CARE IN PEDIATRIC ONCOLOGY

Care in Pediatric Oncology

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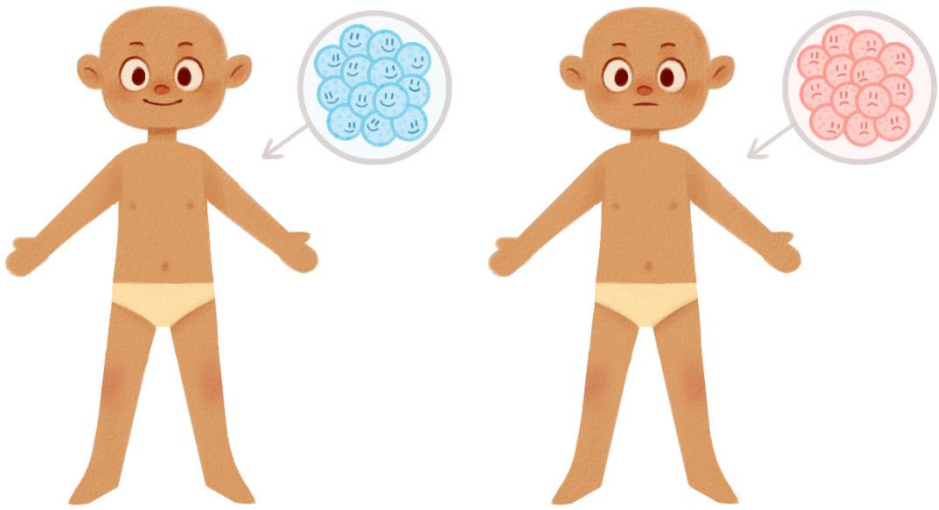
Cancer means that, at some point, the cell factory started having problems and began to make cells in a different size. Some are leaving the factory unready, thus causing an unbalance in the body of the child/teenager Park et al., 2020; Uthamacumaran, 2020). Therefore, there is need for treatment, so everything goes back to normal. The most common cancer in children/teenagers is in the blood, although it can happen in other parts (Miller et al., 2020).



Cancer is not the guardian's/caregivers' fault, the result of medication, falling at home, spoiled food, or something the guardians/caregivers have or have not done (The cause of cancer, 2021; Wong et al., 2020). Also, cancer is not contagious: the child/teenager will not pass on the disease to anybody (Park et al., 2020; Uthamacumaran, 2020).

The child/teenager should be informed about what is going on in their body, the necessary procedures and treatment so their cells work again harmoniously, and that sometimes can be long and painful; but they will count on the support of Family and friends (Rodgers et al., 2016; Long, Marsland, 2011; Woodgate, 2006).

The health professionals will use resources such as toys to help detect any problem, clearing any doubt during this period in which the child/teenager is being submitted to

numerous procedures (Jenholt Nolbris, Ahlström, 2014; Prchal, Landolt, 2012; Long, Marsland, 2011).

The World Health Organization (WHO, 2021, 2008) has launched the third global challenge of patient safety, which aims at the participation of the guardian/caregiver in the treatment of the child/teenager. The guardian/caregiver will work as an agent, helping with the treatment, reducing hospital stay by controlling the risks of side effects, thus avoiding the occurrence of errors related to medications, and collaborating on the success of the treatment (Sheikh et al., 2017; WHO, 2017).

The guardian's/caregiver's commitment also includes care in the home with bed linen used by the child/teenager, keeping other people from being contaminated by chemotherapeutic, advising on how to wash the dishes, flush the toilet and partition pills for cancer treatment (WHO, 2021, 2017, 2008; Sheikh et al., 2017).

The guardian/caregiver takes on the role of "home sheriff", identifying possible bad effects that can be avoided and by guiding the rest of the family so the treatment is safe and successful to all (Institute of Medicine, 2000).

1 CÂNCER WHAT IS THE TREATMENT LIKE FOR A CHILD/TEENAGER WITH CANCER

The medications for cancer treatment may be most commonly administered through the mouth (orally), under the skin (subcutaneous), in the muscle (intramuscularly) or a vein (intravenous) (Kahn et al., 2017). These medications are called chemotherapeutic, which mix into the blood and travel through the whole body, destroying the bad cells and avoiding the multiplication of defective cells (Urtasun Erburu et al., 2020).

Chemotherapeutic drugs do not cause pain, but the child/teenager may feel the needlestick and, sometimes, uncomfortable sensations such as tiredness (fatigue), burning, itching, rashes, nausea, hair loss, constipation or diarrhea, mouth sores (mucositis), reduced or increased appetite, yellow or red eye, change in the color of pee and poop (red or dark). The child/teenager should be able to trust their guardian/caregivers and, if something happens that they don't think is good, they should inform their doctors (Instituto Nacional do Câncer - INCA, 2022).

The child/teenager does not necessarily show bad effects. The effects depend on each child/teenager and that does not mean the medication did not work or that the patient is not responding to the treatment (INCA, 2022).

The medications should be taken as prescribed by the doctor and at the right times What to do if the patient forgets to take them, if they can or cannot be taken on a full stomach, which other medications can or cannot be taken at the same time should be oriented by the pharmacist, optimizing the treatment (Andrade, 2009). The guardian/caregiver should inform if they use anything at home not prescribed by the doctor, including natural products once they can also cause effects that are not desirable (Garcia-Cortes et al., 2020).

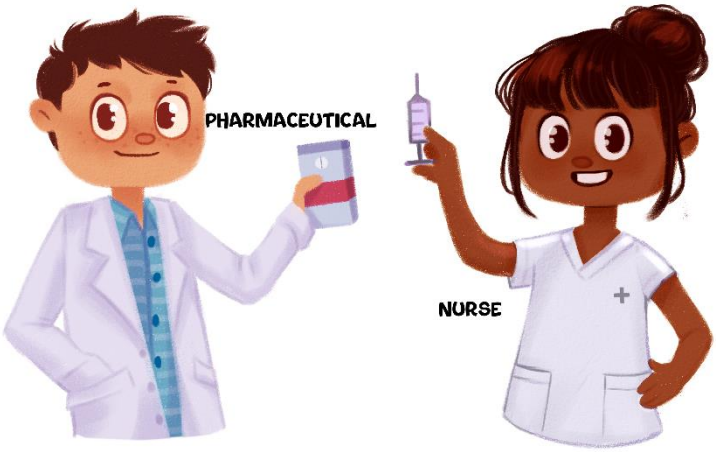
Besides, the guardian/caregiver should also be informed about all the medications the child/teenager has used during the treatment for this data are very important to retrieve any information in a doctor's visit or any other place where the child/teenager is treated, during hospitalization, so the conduct taken is as accurate as possible (Hosoi et al., 2020; Lopes et al., 2000). Information is key in the accuracy of the conducts that should be taken.

The doctor talks, explains and guides the child/teenager and their guardians/caregivers for better understanding and choice of the best treatment, thus increasing adhesion to drug therapy (von Mackensen et al., 2020; Gönderen Çakmak, Uncu, 2020). Seek to increase the

commitment of family to treatment and improve relationships with health professionals (Partanen et al., 2018; Silva, Lima, 2014; Ekstedt et al., 2014).

We have said that the medication for cancer treatment can be taken through the mouth or a vein, but there are other forms of treating cancer, which include a machine that sends rays through the body of the child/teenager (radiotherapy); and/or the doctor might find a surgical procedure necessary to remove the tumor; or a transplant (bone marrow) can be carried on to exchange sick cells for healthy cells (Ministério da Saúde (BR), 2014).

Remember to tell your multiprofessional team about all the medications the child/teenager has been taking for cancer treatment as well as those for domestic use, including natural remedies (phytotherapeutic drugs) and teas (Schümann, Solomons, 2017; Nicoletti et al., 2007). The pharmacist will analyze the occurrence of drug interactions which can interfere in the quantity of chemotherapeutic drugs, decreasing or increasing toxicity (Garcia-Cortes et al., 2020; Schümann, Solomons, 2017; Nicoletti et al., 2007).

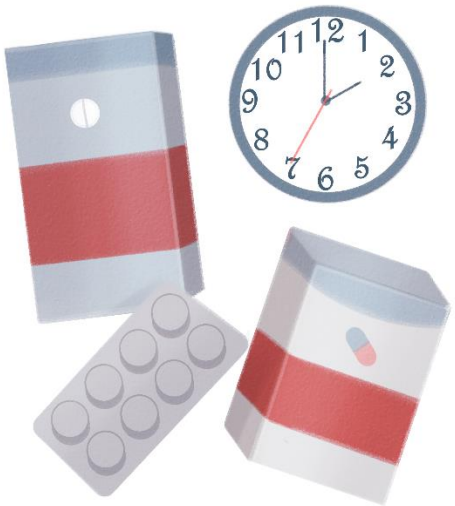


There is a myth that plants do no harm, but that is a lie (Schümann, Solomons, 2017). There are plants which can cause liver damage such as plants to treat anxiety (Kawa-kawa (Garakani et al., 2021) and St. John's Wort (Tokgöz, Altan, 2020)), natural products such as Herbalife® (Grigoletto et al., 2016; Zambrone et al., 2015) and Forever® (Gonçalves, 2008), which apparently originate from herbs and cannot do any harm. Keep health professionals informed of everything (Roy, 2021; Garcia-Cortes et al., 2020; Schümann, Solomons, 2017).

2 OTHER MEDICATIONS THAT THE CHILD/TEENAGER CAN TAKE

The treatment is individualized. It means that the medication for a child's/teenager's cancer treatment is not the same for another one. The health team is very careful so that the medication takes the expected effect without harming the patient's body too much. Therefore, when you visit the doctor, remember to take a box with all the medications the child/teenager might need to take and that are available at home so it is possible to ask if they

are safe for the child's/teenager's current situation. In the box, Include herbs used for any kind of diseases (Brito et al., 2021; Rodrigo Rincón et al., 2021; Li et al., 2019; Teles et al., 2017; Caccialanza et al., 2016; Poltronieri, Tusset, 2016; Moreira, 2016; Kuritzky, Beecker, 2015; Instituto Desiderata, 2015; Leite et al., 2015; Baracos, Kazemi-Bajestani, 2013; Ministério da Saúde (BR), 2013; Mesna, 2013; INCA, 2016, 2013a, 2013b; Reed et al., 2012; Haidar, Jeha, 2011; Bruining et al., 2011; Barbosa et al., 2010; Gonzáles et al., 2009; Medeiros-Souza et al., 2007; Otero López, 2003; Lopes et al., 2000; Taketomo et al., 1992; Bozzetti et al., 1982) as well as medications for common diseases such as the flu, sore throat.



The child/teenager is not a little adult (Mello, 2004). The child's/teenager's body is in development (Bartelink et al., 2006; Kearns et al., 2003). Thus, when they are born there is more water than fat in their bodies, the medications that can go to the brain boost their penetration, increasing side effects because the barrier is not yet formed (Silva, 2006; Simons, Tibboel, 2006). Besides, after the child/teenager takes the medication, it should be eliminated. There are elements in the liver that break this medication into smaller pieces so the body can send it out through pee or poop (Yang et al., 2009; Bartelink et al., 2006; Mello, 2004; Kearns et al., 2003; Johnson, 2003; Alcorn, McNamara, 2003).

Additionally, there are many other characteristics that should be taken into considerations when it regards the concentration of the chemotherapeutic drug in the child's body, which includes the distribution of water and fat (Katzung, 2005; Alcorn, McNamara, 2003; Labaune, 1993), amount of protein in the blood (Kearns et al., 2003), stomach and bowel movements (Katzung, 2005; Fuchs, 2004; Kearns et al., 2003; Alcorn, McNamara, 2003), amount of blood in the muscles (Bartelink et al., 2006) and the development of some organs (Partanen et al., 2018; Piñeiro-Carrero, Piñeiro, 2004). See how difficult it is to decide on a medication for a child/teenager? (WHO, 2007).

Another aspect we should pay attention to is in relation to other components of the medication called excipients. I will explain: if you eat a chocolate cake, you are interested in the chocolate, but there is also sugar, yeast, eggs that help make the cake. These other components of the cake are called excipients of the medication. Actually, they are components that must be in the medication, but they have no function in treating any symptom, but as the child's/teenager's body is in development, they can have difficulty eliminating the medication, which stays longer in the body causing toxicity (Balbani et al., 2006; European Medicines Agency, 2006; Peres et al., 2005; Heineck et al., 2004; Pifferi, Restani, 2003; Rowe et al., 2000; Napke, Stevens, 1984).

When you get the medication in the hospital for the child's/teenager's cancer treatment, write in a piece of paper the other components, take it to the pharmacist and ask them if it is adequate to the age group, weight, and other health problems the child/teenager has.

3 CARE THAT SHOULD BE TAKEN OF A CHILD/TEENAGER WITH CANCER

3.1 Body Hygiene

Taking care of hygiene is important to everyone. But in the case of the child/teenager that is undergoing cancer treatment, it is even more important because the child/teenager's system that protects them against bacteria, viruses, and Worms (immune system) is weak. Therefore, lack of the child's/teenager's hygiene may cause various infections and hinder the treatment (Rodrigo Rincón *et al*., 2021; Teles *et al*., 2017; Barbosa *et al*., 2010).

Cares the guardian or caregiver must pay attention to (Rodrigo Rincón *et al*., 2021; Brito *et al*., 2021; Teles *et al*., 2017; Instituto Desiderata, 2015; Mesna, 2013; INCA, 2013a;

Bruining *et al*., 2011; Barbosa *et al*., 2010; González *et al*., 2009; Medeiros-Souza *et al*., 2007; Otero López, 2003; Takemoto *et al*., 1992):

- Wear a mask if the doctor asks to;
- Use unscented hygiene products (soap, shampoo, conditioner, combing cream, moisturizer) without perfume;
- For intimate hygiene, use soft toilet paper, when possible, after pooping, perform personal hygiene with soap and water to avoid hurting the area;
- Always wash and dry hands after meals, before and after going to the toilet;
- Trim and clean nails;
- Always brush teeth after meals using a soft-bristle toothbrush, if possible;
- Wash hands first, face and head after, and then belly, back, arms and catheter (if you have one).

3.2 Hygiene of the home

The home is an environment full of contaminants, and because there are other people in contact with the child/teenager, there is risk of other residents transmit diseases (Rodrigo Rincón et al., 2021; Teles et al., 2017; Barbosa et al., 2010).

Cares the guardian or caregiver must pay attention to (Rodrigo Rincón et al., 2021; Brito et al., 2021; Teles et al., 2017; Instituto Desiderata, 2015; Mesna, 2013; INCA, 2013a; Bruining et al., 2011; González et al., 2009; Medeiros-Souza et al., 2007; Otero López, 2003; Takemoto et al., 1992):

- keep the house clean and ventilated;

- keep toys clean washing them frequently, if possible;
- keep carpets and curtains clean;
- discard medications for cancer at the pharmacy in the Hospital or Clinic where treatment is received because they will be treated in an appropriate place (incinerated). The medications which are not for cancer treatment can be discarded at a basic health unit (BHU), collection point or drugstore closer to your home. If there is need for discarding syringes and needles, take them in PET bottles to avoid accidents;

- should the child/teenager use the toilet, flush three times with the toilet lid down on chemotherapy days;

- cleaning of the room should be done with bleach, and everything must be disposed in two tightly-closed plastic bags;

- **sanitize the kitchen sponge daily, including the sponge used to clean the knife used to partition the pills. This sponge should be used exclusively to sanitize this knife or utensil used to cut (partition) the pills**.
  - Tip 1: Wash the sponge and wring it out to remove as much water as possible (Dória, 2015). After that, let it soak in a recipient full of boiling water for three minutes (Saiba [...], 2019).
  - Tip 2: Mix two tablespoons of bleach with 1 liter of water and leave the sponge submerged in the solution for about 15 minutes (Saiba [...], 2019).

3.3 Pets

Pets are great company for children/teenagers and can emotionally help the child/teenager who is undergoing cancer diagnosis and cancer treatment (INCA, 2016). The guardians and caregivers should observe vaccination, nails, fur and pet hygiene to mitigate the risk of disease transmission and contamination (Moreira et al., 2016; Reed et al., 2012).

Besides, it is not a good idea to touch street animals or animals whose guardians did not knowingly take these precautions, and do not have any contact with wild animals because there is risk that the child catches a disease since the system that protects the body of the child/teenager is weak (Moreira et al., 2016; Reed et al., 2012).

3.4 Make-up

It is very important for the child's/teenager's mental health to maintain their self-care, empowerment, and self-esteem. This way, as long as the make-up is hypoallergenic and does not have methylparaben or propylparaben for these components may alter the child's/teenager's development. But it is very important to read the labels and inform the doctor about makeup use (Leite et al., 2015; INCA, 2013b; Bergman et al., 2013; Final amended [...], 2008).

3.5 Sun protection

All children/teenagers must use sunscreen to prevent diseases caused by excessive solar exposure such as skin cancer, early aging, skin patches, amongst other functions (Li et

al., 2019; Kuritzky, Beecker, 2015). Children/teenagers undergoing cancer treatment should be even more careful because some medications used may cause darkening of the skin When exposed to sunlight, especially on the knee, elbow, and nails (Brito et al., 2021; Cuidados [...], 2021; Instituto Desiderata, 2015; INCA, 2013a).

Thus, the guardians and caregivers must apply sunscreen of SPF 30, at least, on the body parts exposed to the sun or use a black umbrella for the child/teenager to block the sun, wear a hat or a cap as a form of protection, keep the skin hydrated with moisturizer, and avoid exposure to the sun between 10 a.m. and 4 p.m., when the sunlight is stronger (Brito et al., 2021; Cuidados [...], 2021; Instituto Desiderata, 2015; INCA, 2013a).

Therefore, children/teenagers undergoing treatment can go to the beach or the pool, but first they should tell the doctor so they can be advised on the best time to do this and the precautions to be taken. However, they should be protected and use a lot of sunscreen. If, have a fully or semi-implanted catheter, you should avoid bathing in swimming pools, beaches or public bathrooms because of the chance of contamination of the catheter, having to change it (Brito et al., 2021; Cuidados [...], 2021; Instituto Desiderata, 2015; INCA, 2013a).

3.6 Food

Food is a great way to care for the intestine and is extremely important to keep the body healthy because it has all the nutrients needed for the development of the child/teenager (Bozzetti et al., 1982).

Remember to follow the guidance provided by the nutrition team, which takes care of the child/teenager, as many foods need to be carefully sanitized and should be avoided

depending on the stage of treatment (Caccialanza et al., 2016; Poltronieri, Tusset, 2016; Baracos, Kazemi-Bajestani, 2013; Ministério da Saúde (BR), INCA, 2013).

3.7 Wounds in the mouth (mucositis)

Wounds in the mouth and throat are very common in the treatment for cancer and can go down to the child's/teenager's intestine in some situations. The wounds look like mouth ulcers, which can be painful and hinder mastication and deglutition of food (Daugėlaitė et al., 2019; He et al., 2018).

Therefore, guardians and caregivers must look every day for wounds in the mouth, and the children/teenagers must brush their teeth with a soft-bristle toothbrush, non-abrasive toothpaste for children; avoid alcoholic beverages, smoking, too much salt in the food and have preference for soft foods until the improvement of the wounds (Ward et al., 2015; Bruining et al., 2011; Barbosa et al., 2010; González et al., 2009).

Keep the multiprofessional team informed because a treatment with laser in the mouth (laser therapy) or drugs to improve the wounds and, consequently, the discomfort caused by them (Daugėlaitė et al., 2019; Hong et al., 2019; He et al., 2018; Carneiro-Neto et al., 2017; Ward et al., 2015).

3.8 Anemia, leukopenia and thrombocytopenia

A quimioterapia que é usada para tratar o câncer não funciona só nas células ruins, ela acaba The chemotherapy used to treat cancer does not work only on the bad cells; it also destroys, unintentionally, some good cells such as those of the blood which transports oxygen (red blood cells), immune system cells that defend the body (white blood cells), and cells that keep us from bleeding too much (platelets). Consequently, the child/teenager will take many blood tests during treatment (Schümann, Solomons, 2017; Knight et al., 2004).

If any of those cells' quantity is low, the child/teenager may have symptoms such as fatigue, shortness of breath, paleness, red dots on the skin, purple and red skin patches, and bleeding (Varlotto, Stevenson, 2005; Knight et al., 2004).

Therefore, guardians and caregivers must keep an eye on these symptoms and take precaution (Brito et al., 2021; Teles et al., 2017; Schümann, Solomons, 2017; Instituto Desiderata, 2015; INCA, 2013a; Medeiros-Souza et al., 2007; Varlotto, Stevenson, 2005; Knight et al., 2004; Otero López, 2003):

- check the skin, mouth, ear, and nose looking for wounds, purple and red patches, red spots, or bleeding;

- remind the child/teenager to brush their teeth using a soft-bridle toothbrush, preferably with toothpaste for children, rinse the toothbrush after using it, and keep it in a different box away from other toothbrushes;
- protect the skin against cuts, especially after waxing or shaving;
- always trim the nails, to avoid possible scratches;
- do not pop pimples;
- always take the temperature if you notice any alteration;
- increase the intake of food of animal origin (beef, chicken, fish), and dark green vegetables (kale, broccoli, spinach, beans, pea) with food that are source of vitamin c (orange, tangerine, lime, acerola);
- avoid milk, cheese, cream cheese, yogurt, and other dairy products near lunchtime or dinner because these foods can "steal" some essential nutrients.

3.9 Vaccines

Vaccines are very important in the formation of the system that protects the child's/teenager's body, so when they become adults, they will be protected against the main diseases. However, children/teenagers undergoing cancer treatment should be careful as to how the vaccine is produced (WHO, 2021; Fundação Oswaldo Cruz - Fiocruz, 2016; Ministério da Saúde (BR), 2015; Toscano, Kosim, 2003).

There are vaccines made from live microorganisms, from dead or inactive components, attenuated viruses, and from genetic material. Thus, while the child/teenager is taking the medication, their defense is lower (reduced immunity), not only might the vaccine not be able to protect them, but it can also cause them other bad effects such as a mild form of the disease or other types of infection (WHO, 2021; Fiocruz, 2016; Toscano, Kosim, 2003).

With that in mind, it is important that the guardian or caregiver inform the doctor which vaccine the child/teenager needs to take, taking the vaccine card into consideration. The doctor will then check if the patient can take that vaccine available at the healthcare facility or if they will have to resort to another kind of vaccine. Besides, it should be verified if their siblings or other children/teenagers in the house can take the missing vaccine (WHO, 2021; Fiocruz, 2016; Ministério da Saúde (BR), 2015; Toscano, Kosim, 2003).

Examples of types of vaccine:

- live microorganisms: COVID-19 (WHO, 2022; Ministério da Saúde (BR), 2021); Human Papillomavirus (HPV) (Zardo et al., 2014);
- compounds or dead/inactive parts: COVID-19 (WHO, 2022; Ministério da Saúde (BR), 2021); Diphtheria and Tetanus (Double Adult – dT) (Ministério da Saúde (BR), 2021); Flu (Influenza) (Ministério da Saúde (BR), 2021); Pneumococcal (Pneumo 10,

Pneumo 23) (Ministério da Saúde, 2021); Polio or Infantile Paralysis (IPV) (Ministério da Saúde (BR), 2015); Diphtheria, Tetanus and Pertussis (dTpa) (Ministério da Saúde, 2015); Meningococcal C (Ministério da Saúde, 2015); Hepatitis A (Ministério da Saúde (BR), 2015);

- attenuated virus: COVID-19 (WHO, 2022; Ministério da Saúde (BR), 2021); Polio or Infantile Paralysis (OPV) (Ministério da Saúde (BR), 2021) – in drops (oral); Measles, Rubella e Mumps (MMR) (Ministério da Saúde (BR), 2021); Hepatitis B (Ministério da Saúde (BR), 2021); Yellow Fever (Ministério da Saúde (BR), 2021); Measles and Rubella (MR) (Ministério da Saúde (BR), 2021); Human Rotavirus (HROV) (Ministério da Saúde (BR), 2015); Measles, Mumps, Rubella and Chickenpox (MMRV) (Ministério da Saúde (BR), 2015);
- attenuated bacteria: Pertussis (BCG) (Ministério da Saúde (BR), 2021); Diphtheria, Tetanus, Whooping Cough and Meningitis caused by Haemopilhus (Tetravalent) (Ministério da Saúde (BR), 2021);
- Attenuated bacteria and vírus: Diphtheria, Tetanus and Pertussis, Haemophilus influenzae B Hepatitis B - Pentavalent (DTPa-IPV/Hib) (Ministério da Saúde (BR), 2015);
- genetic material: COVID-19 (WHO, 2022).

4 DAILY ACTIVITIES

Cancer does not deprive the child/teenager of being in contact with their friends. However, in the beginning of the treatment, the child/teenager may be weaker so leisure time should be restricted until the body is stronger.

Hence, it is necessary to take precaution, so the child/teenager feels well, being the action of the guardians or caregivers extremely necessary to help with these precautions

Here are some guidelines and cares you should avoid as much as possible:

- Avoid getting in contact with people who have any infectious diseases such as chicken pox, the flu, COVID-19 (Brito et al., 2021; Instituto Desiderata, 2015; INCA, 2013a; Cataneo et al., 2011);
- Avoid activities that increase the risk of trauma or falls due to changes that occur in the blood secondary to treatment (Brito et al., 2021; Freguglia, Tolocka, 2018; Castro Filha et al., 2016; Instituto Desiderata, 2015; INCA, 2013a; Dias et al., 2013; Kinsella et al., 2006);
- Avoid too many visits, with different pepleo (Brito et al., 2021; Instituto Desiderata, 2015; INCA, 2013a; Cataneo et al., 2011);
- Avoid crowded places during treatment. If you want to go to the movies or the theater, go to sessions that are emptier (Instituto Desiderata, 2015; Brito et al., 2021; Freguglia, Tolocka, 2018; Castro Filha et al., 2016; INCA, 2013a; Dias et al., 2013; Cataneo et al., 2011; Kinsella et al., 2006);
- Avoid animals which you do not know if they are up to date with their vaccines (Brito et al., 2021; Instituto Desiderata, 2015; INCA, 2013a);
- In the beginning of the treatment, avoid going to school, but the school and the teacher must be asked to send school activities to the carried out at home until a return to in-person activities can occur (Brito et al., 2021; Instituto Desiderata, 2015; INCA, 2013a; Rolim, Góes, 2009; Brasil, 1990);
- Sport and light physical activities should be continued and stimulated, though it should be reduced or interrupted so the system that protects the child's/teenager's body (immune system) is fully recovered (Brito et al., 2021; Freguglia, Tolocka, 2018; Castro Filha et al., 2016; Instituto Desiderata, 2015; INCA, 2013a; Dias et al., 2013; Kinsella et al., 2006).

Guardians and caregivers, we need your help so the cancer treatment is safe so the child/teenager can go back to play normally, such as playing football, run on the street and fly their kites as soon as possible.

When does the child/teenager undergoing cancer treatment should be taken to hospital (Brito et al., 2021; Instituto Desiderata, 2015; INCA, 2013a):

- Fever (equal or superior to 37.8ºC);
- Spots, red patches or dark patches on the skin (ecchymosis);
- Persistent bleeding;
- Paleness;
- Tiredness at little effort;
- Shortness of breath;
- Pain or difficulty going to the toilet for pee and/or poop;
- Stomachache of diarrhea;
- Vomiting;
- Persistent pain;
- Vision alteration;
- Change in behavior;
- Contact with people with infectious diseases such as chicken pox, COVID-19.

5 PREPARING FOR PALLIATIVE CARE

Even with the progression in the diagnosis and the cancer treatment, in some cases the doctors can no longer cure the child's/teenager's disease (Parra Sanches et al., 2014). When this moment arrives, the process of palliative care begins, which, according to the WHO, it is the action of actively and totally catering for the child/teenager, in their biopsychosocial and spiritual dimensions since the beginning of the diagnosis, relieving physical, psychological, social, and spiritual suffering, as well as providing family (Parra Sanches et al., 2014; Misko, 2012; Murray et al., 2010; Reis et al., 2009; WHO, 1998).

Religiosity is a way to intensify social support, allowing for better psychological adaptation of the guardians or caregivers, reducing depressive feelings by comforting, supporting for better acceptance of the situation, overcoming obstacles, and dealing with the disease (Parra Sanches et al., 2014; Silva, Acker, 2007).

Hence, there is an approach of attention to health, focusing on quality of life and death (Parra Sanches et al., 2014). Remember that this process is intensely experienced by the guardians or caregivers, with many feelings because after the diagnosis there is a drastic change in all the family structure (Parra Sanches et al., 2014; Silva et al., 2009).

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