, promotion, and attention) for the health of students in Brazilian basic public education.

The re-signification of the work of the nurse in the ambit of primary care was triggered by the process of the implantation of the Unified Health System (SUS), seeking to meet its principles, and by the concept of health extended to the social context⁽⁷⁾. However, the nurse became responsible not only for the organization of the service, but also for the process of planning and implementing actions and clinical assessments in the health center and in the relationship of that with the environments of the territory. Therefore, becoming familiar with the nurses who work in primary care provides data for understanding the issues of human resources, as well as encouraging the participation in the process of planning and implementation of actions in the territory, taking into account the agreed hourly workload, and contributing in the planning of issues for the training of the professionals.

For discussion in this study, it stands out that the nurses of the area studied are predominantly female – similar results were presented in other studies from different regions of Brazil⁽⁸⁻⁹⁾. This fact reproduces the historical characteristic of nursing, which is a profession exercised largely by women. With relation to the age range, the study undertaken in Cuiabá⁽⁹⁾ obtained a similar result, in which the majority of the participants were between the age of 26 and 30 years old, corroborating that found in the municipality of Rio de Janeiro; that is, young nurses predominate in primary care.

It is evidenced that a large number of participants have undertaken specialization courses; a similar result has been discussed in studies focusing on the investment in further training, both with encouragement from the current health system and through the personal search for specific knowledge of primary care⁽⁸⁻⁹⁾. It is hoped, in investigating the profession's length of service, that the greater the length of work in primary care, the greater will be the possibilities for experiences in the profession, as well as the establishment of effective links between the team and the service users.

Professionals' remaining in an organization is related – as well as to the stability acquired through length of service and professional recognition – to this professional's involvement with the services provided and her identification with these models. Hence, the "high turnover" of professionals is discussed when the professionals point out that the departure of a team member results in negative feelings in relation to the group's performance. Questions arise, such as, for example, the quality of the care provided, which in general comes to be understood as reduced⁽¹⁰⁾.

In extending the knowledge and the practice experienced in the profession, it is possible for the primary care nurse to extend her vision of work in her territory, which leads one to identify the school as an area for important action, as it is a place where a critical and moral sense is formed, in which basic living habits are molded for schoolchildren and the school community – and mainly as it is a fertile place for the undertaking of actions of health education, health promotion, and prevention of ill health⁽¹¹⁻¹²⁾.

In discussing the practice of ocular health actions, it is worth emphasizing the importance of detecting visual problems in the child while still at a preschool or school age. This point becomes important because of the fact that it is at this age that the complete development of the visual apparatus takes place, and in which triage and identification of visual alteration results in greater resolution of problems, and in which the consequences of visual alteration can be mitigated or even avoided⁽⁴⁾.

Corroborating the discussion, in relation to health actions in school age children, it is emphasized that adolescents' profile of morbidity in Brazil reveals the presence of chronic diseases, psychosocial disorders, drug dependency, sexually-transmitted infections and other health issues. These health profile characteristics require the Family Health Team to plan actions so as to reduce the health problems, agreeing actions which involve other sectors of society, such as the school and the community which the school serves, and principally the family members, so that better health conditions may be ensured, favoring the interaction between the ESF and schools for promoting health and improving

the quality of the care⁽¹³⁾.

Related to the theme of this study, the visual acuity examination is an important triage throughout the child's development and the ESF team is the responsible or possible protagonist in the detection of obvious ocular diseases, and also those which are asymptomatic and progress insidiously⁽¹⁴⁾. A dynamic visual acuity test can perform an important role and represent a key element in social and cognitive development related to the age of the student so as to ensure an appropriate and opportune evaluation, and allow early intervention by specialists⁽¹⁵⁾. It is emphasized that the technique used most is low-cost and consists of undertaking a triage in the school environment in which the test of visual acuity is applied, with the Snellen Decimal Optometric Chart⁽¹⁴⁾ the simplest way of diagnosing limitation of vision.

We point to the evidence of little undertaking of practices directed towards ocular health found in this study's results, also compared to the auditory and ophthalmological evaluations undertaken when one considers the data originating from the National Program for Access and Quality Improvement in Primary Care, which indicated that only 27% and 17%, respectively, of the professionals who work in primary care undertake or plan these actions, which highlights the warning for the need for improvement in this area⁽¹⁶⁾.

Primary care's relationship with the school environment constitutes a fertile environment for forming future citizens. It falls to the professionals who work in the ESF to broaden the reach and impact of the practices geared towards schoolchildren's health, and to increase the coverage of programs such as the PSE, in relation to the primary care policies directed towards improving care quality, both relative to schoolchildren, and their families, optimizing the use of spaces for putting the actions into effect^(1,14).

In relation to the need to receive further information, the importance of improving and offering theoretical support to primary care professionals became evident, such that they may undertake and agree the actions effectively. The Guide for Suggestions for Activities for Schoolchildren's Health Week⁽¹⁾, therefore, could be a tool for assisting in this process of training, and for applying the technique of triage of visual acuity, as well as other materials such as the Primary Health Care in School Booklet^(1,14). These materials explain, in a simple way, the points for undertaking the examination, such as: mastery of the application technique, preparation of the material, the choice and preparation of the locale, the training of the assistant, the preparation of the schoolchildren, the preparation of the material for the technical recording of the triage, and the retest.

Moving on to the discussion of actions in other countries, such as in Norway, the nurse has an important relationship with the school environment. Nurses undertake home visits to carry out vaccination and monitor the children's development, as well as counseling and guiding the community regarding the services in children's health clinics in the territory. One study undertaken in Norway in 2013 indicated the number of 2069 nurses working in family health, providing services in clinics and school health services⁽¹⁷⁾.

In the Brazilian context, up until 2012, the National Health in Schools Program was articulated only with the ESF teams. In 2013, the program universalized its actions and its adherence protocol, increased by the number of municipalities which signed up to it, and came to link its actions with primary care, in which the actions are arranged with the territory's school at least once a month⁽¹⁾. However, the existence or not of the Special Teams, which are not actually stipulated by the SUS, arose from an autonomous action undertaken by some municipalities, which set up these teams to attend only the PSE schools, making it possible to discuss and assess the family health team's responsibility for the actions promoting health in the school.

● CONCLUSION

Facilitating the access of children and adolescents to the system guaranteeing social rights, such as health, education and social development corresponds to the goals of the PSE, as well as strengthening the integrated actions of health promotion and social protection in the allocated territory. However, the professional nurse needs encouragement for extending and consolidating her work in school health actions through training, including in the visual acuity tests; periodically or, at the minimum,

annually.

Considered to be a good practice in health care provision, researching visual acuity in schoolchildren, both in the school environment and during nursing consultations, constitutes an action of the nurse in conjunction with the health team and education team inserted in the territory. With early identification and rapid intervention, it is hoped that it will be possible to assist in the schoolchild's process of learning, obtaining improvements which will support the development of the children's quality of life.

The study indicated that all the nurses presented a favorable attitude in relation to changing the routine, demonstrating interest in participating in courses and training sessions, which confirms the commitment to adhering to practice directed towards ocular health. As a result it is recommended that some hours should be set aside on the monthly schedule – and be made routine – for promoting health in conjunction with other professionals of the family health team, complying with the multi-professional model in the health actions in the school.

In this way, we highlight the need to undertake further studies with emphasis on the nurse's work process in the ambit of primary care, with the objective of strengthening and extolling the school nursing services, generating information and knowledge and also encompassing the activities of continuous education in the ambit of public health.

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