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# Nursing care in palliative therapy aimed at symptom control

**ABSTRACT** | Objective: to search in the scientific literature what the evidence points about nursing care for patients in palliative care directed to symptom control. Method: Integrative literature review carried out in the Lilacs, Scielo, Medline and Capes journals databases, whose corpus of analysis was 8 articles. Articles available in English, Portuguese and Spanish, published in the last 5 years, were available in full and free of charge. Results: The selected articles had different characteristics, having target populations, samples, purposes and varied methodological means. After analyzing the data, information was found that complemented each other on the topic, made it possible to present the results in two categories: Clinical manifestations in patients in palliative care and Nursing assistance in the management of patients in palliative care. Conclusion: Nursing has the role of assisting in the monitoring of cancer cases and intervening in physical and psychological symptoms through pharmacological and non-pharmacological treatments.

**Keywords:** Signs and Symptoms; Palliative care; Neoplasms; Nursing care.

**RESUMEN** | Objetivo: buscar en la literatura científica qué apunta la evidencia sobre los cuidados de enfermería al paciente en cuidados paliativos dirigidos al control de síntomas. Método: Revisión integradora de la literatura realizada en las bases de datos de las revistas Lilacs, Scielo, Medline y Capes, cuyo corpus de análisis fue de 8 artículos. Los artículos disponibles en inglés, portugués y español, publicados en los últimos 5 años, estaban disponibles en su totalidad y de forma gratuita. Resultados: Los artículos seleccionados tenían características diferentes, teniendo poblaciones objetivo, muestras, propósitos y medios metodológicos variados. Luego del análisis de los datos, se encontró información que se complementaba sobre el tema, posibilitó presentar los resultados en dos categorías: Manifestaciones clínicas en pacientes en cuidados paliativos y Asistencia de enfermería en el manejo de pacientes en cuidados paliativos. Conclusión: Enfermería tiene el rol de asistir en el seguimiento de los casos de cáncer e intervenir en los síntomas físicos y psicológicos mediante tratamientos farmacológicos y no farmacológicos.

**Palabras claves:** Signos y síntomas; Cuidados Paliativos; Neoplasias; Atención en enfermería.

**RESUMO** | Objetivo: buscar na literatura científica o que as evidências apontam sobre a assistência da enfermagem ao paciente em cuidados paliativos direcionada ao controle de sintomas. Método: Revisão integrativa da literatura realizada nas bases de dados Lilacs, Scielo, Medline e periódicos da Capes, cujo corpus da análise foi de 8 artigos. Foram incluídos artigos disponíveis nos idiomas inglês, português e espanhol, publicados nos últimos 5 anos, disponíveis na íntegra e gratuitamente. Resultados: Os artigos selecionados apresentaram características diversas, possuindo populações alvo, amostras, finalidades e métodos variados. Após análise dos dados foram encontradas informações que se complementaram acerca do tema, possibilitando apresentação dos resultados em duas categorias: Manifestações clínicas em pacientes em cuidados paliativos e Assistência de enfermagem no manejo de paciente em cuidados paliativos. Conclusão: A enfermagem tem papel de auxiliar na monitoração dos casos de câncer e intervir nos sintomas físicos e psicológicos através de tratamentos farmacológicos e não farmacológicos.

**Palavras-chaves:** Sinais e Sintomas; Cuidados Paliativos; Neoplasias; Cuidados de Enfermagem.

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## INTRODUCTION

Among all chronic diseases, one of the best known and most feared today is cancer. This pathology is characterized by the disordered growth of cells in different parts of the body, thus creating a neoplasm, which is capable of spreading through the body, a phenomenon known as metastasis. This process can cause several damages to the individual's homeostasis, constantly causing irreversible consequences. <sup>(1)</sup> Often the diagnosis is made late, when the tumor is already advanced, and for this reason, there are many cases in which curative therapy no longer has the expected effect on the patient. <sup>(2-3)</sup>

The incidence of cancer has been increasing worldwide due to internal and external risk factors related to the patient, which are: age, ethnicity, heredity, gender, inadequate diet, physical inactivity, overweight, use of tobacco and alcoholic beverages, socioeconomic status, etc. (3-4)

In Brazil, the government agency responsible for all the nation's comprehensive policies related to cancer control and prevention is INCA (National Cancer Institute José de Alencar Gomes da Silva). This institute determined for the period of 2020/2022 the occurrence of 625 thousand new cases. (5)

When curative therapy is no longer viable, palliative care is inserted, in which health professionals no longer treat the disease itself, but the patient and his quality of life. (2) Thus, it is analyzed that the health team will work to keep their patient alive and stable, however, aware that the death process is something that needs to be addressed and accepted, so that there is a better prognosis during treatment. (6)

According to the World Health Organization (WHO), palliative care (PC) is defined as those procedures aimed at improving the quality of life of terminally ill patients. These are aimed not only at patients, but also at families facing situations related to the end of the life cycle. It is estimated that 40 million people need this assistance each year, however, only 14% receive it properly. Such measures are aimed at preventing

and alleviating suffering through early recognition and an appropriate therapeutic approach for pain and other physical, emotional, psychosocial and spiritual problems. (7-8)

Palliative therapy has as main focus the control of symptoms, with no purpose of cure, prolongation or reduction of survival. For the promotion of relief from such conditions to be effective, it is necessary to carry out an individual analysis of the patient's history, keeping in mind that both the illness and the improvement are directly associated with the spiritual and psychosocial aspect. (9)

In relation to the professional in the nursing area, it is noted the need for him to present, in addition to technical or procedural responsibilities, mediation competence between the team and the family. It is important to understand the nuances and precepts that are relevant to palliative care, making use of such characteristics to adequately assist in the reflection and adherence of patients and their families to the necessary treatments and measures. (10)

Based on a survey of studies on the theme, the aim is to answer the guiding question: What are the main symptoms observed in patients diagnosed with terminal cancer and what behaviors should the nurse perform in order for these symptoms to be controlled?

In view of the reviewed literature, the research was conducted with the objective of searching in the scientific li-

terature what the evidence points about nursing care in palliative therapy aimed at controlling symptoms in cancer patients, as well as portraying the strategies that were used by the nursing team, explained in the course of the review.

**METHOD**

It is an integrative review research, developed with the purpose of gathering and synthesizing findings from studies carried out, using different methodologies in order to collaborate for the deepening of the knowledge related to the investigated theme. (11) From the guiding question, it is expected to contribute effectively to the development of understanding that involves nursing care in palliative therapy.

A survey of scientific articles was carried out in the databases: Lilacs via Virtual Health Library (Bireme), Medline via Virtual Health Library (Bireme), Scientific Electronic Library Online (SciELO) and in the journals of the Coordination for the Improvement of Higher Education Personnel (Capes). Data collection took place from March to June of the year 2020, using the descriptors (DeCS) crossed through the Boolean operator "AND" shown in Chart 1.

The same sequence was followed in the insertion of the descriptors for the searches, delimiting in five years prior to the established period, with the objective of covering the largest number of publications on the subject. Articles in English, Portuguese and Spanish

**Chart 1: Search strategies for consulting databases.**

Crossings in English	Crossings in Portuguese
Neoplasms (DeCS) AND Nursing care (DeCS)	Neoplasias (DeCS) AND Cuidados de enfermagem (DeCS)
Palliative Care (DeCS) AND Signs and Symptoms (DeCS)	Cuidados Paliativos (DeCS) AND Sinais e Sintomas (DeCS)
Nursing care (DeCS) AND Palliative Care (DeCS)	Cuidados de enfermagem (DeCS) AND Cuidados Paliativos (DeCS)
Neoplasms (DeCS) AND Palliative Care (DeCS)	Neoplasias (DeCS) AND Cuidados Paliativos (DeCS)
Neoplasms (DeCS) AND Signs and Symptoms (DeCS)	Neoplasias (DeCS) AND Sinais e Sintomas (DeCS)
Neoplasms (DeCS) AND Nursing care (DeCS) AND Palliative Care (DeCS) AND Signs and Symptoms (DeCS)	Neoplasias (DeCS) AND Cuidados de Enfermagem (DeCS) AND Cuidados Paliativos (DeCS) AND Sinais e Sintomas (DeCS)

were included, without restriction of country of publication, published in the last five years and available in full and free of charge. Articles that did not answer the guiding question of the study were excluded.

The selective reading of the articles was performed, initially, with analysis of the title and summary. Duplicate articles were registered only once. To ensure the joint registration of information relevant to the topic, a specific instrument was used to analyze the articles, which included identification data (published period, training and institution to which the authors are linked, language and country), me-

thodological aspects of the studies (research design, sampling and data treatment) and main results and conclusions. Then, a detailed analysis of the articles was carried out, considering their accuracy and characteristics, followed by the registration of the information listed in the instrument. The information was interpreted, summarized and organized in a summary table, comparing the results, and ended with propositions about the studies.

The selected articles were submitted to the classification of the level of evidence consisting of seven levels: I) evidence obtained from systematic review or meta-analysis of randomized

controlled clinical trials or clinical guidelines based on systematic reviews of randomized controlled clinical trials; II) evidence from at least one randomized, controlled, well-designed clinical trial; III) well-designed evidence from clinical trials, without randomization; IV) well-designed evidence obtained from cohort and case control studies; V) evidence that originated from a systematic review of descriptive and qualitative studies; VI) evidence from a single descriptive or qualitative study and; VII) evidence from the opinion of authorities or the report of expert committees. According to this classification, levels 1 and 2 are considered strong evidence, 3 and 4 moderate and 5 to 7 weak. <sup>(12)</sup>

RESULTS

Initially, 4.840 scientific articles were found, using the related descriptors and terms directly, respecting the inclusion and eligibility criteria. After reading the titles, 4.744 articles were excluded for not meeting the inclusion criteria, and another 39 articles after reading the abstract, for the same reason. Then 23 full publications were read. Of these, 15 were excluded because they did not answer the guiding question of the integrative review. Thus, a total of 8 selected scientific articles were obtained that focused on nursing care in the control of symptoms in palliative oncology care.

Figure 1- Flowchart of the study selection process. Recife, PE, Brazil, 2020. Adapted from PRISMA-ScR <sup>(13)</sup>

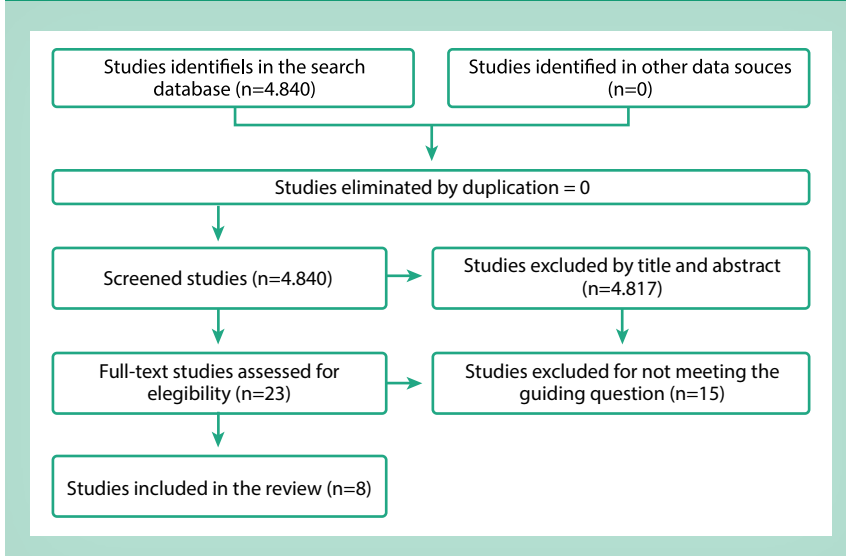


Figure 2: Synthesis of articles on nursing care in the control of symptoms of patients in palliative care. Recife, PE, Brazil, 2020.

Title/ Publication year	Method/ Level of evidence	Main Results
Nursing diagnosis in palliative oncology care: Integrative review (2019) <sup>(14)</sup>	Integrative literature review (V)	The three different nursing diagnoses (risk, health promotion and focus on the problem) are used to provide better assistance in the control of signs and symptoms of patients with palliative care, because through them, the intervention measures are applied more effectively ; According to the study, the symptoms most frequently presented by patients were: pain (76,5%), distress (49,8%), insomnia (34,1%) and delirium (25,1%). And the main nursing diagnoses based on the symptoms were: Chronic pain, Spiritual Suffering, Acute Pain and Anxiety related to death.

Evidence-Based palliative care approaches to non-pain physical symptom management in cancer patients; (2018) <sup>(15)</sup>	Integrative literature review (V)	It brings some of the main physical symptoms that can be treated with non-painful therapy, namely: nausea and vomiting, constipation, diarrhea, anorexia and cachexia, fatigue, delirium and dyspnea. Nausea and vomiting are the most worrying symptoms as they may cause the patient to want to abandon treatment.
Outcomes From a Patient-Centered, Interprofessional, Palliative Consult Team in Oncology; (2018) <sup>(16)</sup>	Cross-sectional cohort (IV)	Following the guidelines of the Edmonton Symptom Assessment System, the main symptoms were analyzed: pain, fatigue, depression, anxiety, in addition to other related symptoms; All symptoms were graded as mild, moderate, severe, on three different occasions: screening, initial consultation, and at discharge. The data were compared statistically, to understand how multiprofessional care helps to alleviate the symptoms mentioned above; At the time of the study, the overall symptom index decreased significantly in a large percentage of patients, after due palliative care.
Psychological symptoms in advanced cancer (2018) <sup>(17)</sup>	Integrative literature review (V)	Symptoms of anxiety, depression and hopelessness are common in patients with advanced cancer, which can affect treatment adherence and quality of life; Pharmacological treatments, complemented with non-pharmacological treatments, are more efficient when there is support from qualified nurses who accompany the patient.
Symptom Management and Palliative Care for Patients with Cancer (2017) <sup>(18)</sup>	Integrative literature review (V)	In order to optimize palliative care, nurses need to have excellent capacities for assessing and managing certain profiles of complex dynamic symptoms; Access to information from the various care plans for symptom control (for example, Edmonton Symptom Assessment Scale, Memorial Symptom Assessment Scale, Patient-Reported Outcomes Version of the Common Terminology Criteria for Adverse Events, among others) that have demonstrated valuable items to have a more complete look and deal with the patient's possible symptoms.
Nurses' role in the non-pharmacological pain treatment in cancer patients (2017) <sup>(19)</sup>	Integrative literature review (V)	It brings communication as a necessary action for the relief of psychological symptoms; Other approaches found to relieve the symptoms of cancer patients, in addition to the use of analgesics, were: decubitus changes, use of heat therapy, massage therapy, music therapy, reiki, encouragement to walk, caring, comfort, sensitivity and proximity to the team and the family.
Symptom Control at the End of Life (2016) <sup>(20)</sup>	Integrative literature review (V)	Identifying best evidence-based practices has been a challenging issue, given that the population of critically ill patients is very vulnerable and heterogeneous; It is essential for the management of symptoms at the end of life that interventions are tailored to address the cause of suffering in a way that is in line with the way the patient wishes to take the prognosis.
Multidimensional scale in the assessment of pain and symptoms of elderly people in palliative care (2016) <sup>(21)</sup>	Quantitative cross-sectional study (VI)	To assess pain and other symptoms, the Edmonton Symptom Assessment System (ESAS-r) instrument was used. The symptoms with the greatest evidence and the greatest intensity were anxiety, pain and tiredness. Those that did not represent significant values were: constipation, diarrhea, urinary incontinence and polyuria;

Source: prepared by the authors.

Figure 1 exemplifies the process of selecting articles through a flow-chart, following the eligibility criteria previously mentioned. It was observed that there were no descriptors that were directly related to the topic, so it was necessary to use descriptors already

known that were synonymous with the topic in question, so that the objective of the research was successfully achieved.

Of the 8 articles chosen for the analysis corpus, 5 were available in English, and 3 in Portuguese, with 6

integrative literature reviews and 2 cross-sectional studies. Regarding the places where the research was carried out, 4 studies were carried out in the United States of America, 3 in Brazil and 1 in Canada. Figure 2 lists the names of the articles, their authors, year

of publication, country where they were prepared, representation of the sample, and the results that were most relevant.

## DISCUSSION

The selected articles had different characteristics, having target populations, samples, purposes and varied methodological means. After analyzing the data, information was found that complemented each other on the topic, thus enabling a review focused on the main symptoms presented by cancer patients, as well as the available control measures. The establishment of these considerations made it possible to present the results in two categories: Clinical manifestations in patients in palliative care and Nursing assistance in the management of patients in palliative care.

### Category 1: Clinical manifestations in patients under palliative care

Cancer patients who are undergoing PC have certain clinical manifestations that deserve to be highlighted, with some of the most frequent signs and symptoms being: pain, lack of appetite, dyspnoea, nausea and vomiting, constipation, insomnia, diarrhea, fatigue, depression and anxiety. <sup>(1,22)</sup>

Pain is a clinical manifestation that can be detected in about 90% of patients in palliative care, causing discomfort and intense suffering. <sup>(21,23)</sup> This symptom can cause the patient to trigger other manifestations such as dyspnoea, delirium and anxiety. <sup>(14,19)</sup>

Inappetence (or loss of appetite) is one of the most common symptoms reported by patients with advanced cancer. Generally, this symptom is linked to anorexia, which presents itself as an aversion to food, and cachexia, which is a multifactorial syndrome that causes the continuous loss of skeletal muscle mass, which can lead to atrophy. <sup>(20)</sup> These three symptoms (lack of

appetite, anorexia and cachexia) often appear together in the same patient, leading to severe malnutrition and weakness. <sup>(15)</sup>

Dyspnea (or respiratory distress) is a symptom observed in up to 79% of patients at the end of life and is caused by several factors, which may be: physiological, psychological, social and environmental. <sup>(15,24)</sup>

Still, nausea and vomiting are one of the main concerns for patients undergoing cancer treatment, as they have the ability to directly interfere with their quality of life, in addition to impairing treatment adherence. Nausea can be related to other symptoms such as cold sweating, tachycardia and diarrhea. Cancer patients using chemotherapy are four times more likely to develop nausea and vomiting during the first cycle of treatment. <sup>(15,18)</sup>

In relation to constipation, the most common form observed was related to the use of opioids, as these medications unite with the enteric neuronal receptors, disturbing the coordination for peristalsis, thus decreasing intestinal motility. <sup>(15,20)</sup> The complaint of diarrhea is linked to many types of cancer, however, it is a symptom that can also be derived from the treatment of chemotherapy, radiotherapy and immunotherapy. <sup>(15)</sup>

Fatigue is also a very common manifestation in patients undergoing chemotherapy and radiotherapy, generally due to the side effects of the drugs, however, it can also be due to metabolic changes, such as hypothyroidism. <sup>(15)</sup>

Depressive disorders, on the other hand, have become more and more frequent in PC patients, reaching up to 60% of cases, this symptom becomes an aggravating factor so that the general well-being of the patient falls dramatically. <sup>(18,20)</sup> They can be directly related to physical, biological, psychological and/or social factors, so it is essential that the nurse seeks to know

what was the reason for the triggering of the depressive situation. <sup>(16)</sup>

With regard to anxiety, it can be caused by several socioeconomic or personal factors. Chronic diseases, such as cancer, tend to increase the incidence of psychological symptoms. This symptom usually occurs in 20% to 60% of patients undergoing palliative cancer care. <sup>(17,19)</sup>

Insomnia is a frequent problem in several types of cancer, regardless of age, however, approximately 75% of elderly cancer patients have problems related to insomnia. This interruption of sleep can cause other symptoms to the patient, such as fatigue, depression and/or other psychological problems. <sup>(17,21)</sup>

### Category 2: Nursing assistance in patient management in palliative care.

The nurse, together with the entire multidisciplinary team responsible for the patient, must be prepared to provide the best possible assistance, always meeting their needs. <sup>(25)</sup> Nursing care for patients in PC is related both to medication management (use of drugs to relieve symptoms) and to non-pharmacological approaches. <sup>(19)</sup>

In search of improvement or pain relief, for example, drug therapies are used, such as: analgesics (usually opioids), corticosteroids, antidepressants, anticonvulsants, non-opioid analgesia, bisphosphonate, among others. <sup>(18)</sup> Non-pharmacological therapy, on the other hand, can be applied by changing the position, heat therapy, encouraging walking, interpersonal communication, use of cushions, music therapy, reiki, massage therapy, affection, emotional support and family and multidisciplinary proximity. <sup>(19)</sup>

As for other symptoms, such as lack of appetite, anorexia and cachexia, they call for several approaches to be put in place for recovery to happen. Among them, non-pharmacological treatments, which include an

improvement in diet and the practice of physical activities, both tasks guided by qualified professionals; the pharmacological therapeutic method is varied but, according to the information collected, the medications dronabinol and megestrol acetate (both approved by the FDA-Food and Drug Administration - for the treatment of anorexia), following strict medical guidance thanks to their side effects, are widely used. <sup>(15,26)</sup>

Treatment for dyspnea consists of using oxygen therapy and opioid drugs, <sup>(15)</sup> being the most effective opioids in patients with dyspnea in the last days of life. <sup>(20)</sup> For the use of appropriate therapy, one must first look for the underlying cause of dyspnea, as it can be a primary cause or associated with another change, such as pain. <sup>(14)</sup> There is little evidence of relief of this symptom through non-pharmacological measures. <sup>(15)</sup>

As for the management of nausea and vomiting, the therapy involves the administration of antiemetics for the prevention and treatment of emesis. However, it is necessary to first discover the aetiology of the symptom in order to proceed with the appropriate treatment, for example, when constipation is the aetiology of both, the use of laxatives to relieve symptoms is indicated. There are also other individual risk factors that increase the chances of developing this symptom, they are: female, under 50 years of age, high alcohol intake, chemotherapy treatment, among others. <sup>(15,18)</sup>

It is common to see cases of constipation in cancer patients, often caused by the use of opioids. In this case, prophylaxis should involve the initiation of an opioid regimen and the use of laxatives should be avoided, as they may worsen the condition. For a better approach, the patient's entire history needs to be taken into account, in search of changes such as: decreased physical activities, altered diet, motili-

ty disorders, endocrine and metabolic disorders, among others. The choice of treatment must also involve the characteristics of the stools, if they are more liquid, the use of a suppository becomes efficient, if they are more solid, an enema is shown to be more appropriate. <sup>(15,20)</sup>

In diarrhea, it is necessary that information such as: the beginning, the frequency and the characteristics of the feces, be analyzed for better management of the situation. Non-pharmacological strategies such as oral rehydration and changes in diet, as well as the ingestion of live microorganisms such as probiotics and lactobacillus are well accepted. After chemotherapy, it is common to indicate oral loperamine 4 mg as the first dose and 2 mg every 4 hours (maximum dose of 16 mg/day) to decrease intestinal motility and reduce adjacent symptoms. <sup>(15)</sup>

The improvement of fatigue can be obtained through psychostimulant drugs, steroids (especially for people who have anorexic conditions) and methylprednisone. <sup>(20)</sup> Non-pharmacological therapy can also be applied, carried out with the aid of cognitive therapies, social and psychological support and methods to avoid the energy expenditure of these patients. <sup>(15)</sup>

For the symptoms of depression or depressive disorder, a balance between pharmacological treatment (especially with antidepressants, or derivatives) and psychotherapy is necessary, so that the patient can really stabilize. Depression can lead to other symptoms, so it is essential that the nurse is always close to the patient, giving total help in other therapies, and having a critical and holistic view to identify the best behaviors in order to provide the patient with a better quality of life. <sup>(17,18,20)</sup>

In the anxiety picture, it is observed that even though the pharmaceutical intervention (in particular, the use of anxiolytics) may be one of the

best measures to control the symptom, the nurse needs to have a different look, valuing methods such as relaxation, active listening, polite manners, good communication and possible referral to a psychologist. It is important to emphasize that the care and treatment of anxiety must be focused on the patient and his basic needs, fears and afflictions, so that the patient understands his situation, accepts it, thus having a better adherence to treatment. <sup>(14,16,17)</sup>

In the case of insomnia, specific treatment is necessary to make the patient feel as comfortable as possible, helping to reduce the symptom. The nurse who assists the insomniac patient must analyze this whole context, in addition to supervising the prescription and administration of drugs to help the patient to regulate his sleep, if prescribed by the doctor. However, medications are not the only option to improve sleep patterns, therapies for relaxation and psychological support are also important tools used. <sup>(18,21)</sup>

Analyzing the context of the various pathophysiology and treatments, it is possible to observe the importance of an engaged work by the multidisciplinary team, since all professionals can together elaborate adequate plans to help the acceptance of the current situation, either for the patient or for his family, especially those changes that will be brought about by the disease itself. Thus, it is noted that the nurse within the multiprofessional team has a vital role in caring for this patient, being the closest contact professional, creating a strong bond of trust, enabling the efficient identification of the improvements that are needed at that time, aiming at a better quality of life. <sup>(27-28)</sup>

As it is a sector where a high level of assistance is needed during the entire process of therapy with the patient, Oncology requires specific nursing care, requiring peculiar skills to

deal with this reality. These competencies are not only related to the technical scope, but mainly related to the relationship and affection towards the patient, considering the individual as a whole. <sup>(29-30)</sup> This nursing analysis also applies to the control of patients' symptoms, as it is not enough to deal with symptoms in isolation, it is necessary to have a holistic view of it, so that there is a better well-being and dignity of the service user. <sup>(19,29,31)</sup>

Thus, due to the high complexity of the care that must be taken with these patients, it is observed that nurses need to have a good command of their theoretical and practical skills, so that palliative care is really efficient. The assessment of this care performed by nursing professionals is essential for there to be a real continuation of care for patients in PC. <sup>(32-33-34)</sup>

Some of the studies analyzed have shown that most cancer care, especially PC, is related to the hospital environment in different parts of the world, especially in Brazil. There is a huge shortage in relation to the early diagnosis of the disease and its proper screening. Thus, it is observed that nursing at all levels of care, from primary care to the most specialized, has an important role in helping to monitor all cases. In doing so, more opportunities are offered to cancer patients and their due treatments, in addition to encouraging self-management, and if possible, decreasing the likelihood of entering palliative care. <sup>(18,35,36)</sup>

However, several studies analyzed show that there is still a very large deficit in the training of nursing professionals in the area of oncology, a factor that directly influences the care given to the patient. While some studies show that nursing is the professional area that produces the most articles and other scientific productions related to palliative care in the main research platforms, <sup>(37-38)</sup> in practice, other studies reveal that nurses do not



While some studies show that nursing is the professional area that produces the most articles and other scientific productions related to palliative care in the main research platforms, in practice, other studies reveal that nurses do not receive adequate instruction to prepare them for patients in PC.



receive adequate instruction to prepare them for patients in PC. Newcomers in this area feel that preparation at the various academic levels was not enough, in most cases practice and research provide a better basis for them. Therefore, it is necessary that the various nursing courses have more appropriate disciplines and preparations so that newly graduated nurses have more security when entering these sectors. <sup>(39)</sup>

Because it is the class of professionals who are in direct contact with patients, the nurses' "art of caring" is shown as the front line for palliative care to achieve the desired results, hoping that the symptoms are always stable, so that the user feels good constantly, or most of the time. Therefore, it is analyzed that properly trained nurses, based on respect, humanization and welcoming, are a vitally important tool for the best treatment of patients using palliative care and for the control of their symptoms. <sup>(38-40)</sup>

## CONCLUSION

The research allowed the identification of the most frequent symptoms in patients in palliative care and the nurses' conduct so that there is a good control of them. It is noticed that the users of the health service need broad, complex and directed care for their own situation, since each one mentions different degrees of cancer progress and how it influences the current symptoms of the patient.

In this scenario, the nurse is one of the protagonists of patient care in palliative care and its symptoms, being the professional who is in direct contact with the user. The theoretical and practical knowledge of these professionals means that there is an integral and holistic care for the patient, taking into account all the symptoms, not only physical, but also emotional, psychic, social, spiritual. 🌿

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