

TELEMEDICINE ACTIONS – VIRTUAL HOME VISIT (DV) IN PANDEMIC TIMES

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Abstract: Introduction: from the declaration of a pandemic, by the World Health Organization, life was reconfigured in different ways, with isolation and social distance, quarantine, hygiene care, among others. This impacted the health-disease process, generating emotional and social suffering, as well as doubts about the disease and the care that must be taken. Understanding digital literacy as a powerful ferment in health promotion, the UNIDAVI Medicine course planned an extension project, “Telemedicine Actions” that uses Information and Communication Technology (ICT) in welcoming the community, as an alternative to visiting conventional home care, consisting of offering reception and guidance on healthy practices and care to users of Primary Health Care (PHC) services in the city of Rio do Sul/SC, during the Covid-19 pandemic. This project takes place with the application of a Virtual Home Visit (VDV) protocol, proposed based on the principles and guidelines that underlie the SUS (Unified Health System). This way, VDV is characterized as Telemedicine action, defined as the exercise through interactive methodologies of audiovisual and data communication, with the objective of assistance, education and research in health (CFM, 2002). **Objectives:** - Put into practice “health education”, one of the three guiding axes of training provided for in the National Curriculum Guidelines for the Medicine course. - Offer reception and qualified listening and guide on healthy practices and care of users of PHC services, in the municipality of Rio do Sul/SC, during the pandemic, temporarily and on an exceptional basis. **Experience or action report:** the population covered is composed of three thousand families, registered in the PHC services. With the list of patients and their data (name, age, gender, telephone

and health unit belonging), made available by the Municipal Health Department of Rio do Sul (SMS-RS), students, assisted by their teachers, keep in touch with patients, through audio and/or video calls, via the WhatsApp application. A specific questionnaire was applied in order to guide and offer reception, featuring an education and health promotion action. **Reflection on the experience:** the perception is that the families feel: recognized as active subjects; mobilized for the readaptation of daily life, in order to create safe and comfortable environments for family life; assisted and cared for in their health related to Covid-19 and flu vaccination; encouraged to self-care in health; emotionally supported and motivated to regain a sense of connection with other people, albeit in other ways; welcomed in their health problems, that is, that they know that possible referral needs will be made, in order to guarantee the resolution of PHC. **Conclusion:** telemedicine, through VDV, in this experience, proved to be a powerful health promotion tool, strengthening links between the actors in the process, showing that the use of ICTs can, contrary to what is often claimed, strengthen the humanization of medicine.

Keywords: COVID, Information Technology; Telemedicine; Home visit.

INTRODUCTION

Brazil and the world are experiencing uncertainties, challenges, questions and the search for quick and assertive solutions that arise in the face of a pandemic. Revealing a “global crisis”, as the Covid-19 pandemic has repercussions on the various dimensions of humanity’s life (HARARI, 2020).

The search for possible solutions or paths in the face of this fact poses an individual and collective ethical challenge, which requires a range of thoughtful and compacted actions

in the speed of the spread of suffering and in the consideration that people's survival and coexistence depend on these decisions. Therefore, the situation posed refers us to the "bioethics of emerging situations", when the exercise of tolerance, plurality and solidarity are necessary for rationalized, responsible and fair actions and decisions of collective health (HARARI, 2020; GARRAFA, 1997).

Taking this into account, the Unidavi Medicine course proposes the Telemedicine Actions project to replace the conventional home visit (scenario: IESC), which consists of offering reception and guidance on healthy practices and care to patients of Primary Health Care services., from the city of Rio do Sul/SC, during the Covid-19 pandemic.

By understanding that embracement is a posture that implies listening to and solving the complaints and problems of patients, who are co-responsible for health care, networks of sharing knowledge and practices that permeate the multidisciplinary work and the educational character of health services are activated. (BRAZIL, 2010).

Therefore, medical students, through the experience of Telemedicine, can put into practice "health education", one of the three guiding axes of training provided for in the National Curriculum Guidelines of the undergraduate course in Medicine.

The operationalization of this project will take place with the application of a virtual Home Visit Protocol (DV), proposed based on the principles and guidelines that underlie the SUS (Unified Health System) and inspired by the document "Virtual Visits during the pandemic of COVID-19" (CRISPIM et al., 2020). This way, virtual HV is characterized as a Telemedicine performance, defined as the exercise through interactive methodologies of audiovisual and data communication, with the objective of assistance, education and research in health (CFM, 2002). In

particular, it represents a Telemonitoring action, that is, "an act performed under medical guidance and supervision for remote monitoring or validity of health and/or disease parameters" (CFM, 2020). Also, the project is guided by Ordinance No. 467 of March 20, 2020 (MS, 2020), which includes among the Telemedicine actions, "pre-clinical care, care support, consultation, monitoring and diagnosis, through of information and communication technology, within the scope of SUS, as well as in supplementary and private health", in its Art. 2nd. Thus, it refers to actions on a temporary and exceptional basis, considering the Public Health Emergency of National Importance (ESPIN) as a result of the Human Infection by the new Coronavirus (2019-nCoV), declared through Ordinance n° 188/GM /MS, of February 3, 2020.

OBJECTIVES, JUSTIFICATION AND BENEFITS FOR UNIVERSITY AND COMMUNITY

Since the beginning of March 2020, after the declaration of a pandemic by the World Health Organization (WHO) due to the new coronavirus, life has been reconfigured in different ways, with social isolation, quarantine, hygiene care, among others. This reconfiguration of life invariably impacts people's health-disease process and tends to generate significant emotional and social suffering, in addition to doubts about the disease and the care that must be taken.

Considering this scenario and occupied with the social commitment that health training requires, the Unidavi Medicine course, based on the National Curricular Guidelines (DCN, 2014) and on the ethical orders of the Federal Council of Medicine, mobilized to integrate the efforts of health professionals, in order to assist in the care of SUS users (patients and family members) in the face of Covid-19.

Thus, the present extension project aims to: offer reception and qualified listening and guide on healthy practices and care of users (patients and family members) of Primary Health Care services, in the municipality of Rio do Sul/SC, during the pandemic of Covid-19, that is, temporarily and on an exceptional basis.

In addition to integrating efforts with health services, this project proves to be relevant as it is configured as a curricular activity for students of the Medicine course. These students are already familiarized with Primary Health Care, as they carry out theoretical-practical activities, under teacher supervision (preceptor doctors), weekly in the Health Units of Rio do Sul from the IESC (Integration of Health Teaching in the Community) course. during the first four years of the course.

Therefore, this project contemplates the proposal of curricularization of the extension as it provides the opportunity for students to experience, in an interdisciplinary way, their knowledge and enables the citizen formation of students and the dialogic interaction between HEI (Higher Education Institution) and society in facing contemporary complex issues present in the social context (MEC, 2018).

In relation to the community/society, the relevance of the virtual HV project is shown in the comprehensive and humanized care of the health-disease process in a scenario that makes everyone vulnerable. In order to reduce the spread of Covid-19, restrictive measures were adopted with regard to contact and social mobility, which generate consequences such as: stagnant financial resources, flood of information by the media, postponement of personal projects, suspension of activities of work, among others. Such consequences tend to be a source of anguish, suffering and psychosocial illness (SILVA et al., 2020;

PAHO/WHO, 2009).

In addition, the population benefited by this project, the elderly and patients with Hypertension and Diabetes, among other clinical conditions, is characterized, according to the Pan American Health Organization, as a more vulnerable group due to age, comorbidities and that may have greater difficulties to rebuild their livelihoods and social support during and after emerging situations (PAHO/WHO, 2009).

Accordingly, the role of medical students as active participants in Health Education is justified. By participating in the monitoring efforts of the patients, subject to Virtual DV.

METHODOLOGY (INSTITUTIONS, ENTITIES INVOLVED, POPULATION BENEFITED, PLANNED ACTIVITIES, WORK TEAM AND INFRASTRUCTURE)

Based on the specific population of three thousand patients, in addition to their family members, registered in the Primary Health Care services in the city of Rio do Sul, to carry out the virtual Home Visit (DV), telemonitoring. The students, assisted by their professors/preceptors – physicians duly registered with the Regional Council of Medicine – made contact with the patients to guide them and offer them reception, characterizing an action of health education.

With the list of patients and their data (name, age, gender, telephone and attached health unit), already made available by SMS, the students, accompanied by their teachers/preceptors (doctors) performed the virtual HV through an audio call and/or video, via WhatsApp application.

According to the Federal Council of Medicine (Opinion No. 14 of 2017):

WhatsApp® and similar platforms can be used for communication between doctors and their patients, as well as between doctors

and doctors on a private basis to send data or ask questions with colleagues, as well as in closed groups of specialists or the clinical staff of an institution or chair, with the exception that all information provided is absolutely confidential and cannot go beyond the limits of the group itself, nor can it circulate in recreational groups, even if composed only of doctors, emphasizing the explicit prohibition to replace face-to-face consultations and those for diagnostic or evolutionary complementation at the discretion of the physician by any of the existing or future platforms.

In addition, it is recorded that students and professors took ethical care of guarding, handling and transmitting data, as well as confidentiality, privacy and the guarantee of professional secrecy, in compliance with the technical standards of the CFM relevant to the exercise of Telemedicine (CFM, 2002).

— Institutions involved: Municipal Health Department (SMS) of Rio do Sul and Unidavi;

— Benefited population: patients and family members from the 17 health units of the ESF (Family Health Strategy) and the EACS (Community Health Agents Strategy) and the reference polyclinic, assisted by the Elderly Care Program (PAI) and the Hiperdia (Registration and Monitoring System for Hypertensive and Diabetic Patients);

— Planned activities: application of the Virtual Home Visit Protocol (Appendix A);

— Work team:

o students from the 3rd to 6th phases of the Unidavi Medicine course;

o doctors/preceptors who assisted, in the role of assistant professor, the activities of these students in the IESC curricular unit: Augusto Fey, Marcelo Vier Gambetta, Mateus Cruz Fontanella, João Vilson Cláudio Teixeira, Eduardo Beduschi voelz Itairan da Silva Terres;

o project coordination: Augusto Fey
o other course professionals: Alex Sandro Oliveira, Jeancarlo Visenteiner, Graciela San Martin Rodrigues Bagatoli, Tatiana Muniz Barbosa.

— Infrastructure: virtual communication platforms and applications such as [®] and *Classroom@*.

The project was executed during the first (1/2020) and second half of 2020 (2/2020).

Home visits took place virtually, that is, remotely. The students “arrived” at the homes of the indicated patients based on a survey already carried out by the SMS with the supervision and monitoring of professors (doctors and professionals qualified as preceptors), following the protocol described in Appendix A.

RESULTS AND DISCUSSION

The survey was carried out in all neighborhoods of the municipality of Rio do Sul, from April to December 2020, performing 625 responses (figure 1). A large part of the population agreed to take part in the survey (figure 2) and the majority of respondents were male (figure 3). A similar telemonitoring work was carried out in the same period by a group in Acre, in the municipality of Rio Branco, demonstrating the reach and relevance of this type of action, as an extension modality, interfering with the reality of the community. (SILVEIRA et al, 2020).

Figure 4 shows that 99% of respondents in this research were elderly, aged 60 years or older.

The elderly were isolated in their homes, some alone, due to social distancing. Many elderly people living alone had direct contacts with friends and family, and this was denied to them due to this social distancing, affecting their mental health (MONTENEGRO et al 2021).

Basic Health Unit - UBS (Rio do Sul)

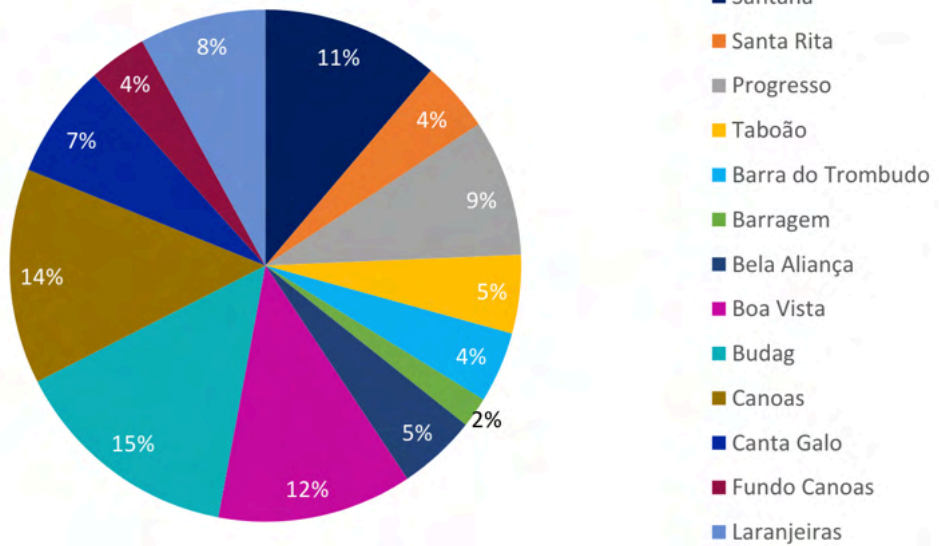


Figure 1.

You can answer only the questions you want. Do you want to continue the interview?

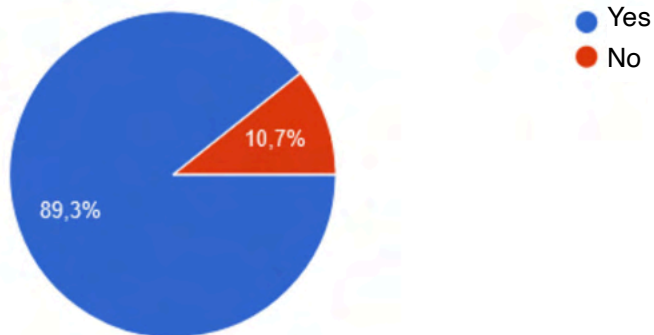


Figure 2.

Sex

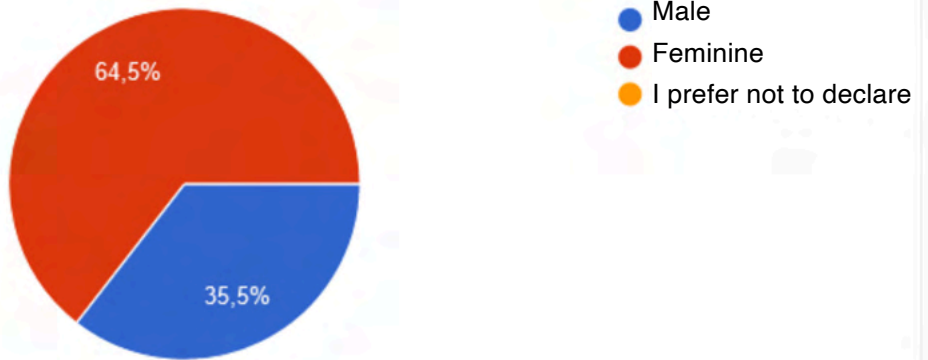


Figure 3.

Age

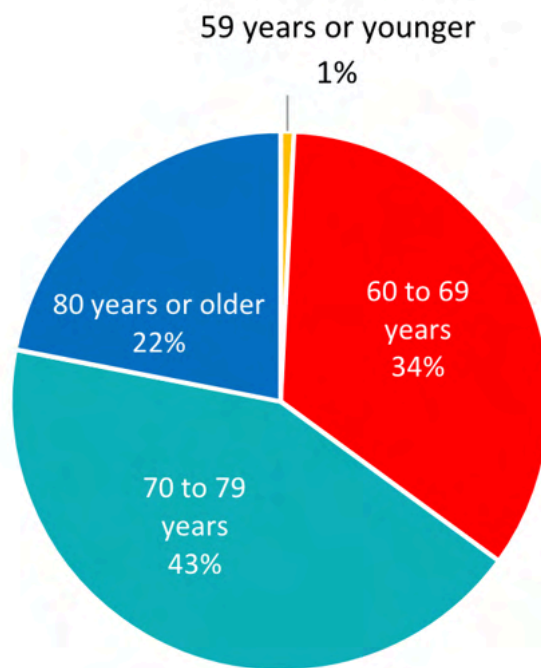


Figure 4.

It was observed in this interview that most of the households contacted are inhabited by 1 (15.2%), 2 (48.6%) or 3 (20.3%) people (figure 5).

A study showed that the elderly had knowledge about COVID-19, however, they did not perform all preventive measures. In addition, elderly people who live alone, male, long-lived and with low education are more vulnerable to COVID-19 (TAVARES et al, 2020).

In Portugal, about a third of older adults do not live with a spouse and spend eight or more hours a day alone, and the trend during the pandemic is for these numbers to increase. Physically isolating the elderly will reduce the transmission of the virus and “flatten” the epidemiological curve of the pandemic, but we cannot forget about another curve that we may be starting, that of the psychological morbidity associated with COVID-19 (HENRIQUES et al, 2020).

The vast majority of respondents in this study live with their spouse (71.5%), children (43.3%) and grandchildren (16.3%) (Figure 6).

It is observed that in the current scenario, loneliness has been characterized as a recurring and growing experience due to the social isolation caused by the pandemic, so that dealing with this event has become a more challenging task, given that, being only currently it has not always been a choice, but a necessity as a preventive measure (RIBEIRO et al 2020).

In the present study, it was observed that “People miss people” (Figure 7).

For Souza, loneliness was defined as the lack of people available or willing to share social and emotional experiences, or a state in which individuals have the potential to interact with others, but they do not (Souza et al, 2020).

More than half of those approached mentioned a lack of some activity that they

usually practiced before the pandemic, such as physical activities and social events. (Figure 8).

Pitanga carried out a study with the objective of analyzing the interface between the pandemics of physical inactivity, obesity and COVID-19, drawing attention to the importance of continuing and/or increasing the practice of physical activity as a strategy to minimize the adverse effects of the current situation. and possible future pandemics, which may require social distancing (Pitanga et al, 2020).

Respondents reported changes in their eating patterns as shown in figures 9 and 10.

The restrictions caused by isolation resulted in consequences for mental health, lifestyle and eating habits, reduced consumption of fresh foods and weight gain (DURÃES et al, 2020).

The social isolation resulting from the new coronavirus pandemic led to a change in eating habits and the majority of the population preferred ultra-processed foods, requiring measures to be adopted by governments and society to promote awareness and encourage the correct change in eating habits (OLIVEIRA et al. al, 2021).

Sleep alterations were variables perceived by the research participants, evidenced in figures 11 and 12

A study revealed the dimension of the impact of the pandemic and social isolation on aspects of mental health and sleep quality of the population in the Brazilian context. It is essential to provide *online services* to care for patients in need of care regarding their emotional and mental conditions (BARROS 2020).

During the pandemic and social isolation, it was observed, mainly, an increase in cases of insomnia, drowsiness, indisposition, difficulty sleeping at night, or the issue of waking up in the middle of the night and

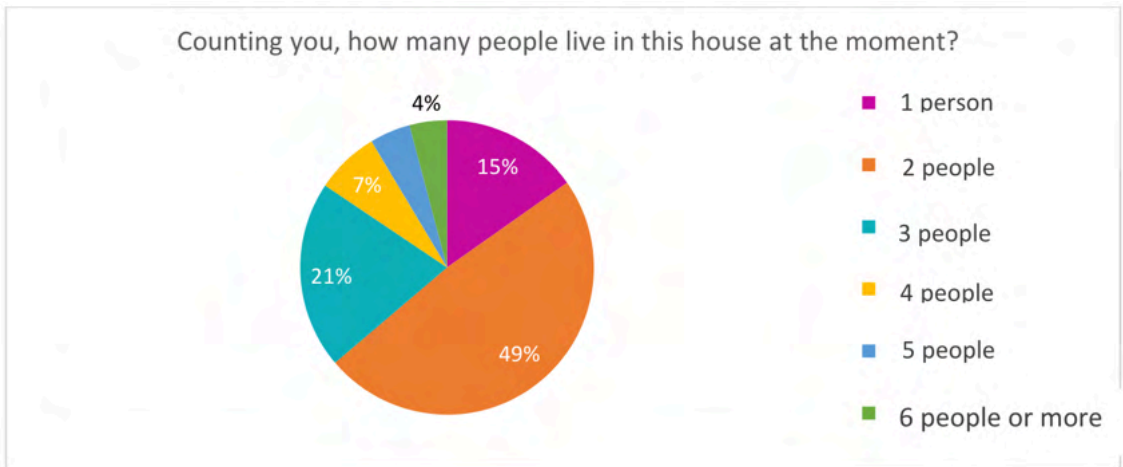


Figure 5.

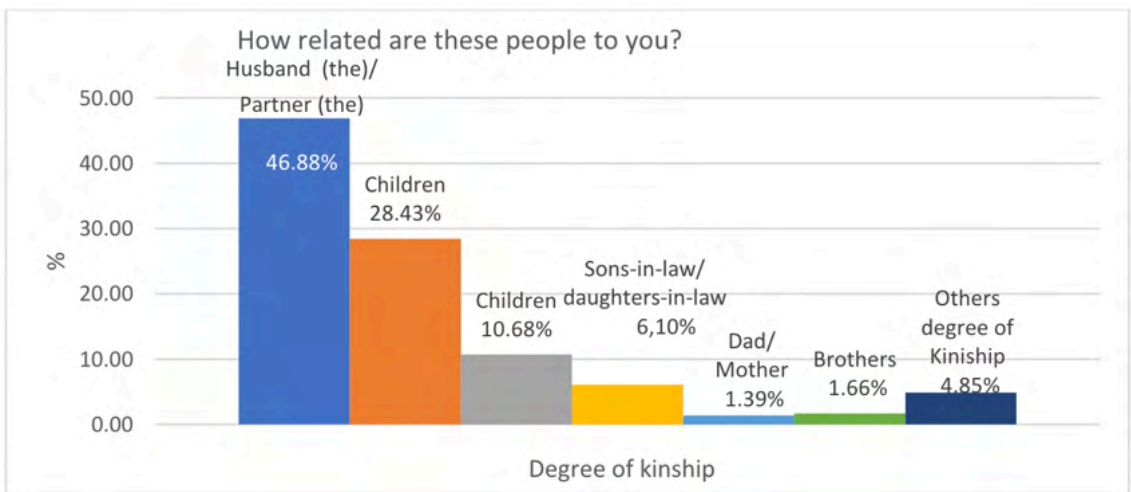


Figure 6.

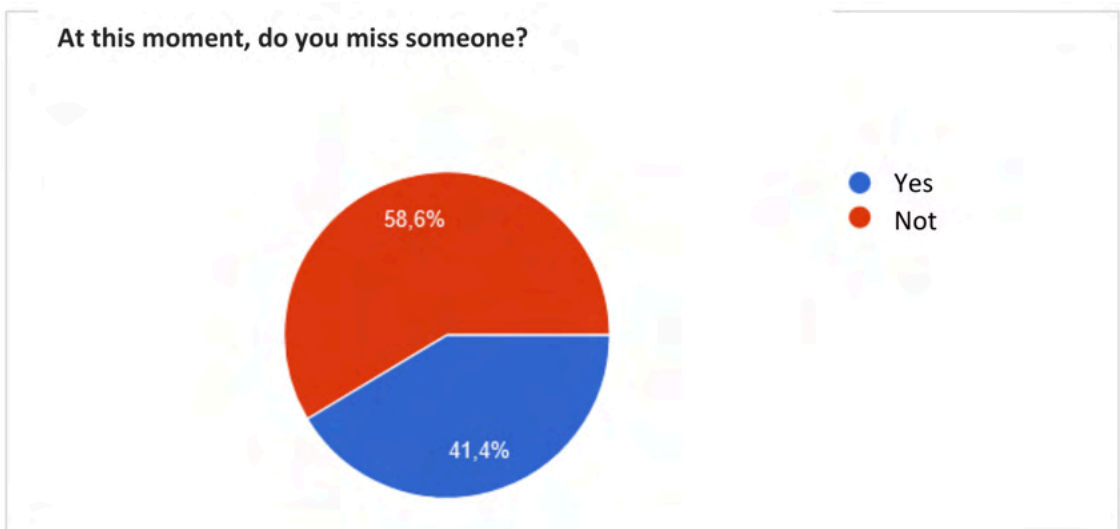


Figure 7.

At this moment, do you miss any specific activity?

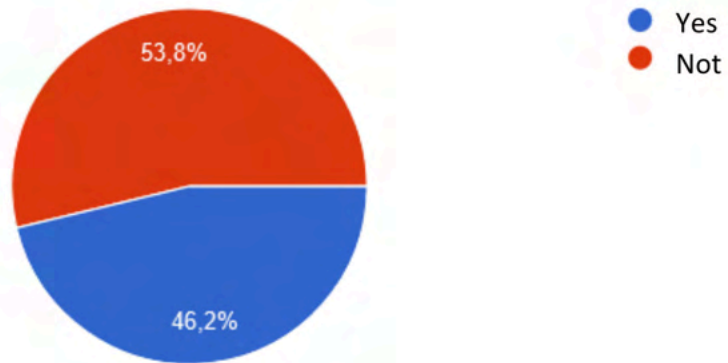


Figure 8.

Have you noticed any changes in your diet?

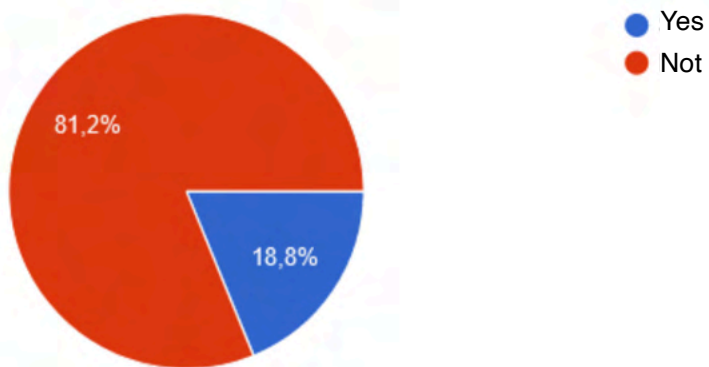


Figure 9.

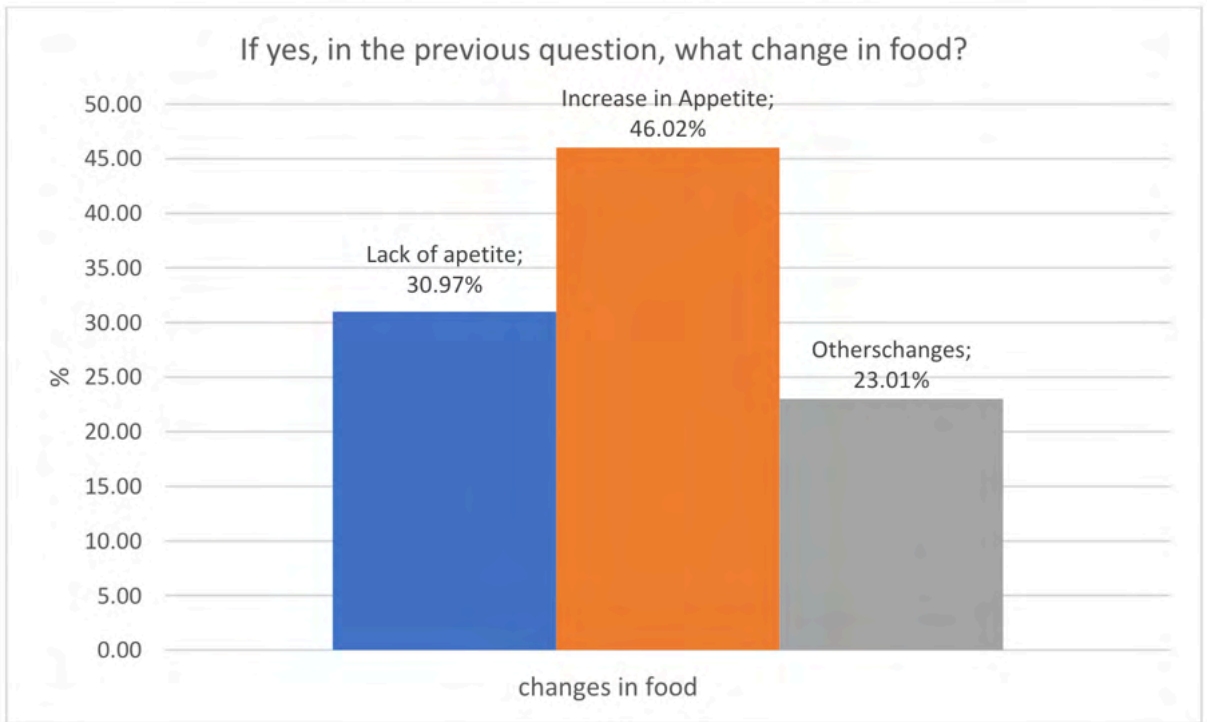


Figure 10.



Figure 11.

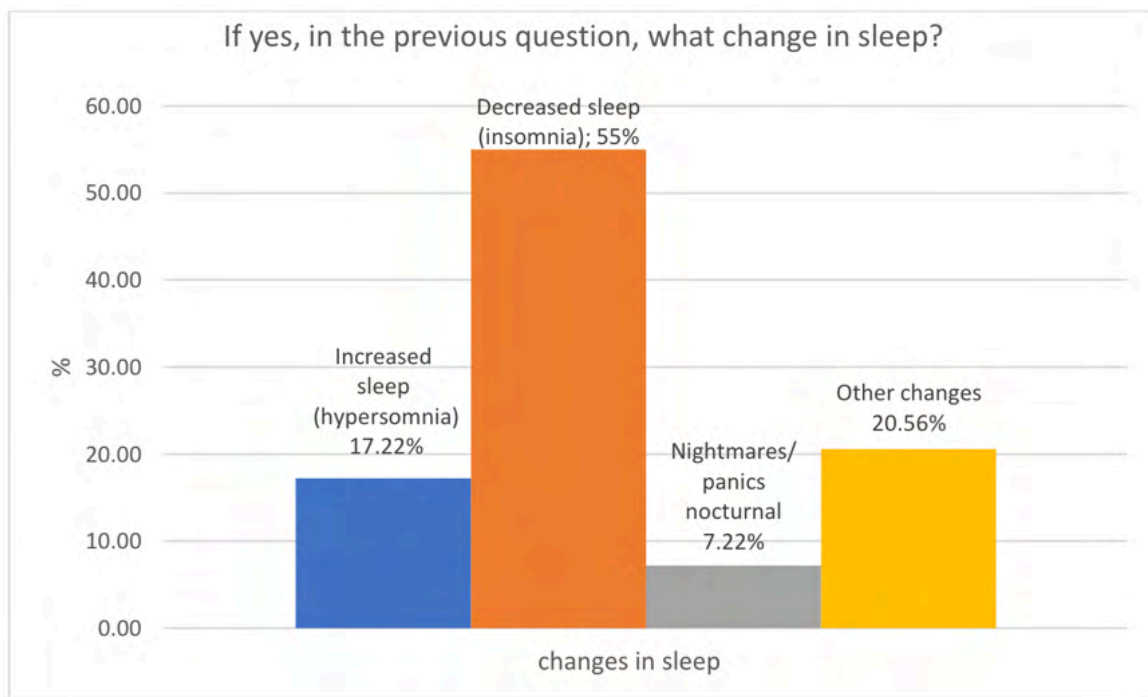


Figure 12.

having difficulty going back to sleep (ABDO et al., 2020).

Most participants reported mood changes such as irritability, anxiety, compulsion, sadness and depression. (Figures 13 and 14).

SCHMIDT has shown that the fear of being infected by a potentially fatal virus and social isolation end up affecting the psychological well-being of many people, favoring the onset of depression, anxiety and stress, including an increase in suicide cases.

Half of the patients reported the appearance or worsening of some painful symptom during the isolation period, with variations in type, intensity, location and duration. (Figures 15,16,17,18,19)

Based on this perspective, it is possible to emphasize that the impacts generated by COVID-19 in the world have been progressively occurring, causing many consequences of a pandemic outbreak, with an increase in stress, fear and consequently individuals increase physical and physical

pain. psychological. Most of the time there are symptoms such as chronic pain associated with psychological changes such as stress, depression and anxiety (BEZERRA et al, 2020).

Pain is associated with emotional conflicts and psychosocial problems (World Health Organization, 2014). Bodily pains without an identifiable physical cause may be the expression of the patient's psychic suffering, and may be symbolically related to the atonement of guilt or suppressed aggression. Pain can function as a method of obtaining love, of punishment for mistakes made and as a compensation for an intimate feeling of being bad (GRACINO et al, 2020)

Figure 20 shows activities that people perform to promote their well-being, such as household activities, crafts, meditation, prayer, physical activities, reading and others.

The COVID-19 pandemic is being a major stressor. Emotional self-regulation and behavior is altered when under

Have you noticed any changes in your mood?

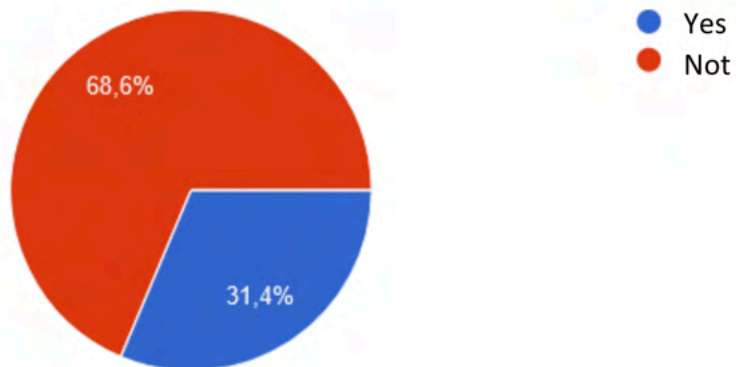


Figure 13.

If yes, in the previous question, what mood change?

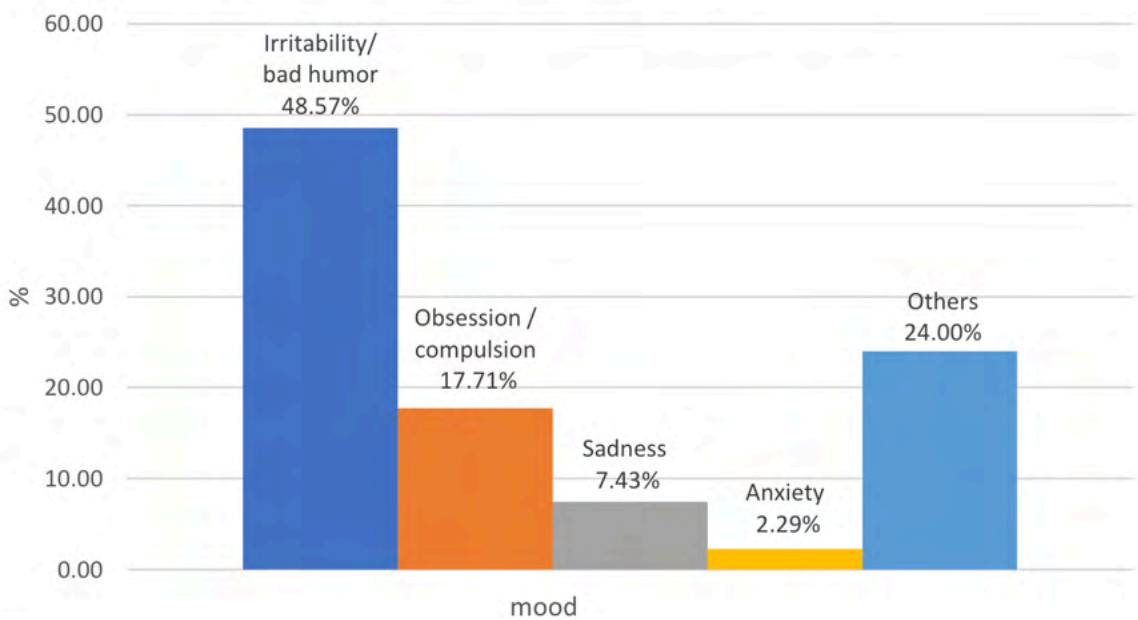


Figure 14.

Have you felt any kind of physical pain?

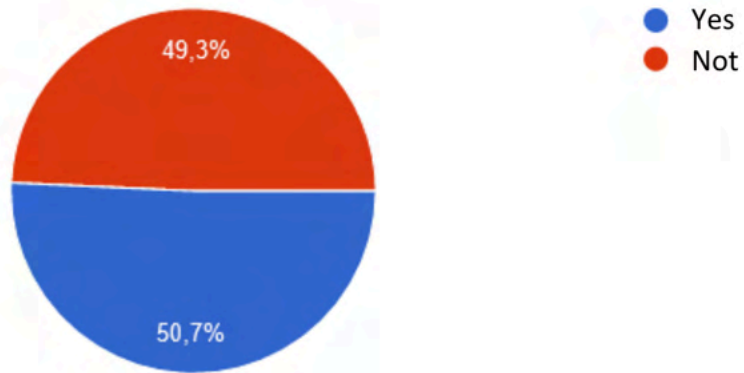


Figure 15.

Without yes, in the previous question, what type of pain?

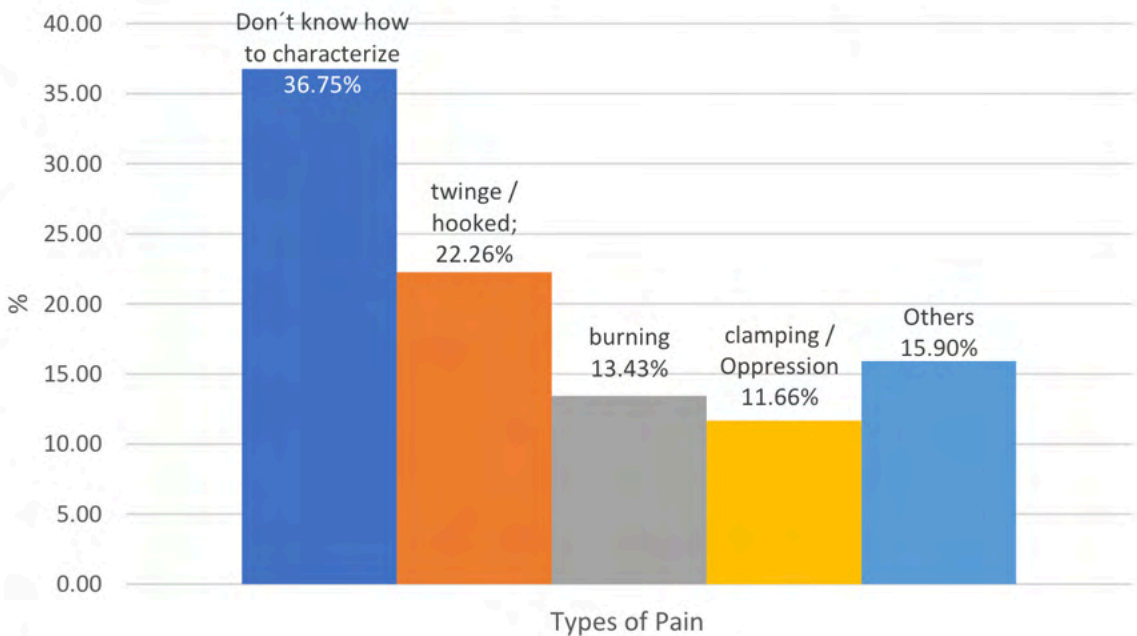


Figure 16.

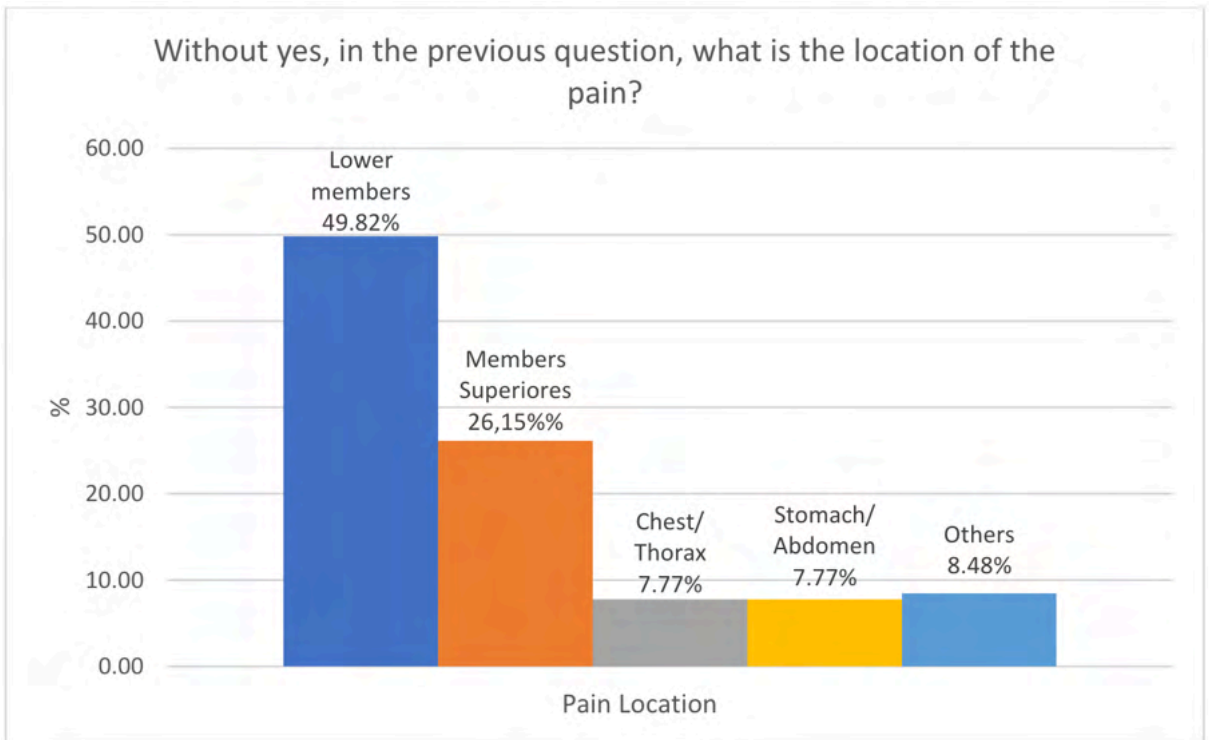


Figure 17.

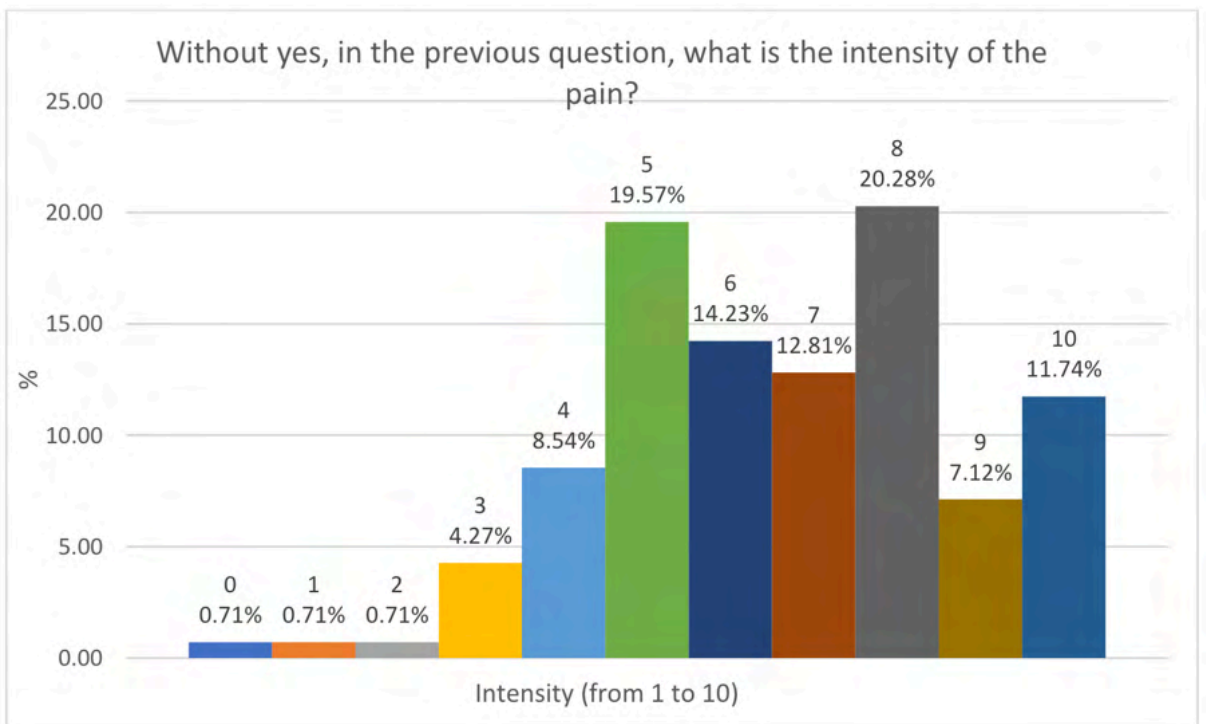


Figure 18.

Without yes, in the previous question, what is the duration of the pain?

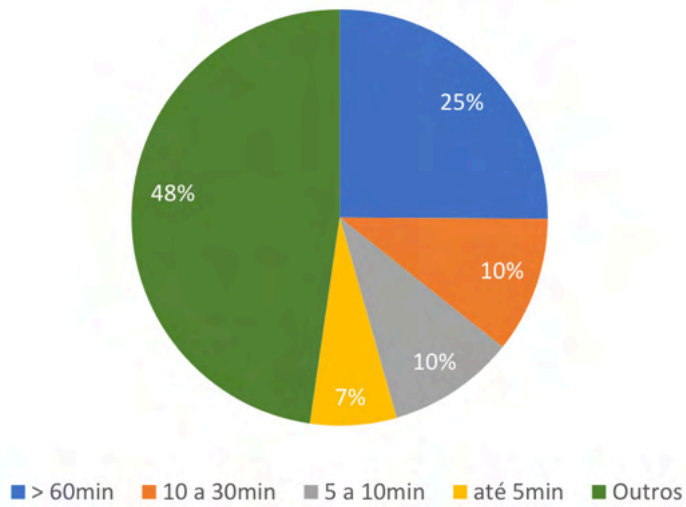


Figure 19.

What did Mr. do you like to do OR what improves your well being?

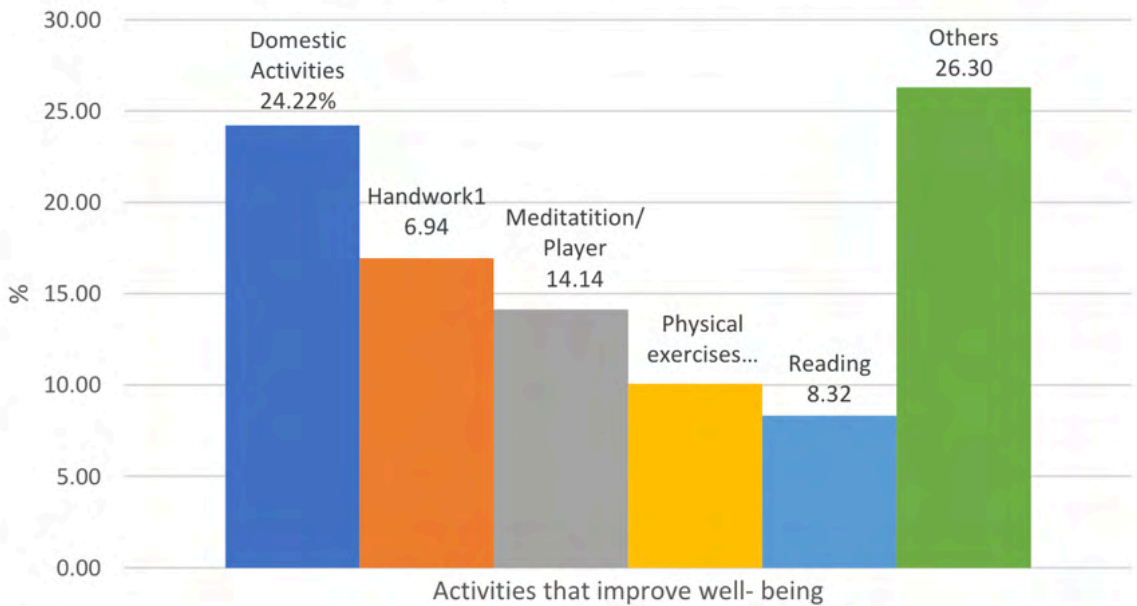


Figure 20.

threat/challenge facing the three needs basic psychological factors: competence, relationship and autonomy (ENUMO et al, 2020).

This research showed that the elderly, in general, have previous health problems (figure 21) such as high blood pressure, diabetes, heart disease, lung and kidney diseases (figure 22).

According to a study, the elderly deserve special attention in the COVID-19 pandemic, especially those with chronic diseases and, with this, concerns about the diversity of aging and the elderly are raised. Therefore, the actions adopted must be based on the pillars of gerontology, maintaining autonomy and independence (DE ALMEIDA et al, 2020).

In general, the elderly have been the population group most vulnerable to developing COVID-19 in the most serious forms, as they usually have lung diseases, hypertension, diabetes, cancer, kidney diseases, and immunosuppression situations. (PEIXOTO et. al. 2020)

Study participants demonstrated knowledge about obtaining medicines in primary care (Figures 23, 24 and 25).

Pharmaceutical Assistance during the Covid-19 pandemic is extremely important, since the pharmacist plays a fundamental role in controlling the transmission of the disease and in attending to the needs of the population, in order to promote the rational use of medicines during the crisis (RUBERT et al, 2020).

The research showed that the flu vaccination process in the municipality of Rio do Sul continued during the pandemic (figures 26 and 27).

Influenza vaccination coverage in the elderly was analyzed during the COVID-19 pandemic using the EPICOVID-19, a population-based study carried out in 133 municipalities in 26 Brazilian states and

the Federal District. A total of 33,250 and people were interviewed aged 8,262 ≥ 60 years. The elderly were asked if they had been vaccinated against influenza in 2020. Vaccination coverage was 82.3% (95%CI = 80.1-84.2), with no difference by sex, age and region. Most of the vaccinated (97.5%) received the vaccine in the public health system. Vaccination coverage was seven percentage points below the government target (MENEZES, et al, 2021).

Most of the people interviewed did not have symptoms suggestive of COVID (figure 28) and knew the conduct to be taken for household contacts (figure 29).

Despite great efforts, as the number of confirmed cases increases, evidence on transmission, incidence, disease evolution, lethality, effects and outcomes remain limited and without high levels of evidence. Studies are still needed on all aspects of the disease (DIAS et al, 2021).

CONCLUSIONS:

During this process, it was possible to perceive that patients and family members felt:

- recognized as active subjects;
- mobilized for the readaptation of daily life, in order to create safe and comfortable environments for family life;
- assisted and cared for in your health related to Covid-19 and the flu vaccination;
- encouraged to take on self-care in health;
- emotionally supported and motivated to regain a sense of connection with other people, albeit in other ways;
- welcomed in their health problems, that is, that they know that possible

Do you have any health problems being treated (avoid inducing the response)?

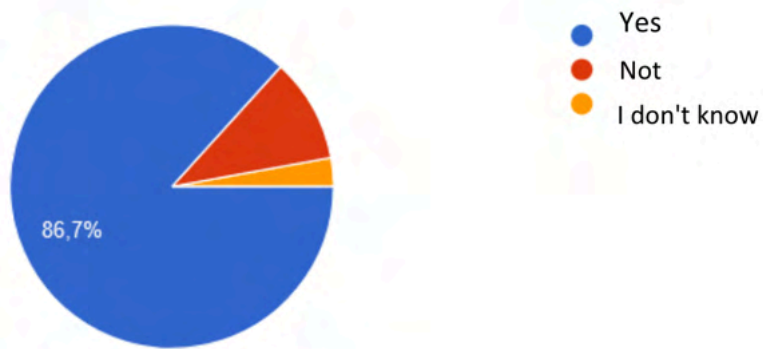


Figure 21.

If yes, in the previous question, what health problems do you have? presents (avoid inducing the response)?

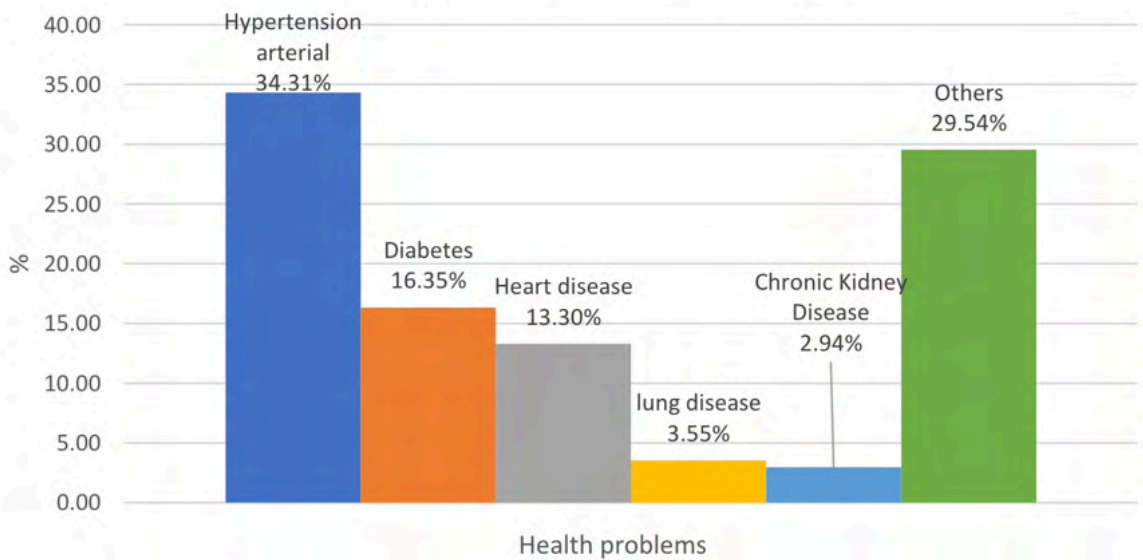


Figure 22.

Do you have all the medications you regularly use available in your home?



Figure 23.

Do you know how and where you can get prescriptions and prescriptions for continuous use?



Figure 24.

Do you know where to get the controlled use recipes?

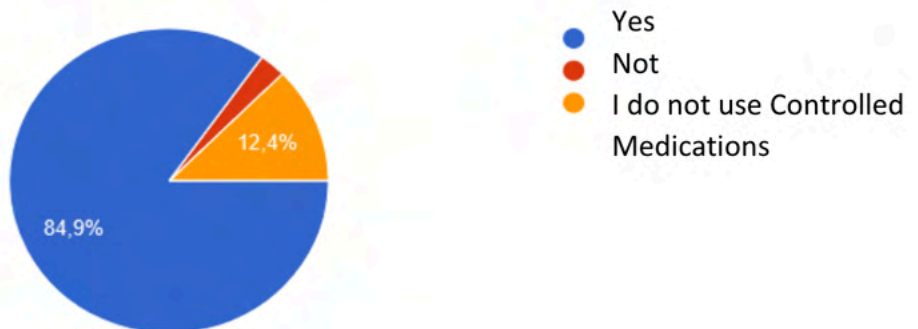


Figure 25.

Have you had the flu vaccine this year?

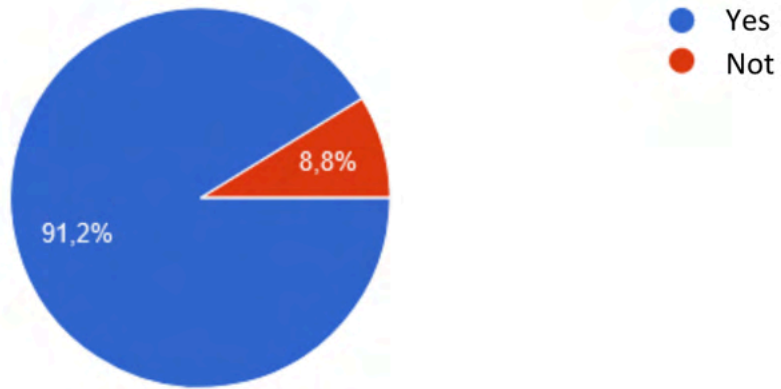


Figure 26.

If you have not yet received the vaccine, do you know how to proceed to receive it?

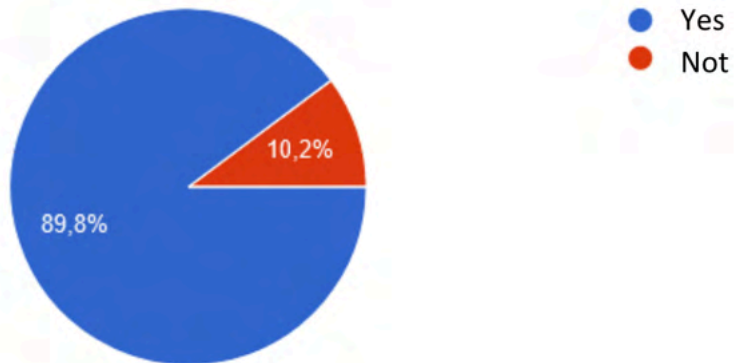


Figure 27.

Is there anyone with suspicion or confirmation of coronavirus, or with flu symptoms (fever, runny nose, dry cough, fatigue) shortness of breath in your home?

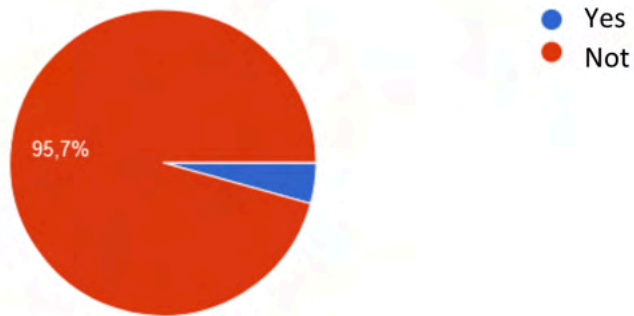


Figure 28.

Do you and the other people who live in this house know the measures that home contacts and the patient with suspected coronavirus must take?

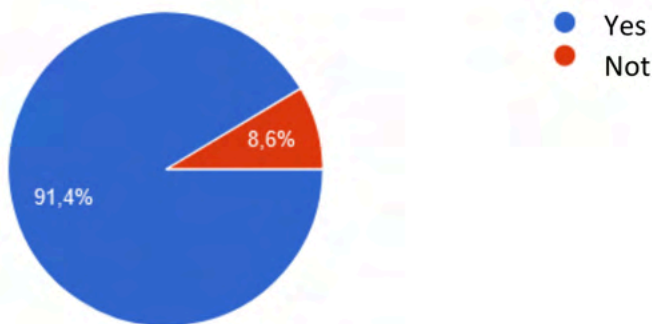


Figure 29.

referral needs will be made, in order to guarantee the resolution of PHC.

Telemedicine, through VDV, in this experience, proved to be a powerful tool for health promotion, strengthening links between the actors in the process, showing that the use of ICTs can, contrary to what is often claimed, strengthen the humanization of health. medicine.

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APPENDIX A - VIRTUAL HOME VISIT PROTOCOL

Hello, I'm a student of the Medicine course at UNIDAVI (identifying himself).
We are contacting you. to find out how your health is.

All instructions are accompanied by the doctor: _____
Professional number in the Regional Professional Council and UF: _____
(Ordinance No. 467, of March 20, 2020).

1. Inform that:

“All your clinical data are confidential and will be filled in a form, with the date, time, information and communication technology used for the service, only for our record”. (Ordinance No. 467, of March 20, 2020).

2. Do you accept to receive our Home Visit in this format? yes no

3. Question to ask:

1. Who lives in this house?
2. Do you miss someone?
3. Do you miss any specific activities?
4. Observed changes in food (lack of or increased appetite), sleep, mood, physical pain?
5. Have you noticed changes in sleep?
6. Did you notice changes in mood?
7. What do you like to do/what improves your well-being?
8. Any health problems being treated?
9. Do you have all the medications available in your home?
10. Do you know how and where you can get recipes and prescriptions for continuous use?
11. Do you know where to get prescriptions for controlled prescriptions?
12. Do you know how to get the flu shot?
13. Is there someone with suspected coronavirus in your house?
14. Do you know the measures that home contacts and the patient with suspected coronavirus must take?
15. At other times in your life when you have experienced situations of suffering or difficulties, what have you done to overcome them?
16. Tips for personal hygiene at home and care in contact with vulnerable people, when applicable. Influence of emotional aspects on the biological dimension. - Importance of good lifestyle habits, in strengthening immunity, such as healthy eating, regular physical activity and sleep maintenance. - Thank them for their participation and advise them to seek medical attention in case of health problems for themselves or their families.

Comments related to the issues:

1. Seek to establish a bond and get to know cultural and spiritual values.
2. Provide guidance on the importance of the support/social support network and think about the necessary readjustments to maintain social and affective bonds.
3. Guidance on the influence of the emotional in the biological dimension and vice versa, to facilitate the relief of symptoms and encourage the patient to take on self-care.
4. Highlight the patient's potential to strengthen self-esteem.
5. Indicate the vaccination sites in Rio do Sul.
6. Clarify the protocols for handling household contacts related to the coronavirus (BRASIL, 2020).
7. Clarify and inform the items of the Clinical Management Protocol for Coronavirus (Covid-19) in Primary Health Care (BRAZIL, 2020).
8. Clarify and inform about local and regional actions related to Pandemic Facing.