



## RESEARCH

**MONITORING OF CHILD GROWTH AND DEVELOPMENT: ANALYSIS OF RECORDS OF NURSING CONSULTATIONS**  
 ACOMPANHAMENTO DO CRESCIMENTO E DESENVOLVIMENTO INFANTIL: ANÁLISE DOS REGISTROS DAS CONSULTAS  
 DE ENFERMAGEM

ACOMPAÑAMIENTO DEL CRECIMIENTO Y DESARROLLO DEL NIÑO: ANÁLISIS DE LOS REGISTROS DE LAS CONSULTAS  
 DE ENFERMERÍA

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## ABSTRACT

**Objective:** to describe the records of growth and development carried out by nurses in nursing consultation of children fewer than two years old in family health units (FHU). **Method:** documentary study with quantitative approach that analyzed medical records and child health records (CHR) who had nursing consultation in the period from January to February of 2012 in four FHU from Cuiabá-MT. **Results:** from the 22 medical records analyzed, 100% of them had notes of weight and stature, 59.1% of the development records were incomplete and the presence of growth and development (GD) chart wasn't found on the medical records. All CSC had records in the charts of weight and stature and 86.4% of them had notes of development indicators. **Conclusion:** the lack of adequate records from CD makes impossible the identification of risk situations and the action planning for child care and its continuity. **Descriptors:** Nursing Records, Growth and Development, Child Health (Public Health), Quality of Health Care, Health Services Evaluation.

## RESUMO

**Objetivo:** descrever os registros de crescimento e desenvolvimento realizados pelos enfermeiros na consulta de enfermagem de crianças menores de dois anos em unidades de saúde da família (USF). **Método:** Estudo documental com abordagem quantitativa que analisou prontuários e cadernetas de saúde da criança (CSC) que tiveram consulta de enfermagem no período de janeiro a fevereiro de 2012 em quatro USF de Cuiabá-MT. **Resultados:** Dos 22 prontuários analisados, 100% tinham anotações de peso e estatura, 59,1% dos registros de desenvolvimento estavam incompletos e não se observou a presença de gráfico de crescimento e desenvolvimento (CD) nos prontuários. Todas as CSC tinham registros nos gráficos de peso e estatura e em 86,4% delas havia anotações dos marcos de desenvolvimento. **Conclusão:** A ausência de registros adequados de CD inviabiliza a identificação de situações de risco e o planejamento de ações para assistência à criança e sua continuidade. **Descritores:** Registros de Enfermagem, Crescimento e Desenvolvimento, Saúde da Criança, Qualidade da assistência a saúde, Avaliação de serviços de saúde.

## RESUMEN

**Objetivo:** describir los registros de crecimiento y desarrollo realizado por enfermeras en consultas de enfermería de niños menores de dos años en Unidades de Salud Familiar (USF). **Método:** estudio documental con enfoque cuantitativo que analizó los registros médicos y las Tarjetas de Salud del Niño (TSN), que tuvieron consulta de enfermería entre enero y febrero de 2012 en cuatro USF de Cuiabá-MT. **Resultados:** De los 22 registros analizados, 100% tenía registros de peso y estatura, 59.1% de los registros de desarrollo estaban incompletos y no se notó la presencia de la curva de Crecimiento y Desarrollo (CD) en los registros médicos. Todas las TSN tenían registros en las gráficas de peso y estatura y el 86,4% de ellos tenían notas de indicadores de desarrollo. **Conclusión:** la falta de registros adecuados de CD hace imposible la identificación de situaciones de riesgo y la planificación de acciones para el cuidado de niños e su continuidad. **Descriptor:** Registros de Enfermería, Crecimiento y Desarrollo, Salud del Niño, Calidad de la Atención de Salud, Evaluación de Servicios de Salud.

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## INTRODUCTION

The monitoring of growth and development (CD) in children is an action that also contributes to the reduction of infant mortality, points to the commitment of providing quality of life for the child, allowing it to grow and develop into their full potential. It is considered a privileged point of reference and activities for all the health care of children and encompasses the biological, emotional, psychological and social, allowing the identification of needs and therefore an appropriate approach to be taken by the health team.

The growth means increased physical body as a whole or in parts and can be measured in centimeters or grams. Therefore, it is a dynamic and continuous process that happens from conception to end of life, and involves phenomena replacement and regeneration of tissues and organs. With growth can evaluate the living conditions of children, past and present, as this is closely related to environmental factors such as diet, disease occurrence and general care, among others. It is crucial; therefore, that measures of promotion, protection and restoration of health in the early years of life are conducted for infant growth is conducted appropriately.<sup>2</sup>

There is no single definition about human development, since it refers to a complex transformation, continuous, dynamic and progressive. Therefore, it should be seen beyond a biological determination requiring a multidisciplinary approach and consequently multiconceptual. To assess children's development should not be based solely on the skills of a given system (motor, perceptual, language, etc.), but consider that these systems are developed and influenced by the environment, organizing themselves into a nucleus consisting of the psyche.<sup>2</sup>

Child (0 to 6 years) must be accompanied by full in their growth and development. Such monitoring is the assessment of weight, height, development, immunization, nutritional status, as well as guidance to the mother / family about the care (feeding, grooming, vaccinations and pacing) in all care provided and registered with the Child Health Handbook (CSC). The monitoring of the child should be held throughout the healthcare team, always seeking and maintaining closer links between staff, children and family. As part of the health team, the nurse must put up as a participant of this monitoring and perform actions that enable this care is implemented in its entirety. Thus, the Nursing Consultation (EC) is one of the strategies that should be used that can help to achieve a healthy growth and development of the child.

With the onset of the Family Health Strategy in 1994, there was a breakthrough in the implementation of the EC in basic health units, which is a technology generalist care character, centered on the life cycle and in assisting família<sup>3</sup>. Nursing consultation aims the promotion, protection and recovery of health, and is a prerogative of the nurse, which identifies health problems and / or diseases and prescribed and implemented measures for nursing care. When facing the child, the query is an activity designed to monitor the child CD.<sup>5</sup>

The nurse during the consultation accompanying CD should provide child care that promotes all aspects of children's lives. Therefore, should observe the development, weight gain, height, nutritional status, immunization, sleep and rest, leisure, family relationships, and use graphs and do surveys on the state of child health and the needs and concerns of parents. Only from the survey and record this information, is that it becomes possible for the nurse to identify the

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unique situation of each child, allowing the prescription of nursing care.<sup>6</sup>

During the early years of a child's life are provided for various queries that allow the CD it has adequate monitoring. It is imperative, therefore, that the nurse during the consultation have all recorded data, because these parameters are used to evaluate whether the child is growing and developing within the normal range, if you need referrals, return or the closest attention other health professionals.<sup>7</sup>

The nurse involved in child care, especially in nursing consultation should also be mindful to record all the milestones related to CD, described in the Child Health Handbook, it is through this review it will identify risky situations, detect changes in the curves of weight, height and neurodevelopment (DNPM) of the child.

Records / nursing notes are the written form of communication of information related to the client and their care. Are considered essential elements in the process of human care, and when drafted consistently with the reality being documented, allow communication between staff, planning, conducting surveys, audits, lawsuits, assessment of quality of care, among other aspects.<sup>8</sup>

Based on the above, the benefits and the importance of the records of nursing consultation as a communication tool for prevention, promotion and protection of child health, this study aims to examine the records of nurses in the growth and development of the child two years in the city of Cuiabá, MT.

## METHODOLOGY

This is a documentary research, which is characterized by the search for information in documents received no analytic treatment as patient charts, reports, photographs and recordings, among others.<sup>9</sup>

This study was conducted in four health R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3757-66

units in the family (USF) in the city of Cuiabá, MT, for these sites to be the gateway of the child population and their families to health services SUS. Currently the city has 63 USF, 60 are located in urban areas and 03 in rural and divided into 4 Regional Health (North - 13; South - 21; East - West and 15 - 11 units) 10. The units were chosen by lot, contemplating one of each regional health.

The study population consisted of charts and Notebooks of Child Health, aged 0-2 years, who attended nursing Growth and Development from January to February 2012, the units selected for the study. The age group 0-2 years was delimited by a period consist of queries for monitoring the health status of the child are more common, because it is a time of great physical and psychological transformations and intense growth and development, in which nursing actions have a great impact in promoting child health.

Data collection was performed by analysis of the medical records and books of selected health of children. For the analysis of the records was drawn a roadmap with key notes that nurses must perform during nursing consultation on these two documents, contemplating normative criteria extracted from the child care manuals, established by the Ministry of Health, in reference to the accompanying growth and development. The instrument consisted of characterization data of the child (age and sex), notes measurement of weight, height, cephalic perimeter and co → body mass index (BMI); records of developmental milestones; presence of chart weight and length and Guidelines on the growth and development. We also analyzed the records made by the nurse in the charts for weight, height, and head circumference and surveillance tool in the development of CSC.

Collected data were recorded on a form designed for research and filed under Excel 2007 version. After organizing the data they were analyzed descriptively and discussed in the light of

relevant literature.

This study is part of the project entitled "Nursing Consultation: care technology to provide comprehensive care to the health of the child," which was approved by the Research Ethics Committee of the Hospital Júlio Müller, Protocol 129/CEP-HUJM/2011. Nurses and other caregivers who agreed to participate signed a consent form after being informed of the risks and benefits of the same.

## RESULTS AND DISCUSSION

The medical records and books of children's health in 22 children aged 0-2 years old, who passed the nursing consultation. Of these children, 54.5% (12) were female and 45.4% (10) were male. Regarding age, 22.7% (5) children had up to 28 days of life (neonatal period), 36.8% (8) from 29 days to 6 months, 22.7% (5) 6 months to 12 months and 18.2% (4) had 1 to 2 years old.

Table 1 shows the records of data growth: weight, length, head circumference and BMI with the total amount and the percentage.

Table 1 - Records of growth realized by nurses in the medical records of children 0-2 years old, attended the nursing consultations in Cuiaba-MT. Cuiabá, 2012.

Weight	N	%
Yes	22	100
No	0	0
Total	22	100
Length	N	%
Yes	22	100
No	0	0
Total	22	100
Cephalic perimeter	N	%
Yes	16	72,7
No	6	27,3
Total	22	100
IMC*	N	%
Yes	5	22,7
No	17	77,3
Total	22	100

\*IMC = Body Mass Index

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As for records neurodevelopment (DNPM), only 4.5% (1) of the charts this record was complete, ie, had described the development milestone and observed whether this was appropriate or not; 59.1% (13) were incomplete because they only notes that the DNPM was appropriate for her age, but without the description of the development framework and in 36.4% (8) there was no record on development.

In none of the records analyzed was verified the presence of the chart accompanying CD recommended by the Ministry of Health (MOH). It was also not observed in the records of records held by the nurse guidance for the mother or guardian about how to proceed on the CD accompanying the child.

Table 2 lists the records that were performed by nurses in the charts for weight, height, head circumference, BMI and surveillance tool in the development of child health books.

Table 2 - Records held by nurses in health savings accounts for children 0-2 years of age treated in the nursing consultations. Cuiabá, 2012.

Graphic weight/age	N	%
Yes	22	100
No	0	0
Total	22	100
Graphic length/age	N	%
Yes	22	100
No	0	0
Total	22	100
Graphic cephalic/age perimeter	N	%
Yes	16	72,7
No	6	27,3
Total	22	100
Graphic IMC/age	N	%
Yes	5	22,7
No	17	77,3
Total	22	100
Instrument of surveillance and development	N	%
Yes	16	72,7
No	6	27,3
Total	22	100

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As for the ethical and legal aspects of records in records, it is worth noting that none of them was found blot, blot, cancellation and amendments, and all had the record date of the procedure. We found lines (white space between two lines of writing) in 36.4% (8) of the charts and in 22.7% (5) there was the signature of the author of the record.

The health care of the child has the fundamental aspect, growth and development, so the surveillance of the factors that can interfere with this process should be the basis for assistance.

The annotations of the data of each service are therefore one of the key elements that should be considered during the consultation to the nursing child, as these can show the trend of growth and development, removing or confirming changes. The records of information obtained in child attendance allow data systematization and socialization of information relevant to the monitoring of the life and health of the child, since the calls are recorded for each professional. These annotations are configured also as epidemiological basis for planning actions by the unit contributing to high-quality care to the pediatric population.<sup>11</sup>

The evaluation of growth is very important because it can anticipate problems that could worsen in the future, and is considered an indicator that the child's health is fine. The most important parameters to be evaluated in relation to child growth are weight, height, head circumference (HC) and Body Mass Index (BMI).<sup>12</sup>

In this study, weight and height were recorded in all charts. These findings are excellent, compared with research conducted in the city of Fortaleza that analyzed the records of nursing consultation accompanying CD children, and showed that 91.8% of the records of weight and 88.4% of the records were complete stature. In another study that examined the records of R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3757-66

monitoring weight and height records of children in the city of Londrina-PR, we found that these data were included in only 57.4% of the records.

Periodic evaluation of the weight gain, in addition to monitoring the progress of the individual child, allows the identification of those at highest risk of mortality, signaling the alarm early to malnutrition, the underlying cause of installation or worsening health problems in children. Furthermore, the evaluation of the weight is an important indicator of health status of the child for any changes in your health, even in acute processes are reflected almost immediately in weight variation.

The final height of the individual results from the interaction between the genetic and environmental factors. It is known that infectious diseases and / or social problems interfere with the normal growth rate of the child, and that they are corrected when there is an increase in growth rate, higher than expected for age, considered as a compensatory growth.

With measurements of weight and height can also carry out the nutritional diagnosis of the child, but only if there is an isolated there is no way to make that assessment. It is necessary, therefore, that nurses and health staff adequately performs all these records, for only then we can say that there is adequate monitoring of child growth.

With respect to head circumference, 72.4% of the records had studied this record. The measurement of head circumference can follow the growth of head and brain, it is possible to assess whether brain development is normal or if there are changes such as microcephaly or macrocephaly. The measurement of head circumference should be systematically performed in the first two years of a child's life, because after that time the PC increases very slowly. The number of records as the PC found in this study can be evaluated as unsatisfactory, considering

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that the children were less than 2 years of age, a period sensitive to changes.

In only 22.7% of the records had records of BMI. The Ministry of Health (MoH) recommends calculating BMI from the first days of life, because this measure is possible through an assessment of the child's nutritional status, detecting cases of overweight and malnutrition. This value is a measure of body fat given by the intersection of the approximate amount of weight and height of the child. This low rate of registration found really makes us wonder if the nurses are doing to measure BMI during consultations nursing children. It is worth noting that BMI is a measure introduced very recently in our reality, and we believe that has not been incorporated by nurses in their practice, especially with a child under 2 years. However, if we consider the recommendation of the MS it is necessary that this method is performed for a more complete assessment and early detection of nutritional disorders in children.

It was observed that most of the records in DNPM records were incomplete, ie, there was only the record of "age-appropriate development", without, however, pointing out which developmental milestones your child had or had not achieved. Monitoring the development of maturation, psychomotor, social and psycho each child is essential for control of your health. During the child care, the professional should observe the developmental milestones and recognize behaviors that may suggest problems and what factors may contribute to the promotion of quality of life, or is expected to develop when there is a deficit.<sup>18</sup>

Research that examined the medical records of children less than 5 years old in two health units in the city of São Paulo, showed that 83.6% of these were without notes regarding the evaluation of DNPM<sup>19</sup>. Despite the records of our study make reference to the child's development was appropriate for age, these showed no

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significant data that proves this assertion. Without these data described becomes impossible to carry out proper monitoring of the development and also an evaluation of this parameter in another given moment.

According to the Ministry of Health charts for monitoring growth and development of the plug should be attached to the child's records, which was not observed in any of the charts. The records made in these surveillance tools allow a systematic visualization of data growth and development of children. The absence of these instruments was also observed in a study conducted in João Pessoa, who examined the records of nurses in monitoring children's CD.

With regard to the guidelines on the CD performed during nursing visits was not found in any record charts. From the absence of such data, it is not known whether this action was performed or not. However, the record of this information is important because it is from that other professionals will be able to assess whether the guidelines are being offered effective or not. In all queries mothers / guardians should be advised on how to monitor the child's CD, since they may contribute to the factors that affect this process may occur in a positive manner to the child.

The records accompanying the CD performed by nurses in Notebooks of Child Health can be considered satisfactory, if compared with the results of the study in Belo Horizonte-MG, which analyzed the quality of the fill passbook health of children born between 1 May 2005 and January 31, 2006, and found that only 15.5% of TIR measurements were recorded in PC graphics, 59.4% in the graph weight / age and only 18.9% of them had at least three notes about DNPM<sup>21</sup>.

Through CSC becomes possible to monitor the health, growth and development of children from birth to 10 years. This includes information and guidelines to help the family to take better care of the child and presents the records of



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information related to their health. This instrument also has health surveillance information on children's rights and parents' guidelines on the registration of birth, breastfeeding and healthy eating, vaccination, growth and development, danger signs of serious illness, accident prevention and violence, among others. The CSC must be delivered to parents of children at birth, ensuring comprehensive care and their rights as citizens. It should be further reinforced by nurses and health staff that CSC is a document, requiring therefore its adequate completion and maintenance of updated data, facilitating the monitoring of children's CD by health professionals.

She has the growth charts (head circumference, weight for age, length / height-for-age and BMI-for-age) recommended by the World Health Organization (WHO) and an assessment tool milestones DNPM. The growth charts should be analyzed from measurements made during the sessions should be placed as points on the graphs and joined together forming a line. From the analysis of this line, called growth curve, it is possible to assess whether the child is growing properly or not. The green line corresponds to the Z score 0 and a growth curve near the green line drawn parallel to mean that the child is growing properly. When there is a change in stroke normal deviation up or down, should be investigated to determine the cause and guide the conduct.

Thus, CSC enables addition to monitoring child health, knowledge about their health history and should be used in all contacts with the child health services. To have an integrated analysis and predictive of child health is critical, therefore, that it is done properly complete filling of all data from a booklet by health professionals.<sup>15</sup>

As for the ethical and legal aspects of records in records can consider that most of these R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3757-66

fit on the legal parameters. In a study that analyzed the records of nursing in a public teaching hospital in Natal-RN, 52% of the records had not blank and there was no record in erasure. According to Article 368 and 386 of the Code of Civil Procedure, a document to be considered valid and authentic and offer subsidies for professional defense in case of lawsuits and ethics, must have signature, do not contain erasures, interlineations, seamless, blur or cancellation.<sup>23</sup>

According to COFEN Resolution No. 311/07, the nurse should record in the patient's information inherent and essential to the care process. This information must be provided in a complete and reliable, to ensure continuity of care and must include a signature, category and number of entry in the Regional Nursing Council.<sup>24</sup>

The nursing records should enable effective communication between the health care team; provide information about the care provided and ensure its continuity; meet existing laws; promote patient safety and professional and support achievement in teaching, research and audit. It is necessary therefore that nurses perform the notes in the records properly organized, safe, complete and available, for only then can have a record that favors quality comprehensive care to children.<sup>25</sup>

The absence of important records of care in the medical record is denial by the patient's professional life and therefore of his work. With this behavior, besides not held accountable than during the service, the professional socialization prevents this information with the team.<sup>11</sup>

## CONCLUSION

This study allowed the analysis of the records of nurses in the growth and development of children 0-2 years in family health units of Cuiaba-MT. It can be observed that not all records are completed appropriately, which is a very

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troubling reality, because these allow a better assessment and monitoring growth and development of children, directly influencing the quality of care provided by the child core network.

It was found that most of the records held by nurses in the medical records were weight and height. Almost no records were found regarding BMI nor complete information about child development. Nor was identified the presence of CD charts in medical records, and even notes on the guidelines offered to parents / guardians.

As for the records in CSC, graphics weight and height were filled, which has not been observed with respect to BMI and surveillance tool development. With regard to ethical and legal issues, most records in records presented as adequate, but there was some information that was incomplete.

It is recommended that nurses examine how they are performing their records and to reflect on the importance of a complete nursing notes in the growth and development of the child, for only thus will be providing comprehensive care to their health.

Whereas the quality of the records held in the records reflects the quality of care offered, and that the notes of the healthcare team are critical to inform the work, the results of this study point to a quality nursing care to the child.

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