Protocolo de assistência de enfermagem ao paciente em cuidado terminal: Construção através de revisão integrativa

RESUMO | Objetivo: Construir protocolo de enfermagem para o manejo de pacientes em terminalidade. Metodologia: Revisão integrativa da literatura, utilizando as bases de dados da BVS, CINAHL, SCOPUS, Web of Science, Embase e PUBMED, sem limites cronológicos, nos idiomas português, inglês e espanhol. Resultados: Os diagnósticos de enfermagem da classificação NANDA 2021-2023 mais prevalentes pertenciam ao domínio atividade/repouso, seguidos pelo domínio enfrentamento/tolerância ao estresse e segurança/proteção. Para cada diagnóstico prevalente estabeleceu-se intervenções de enfermagem, plausíveis no contexto de terminalidade. Conclusão: O protocolo de assistência de enfermagem ao paciente em cuidado terminal é um importante ponto de partida para se estabelecer condutas de enfermagem e fomentar a prática assistencial aos pacientes em terminalidade.
Descritores: Enfermagem de cuidados paliativos na terminalidade da vida; Planejamento de assistência ao paciente; Diagnóstico de enfermagem; Prática privada de enfermagem

ABSTRACT | Objective: To build a nursing protocol for the management of terminally ill patients. Methodology: Integrative literature review, using the VHL, CINAHL, SCOPUS, Web of Science, Embase and PUBMED databases, without chronological limits, in Portuguese, English and Spanish. Results: The most prevalent NANDA 2021-2023 classification nursing diagnoses belonged to the activity/rest domain, followed by the coping/stress tolerance and safety/protection domains. For each prevalent diagnosis, plausible nursing interventions were established in the context of terminality. Conclusion: The nursing care protocol for terminally ill patients is an important starting point for establishing nursing behaviors and fostering care practice for terminally ill patients.
Keywords: Hospice care; Patient care planning; Nursing diagnosis; Nursing, Private Duty

RESUMEN | Objetivo: Construir un protocolo de enfermería para el manejo de pacientes terminales. Metodología: Revisión integrativa de la literatura, utilizando las bases de datos BVS, CINAHL, SCOPUS, Web of Science, Embase y PUBMED, sin límites cronológicos, en portugués, inglés y español. Resultados: Los diagnósticos de enfermería de la clasificación NANDA 2021-2023 más prevalentes pertenecieron al dominio actividad/descanso, seguido por los dominios afrontamiento/tolerancia al estrés y seguridad/protección. Para cada diagnóstico prevalente, se establecieron intervenciones de enfermería plausibles en el contexto de la terminalidad. Conclusión: El protocolo de atención de enfermería al paciente terminal es un importante punto de partida para establecer comportamientos de enfermería y fomentar la práctica del cuidado al paciente terminal.
Palabras claves: Cuidados paliativos al final de la vida; Planificación de atención al paciente; Diagnóstico de enfermeira; Práctica privada de enfermería

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Recebido em: 26/06/2022
Aprovado em: 28/07/2022

INTRODUCTION

Specialized care offered to people with serious illnesses, with no prognosis of cure, and with continuous deterioration of health status is called palliative care (PC). Its origin dates back to the 1960s, in the United Kingdom, through Cicely Saunders, who started the movement to implement teaching, care and research aimed at PC and alleviation of suffering in the patient's experience. [1]

Currently, PC is defined as those provided holistically to people who experience suffering related to serious illness with the purpose of improving the quality of life of patients, families and caregivers. [2]

Linked to this concept, it is necessary to describe the concept of terminally ill care, whose care practices are established when the possibilities

DOI: https://doi.org/10.36489/nursing.2022v25i291p8662-8673
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of curative care are exhausted, which leads to the understanding of their irrecoverable condition, in which the approach of death becomes urgent and irreversible. [3] It is during this period that procedures and treatments that prolong the patient's life can be suspended by the medical team, maintaining only the necessary care to alleviate the symptoms that lead to suffering, and should value the will of the patient and their legal representatives. [4]

In 2017, research that mapped the levels of palliative care offers around the globe, pointed out that Brazil is in category 3B, that is, it is recognized as a country that offers generalized palliative care. [5]

Thus, the need for actions that guide the thinking and actions of nurses who care for terminally ill patients is highlighted, so that behaviors can converge to the principles of palliative care, supporting physical, emotional, spiritual and social care; understanding as the center of care provision patients and their families, consanguineous or not, in order to value the individuality of these subjects at this stage of the life cycle.

Given this scenario, the objective of the study was to build a nursing protocol for the management of terminally ill patients, in order to guide nursing care, supported by the identification of prevalent nursing diagnoses in palliative care, through an integrative literature review.

Faced with the advancement of life expectancy, other goals have been established when providing health care idealizing longevity, and, more recently, Saunders proposed the need to offer care aimed at the physical, psychological, social and spiritual dimensions, even in the face of non-redeemable health conditions, making care for the terminally ill patient and their family holistic.

METHOD

This study was carried out in two stages: 1st) integrative literature review, to identify the prevalent diagnoses in palliative care present in the literature, and 2nd) elaboration of a nursing care protocol for terminally ill patients.

The integrative review is a research method that synthesizes knowledge produced by primary studies, aiming to facilitate the understanding of a particular phenomenon. [6] Six stages were carried out for the development of this review: a) delimitation of the theme and research question; b) search in the literature; c) selection and categorization of studies; d) critical analysis of publications; e) interpretation of results; and f) presentation of the knowledge review/synthesis.

The following was established as a guiding question for the integrative review: “What are the most frequently identified nursing diagnoses among palliative care patients and their caregivers?”.

For the literature search, a search was previously carried out on review registry platforms to identify studies that answered the question, however, no reviews were found that answered the guiding question, until April 2022.

The databases of the VHL (Virtual Health Library), CINAHL (Cumulative Index to Nursing and Allied Health Literature), SCOPUS, Web of Science, Embase and PUBMED were used, without chronological limits.

The descriptors terminality, nursing diagnosis, adult, elderly, and their correspondents in English and Spanish were used, with the use of Boolean operators AND and OR, forming the following search strategy in Portuguese: ((terminality, in the original terminalidade[Title/Abstract]) AND (nursing diagnoses in the original diagnóstico de enfermagem [Title/Abstract])) AND (elderly in the original idoso [Title/Abstract] OR adult in the original adulto [Title/Abstract]). However, this strategy did not find studies in the aforementioned databases, and it was necessary to reformulate it by adopting the term “palliative care”, expanding efforts to reach publications on the subject. The Portuguese search strategy used was: (“palliative care - in the original, cuidados paliativos” [Title/Abstract]) AND (“nursing diagnosis - in the original, diagnóstico de enfermagem” [Title/Abstract])) AND (“elderly - in the origi-

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nal, idoso"[Title/Abstract] OR "adult - in the original, adulto"[Title/Abstract]).

The searches in the databases took place in April 2022. The selection of publications was carried out independently by two researchers and disagreements between them were resolved by the blind analysis of a third researcher.

Inclusion criteria were studies that presented the nursing diagnoses identified in patients in palliative care. As exclusion criteria, research reports, abstracts published in annals of events, theses, dissertations, final monographs of undergraduate or specialization courses, duplicate publications, case reports and update articles or literature reviews were defined. Furthermore, studies involving terminality due to an acute illness were also discarded.

To assist in the synthesis of the best available evidence, a hierarchy of relevance tests was proposed, conducted sequentially, based on the reading of the titles of the articles located (TR1). In the next step (TR2), the abstracts were analyzed and those that did not address the proposed problem were removed. In the last stage (TR3), the articles were read in full and those that did not answer the research question were excluded.

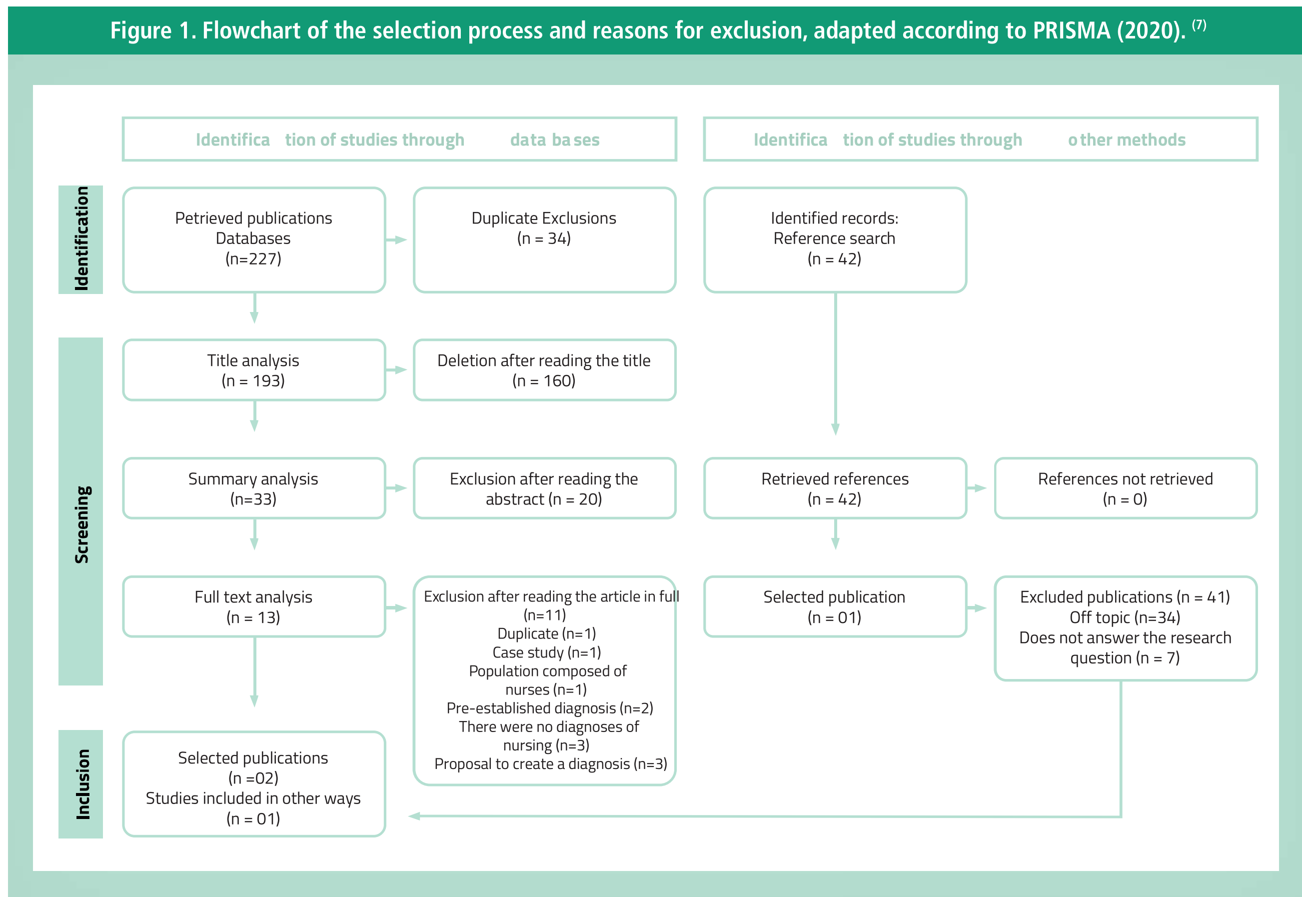
After selecting the articles from the databases, the references of the included articles were read in order to identify existing evidence that was not found by the search strategy. The synthesis of these steps can be seen in the flowchart illustrated in Figure 1.

For the organization of the care protocol, priority diagnoses were those present in 50% or more of the patients in the original studies, applicable to the terminality context. To ensure protocol usage with NANDA 2021-2023 diagnostic updates [8], diagnoses that were withdrawn or modified in this edition were also removed from the protocol. To the remaining diagnoses, plausible nursing interventions were listed in the context of terminality, guided by the Classification of Nursing Interventions. [9]

RESULTS

After the search, analysis and selection procedures, three articles were included in the present review. For the presentation of the synthesis of know-

Figure 1. Flowchart of the selection process and reasons for exclusion, adapted according to PRISMA (2020). [7]



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DOI: https://doi.org/10.36489/nursing.2022v25i291p8662-8673

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ledge, a table was created containing the identification of articles included in the review in terms of title and authorship, affiliation of the first author, population studied, main nursing diagnoses identified, journal and year of publication (Chart 1).

Regarding the characterization of the articles analyzed, all were published in the last decade, in nursing journals not specialized in palliative care, in Portuguese.

The population consisted of a total of 102 patients with oncological [10,11] and cardiac diseases [12], hospitalized in Brazil. Participants in the original studies were linked to the palliative care sector and the Intensive Care Unit (ICU).

The most prevalent nursing diagnoses belonged to domain 4 (activity/rest), followed by domain 9 (coping/stress tolerance) and 11 (safety/protection), of the NANDA 2021-2023 classification. Domain diagnoses, elimination and exchange, roles and relationships, and life principles had only one representative each.

The proposed care protocol (figure 2) lists nursing interventions for the management of prevalent diagnoses in palliative care, applicable to the terminality context, minimizing invasive actions, paying particular attention to the patient's comfort and attention to family members/caregivers, when the diagnoses were applicable to them.

DISCUSSION

The origin of health care is intertwined with the history of humanity with regard to the development of diseases and, above all, human survival.[13] Faced with the advancement of life expectancy, other goals have been established when providing health care idealizing longevity, and, more recently, Saunders proposed the need to offer care aimed at the physical, psychological, social and spiritual dimen-

Table 1: Characterization of articles included in the review regarding title and authorship, affiliation of the first author, population studied, main nursing diagnoses identified, journal and year of publication, 2022.

Article title and authorship	Institution of the main author's affiliation	Population studied	Main nursing diagnoses identified (above 50%)	Journal and year of publication
Nursing diagnoses in oncological palliative care according to a multidimensional approach diagram. (Diagnósticos de enfermagem em cuidados paliativos oncológicos segundo diagrama de abordagem multidimensional.) Érika de Cássia Lima Xavier, Antonio Jorge Silva Correa Júnior, Maria Margarida Costa de Carvalho, Fabíola Reis Lima, Mary Elizabeth de Santana.	Federal University of Pará. Pará; Brazil.	73 adults hospitalized in palliative care at the High Complexity Center in Oncology in the state of Pará.	Risk of spiritual suffering (60.0%).	Enfermagem em Foco - 2019
Nursing diagnoses and interventions for cardiac patients in palliative care. (Diagnósticos e intervenções de enfermagem para pacientes cardiológicos em cuidados paliativos.) Thaís Gassi Guerra Pedrão, Evelise Helena Fadini Reis Brunori, Eloiza da Silva Santos, Amanda Bezerra, Sérgio Henrique Simonetti.	Dante Pazzanese Institute of Cardiology. São Paulo; Brazil.	23 cardiac patients, with indication for palliative care, admitted to the Clinical Intensive Care Unit of a public institution specialized in Cardiology and linked to the Health Department of the State of São Paulo.	Deficit in self-care for food (100%). Deficit in self-care for bathing (100%). Risk of infection (100%). Impaired physical mobility (100%). Impaired spontaneous ventilation (90%). Risk of impaired skin integrity (90%). Risk of decreased cardiac output (87%). Impaired tissue integrity (87%). Risk of constipation (83%). Excessive fluid volume (70%). Risk of unstable blood glucose (52%).	Rev enferm UFPE on line - 2018
Nursing care for hospitalized cancer patients: diagnoses and interventions related to psychosocial and psychospiritual needs. (Assistência de enfermagem ao paciente oncológico hospitalizado: diagnósticos e intervenções relacionadas às necessidades psicossociais e psicoespirituais.) Juliane Portella Ribeiro, Letícia Silveira Cardoso, Claúdia Maria Silva Pereira, Bárbara Tarouco Silva, Betania Kohler Bubolz, Caroline Krüger Castro	Federal University of Rio Grande (FURG). Rio Grande do Sul; Brazil.	06 medical records from the oncology sector of a small hospital in the southwest of Rio Grande do Sul.	Social isolation (100%). Anxiety related to death (100%). Fear (83.3%). Hopelessness (66.6%). Sadness (66.6%). Feeling of helplessness (50%). Low situational self-esteem (50%). Willingness for improved family process (50%). Impaired comfort (50%).	Cuidado é Fundamental - 2016

Source: The authors, 2022.

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Figure 2. Nursing care protocol, with frequent diagnoses and interventions in the context of terminally ill care.

SKIN INTEGRITY RISK IMPAIRED

- Elevate the affected limb 20 degrees or more above the level of the heart, as appropriate
- Change patient position at least every 2 hours as appropriate
- Avoid using rough textured bedding
- Monitor skin condition
- Inspect the lower extremities for the presence of edema
- Minimize friction and shear forces during patient positioning and mobilization

IMPAIRED PHYSICAL MOBILITY

- Ensuring analgesic care for the patient
- Placing objects frequently used by the patient near him
- Keep bedding clean, dry and wrinkle-free
- Raise siderails as appropriate
- Turn the immobilized patient at least every 2 hours, according to a specific schedule
- Assist with hygiene measures

RISK OF INFECTION

- Instruct visitors to wash their hands upon entering and leaving the patient's room
- Ensure aseptic handling of all EV lines
- Ensuring proper wound care techniques
- Encourage deep breathing and coughing as appropriate
- Promote adequate nutritional intake
- Encourage fluid intake as appropriate
- encourage rest
- Inspect the skin and mucous membranes for redness, extreme heat, and drainage.

FEAR

- Encouraging the patient to talk or cry to lessen the emotional response
- Encouraging the individual to review the past and focus on the events and relationships that provided spiritual strength and support
- Teach methods of relaxation, meditation and guided imagery
- Assure the family that the best possible care is being given to the patient
- Provide information and explanations about interventions, medical/nursing jargon, and expectations about patient response to treatment

SPONTANEOUS VENTILATION IMPAIRED

- Check the need for oral and/or tracheal aspiration;
- encourage rest
- Monitor the patient for evidence of excessive emotional and physical fatigue
- Elevate the head of the bed, as appropriate
- Place the bed change trigger within the patient's reach

CHRONIC SADNESS

- Determining how the family's behavior affects the patient
- Encouraging the patient to express their feelings of anxiety, anger, or sadness
- Provide support during grieving periods of denial, anger, bargaining, and acceptance
- Assure the individual that the nurse will be available to support him in times of suffering

EXCESSIVE FLUID VOLUME

- Ensure comfort in patient positioning
- Establish whether the patient is thirsty or has symptoms of fluid changes (eg, dizziness, altered consciousness, delirium, apprehension, irritability, nausea, muscle contractions);
- Monitor indicators of fluid overload/retention (eg, crackles, edema, neck vein distention, and ascites) as appropriate.
- Regulate fluid intake to optimize water balance

RISK OF CONSTIPATION

- Monitor for signs and symptoms of constipation (eg, abdominal pain, difficulty in evacuating, flatulence, etc.)
- Monitor bowel movements, and perform auscultation, percussion, and abdominal palpation in the four quadrants of the abdomen
- Identify factors (eg, medications, bed rest, and diet) that may cause or contribute to constipation
- Administer laxative/fecal emollient as appropriate

RISK OF SPIRITUAL SUFFERING

- Pay attention to unexpressed messages and feelings, as well as the content of the conversation
- Encourage verbalization of feelings, perceptions and fears
- Provide privacy and ensure confidentiality
- Listening and encouraging the expression of feelings and beliefs
- Encouraging the patient and family to share feelings about death
- Facilitate spiritual support for patients and families

DEFICIT IN SELF-CARE FOR FOOD

- Monitor the patient's ability to swallow
- Create a pleasant environment during mealtimes (eg, store bedpan, urinal and vacuuming equipment)
- Ensure proper patient positioning to facilitate chewing and swallowing
- Provide physical assistance as needed
- Provide adequate pain relief before meals, as appropriate
- Provide food at the most appetizing temperature
- Provide preferred foods and beverages as appropriate

IMPAIRED TISSUE INTEGRITY

- Determine the patient's nutritional pattern and ability to meet nutritional needs
- help with hygiene
- Place padded protection on chairs where appropriate
- Apply dressing appropriate to wound size and type, as appropriate
- Inspect the skin for color, temperature, hydration, hair growth, texture, cracks or fissures
- Position to avoid wound tension, as appropriate

IMPAIRED COMFORT

- Watch for nonverbal cues of discomfort, especially in those unable to communicate effectively
- Assess the patient at the end of the transfer for proper body alignment, tube clearance, wrinkle-free bedding, unnecessarily exposed skin, adequate level of patient comfort, raised side rails, and bell within reach
- Controlling environmental factors that may influence the patient's response to discomfort (eg, ambient temperature, lighting, noise)
- Assist the patient to obtain adequate levels of comfort through the use of pain management techniques that are effective and acceptable to the patient

LOW SITUATIONAL SELF-ESTEEM

- Encourage the patient to identify strengths
- Encouraging eye contact when communicating with others
- Assist the patient to reassess negative self-perceptions
- Promote the expression of thoughts and feelings, both positive and negative
- Explore reasons for self-criticism or guilt
- Encourage the patient to assess their own behavior
- Monitor the frequency of self-negativity verbalizations

HOPELESSNESS

- Determining whether the patient poses a safety risk to self or others
- Help the patient maintain a normal sleep/wake cycle
- Encourage the patient to take an active role in treatment as appropriate
- Interact with the patient at regular intervals to convey affection and/or to provide an opportunity for the patient to talk about feelings
- Teach new coping and problem-solving skills

WILLINGNESS FOR WELL-BEING HEIGHTENED SPIRITUAL

- Encouraging the individual to review the past and focus on the events and relationships that provided spiritual strength and support
- Encourage the patient to examine their personal beliefs and values, and their satisfaction with the latter
- Identify patient's concerns about religious expression (e.g. use of candles, fasting, or dietary practices)

DEATH RELATED ANXIETY

- Instruct the patient to use coping techniques aimed at controlling specific aspects of the experience (e.g. relaxation, imagination) as appropriate
- Determining the psychological burden of prognosis for the family
- Teach caregiver stress management techniques
- Educating the caregiver about the grieving process
- Encouraging the caregiver to participate in support groups
- Acting on behalf of the caregiver when the burden becomes evident

FEELING OF HELPLESSNESS

- Provide experiences that enhance patient autonomy, as appropriate
- Convey confidence in the patient's ability to deal with situations
- Assist in setting realistic goals to achieve greater self-esteem
- Monitor the frequency of self-negativity verbalizations
- Monitor self-care ability (e.g. cleanliness, hygiene, food/liquid intake, elimination)
- Assist the patient in maintaining a normal sleep/wake cycle (e.g. programmed rest times, relaxation techniques)

UNSTABLE BLOOD GLUCOSE RISK

- Observe for signs of hypoglycemia (sweating, acute confusion, general malaise)
- Control hypoglycemia by administering glucose (eg serum therapy with glucose solution)

CARDIAC OUTPUT RISK DIMINISHED

- Watch for signs and symptoms of decreased cardiac output
- Monitor vital signs every 12 hours or as appropriate
- Auscultate lung sounds for rales or other adventitious sounds

DEFICIT IN SELF-CARE FOR BATH

- Perform inspection and palpation to analyze for skin hydration and/or risk of pressure injury
- Identify the need for the type of bath: spray or bed bath
- Shower twice a day (morning and afternoon), or whenever necessary

WILLINGNESS TO PROCESS IMPROVED FAMILIAR

- Identify the effects of changing roles on the family process
- Encourage continued contact with family members, if appropriate
- Maintain opportunities for flexible visitation to meet family and patient needs
- Discuss existing social support mechanisms for the family

SOCIAL ISOLATION

- Explore with the patient what triggered the feeling
- Encouraging the patient to express their feelings of anxiety, anger, or sadness
- Create a safe environment for the patient
- Determine patient preferences regarding visit and release of information
- Assist the patient in separating physical appearance from feelings of personal worth, as appropriate

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DOI: https://doi.org/10.36489/nursing.2022v25i291p8662-8673
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sions, even in the face of non-redeemable health conditions, making care for the terminally ill patient and their family holistic. [14]

It is advised that nursing care should be guided by guiding principles, whose purpose involves the relief of pain and other symptoms and the integration of psychosocial and spiritual aspects of care [14]; for recognizing death as a natural process, and a support system must be offered that enables the patient to live as actively as possible until death (1); equalizing efforts to support the family throughout this process. [15]

Nursing, as well as the processes that underlie the organization of care in the various areas of health, undergo constant technical changes and in recent years, attention focused on palliative care has become a highly relevant topic. [2] Furthermore, nursing care protocols help the systematization of care, reducing the distance between theoretical knowledge and the practical application of care, through a standardized language capable of optimizing and qualifying the care provided by the nursing team. [16]

Study limitations

The possible limitations of this study refer to the sample, because even with all the effort, the low number of studies included may have limited the identification of nursing diagnoses aimed at terminally ill patients.

CONCLUSIONS

Nursing is a key component for ensuring care for terminal patients, since they are most responsible for monitoring the patient's clinical situation, first recognizing clinical deterioration and the installation of the terminal process, pointing out the need to reorganize the care process to achieve comfort, support for caregivers and joint definition with the multiprofessional team to maintain non-invasive therapeutic approaches.

Nursing care protocols are important methodological tools and support the health service to implement the principle of comprehensiveness and develop safe care practices.

It is considered that the protocol presented here is an important starting point, understanding it as a facilitator to establish new flows and behaviors, in addition to promoting nursing practice for terminally ill patients.

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DOI: https://doi.org/10.36489/nursing.2022v25i291p8662-8673
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