

Management of pressure ulcers in palliative care patients: nurses' view

Manejo da lesão por pressão em pacientes sob cuidados paliativos: visão dos enfermeiros

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-  Sarah Vieira Figueiredo¹
-  Sherida Karanini Paz de Oliveira¹
-  Anne Kayline Soares Teixeira¹
-  Luciana Catunda Gomes de Menezes²
-  Ilvana Lima Verde Gomes¹
-  Ydinara Luttianna Paz de Oliveira³

¹Universidade Estadual do Ceará.
Fortaleza, CE, Brazil.

²Centro Universitário Fametro.
Fortaleza, CE, Brazil.

³Hospital São José de Doenças Infecciosas.
Fortaleza, CE, Brazil.

Corresponding author:

Sarah Vieira Figueiredo
Av. Dr. Silas Munguba, 1700 – Itaperi,
CEP: 60714-903. Fortaleza, CE, Brazil.
E-mail: sarahvfigueiredo@gmail.com

EDITOR IN CHIEF: Ana Fatima Carvalho Fernandes

ASSOCIATE EDITOR: Francisca Diana da Silva Negreiros

ABSTRACT

Objective: to understand the management of pressure ulcers in palliative care patients from the perspective of nurses. **Methods:** qualitative study, in which 17 care nurses participated through semi-structured interviews. Data were submitted to thematic categorical analysis. **Results:** two categories were listed: Nursing management of pressure ulcers in palliative care patients and Outcome of pressure ulcers in palliative care patients. Their management occurs by means of individualized assistance and may vary according to the different moments in which the individual is and should be malleable. The possibility of three outcomes was also observed: complete healing, clinical improvement and clinical stabilization. **Conclusion:** despite all the frailty of these patients in palliative care, it was perceived that the clinical improvement of the lesions occurs, although it is a slow path, by means of handling the lesions in an individualized manner and focused on the search for comfort.

Descriptors: Nursing Care; Nursing; Palliative Care; Pressure Ulcer; Wound Healing.

RESUMO

Objetivo: compreender o manejo da lesão por pressão em pacientes sob cuidados paliativos na perspectiva de enfermeiros. **Métodos:** estudo qualitativo, do qual participaram 17 enfermeiros assistenciais por meio de entrevistas semiestruturadas. Os dados foram submetidos à análise categorial temática. **Resultados:** elencaram-se duas categorias: Manejo de enfermagem de lesões por pressão em pacientes sob cuidados paliativos e Desfecho das lesões por pressão em pacientes sob cuidados paliativos. O manejo destas ocorre por meio de assistência individualizada, podendo variar de acordo com os diferentes momentos em que àquele indivíduo se encontra, devendo ser maleáveis. Observou-se, ainda, a possibilidade de três desfechos: cicatrização completa, melhora clínica e estabilização clínica. **Conclusão:** apesar de toda fragilidade desses pacientes em cuidados paliativos, percebeu-se que ocorre a melhora clínica das lesões, apesar de ser um caminho lento, por meio de manejo das lesões de modo individualizado e centrado na busca de conforto.

Descritores: Cuidados de Enfermagem; Enfermagem; Cuidados Paliativos; Lesão por Pressão; Cicatrização.

Introduction

The increase in illness processes beyond current curative possibilities plus the discussions about the terminality of life and the search for humanized and quality health care have made palliative care considerably relevant worldwide⁽¹⁾.

The origin of the word palliate comes from the Latin *palliare*, which is related to the term protection or covering with a mantle, a cloak. Thus, the palliative approach seeks the real promotion of full comfort to patients, individually and completely⁽²⁾. Thus, in the search for integral assistance in the face of a life-threatening illness, the gaze must be given to the multiple dimensions of the being: physical, psychological, spiritual, and social.

In this sense, the importance of skin care for these patients is highlighted, since it constitutes the largest organ of the human body and is also vulnerable due to the failure of multiple organ systems. Taking into consideration factors related to clinical and physical status, such as the presence of comorbidities and mobility restriction, palliative care patients constitute the group at highest risk for the onset of pressure ulcers⁽³⁻⁵⁾.

Pressure ulcers cause pain and discomfort and thus negatively affect the quality of life of these patients and their families. Therefore, the team should be aware of the complications that may arise from the lesions, as well as develop strategies to seek prevention, control of symptoms and relief of suffering⁽⁶⁾.

The literature is clear when it highlights the peculiarities of the skin of people in palliative care, for being more vulnerable and fragile, as well as the different context of care in prevention and treatment^(1,5,7-8). Thus, it is necessary to carry out more research on the subject.

Despite the need for an interdisciplinary care plan to support the assistance to people with pressure ulcers, it should be noted that nurses are the health team members who manage these patients more directly and continuously, especially with the skin.

Therefore, it is essential to support their practices in scientific evidence, aiming at a quality and safe care⁽⁹⁾.

Thus, nursing professionals have been increasingly required an attentive and directed look at the specific demands of patients dealing with the end of life, since this process needs to be lived with full dignity, satisfaction and comfort⁽¹⁰⁾. Given the above, the following question was raised: how have nurses performed the management of pressure ulcers in patients under palliative care?

Thus, it is expected, based on the results presented, to contribute to the promotion of discussions in this regard, in order to promote greater comfort for these patients and their families. The present research aimed to understand the management of pressure ulcers in palliative care patients from the perspective of nurses.

Methods

Qualitative study conducted in a public health service of secondary level reference in the care of chronically ill patients with level 3 hospital accreditation title (maximum score achieved, after evaluation as to quality standards, safety, integrated management and organizational culture) by the National Accreditation Organization, in Fortaleza, CE, Brazil. The study sector was the Adult Special Care Unit due to the high prevalence of patients in follow-up by the institutional palliative care team. In order to guarantee the validity of the methodological aspects this research followed the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ).

It was developed in the period from December 2018 to May 2019. The population consisted of 22 nurses of that unit and all were invited, but only 17 agreed to participate and met the inclusion criteria, which were: being a nurse and having experience with patients under palliative care for at least six months (minimum time that is expected for the professional to achieve experience to provide the information sought in this research). Excluded were those who were

on vacation, sick leave, leave of absence or any inability to attend the service during data collection; and those who exercised only management activities in the unit, since the present research was aimed at prioritizing the care practice of nurses before the public under study.

A semi-structured, individualized interview was carried out with an average duration of 15 minutes using a script composed of two parts: Characterization of health professionals (gender, age, time of education, time working in palliative care, post-graduation; participation in courses, lectures or training in palliative care and/or pressure injury; reading of documents on palliative care and/or pressure injury) and Open questions about the research theme (Talk about your practice in pressure injury care of patients under palliative care; What comfort measures have been performed by you and your nursing team for patients with pressure injuries under palliative care?).

Throughout the data collection, pre-analyses of the statements were made continuously, aiming, based on the depth, the degree of recurrence and divergence of the information provided, to delimit the moment of finalization. It is noteworthy that all interviews were recorded with digital equipment and transcribed in full.

The transcribed empirical material was analyzed by means of Bardin's Categorical Thematic Analysis, following the steps: 1) pre-analysis; 2) exploration of the material; 3) treatment of results, inference and interpretation⁽¹¹⁾. Thus, two thematic categories were listed, namely: 1) Nursing management of pressure ulcers in palliative care patients and 2) Outcome of pressure ulcers in palliative care patients.

The research respected all the norms of Resolution 466/2012 of the National Health Council, such as subject autonomy, beneficence, non-maleficence, justice, and anonymity (the interviews were coded with the letter "E" for "Nurse" for their designation in the alphanumeric sequence from 1 to 17). All nurses signed the Informed Consent Form in two copies, one given to the participant and the other kept

by the researcher and consented to the recording of the interview. The consent of the unit management and hospital direction was requested, and the project received approval from the Research Ethics Committee of the hospital (opinion no. 3,222,859/2019 and Certificate of Ethical Appreciation Submission no. 04375818.1.0000.5684).

Results

Seventeen nurses participated in the research and only one (5.9%) was male, mean age was 37.94 years, ranging from 24 to 54 years and 12 were married or had a stable union (70.6%). Regarding the time of training, 16 participants had graduated in nursing more than eight years ago (94.1%) and only two had no graduate courses (11.8%).

About palliative care, the time of experience varied from one to nine years, and most had more than five years of experience with this profile of patients (70.6%). In addition, 14 participants had already received training (82.4%), courses or lectures about this care approach and 12 sought to update themselves through reading (70.6%). Regarding pressure ulcers, it was unanimous (100.0%) the involvement of all in improvement events, in addition to the search for more knowledge through studies by the majority (88.2%). These aspects reveal a profile of nurses with experience in the theme, which brought many contributions, discussed in the following categories.

Nursing management of pressure ulcers in palliative care patients

It was possible to notice in the participants' reports that, although prevention strategies are instituted, the development of pressure ulcers in palliative care patients may happen, depending on the limitations and frailty of everyone. Thus, the importance of an adequate treatment of injuries was highlighted, since the promotion of comfort, including physical comfort, is an inherent aspect of palliative care, as ex-

posed in the speech: *...Palliative care is that we give comfort ... if the patient has a stage 3 lesion, which is cavitory, it will cause pain to the patient, so we will take care of the pain, reducing the patient's pain by taking care of the lesion (E17).*

Thus, in the management of these lesions, the nurses highlighted some aspects of their clinical practice for a better care, because, according to the partici-

pants, there is a concern that the lesions do not evolve with clinical worsening: *And then we are careful to do the proper cleaning, dressing and care, so that this wound does not get bigger and other wounds do not appear (E6).*

Thus, Figure 1 was elaborated, emphasizing the main aspects highlighted by nurses regarding PU management in palliative care patients.

Nursing Interventions	Speeches of the participants
Choice of specific covers for each patient	<i>Appropriate material for each type of lesion, which we usually have. We have Essential Fatty Acids, we have sulfadiazine in cases of infection, we have papain (E15). It depends on the lesion, when it is grade 1 we use film because it is only redness; in grade 2, we usually use Essential Fatty Acids, when there is necrosis and when there is sphacel, we usually use papain, that is what the institution has available (E4).</i>
Debridement when indicated	<i>If debridement is needed, debridement is done for the patient's comfort (E11) Depending on the lesion he already has, we try to improve this lesion, debridement, scarification (E14).</i>
Assessment and pain relief/analgesia before bathing and dressing	<i>One of the comfort measures that worries us a lot is in relation to pain, so we always pass it on to the assistant physician; we inform him that this patient has many lesions or that there is a lesion that is causing him pain, so that he can improve analgesia (E14). We will dress the wound, bathe the patient, we give medication half an hour before the bath, so that when we are going to touch the wound, touch the patient, we can reduce the patient's discomfort (E17).</i>
Necessary frequency of dressings to minimize odor and discomfort	<i>Changing the decubitus, changing the dressing, as many times as necessary, tries to minimize the odor (E11). We change it every time it [the dressing] gets dirty, like that, especially women when, during diaper changes, the dressing is soaked, we always change it, there is a lot of secretion or wet with urine (E4).</i>
Indicator management	<i>When the injury appears, it is notified (E6).</i>
Multi-professional teamwork	<i>The whole team gets into the process, which is nutrition, doctor, everybody, the whole team and so usually our injuries improve significantly (E4).</i>
Support from the Stomal Therapy team	<i>Sometimes we also request the opinion of the stomal therapist. For her to see other strategies to use according to each injury (E15).</i>
Caring for family members	<i>I try to explain why it [the injury] is like that. I tell him if the evolution is good, if it is not getting better. I always try to get the companion to participate in what I am doing: "look here, it is good, it is getting better, I am using such and such thing", so that he can be aware and try to see the evolution and feel less suffering (E11). There are many family members that get scared when they see it. I like to explain it all the time. This interaction between the nurse and the caregiver is exceptionally good (E17).</i>

Figure 1 – Nursing management of pressure ulcers in patients under palliative care. Fortaleza, CE, Brazil, 2019

Figure 1 highlights important care to be given to this public that deals with a life-threatening process of illness. The nurses showed no effort to generate greater comfort to patients whose suffering is accentuated with the onset of pressure ulcers. As for the care evidenced, an aspect pointed out concerns the choice of products to be used in the treatment of the lesions, depending on the availability in the service and on the individual needs of each patient. The

participants commented on three main dressings because they are available in larger quantities for use in the service, namely: papain, Essential Fatty Acids and silver sulfadiazine.

Analgesia was highlighted as an important ally in care. Therefore, nurses constantly interact with medical professionals aiming at a better therapeutic plan for pain control. Among the strategies in this sense, it was evident the analgesia established in the medi-

cal prescription before the beginning of the bath and dressing, on average 30 minutes before these procedures.

The participants highlighted their experiences, revealing the answers they found after their interventions, aspects that are presented in the following category.

Outcome of pressure ulcers in palliative care patients

Regarding the clinical evolution of injuries in treatment, several participants pointed out the improvement of such injuries, even without expectations from the team due to the fragility of patients, being, therefore, “surprised” many times. However, this process of improvement of ulcers, when it occurs, ha-

ppens more slowly, according to the nurses’ report, as a result of the physical limitations of individuals, especially when they are already experiencing the process of terminality: *Due to their condition, we have a slower response, not such a fast response, and then we use the products, but we do not have a proper response like other people who have better health conditions (E3). It is a difficult injury, since the patient is in palliative care and he no longer has the entire skin structure, it is already very compromised, the tissue structure is already very compromised because the patient is in palliative care and most of the time his organs are already very compromised too? (E6).*

Thus, Figure 2 presents the process of pressure ulcers evolution (outcome), according to the speeches of the participants, in order to make clearer the perception about the clinical characteristics, according to their speeches.

Evolution of pressure ulcers in palliative care patients	Speeches of the participants
Complete healing	<i>So, by the picture of patients we see a significant improvement, because of the limitations and comorbidities they already have, but we do have positive results and examples of several patients who we managed to close pressure injuries that had unclassifiable grade and thank God today we have the tissue all epithelized and formed (E9). ... we have had many cases here that even in palliative care we have broken down, many serious patients arrive, really, with extensive injuries and everything, and then leave with the wound closed, I am proud (E16).</i>
Clinical improvement	<i>It surprises, because sometimes we think that the lesion will evolve to worse, sometimes we think that we dress it one day and the next day it will be, unfortunately due to the conditions, it will be worse, but no, sometimes it presents an improvement (E12). The lesions usually improve a lot here, in our practice, even in palliative care (E4). ...regardless of if it is palliative care, the lesion closes, and he often goes home with a much smaller lesion or without a lesion, and it was a much more extensive lesion at the beginning (E14).</i>
Clinical stabilization	<i>... Most of the time the lesions stop and give more comfort to the patient (E10) After you have the ulcer installed, it is very difficult for you to improve and close it, we are thrilled and celebrate when you have a patient that you manage to keep it from getting worse, so, if you manage not to get worse, it is a victory for us (E1) In most cases they remain stagnant, they are patients that you want to provide comfort to, so they are patients that you will manipulate, handle as little as possible, of course you will not stop providing basic care, you have to evaluate the issue of tolerance (E5).</i>

Figure 2 – Outcome of pressure ulcers in patients under palliative care. Fortaleza, CE, Brazil, 2019

It was perceived that the nurses talked about three possibilities for the evolution of pressure ulcers, namely: Complete Healing (total closure of the treated lesion occurs), Clinical Improvement (although the lesion does not heal completely, there is for an improvement of the wound and the patient’s physical con-

dition, besides relief of suffering) and Clinical Stabilization (corresponds to situations in which the lesion does not regress in its stage, but also does not increase or worsen, remaining the same for long periods). The latter was highlighted as a positive aspect by nurses when dealing with patients in palliative care.

Discussion

As limitations of the study, we highlight the inclusion of only care nurses, and the absence of nursing managers and other professionals. Thus, it points out the need for further studies on the subject and that there is still much to be discussed from different perspectives.

Regarding the experience of nursing professionals regarding the treatment and outcome of pressure ulcers in this population, no other studies with this specific approach were found. Thus, it is believed that the data obtained will favor a better discussion on the subject, spreading knowledge and stimulating the development of strategies, aiming at a better promotion of comfort to these patients.

Corroborating the findings presented, one author states that even with properly instituted prevention strategies, the appearance of pressure ulcers may occur, becoming a significant problem for patients in palliative care. Thus, although it is not possible to prevent all injuries in these patients, adequate care and treatment is essential when the skin loses its integrity⁽⁸⁾.

Treatment initially requires a correct and comprehensive assessment of the patient (their physical and psychosocial aspects, as well as their wishes and those of their family) and the wound. This is followed by management according to the principles of wound care: cleaning, infection management, debridement, pain management, and dressing selection⁽¹²⁾.

The choice of dressing is an essential aspect for discussion in stomal therapy, as it contributes to the formation of an ideal microenvironment for healing. Therefore, it is essential that nurses have knowledge about the phases of healing and wound assessment and recognize the most appropriate dressings for each situation. Thus, the selection of the ideal dressing should occur consciously and specifically for each patient, and the search for less discomfort is fundamental⁽¹³⁾.

In this context, the scarcity of material resources,

also evidenced in another study, was presented by the nurses participating in the research as a negative aspect of care, since the absence of adequate covers may hinder the proper management of the lesion⁽¹⁴⁾.

This problem becomes even more relevant when it comes to palliative care patients, since it is believed that the dressings used must meet the needs of this public. In addition, they must have attributes that allow longer changing time to reduce patient manipulation, which generates pain, as well as provide an appropriate local environment for faster healing and relief of suffering.

Regarding therapeutic decision making, it was found that nurses do not distinguish between patients in palliative care or not, performing the conduct based on the individuality of each patient and the characteristics of the lesions. In addition, debridement was a technique often addressed by nurses as important in the management and healing of the wound.

Authors corroborate, stating that in the assistance to patients in palliative care with pressure ulcers, one should seek, as a priority, the promotion of comfort. Therefore, debridement of devitalized tissue may occur, taking into consideration the patient's wishes and objectives^(8,15). Regarding the suffering of family members, evidenced in the speeches of the participants, the important relationship established by nurses is highlighted, in order to promote comfort to them, based on the guidelines established about the lesions, that is, how they are being treated and their daily evolution.

In fact, pressure ulcers generate several repercussions for patients, their families and healthcare institutions, besides being sources of discomfort, pain, emotional suffering and increase the risk of other complications, influencing the length of hospital stay and morbidity and mortality⁽¹⁶⁾.

According to the National Pressure Injury Advisory Panel (NPIAP) guidelines, the pain process generated by pressure injuries can be severe and continuous⁽¹⁵⁾. In this sense, it was unanimous among nurses that pain relief is essential. The pain happens

due to the presence of the pressure ulcers and due to the patient's movement in bed, during bathing and when dressing.

It should be noted that wound manipulation, cleansing, debridement and dressing change is a painful process for patients. Thus, an analgesic regimen of at least 20-30 minutes (maximum 60 minutes) before the start of these procedures is suggested⁽¹⁵⁾.

Another aspect identified for the promotion of comfort in the treatment of pressure ulcers refers to the frequency of dressings, performed whenever necessary, aiming to minimize odors and discomfort from saturation of diapers and dressings, plus procedures related to intimate hygiene. This care shows the importance of promoting the dignity of patients in palliative care. Performing body hygiene is an important measure to generate comfort, contributing to a better appearance and well-being of patients⁽¹⁷⁾.

The nurses' view on the importance of effective communication between the team was observed, aiming at quality care and an individualized therapeutic plan, because it is a care that involves multiple aspects of the individual. Thus, effective communication between physicians, physical therapists, nurses, nutritionists, surgeons and social workers contributes to the improvement of more than 50.0% of injuries, even when the main focus is not the cure, as is the case of patients in palliative care⁽¹²⁾.

In addition, nurses said they are always in contact with the Stomal Therapy team by requesting opinions for better guidance of conducts. The Stomal Therapy service plays a key role in hospital services, aiming at the expansion of better care to patients through innovations in care and strategies that aim for excellence, decreased length of hospital stays and costs⁽¹⁴⁾. Thus, this team reveals to be an important pillar, especially in view of the peculiarities existing in the context of palliative care.

Although it is often believed that the healing of pressure ulcers is difficult, it cannot be said that in all individuals in palliative care these pressure ulcers do not heal⁽¹⁵⁾. It is inappropriate to assure that they

are untreatable, or to ignore them in this profile of patients at the end of their lives⁽¹⁸⁾. Like the findings presented, other studies found the same outcomes in a population in which the majority presented complete healing, followed by clinical improvement of the lesion, maintenance of staging and clinical worsening^(3,19).

Other research has also found positive responses in care of injuries in palliative care patients. This is a study of 124 patients in home care in Italy with a total of 156 pressure ulcers (34% stage 1, 55.8% stage 2, 9.6% stage 3 and 0.6% stage 4). It was observed that healing of these lesions may be a realistic goal in these patients, especially those up to stage 2⁽¹⁸⁾.

It is worth pointing out that palliative care patients with pressure ulcers should not be confused with those individuals who have palliative lesions, such as those of the oncologic type with no therapeutic options. The difference is that, according to the clinical practice presented, in palliative care patients with pressure ulcers, cure is possible and has revealed the presence of relief in the suffering of these patients and their families.

Therefore, health professionals need to understand the patient's clinical condition, since the focus of care can change. In situations of near terminality, the team needs to reflect on this, so as not to expend ineffective efforts in the treatment of situations that can no longer be cured⁽⁴⁾.

Therefore, the nurse's decision must be based on the individuality and needs of the patient, since his choices regarding the management of pressure ulcers should primarily provide relief and comfort at a given time and clinical evolution of the disease process. Therefore, the management of patients in palliative approach may vary according to the different moments that that individual is at and must be malleable.

Conclusion

Based on the discussions presented, it was possible to understand the experiences and the percep-

tion of nursing assistants related to the management of pressure ulcers in patients under palliative care. It is a care permeated by challenges, being highlighted different approaches of nursing interventions, such as: selection of appropriate dressings, debridement, pain relief and comfort, among others. Despite all the fragility of these patients, it was perceived that the clinical improvement of pressure ulcers occurs, despite being a slow path through qualified nursing care focused on the specific needs of the patient.

Collaborations

Figueiredo SV, Oliveira SKP, Teixeira AKS, Menezes LCG, Gomes ILV, and Oliveira YLP contributed to the conception and design, data analysis and interpretation, writing of the article, relevant critical review of the intellectual content, and final approval of the version to be published.

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