FORMULÁRIO DE SUBMISSÃO

Anexar este formulário juntamente com o artigo submetido no ato da submissão no sistema.

TÍTULO DO TRABALHO:

Cardiopatia Congênita, saúde e bem estar na comunidade.

ÁREA DE SUBMISSÃO:

☐ Interdisciplinar: Direito e cidadania

☐ Saúde Coletiva: Doenças coronarianas

☐ Educação: Medicina Forense

☐ Administração Pública e de Empresas, Ciências Contábeis e Turismo: Startup 2 Marias TI

☐ Enfermagem: Criança com CIA sopro

RESUMO DO ARTIGO EM LÍNGUA PORTUGUESA:

https://keep.google.com/u/0/#home

https://gamma.app/docs/httpsyoutubeZV1mYisEJCEsic1tcLgdqEmVak1q6-pun1cr965kjp43g?mode=doc

https://gamma.app/docs/SUCATA-VIRTUAL-OPERACAO-SOFTWARES-dgotqqpk9h1bacn?mode=doc

RESUMO DO ARTIGO EM LÍNGUA INGLESA:

This article discusses the health and case analysis of patients with a heart murmur (ASD), a congenital heart defect that occurs when a child is born with an anomaly or small holes in the heart. The murmur usually closes by age 4. If this doesn't happen, the child will undergo a surgical

procedure to analyze and close the murmur with sutures if the ASD is too small. This is usually open-chest surgery without the need for other surgical procedures, such as a stencil. The usual tests performed by cardiologists include ultrasound, Doppler, and EMG to analyze the heart problem and should be monitored by a pediatric cardiologist and their surgical team.

Nutritional intervention project for children with heart disease with initiatives and incentives for local agriculture in soil regeneration, reforestation and improvement of the local workforce in providing local services to school communities.

SOURCE OF RESEARCH: survey using quantum computing, control of children with heart disease in the state and how many underwent surgical procedures using stencils (animal valves).Recovery time may vary depending on the type of prosthesis used, the patient's age and general heart health. A few weeks after surgery, the vast majority of patients can resume their daily activities without any problems.

While symptoms are almost imperceptible in childhood, after the age of 13, children begin to experience fainting, fatigue, syphilis, and difficulty recovering from colds. Therefore, screening newborns and children up to 4 years of age is important.

Several factors can lead to heart disease – whether affecting the valves, the heart muscle, the organ's electrical circuit, or adjacent blood vessels. The main risk factors for heart disease include family history, age, and lifestyle factors.

"Age is an inexorable factor. As we age, several degenerative processes manifest, such as calcium accumulation in the heart valves, which leads to diseases like aortic stenosis," which is increasingly prevalent with increasing life expectancy. Dr. Jamil Cherem Schneider (CRM-SC 3151 / RQE 2874), Cardiologist.

Sedentary people, who smoke and eat poorly, trigger a series of inflammatory reactions in their bodies. This can cause this condition, even in young people or those with no family history.

Recommendations for nutrition of very preterm and very low birth weight infants have developed over time with our understanding of the requirements of preterm babies and the awareness of widespread poor postnatal growth. In general, the trend has been towards enhancing nutrition, but more recent recommendations have begun to raise questions with respect to the potential for high and early nutritional intakes, particularly of protein, to carry risks such as refeeding syndrome. However, large gaps in our knowledge remain for both macro- and micronutrient requirements to support optimal growth and how nutrition and growth relate to important long-term outcomes. Closing these knowledge gaps has been hampered by inconsistent reporting of nutrition intakes and growth parameters, small trials with short-term outcomes and the use of a variety of different methods of monitoring growth. The challenge now is for future research to address these issues through consensus building around the important questions that need to be answered, how to report data from neonatal nutritional trials and whether large trials answering important questions can take place through development of consortia that undertake similar trials in multiple jurisdictions with agreements to share data.

Tratamento das Cardiopatias Congênitas

O primeiro procedimento de correção cirúrgica de uma cardiopatia congênita foi realizado pelo Dr. Robert E Gross em 1938, ao ligar com sucesso um canal arterial. Depois, em 1945, o Dr. Alfred Blalock realizou a primeira anastomose entre a artéria subclávia e a artéria pulmonar, revolucionando o tratamento e a sobrevida das crianças cianóticas. Posteriormente, outros avanços permitiram o desenvolvimento de máquinas de circulação extracorpórea, que realizam a função do

coração e dos pulmões, permitindo abordar internamente o coração e, inaugurando assim, a era atual da Cirurgia Cardíaca.
Estes defeitos podem ser simples, manifestando poucos ou nenhum sintoma, ou complexos, precisando de tratamento logo após o nascimento.
Os tratamentos nas crianças podem ser curativos ou paliativos, melhorando o funcionamento do coração, para uma posterior correção.

Os tratamentos das Cardiopatias Congênitas em adultos, usualmente estão relacionados a pacientes com defeitos que precisam de vários procedimentos para sua total correção ou pacientes que tiveram o diagnóstico feito tardiamente, por apresentar sintomas muito leves.

Congenital Heart Disease Treatment Report:
The first surgical correction of a congenital heart defect was performed by Dr. Robert E. Gross in 1938, when he successfully ligated a ductus arteriosus. Then, in 1945, Dr. Alfred Blalock performed the first anastomosis between the subclavian artery and the pulmonary artery, revolutionizing the treatment and survival of cyanotic children. Subsequent advances led to the development of cardiopulmonary bypass machines, which perform the functions of both the heart and lungs, allowing for internal access to the heart, thus inaugurating the current era of cardiac surgery.
These defects can be simple, with few or no symptoms, or complex, requiring treatment soon after birth.
Congenital heart defects are treated with a surgical procedure to close the murmur (CIA).
This procedure is indicated early in childhood to

avoid overloading the lungs. Symptoms in childhood can vary from patient to patient.

Primary Nutritional:

Donor milk (DM) is of increasing interest as primary nutritional source for preterm infants. Safe access requires special infrastructure, trained staff, sophisticated algorithms, and standard operating procedures as well as quality control measures. DM has limitations like low protein content and unpredictable composition of the other macronutrients, despite fortification frequently not meeting recommendations – both of them compromising growth. The first paragraph is devoted to COVID-19 and how it impacts processes of DM banking. The following paragraphs review aspects of “pasteurization,” “safety audits/donor screening,” and “DM nutrient variability.” In summary, (i) Holder pasteurization still is the most suitable procedure for milk banks, but high-pressure pasteurization or ultraviolet C irradiation conserve the unique properties of DM better and deserve more research to make it suitable for clinical routine. (ii) In regard to safety/screening, guidelines are valuable for safe DM bank operation, but they differ between legislations. There is a surprisingly high rate of non-disclosed donor smoking (0.3%, $p > 0.05$) and of adulteration of delivered DM (up to 2%, $p < 0.05$) not detected by standard donor screening procedures. Frequencies differ between remunerated and non-remunerated programs. (iii) Neonatal caregivers should be aware of unpredictable composition of DM. They should be trained on how these can be overcome to avoid negative impact on growth and long-term outcomes like (a) measuring and disclosing nutrient contents of delivered DM batches to customers, (b) implementing certain types of donor pooling to reduce the risk of macronutrient depleted DM, (c) additional supplementation using 0.3–0.5 g protein/100 mL seems to be reasonable, (d) adjusted fortification may help to improve growth, but is not efficient in all preterm infants, (e) target fortification seems to improve growth (and probably also neurodevelopmental index) compared to standard fortification, (f) more research and clinical studies are needed.

Encourage in the community and schools the good practice of food retention for good conservation, waste control, reduction of paper waste, solar panels in homes, energy savings, reforestation, Financial incentives And exempt from paying the forest replacement fee , mandatory for those who consume forestry raw materials. The text also determines that, for each hectare recovered on the property, the owner will receive an annual subsidy of R$50, up to a maximum of R$10,000 (200 hectares). Incentives in smart cities to practice SGA in industries, PGRS, PGI, environmental regularization.

Structure or function:

HEART HEALTH PROJECT

Patient's age and general heart health

The project initiative is the quantitative research of children and adolescents with congenital heart disease and nutrition for these children with this pathology, in addition to encouraging local family farming with the improvement of labor and quantitative analysis of nutrients in children's food according to the PNE of schools.

SCHEDULE AND ORDER OF SERVICE:

1. Legal literacy on a map for setting up a thematic table, auditing and environmental control in industrial companies, PGRS

2. Audit at the hospital, supervision of documentation of pediatric intestinal reconstruction surgery.

3.Audit of traffic accident investigation documentation at DMV.

4. Expertise on the tires of municipal vaccine trucks, brakes and structure and technical conductions.

5.Software for nutritional control of patients undergoing surgery in the children's ward.

6.Software for controlling food according to PNE for schools and municipal institutions.

7.Applications and software for recorded video classes of forensic expertise and academic training in environmental law and expertise in construction surgery.

8. Supervision of medication and orthopedic surgical equipment in the regional hospital, emergency room and orthopedic surgery room, main medications for surgery patients.

9. Accounting for purchases of medicines for hospitals and surgical procedures.

10.Control appointment scheduling software for the neurologist in Cruzeiro do Sul, and exams such as tomography.

11.In-service dental care, resin restoration. Control in applications.

12. Telemedicine scheduling control in applications.

13. Ecological trail at the entrance to schools with ODS in cones.

14.Refectory: recyclable corner.

15.Auditorium: rubber seats, thematic paintings on the history of modernism and new IT in medicinal laboratory research.

16.Stands: themes and expert typologies.

17.Library: Updated IA"S game competition.

REFERÊNCIAS:

http://cardiol.br/portal-publicacoes//Pdfs/ABC/1982/v39n4/39040008.pdf

https://brasilescola.uol.com.br/saude-na-escola/alimentacao-saudavel.htm

https://karger.com/books/book/3319/chapter-abstract/11742799/Nutricion-del-neonato-con-cardiopatia-congenita?redirectedFrom=fulltext

https://desafiosdaeducacao.com.br/onu-ods-ensino-superior/

Clique ou toque aqui para inserir o texto.