

Contributions by Dr. Aurora de Afonso Costa for nursing care for burn victims

Contribuições da Dra. Aurora de Afonso Costa para o cuidado do enfermeiro a pacientes vitimados de queimaduras

Aportes del Dr. Aurora de Afonso Costa por cuidados de enfermería a quemados

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RESUMO

Objetivo: Analisar as contribuições da Dra. Aurora de Afonso Costa, para o cuidado do enfermeiro a pacientes vitimados de queimaduras. **Método:** Trata-se de um estudo classificado enquanto documental e de abordagem qualitativa. As fontes primárias se constituíram de artigos de periódicos científicos, produções acadêmicas, livros, sites e portais eletrônicos, leis, decretos, decretos-leis, dentre outros. **Resultados:** Foi identificado num artigo idealizado pela eminente docente e pesquisadora, questões relacionadas a anatomia, a fisiologia, os graus de complexidade, os tipos, o processo cicatrizacional, a extensão, a área de prioridade, o tratamento medicamentoso e a utilização de “ambrina”. **Conclusão:** A presente pesquisa apontou as contribuições da Dra. Aurora no tratamento de pessoas vitimadas de queimaduras, os primeiros cuidados a serem implementados com a pessoa vitimada, e a implementação de curativos e coberturas para o seu reestabelecimento e reabilitação.

Descritores: Enfermagem; Queimaduras; Primeiros socorros.

ABSTRACT

Objective: To analyze the contributions of Dr. Aurora de Afonso Costa, for nursing care for burn victims. **Methods:** This is a study classified as documentary and with a qualitative approach. The primary sources consisted of articles from scientific journals, academic productions, books, websites and electronic portals, laws, decrees, decree-laws, among others. **Results:** In an article conceived by the eminent professor and researcher, issues related to anatomy, physiology, degrees of complexity, types, the healing process, extension, priority area, drug treatment and the use of “ambrina”. **Conclusion:** The present research pointed out the contributions of Dr. Aurora in the treatment of burn victims, the first care to be implemented with the victim, and the implementation of dressings and coverings for their reestablishment and rehabilitation.

Descriptors: Nursing; Burns; First Aid.

RESUMEN

Objetivo: Analizar las contribuciones del Dr. Aurora de Afonso Costa, por la atención de enfermería a los quemados. **Métodos:** Se trata de un estudio catalogado como documental y con abordaje cualitativo. Las fuentes primarias consistieron en artículos de revistas científicas, producciones académicas, libros, sitios web y portales electrónicos, leyes, decretos, decretos-leyes, entre otros. **Resultados:** En un artículo concebido por el eminente profesor e investigador, se abordaron temas relacionados con anatomía, fisiología, grados de complejidad, tipos, proceso de cicatrización, extensión, área prioritaria, tratamiento farmacológico y uso de “ambrina”. **Conclusión:** La presente investigación señaló los aportes del Dr. Aurora en el tratamiento de las víctimas de quemaduras, los primeros cuidados que se implementarán con la víctima y la implementación de vendajes y coberturas para su restablecimiento y rehabilitación.

Descriptores: Enfermería; Quemados; Primeros Auxilios.

ORIGINAL

Introduction

Among the countless, illustrious and dedicated professors, representatives of the Aurora de Afonso Costa Nursing School, of the Fluminense Federal University Medical Sciences Center (EEAAC/CCM/UFF), Dr. Nurse Rosalda Cruz Nogueira Paim, Dr. Nurse Maria Wanda Rodrigues de Oliveira, and also, her “eternal guide”, Dr. Nurse Aurora de Afonso Costa.^{1,2,3} Aurora Gypsophila de Afonso Costa, better known as Aurora de Afonso Costa, or simply Dona Aurora, was born on December 4, 1903, in the city of Morro do Chapéu, in the state of Bahia (BA), being the daughter of Mr. Affonso Costa and Mrs. Presciliana da Silva Costa.^{1,3,4}

In her youth, she had the opportunity to take a teaching course at Escola Normal and, when she lived in her hometown, before dedicating herself to the professional category of nursing.^{1,4,5,6} Aiming to complete her graduation, as well how to ascend socially and professionally, she had the opportunity to travel to the state of Rio de Janeiro (RJ), at the time, the Brazilian federal capital, managing to enter in 1923 and, later, completing her course, being graduated on the 14th August 1927, at the Ana Néri School of Nurses of the former University of Brazil (UB).^{1,4,5,6,7}

Currently, the former Ana Néri School of Nurses at the UB is called Anna Nery School of Nursing of the Health Sciences Center of the Federal University of Rio de Janeiro (EEAA/CCS/UFRJ).⁸ This eminent institution of higher education (IES), was constituted as the first College of Nursing of higher level in Brazil, appearing historically in the context of the Brazilian sanitary movement, initiated as proposed by the scientific literature in the 20th century and, being created by Decree number 16.300, dated 31 December of the year 1923.^{8,9}

In view of the legislative issue, it was possible to verify that Decree number 16,300, of 12/31/1923, was revoked by the Decree of **September 5, 1991**, which reserved the legal effects of declarations of social interest or public utility and also revoked the the decrees that it mentions.^{9,10} This important institution called School of Nurses of the National Department of Health, received the name of School of Nurses D. Ana Néri, effected by Decree number 17,268 on 03/31/1926, thus being , it was possible to implement the Nursing career in the “Nightingaleano” model at the national level and, later, it was incorporated into the UB, through Law number 452, dated on 07/05/1937.^{9,10,11}

In this important governmental institution, Dr. Aurora had the opportunity, due to her dedication, effort, commitment and sagacity, to gradually ascend from a student to a teaching career, thus contributing to the training of countless nurses.^{1,3,4,5,6,7} Among the various activities developed by Dr. Aurora, still with the EEAN of the UB, was identified her participation and active militancy, developing the role of vice-president of the Commission, in the creation of the magazine “Pioneira”.¹²

Among one of her greatest attributions, she managed to get selected to occupy the position of director of the institution that would be founded next to the city of Niterói in RJ, the then School of Nursing of the State of Rio de Janeiro (EEERJ), taking office in the day 10/09/1944 and, remaining in that position for its competence and representation for approximately twenty-two (22) years.^{1,3,4,5,6,7,12,15} One of the facts that point to the force, the determination and the determination of her management, it can be mentioned the fact that Dr. Aurora conquered, for the EEERJ, the number of fourteen (14) "Chairs", which were filled only by nurse-professors, a historical process that was characterized by some researchers as a true "political war".^{1,3,4,15,16}

It is also important to highlight, with regard to the historical phenomenon of the acquisition of the EEERJ Chairs, and the aforementioned "political war", that these issues allowed the emergence of battles in judicial spheres, with some medical professionals.^{1,3,4,15,16} Among the important activities developed, Prof. Aurora also had the opportunity to serve politically for the benefit of the professional category of nursing and health, together with the former Brazilian Association of Graduate Nurses (ABED), currently the Brazilian Nursing Association (ABEN).^{1,4,5,6,7,13,14}

In this important body of the professional category of Brazilian nursing, in its section of the state of Rio de Janeiro (ABEN-RJ), Dr. Aurora is characterized as a "founding partner", in addition to having had the opportunity to develop activities, as an integral member of its "Fiscal Council" started in 1950 and, of the "Deliberative Council", already in 1951.^{13,14} Among the several honors received by Dr. Aurora, it can be mentioned the designation of the commendation, Order of Merit Araribóia, in its Official degree, granted by the Mayor of the City of Niterói (RJ), through Decree number 4.368/1984.¹⁷

In this sense, the governmental recognition of its importance in the development of the process of foundation, growth and development of the former EEERJ is easily perceived, through its direction carried out for more than two decades, uninterrupted.¹⁷ Unfortunately, as a result of the process of aging and illnesses contracted in her existence, Dr. Aurora died at the age of 95, on January 27, 1999, at the Antônio Pedro University Hospital (HUAP) of the Fluminense Federal University (UFF), headquartered in Niterói (RJ), leaving an irreparable gap in the nursing and in the field of healthcare.^{1,3,4,5,6}

His last request left was that his body be cremated in addition to having his ashes deposited next to the Guanabara Bay in RJ, located near the headquarters of the Nursing School that worked so hard during its foundation, growth and development and that, at present, , has his name.^{4,5,6,12,15} Thus, we fully agree with the words of Prof. Cléa Alves de Figueiredo Fernandes, in her book that analyzes the founding process of EEERJ, when referring to Dr. Aurora, declaring that *"... Aurora ... is in this case a symbolic name", "symbol of a dream, of new forces, of the incessant search for the ideal, And this "aurora" at every moment knew how to bring the trust that was so much needed to overcome the long and painful days unfolded in the course of these two decades..."*.¹

In this sense, the objective of this research was to analyze the contributions of Dr. Aurora de Afonso Costa, for nursing care for burn victims.

Method

This is a documentary study with a qualitative approach, and the primary sources of this research were articles from scientific journals, academic productions, books, websites and electronic portals, laws, decrees, decree-laws, among others. In order to facilitate the process of acquiring references for the construction of the present study, electronic bibliographic surveys were carried out with computerized databases such as the Gragoatá Central Library (BCG) at the Fluminense Memory Center (CMF) of the UFF, the Jane Proença Library of UFF School of Nursing (BENF), the Virtual Health Library (BVS), Google Scholar (Google Scholar), Minerva-UFRJ, the Institutional Repository of the Fluminense Federal University (RIUFF), Saber-USP and TESES- FIOCRUZ.

Also aiming to expand the process of acquiring the necessary subsidies for the preparation of this research, the Descriptors in Health Sciences (DeCS)/MeSH of the VHL will be used, being the same, "Nurses" with the DeCS identifier "9913" and the ID descriptor "D009727", "Wounds and injuries" with DeCS identifier "15345" and descriptor ID "D014947", "Burns" with DeCS identifier "2088" and descriptor ID "D002056", "Eye burns" with DeCS identifier "28014" and descriptor ID "D005126", "Electric current burns" with DeCS identifier "2090" and descriptor ID "D002058", "Inhalation burns" with DeCS identifier "2091" and descriptor ID "D002059", "Chemical burns" with DeCS identifier "2089" and descriptor ID "D002057".

To facilitate the use of the VHL DeCS, the Boolean logical operators were used in the search "and", "or" and "not", according to the methodology proposed by EBSCO Connect®, present at the electronic address [https://connect.ebsco.com/s/article/Search-with-Booleanoperators?Language=en_US]. After acquiring the necessary subsidies for the construction of the present study, they were read and analyzed for later, two (02) investigative tables were set up, aiming to allow a better understanding and understanding of them. After this step, the synthesis of the acquired results was carried out, thus facilitating the writing of the final article.

Results and Discussion

Before starting the process of analyzing the article created by Dr. Aurora, it is of fundamental importance to carry out a brief temporal reflection, regarding the time of publication of this instigating scientific paper. In this way, a very brief historical retrospective of the main facts and events that have strongly influenced Dr. Aurora to build the scientific article in question.

In the international field, it can be remembered that in 1934, the government of Adolf Hitler began in Germany, during the period between 1939 and 1945, when a war of global proportions was developed and that would be known as World War II (WWII).¹⁹ In Brazil, the Constitution of 1934 is promulgated by the National Constituent Assembly, being drafted with the aim of "[...] organizing a democratic regime that assures the nation, unity, freedom, justice and social and economic well-being."^{19,20}

With regard to the professional nursing category, it is important to remember Decree number 23,774, of January 22, 1934, which extended to

practical nurses the benefits granted to pharmacists and practical dentists, regarding the exercise of their respective functions. 21 This important Decree, which caused some changes in the nursing category, was revoked by Law number 2,604, of September 17, 1955, which regulated the practice of professional nursing, and this decree was later revoked by Law number 7,498/ 1986, but known as the Law of Professional Nursing Practice (LEPE), prevailing to date.^{21,22,23}

These important facts have possibly contributed to the expansion of interest related to the various constitutive fields of health, for example, first aid and its application in urgent and emergency situations, such as burns, in their various types and forms. constitutions.^{19,20,21,22,23} According to some researchers, in the year 2004, approximately 11 million recorded burns occurred all over the world, which received an indication for specialized medical treatment, and of these, about 300,000 resulted in the death of the patient victimized by this type of phenomenon.²⁵

As found in some studies and specialized research, the phenomenon of burns is classified as the fourth (4th) leading cause of injuries recorded in all countries, behind only car accidents along highways, falls and falls from heights, and also, the various types and modalities of violence.²⁵ Therefore, the importance and the need to develop systematic studies and research, aiming to better understand this complex phenomenon and its various consequences, in the search for better forms of treatment and specialized therapies for this patient.^{24,25}

In this context, it can be argued that the scientific article in question constitutes an important publication identified in the journal "*Annaes de Enfermagem*", the first Brazilian scientific journal of this category and which would become the "Brazilian Journal of Nursing - REBEN ", lecturing on important techniques and procedures, used for the care of patients who are victims of various issues related to burns and their forms of treatment".²⁴ In his own words, and introducing the article developed in relation to knowledge related to first aid. for people who were victims of burns that they were indispensable, with regard to "[...] to everyone's knowledge, since it is very common to have small accidents in which we are forced to act".²⁴

In this way, and for Dr. Aurora, among the most common accidents, could be highlighted the "[...] burns, asphyxia by gas or water, heat stroke, syncope, fracture, hemorrhages, poisoning, etc."²⁴ What is interesting in its scientific production, is the richness identified in the various concepts and techniques presented, as well as in the anatomophysiological and even visual constitution, with which the problem is dissected by Dr. Aurora, thus facilitating the process of knowledge construction by readers, students and nursing and health professionals, being even divided by its different types or degrees of complexity, as shown in table number 01.

Table 1 – Presentation of the different types of burns by their respective degrees:*

Grau	Description
Grade 1	It is characterized by rubefaction, red skin, superficial inflammation.
Grade 2	Cutaneous inflammation, with detachment of the epidermis and formation of vesicles filled with serosity, which are called fectenens.
Grade 3	Tissue necrosis, which may reach only the skin or even go deep into the bone.

Source: Adapted by the authors, 2022.

* The authors of this research are faithful to the information consulted.

Aware of the complexity and magnitude of some cases related to burns and other issues of first aid or urgency and/or emergency, for example, it is reflected on the healing process, in addition to the normalization and restoration of general functions, where, it is sustained by Dr. Aurora, in her publication that, *"[...] in some cases, the fact of extension should be much more present than its priority"*.²⁴ Another important contribution by Dr. Aurora pointed out in her article, were the different types of drug treatments for patients suffering from burns, as presented next to table number 02.

Table 2 - Presentation of the types of drug treatments for burn victims by different degrees:*

Grau	Description
Grade 1	Cover the burn area with petroleum jelly or a bicarbonate of soda paste with alcohol next to the surface. Aiming to relieve pain.
Grade 2	Complete cleaning with soap and water or saline solution around the burned area. The blisters that are already open are removed, those that are still closed are punctured, then the dressing is made with sterilized Vaseline.
Grade 3	The same aseptic precautions currently recommended are used; one waits for the bedsores to disaggregate, even helping to eliminate them with tweezers or scissors.

Source: Adapted by the authors, 2022.

* The authors of this research are faithful to the information consulted.

Another important point identified in the article under analysis is the therapeutic use of "ambrina" in the treatment of burns, which, in his words, is *"[...] the best treatment, because [...] results obtained as a result of its application"*.²⁴ As defended by Dr. Aurora, in the treatment of patients who had burns, ambrin consisted of its composition, *"[...] by a mixture of wax, resin and paraffin"*.²⁴

The importance provided by Dr. Aurora is such in relation to treatment with ambrina in burn victims that its *modus operandi* of care is gradually explained by this research, in the treatment and therapies proposed for the reestablishment of the health service user, in all its stages. constitutive measures, in addition to the procedures and techniques used.²⁴

As defended by Dr. Aurora, this care technique developed by the nurse or nursing professional, should *"[...] dissolve it in a "bain marie" and, after this process, wash the burned area carefully with soap and water; after drying, the first layer of ambrin is placed directly on the site, using an appropriate sprayer, or a brush or even a gauze doll."*²⁴ Continuing the interesting technique of treatment and therapy against burns, is defended by Dr. Aurora that, *"over this first layer of ambrin, a gauze is placed and on top of this, another layer of ambrin and thus, the dressing is done"*.²⁴ According to their conceptions, as well as, in relation to the technique defended by Dr. Aurora, *"this dressing must be 24 or 48 hours later, as the case may require."*²⁴ Regarding the process of protection and coverage of the dressing and treatment of burns proposed by Dr. Aurora, was defended by her, as an important covering technique, that *"the fixation of the same should be performed using bandages"*.²⁴

Another important suggestion proposed by Dr. Aurora in the treatment and recovery of patients suffering from burns in the areas of the hands, is *"[...]*

*the need to place a piece of gauze on the roots of the fingers, between each phalanx, to prevent scarring with adhesions".*²⁴ Therefore, Dr. Aurora strongly supported in her article, "[...] *the need to use bandages of the "Demigauntlet" or "Gauntlet" type, aiming at greater fixation and protection coverage, in the area where the protective dressing was implemented.*²⁴

Ambrina was constituted in the field of botany and, according to some researchers, a certain type of plant of the "*herbaceous*" type, belonging to the family of "*chenopodiaceae*" and which had its leaves characterized, more or less, in the triangular shape.²⁶ In the areas of pharmacy, chemistry and biochemistry, it was constituted as a form of mixture implemented with the addition of paraffin and other essences and whose objective was the treatment of burns.²⁶

In another publication, the use of ambrin was identified in the treatment of patients diagnosed with corneal ulcer, as its use allowed its "[...] *easy application and removal, [in addition to being] harmless, [and also] an excellent insulator, without harming most of the recommended treatments.*"²⁶ On the other hand, another innovation in the care implemented by the professional nurse in the care of this patient is also presented, described by Dr. Aurora in her scientific journal article, in the implementation of knowledge from related areas of health and biohealth, such as pharmacy, biochemistry and botany, aiming to enhance the healing process of the burn, in addition to accelerating the recovery and rehabilitation of the user(s) of the health service(s) undergoing treatment.²⁴

Final Consideration

Through this article, it was possible to identify the contributions made by Dr. Aurora in the care developed by nurses, nursing and health professionals, to patients suffering from burns. The identification of an article published by Dr. Aurora, together with the important journal *Annaes de Enfermagem*, points to the importance provided by this eminent professor and researcher, in matters related to burns, dressings, first aid and emergency and emergency care.

In this sense, it is possible to defend the identification exposed in the present research, of an unknown area of research worked by this distinguished representative of the professional category of nursing. In this context, the realization of other academic productions, which deal with the provision of nursing care with burn victims, their specialized treatments and rehabilitation therapies, should be strongly encouraged and supported, aiming to provide better subsidies for their care. resettlement.

The present research also pointed to the performance of Dr. Aurora, along with productions in the area of first aid, allowing us to suppose that other researches have been implemented, in the course of their militancy and work with the tripod of education, that is, in teaching, research and extension. Another fact identified in relation to Dr. Aurora, was the introduction of ambrina, as a form of better treatment for people suffering from burns in its various modalities, pointing to the innovative character and perspective, in the search for new forms of care for victims and, in this way, fully contributing to the expansion of new lines of care, in the quality of treatment of these patients.

The use of illustrative drawings for a better understanding of the techniques and knowledge proposed in the article published by Dr. Aurora, also point to her versatile posture and also, a differential presented by her to the

analyzed article. The proposition of using certain types of bandages, implemented as the best and most efficient dressing and covering technique, in the care implemented in burn victims, were also identified in the manuscript in question, pointing to a better choice of supplies to be used. in carrying out the techniques and procedures described.

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