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Advances in Kennedy's Terminal Injury studies in nursing care in terminality: Integrative review

ABSTRACT | Objective: to identify the nursing concepts and care related to Kennedy's Terminal Injury available in the literature. Method: This is an integrative review that used the BVS and CAPES Journals Portal Database, using the MEDLINE, LILACS, BDNF and SciELO. Studies that evaluated Kennedy's Terminal Injury and nursing care were considered. Results: A total of 05 publications in the form of texts and full abstracts were included, 04 studies and 01 editorial. The studies are in a foreign language (English and Spanish), thus reinforcing the alert to the need of the national scientific community. The data were categorized, being grouped into two categories: Kennedy's Terminal Ulcer and its peculiarities and the strategies of Nursing actions at the end of life. Conclusion: There is still a shortage in scientific studies mainly by the national scientific community, in particular nurses demonstrating the lack of knowledge produced related to caring for patients affected by Kennedy's Terminal Injury.

Keywords: Nursing; Terminal Assistance; Palliative care; Wounds and Injuries; Ulcer.

RESUMEN | Objetivo: identificar los conceptos y cuidados de enfermería relacionados con la Lesión Terminal Kennedy disponibles en la literatura. Método: Se trata de una revisión integradora que utilizó la base de datos del Portal de Revistas de la BVS y CAPES, utilizando las referencias MEDLINE, LILACS, BDNF y SciELO. Se consideraron los estudios que evaluaron la lesión terminal de Kennedy y la atención de enfermería. Resultados: Se incluyeron un total de 05 publicaciones en forma de textos y resúmenes completos, 04 estudios y 01 editorial. Los estudios son en lengua extranjera (inglés y español), reforzando así la alerta a la necesidad de la comunidad científica nacional. Los datos fueron categorizados, agrupándose en dos categorías: Úlcera Terminal Kennedy y sus peculiaridades y las estrategias de actuación de Enfermería al final de la vida. Conclusión: Aún existe una escasez de estudios científicos principalmente de la comunidad científica nacional, en particular enfermeras que demuestren la falta de conocimiento producido relacionado con el cuidado de los pacientes afectados por la Lesión Terminal Kennedy.

Palabras claves: Enfermería; Asistencia Terminal; Cuidados paliativos; Heridas y lesiones; Úlcera.

RESUMO | Objetivo: identificar os conceitos e cuidados de enfermagem relacionados a Lesão Terminal de Kennedy disponíveis na literatura. Método: Trata-se de uma revisão integrativa que utilizou como base de dados BVS e Portal de Periódicos CAPES, usando os referenciais MEDLINE, LILACS, BDNF e SciELO. Foram considerados estudos que avaliavam a Lesão Terminal de Kennedy e cuidados de enfermagem. Resultados: Foram incluídos um total de 05 publicações no formato de textos e resumos completos, sendo 04 estudos e 01 editorial. Os estudos são de língua estrangeira (inglês e espanhol), reforçando assim a alerta para a necessidade da comunidade científica nacional. Os dados foram categorizados, sendo agrupados em duas categorias: Úlcera Terminal de Kennedy e suas peculiaridades e Implementações de Enfermagem no fim da vida. Conclusão: Percebe-se ainda uma escassez nos estudos científicos principalmente pela comunidade científica nacional em particular os enfermeiros demonstrando o déficit de conhecimentos produzidos relacionados ao cuidar de pacientes acometidos pela Lesão Terminal de Kennedy.

Palavras-chaves: Enfermagem; Assistência Terminal; Cuidados Paliativos; Ferimentos e Lesões; Úlcera.

Rejane Marins Silva Souza

Bachelor of Nursing from Centro Universitário Plínio Leite. Specialist in Dermatological Nursing at Centro Universitário Celso Lisboa. Specialist in Stomatherapy Nursing from the Faculty of Nursing of UERJ. Specialist in family health from Castelo Branco University. Nurse by the Family Medical Program of the Health Foundation of Niterói.

ORCID: 0000-0002-1105-4851

Rayanne Karoline Rosa Santos

Bachelor of Nursing from Universidade Estácio de Sá. Specialist in Dermatological Nursing at Centro Universitário Celso Lisboa. Routine Nurse and Chair of the Dressing Committee at Hospital Norte D'Or.

ORCID: 0000-0002-6509-8454

Charlene De Lourenco Teixeira

Bachelor of Nursing from Castelo Branco University. Specialist in Dermatological Nursing at Centro Universitário Celso Lisboa.

ORCID: 0000-0002-6297-0745

Patrícia Britto Ribeiro de Jesus

Bachelor and Degree in Nursing from Universidade Federal Fluminense. Master in Nursing from the Graduate Program of the Faculty of Nursing at UERJ. Specialist in Stomatherapy Nursing at the Faculty of Nursing of UERJ, in Clinical Medicine and General Surgery at UNIRIO, Infection Control in Health Care at UFF. Assistant Professor at the Department of Nursing Fundamentals, Faculty of Nursing, UERJ. Assistant Professor of Teaching in the Undergraduate Nursing Course and in the Postgraduate Course in Dermatological Nursing at Centro Universitário Celso Lisboa.

ORCID: 0000-0003-4523-3740

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INTRODUCTION

Kennedy Terminal Ulcer (KTU) was first defined in 1983 by Karen Kennedy-Evans, a family nurse who started one of the first skin care teams at a long-term care institution ⁽¹⁾, appearing frequently in people at the end of life. Kennedy's terminal ulcers are inevitable, therefore, proper management, including patient education, collaborates so that patients in the process of finitude do not have a negative impact on their quality of life. ⁽²⁾

KTU has as main characteristics to be in the form of a pear, butterfly or horseshoe of blue, red, purple, yellow or black color, being predominant in regions such as sacrococcygeal, calcaneus, elbow and calf. ⁽³⁾

In the final phase of life, any organ can be compromised and start to fail, so, if you can see that the skin being our largest organ, it also needs special attention. When an organ is compromised, injury can result. In the final phase of life, the skin can also fail, causing problems for the patient. ⁽⁴⁾

A person in his terminality is considered to be an individual who suffers from some pathology that ultimately interferes with the functioning of vital organs causing damage to the skin, which may or may not result in injury. The skin, as well as the other organs, suffers more accentuated wear in the last stage of life, increasing the risk for the appearance of pressure injury (PI). ⁽³⁾

According to the Brazilian Stomathe- rapy Nursing Association, pressure injury is a localized damage to the skin and/or underlying soft tissues most commonly found on the bone region, or related to the use of a medical device, which can be painful and have specific characteristics such as intense pressure, shear, poor perfusion and comorbidities. ⁽⁵⁾

In 2017 at the NPUAP Conference (National Pressure Ulcer Advisory Panel), a North American organization dedicated to the prevention and treatment

of PI, discussed the terms of skin lesions that appear during the terminal life of the patient. According to this latest NPUAP conference, held in New Orleans, under the title "Pressure injuries: advancing the vision", there was a consensus that there



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are at least four terms that define the inevitable skin injuries that occur at the end of life. ⁽⁶⁾

It is important to emphasize that with the change in the nomenclature proposed by the NPUAP, calling the term "injury" instead of "ulcer" as it is considered more comprehensive, the term Kennedy Terminal Injury will be taken as a basis in the descriptions throughout the study. ⁽⁶⁾ Now, in the daily practice of nursing care, PPLs are usually described by the nursing team in their records, in contrast, the others are sometimes not identified, which leads to the research question for this study, what are nursing care in news to patients with Kennedy Terminal Injury?

The evidence for nursing care and medical treatment options is still limited. However, the underlying cause of organ failure should be addressed instead of using pressure redistribution methods. The diagnosis of a terminal Kennedy injury can help guide health care decision making. ⁽¹⁾

Thus, it is essential to supervise the nurse when this specific type of injury occurs, including the prescription of adequate coverage, guidance, monitoring, the development of educational processes with professionals, prioritizing patient comfort in addition to staying in the hospital. continuous evaluation of results. ⁽⁷⁾ In this way, understanding and diagnosing Kennedy's terminal injuries helps the health team to deal with any modifiable risk factors and prepares the family for the palliative care option. ⁽¹⁾

Thus, in view of the relevance of the topic addressed, this study aimed to identify the nursing concepts and care related to Kennedy's Terminal Injury available in the literature.

METHOD

It is a research that involves the systematization and publication of the results of a bibliographic research in health, where the method used was an integrative review of an exploratory nature, ha-

ving as databases: Regional Portal of the Virtual Health Library (VHL) and Portal CAPES journals and as reference databases: MEDLINE, LILACS (Latin American and Caribbean Literature in Health Sciences), BDNF (Database specialized in the field of nursing), SciELO.

The integrative literature review consists in the search and analysis of previous literature on a certain topic with a view to understanding, discussions about methods, research results and reflections for future studies. (8) It allows the summary of several studies becoming an ally for nursing, a category with limited time for the aggregation of scientific knowledge due to the large volume available in addition to performing a critical analysis of the studies.

The integrative review presents six distinct phases for its development in order to systematize the research, which are: 1st elaboration of the guiding question, 2nd search or sampling in the literature, 3rd data collection, 4th critical analysis of the included studies, 5th discussion of results and 6th presentation of the integrative review.

The definition of the guiding question is the most important phase of the review, as it determines which studies will be included, the means adopted for identification and the information collected from each selected study. (9) The research question elaborated was according to the PICO strategy (10), Of which: P- Population: "patients with Kennedy Terminal Injury"; I- Interest: "nursing care"; Co- Con-

text: "actuality". Thus being determined: "What are the nursing care currently for patients with Kennedy Terminal Injury?"

The second phase of the process presents inclusion criteria that allow the scientific search to be properly delimited. Searches were performed in five electronic databases through the association of descriptive terms and free words through Boolean search corresponding to the conceptual blocks aimed at retrieving studies on Kennedy's Terminal Injury and nursing care. The searches were carried out from October 2019 to June 2020, with no language, age, gender or date filter applied, minimizing publication bias.

The inclusion criteria established for the selection of articles in this study were: articles with texts available in full online that portrayed the theme of Kennedy's Terminal Injury; timeless publication interval; indexed in those databases. The exclusion criteria were: studies that evaluated pressure injuries, neuropathic ulcers, leg ulcers. To search the referred databases, the relevant adaptations in the search strategy were used according to the specificities of each database.

In the third phase, an instrument previously developed by the authors was used in order to extract data from the selected articles, with the goal of ensuring all relevant data, minimizing the risk of errors in transcription. The data includes: Title and year of publication, language of publication, objectives, method and main results.

The fourth phase consists of a critical

analysis of the selected studies, according to the level of the evidence hierarchy that helps in choosing the best possible evidence. After excluding duplicates, studies were analyzed in relation to the title and abstract. The relevant studies were retrieved in full and the eligibility criteria were applied. Then, an analytical reading was performed. The presentation of the results and discussion of the data obtained was done in a descriptive way and for analysis, thematic categorization was chosen after the sum of the relevant registration units.

In the fifth phase, the necessary interpretations and discussion of the results were taken. In the sixth phase, the selected studies were reviewed and synthesized. In this step, from the interpretation and synthesis of the results, the data evidenced in the analysis of the articles in order to meet the proposed research question were compared.

RESULTS

739 studies were retrieved from the aforementioned search strategies, after excluding duplicates and applying the eligibility criteria. To refine the search, the term and was used between the words: Kennedy's terminal injury and nursing care. We obtained a total of 05 publications in the form of texts and full abstracts, with 04 studies and 01 editorial according to table 1.

After the selection of the 05 studies that were relevant to the inclusion crite-

Chart 2 - Search and selection flowchart - Rio de Janeiro, Brazil, 2020

Título e ano	Idioma de publicação	Objetivos	Método	Principais Resultados
Reexaminando a literatura sobre úlceras terminais, SCALE, insuficiência cutânea e lesões por pressão inevitáveis (2019) (11)	Inglês	Fornecer uma hipótese unificadora para alterações de valores no final da vida e de outros estados que comprometam a integridade da pele.	Revisão de literatura, abordagem qualitativa.	Por meio da síntese da literatura sobre esses conceitos, fica claro que, embora haja concordância de que as alterações cutâneas no final da vida sejam fenômenos clínicos reais vistos na prática, a fisiopatologia da mudança de córnea é importante e os pacientes assistenciais são incompletos. Também é necessário concordar com definições e termos e começar a definir critérios de diagnóstico para insuficiência cutânea e alterações da pele no final da vida.

Úlceras de pressão inevitáveis, falha de pele, úlceras de fim de vida e alterações de pele no fim de vida (2018) ⁽¹²⁾	Espanhol	Esclarecer os conceitos e estabelecer um sistema de classificação que permita avaliar o risco e sua abordagem adequada.	De opinião (editorial)	Os profissionais de saúde, pacientes e familiares, profissionais de saúde, políticos e a população em geral devem estar cientes de que, às vezes e apesar de todas as evidências e recursos disponíveis para tentar evitar lesões associadas à dependência, podem ocorrer vários fatores de comorbidade que contribuem para a inevitabilidade de lesões na pele; mesmo depois de implementar adequadamente os protocolos de cuidados estabelecidos e recomendados. Ser informado, educar as pessoas, unificar critérios e identificar aquelas lesões que são evitáveis, e especialmente aquelas que não são, melhorará os cuidados de saúde e a qualidade de vida dos pacientes que sofrem no estágio final da vida.
Adequação do plano de cuidados para o diagnóstico de Úlcera Terminal de Kennedy (2016) ⁽¹³⁾	Espanhol	Avaliar a situação do paciente, determinar os problemas reais ou potenciais, planejando o maior número de intervenções.	Estudo de caso.	A úlcera terminal de Kennedy é uma lesão profunda do tecido cuja identificação correta e diagnóstico precoce devem ser levados em consideração nas UTIs. O desenvolvimento desse tipo de lesão obriga a enfrentar seu tratamento de uma perspectiva diferente. Quando se trata dos últimos dias de vida, as metas de atendimento devem se concentrar na qualidade de vida restante do paciente e não a promover a cicatrização de feridas, caso contrário impossível.
Poliulceración en paciente terminal: Úlceras de Kennedy. Plan de cuidados Paliativos (2014) ⁽⁹⁾	Espanhol	Busque conforto para o paciente terminal através de um plano de assistência de uma perspectiva holística. Conseguir o envolvimento de cuidadores, primários e secundários, na execução do cuidado, por meio da Educação em Saúde (PS). Aliviar a dor e odor de feridas. realizar oficina de prevenção e tratamento da UPP no paciente terminal, ao vivo e com registros no HC, para os estudantes de enfermagem.	Qualitativa.	Nos pacientes terminais, deve-se priorizar o conforto e o bem-estar, evitando o abandono das UPPs e o agravamento das existentes.
Pressão ou Patologia que distingue úlceras de pressão da Úlcera Terminal de Kennedy (2010) ⁽¹⁴⁾	Inglês	Mostrar que o desenvolvimento da úlcera terminal de Kennedy (UTK) é um indicador de que a morte pode ocorrer dentro de 6 a 8 semanas.	Relato de experiência	A presença de um KTU deve ser diferenciada de uma UP, a fim de fornecer um ótimo atendimento ao paciente que está morrendo e à família.

Source: Authors (2020)

Chart 1 - Literature selection and distribution - Rio de Janeiro, Brazil, 2020

Palavras-chave	Medline	Lilacs	BDEnf	SciELO	Total
LTK	08	0	0	0	08
Cuidados de enfermagem	467	115	39	110	731
LTK and cuidados de enfermagem	05	0	0	0	05

Source: Authors (2020)

ria, a characterization chart of the studies was elaborated with the information from these articles, analyzing the title and year; publication language; goals; method and main results.

It is noted that of the 5 studies found according to the searches carried out, they are of a foreign language (English and

Spanish), thus reinforcing the alert to the need of the national scientific community. To analyze the main ideas of the publications, it had been analyzed and organized based on the Content Analysis, proposed by Bardin. Technique is that data processing aims to obtain information that allows the inference of knowledge related to the conditions of production/reception of these messages. ⁽¹⁵⁾

The data were categorized from the outline of the content of the selected articles and with reference to the object of study, which were grouped into two categories: Kennedy's Terminal Ulcer and its peculiarities producing 03 thematic units (T.U.) they are: KTU characteristics, terminality of life, interference factors. And Nursing implementations at the end of life, producing a result 04 T.U. which were: palliative care, support network, multidisciplinary team and continuing education, which were analyzed below.

The category that refers to the advances in research related to the UTK concept was made up of a total of 42 registration units (RU), which was divided into the following thematic units: KTU characteristics (34 RU); terminality of life (08 RU), as shown in table 1.

The second category refers to the

main thematic units that emerged from the productions taking into account the strategies of nursing actions at the end of life. Consisting of 35 RU in which the themes found were: palliative care (24); multidisciplinary team and support network (10); continuing education (1), as described in table 2.

DISCUSSION

In order to synthesize the findings of this study, following the analysis recommendations proposed by Bardin, it was necessary to carry out a more careful analysis through specific themes, which will be developed in the categories below. The studies were organized in a decreasing form of publication, one published in 2019, one in 2018, one in 2016, one in 2014 and one published in 2010.

When analyzing the research profiles of the articles that were selected, it was observed in the sample that two used a qualitative methodological approach, an opinion analysis, a case study publication and an experience report.

Kennedy Terminal Ulcer and its peculiarities

Regarding the thematic unit referring

to KTU characteristics, the term was first cited by nurse Karen Lou Kennedy, in 1983, when she worked at a health unit, at Byron Health Center, in the United States where she realized that some people with PI died within a few weeks. ⁽³⁾

The term "Kennedy Ulcer Terminal" (KTU) was coined in 1983 by Karen Lou Kennedy, the author worked on a skin care team, and noted that some people who suffered from a certain type of PI died within two weeks. ⁽³⁾

It is worth clarifying that the Kennedy Terminal Injury is part of a phenomenon of changes in the skin at the end of life, described as Skin Failure that occurs when the organism privileges the perfusion of vital organs occurring changes in the skin leading to local hypoxia and SCALE (Skin Changes at the Life's End) changes in the skin at the end of life resulting from reduced perfusion being able to cause ruptures in the skin. ⁽¹²⁾

This process, called skin failure, occurs especially in the last hours of life, as the body tends to favor the perfusion of vital organs, such as the brain, heart and kidneys. The result is reduced oxygen availability and the body's ability to use vital nutrients and other factors necessary to maintain the protective function of this organ, causing it to rupture. This impairment, as well as its complications, is called skin changes at the end of life (Skin Changes at the Life's End - Scale). ⁽¹⁶⁾

Of the analyzed articles, five approached a consensus in the description of the KTI, as the same in the publications cited is approached as an ulcer with an irregular border resembling an abrasion, of sudden onset and very rapid progress that can be initially confused with abrasion, blister or even darkened area in the skin that develops quickly, in addition to colors that can change from purple, to red, yellow and even blue or black and can present with three distinct aspects: pear, horseshoe or even butterfly, predominantly from the sacrococcygeal region. ⁽¹⁴⁾

As author Yastrub argues in her study

Table 1 - Distribution of Thematic Units in the selected productions - Rio de Janeiro, Brazil, 2020.

Unidades Temáticas	Artigos					*U.R.	*T.A. Total
	(1)	(2)	(3)	(4)	(5)		
Características da UTK	3	7	6	11	7	34	5
Terminalidade da vida	2	1	0	3	2	8	4

*U. R.: Registration Unit (Unidade de Registro); *T. A.: Total Articles (Total de artigos).
 Source: Authors (2020).

Table 2 - Distribution of Thematic Units in the selected productions - Rio de Janeiro, Brazil, 2020.

Unidades Temáticas	Artigos					*U.R.	*T.A.
	(1)	(2)	(3)	(4)	(5)		
Cuidados paliativos	5	17	0	2	0	24	3
Equipe Multidisciplinar e Rede de apoio	2	2	2	1	3	10	5
Educação continuada	0	0	1	0	0	1	1

*U. R.: Registration Unit (Unidade de Registro); *T. A.: Total Articles (Total de artigos).
 Source: Authors (2020).

developed in 2010, an KTI is different from a pressure injury because it is attributable to hypoperfusion (local ischemia) of the skin and not pressure. She Yastrub cautioned doctors to correctly distinguish between an KTI and a pressure injury, because it can help set realistic wound healing goals.⁽¹⁴⁾

However, it was observed that KTI has an unclear etiopathogenesis and that the term frequently found refers to blood compensation for the non-failure of several vital organs. Dysfunction in the skin at the end of life can occur in the tissue, in the cell or at the molecular level and is related to decreased skin perfusion, leading to a state of localized hypoxia.⁽⁴⁾

Furthermore in a literature review carried out in 2019⁽¹¹⁾ synthesized among health professionals, these terminal injuries ended up being known as KTIs. The literature is unclear whether KTI should be considered a pressure injury or a separate skin problem that also occurs over a bony prominence, making it difficult to differentiate from a "typical" pressure injury.

From the selected productions 04 brought the aspects of the terminality of life. Terminally ill patients need a therapeutic touch from the perspective of a dignified death, free from suffering, so that when the patient, in a hospital bed, already in the process of dying, is still full of invasions in his body, where many times, their dignity is not being safeguarded.⁽¹⁷⁾ In this way, work routines lead professionals to reflect on all instances of care: physical, emotional, social, cultural, spiritual and ethical, thus building a bond of trust with each other and consequently improving the service provided.⁽¹⁸⁾

With regard to the terminality of life, the organism tends not to function properly reflecting with changes in the skin that range from dryness, cracks and injuries itself. Thus, this process can accelerate the degradation of the organism, which can result in skin lesions.⁽¹⁶⁾

For patients affected by KTI, care is limited to comfort and family. By defini-



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tion, it is understood that the patient is experiencing multiple irreversible medical diseases, in addition to other factors that may result in the development of this form of inevitable skin ulceration. And that the most delicate part for the professionals involved in the care of these patients, is to inform the family member about the patient's terminal state.

End-of-Life Nursing Implementations

Regarding the thematic unit referring to palliative care, it originates from the Latin term pallium, which means cover, mantle, protection used by travelers to protect against the adverse conditions encountered during the journey made towards the sanctuaries. This is the meaning of palliation, derived from the Latin pallium, a term that names the mantle that the knights used to protect themselves from storms along the paths they traveled.⁽¹⁹⁾

WHO redefines palliative care as a set of measures aimed at improving the quality of life of patients and family members who face issues related to a disease threatening the existential continuity, through the prevention and relief of suffering made possible by early identification, efficient pain assessment and treatment, as well as attention to other physical, psychological and spiritual symptoms.⁽²⁰⁾

In this sense, palliative care becomes humanized care when it seeks to go beyond care focused exclusively on the disease or the possibility of death.⁽²¹⁾ It is noticed that in the face of human terminality, palliative care becomes essential, as it seeks a better health condition in finitude, thus reducing suffering, anxiety and depression in the face of death.⁽²²⁾

In the thematic unit that deals with the multidisciplinary team and the support network, the articles address the importance of the performance of the multidisciplinary team for decision making. Since nursing plays an important role in the initial assessment of the patient holistically with the possibility of developing KTI, it forces us to face the

treatment of the injury with a different view, since, if we establish fixed goals with the purpose of curing them, they will be doomed to failure.

The perception of the multiprofessional team working in palliative care, suggests the identification of the basic needs of each patient and multiprofessional discussion to build a care plan, based on scientific evidence, aimed at promoting comfort. Thus, it is feasible to create intervention strategies for pain relief, approaching loved ones, promoting peace/dignity/respect and valuing faith are dimensions of care that enable a peaceful end of life and that can be used as performance protocol of the nursing team in future studies. ⁽²³⁾

So, from the understanding of the multidisciplinary team's nursing care and the support network as a concern in the

health area, it was possible to understand that the phenomenon permeates the individuality of the nurse's care and is faced with the need for shared responsibility. ⁽²⁴⁾

CONCLUSION

Regarding the proposed investigation, Kennedy's terminal injuries compromise much more than just the biological sphere, they end up interfering in different ways in the affected people's own lifestyle, that of their family and social group because it is an issue that involves end-of-life care. When describing this condition, the objective proposed by the study was met through the scientific foundations presented in the articles that were analyzed.

However, there is still a shortage in scientific studies mainly by the national

scientific community, in particular nurses demonstrating the lack of knowledge produced related to caring for patients affected by Kennedy's Terminal Injury. Therefore, it is hoped that future research can be carried out, in particular clinical trials and epidemiological research, both to analyze the effectiveness of procedures or products and to recognize the causal relationships between an exposure and outcomes of interest.

Therefore, nursing actions should be centered on offering well-being to patients and their families through guidance on the proximity of the end of life associated with the appearance of injuries that are part of a physiological process and not professional negligence, offering support multidisciplinary and other support networks of your choice that comfort you at the moment. 🌿

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