

CUIDADOS DE ENFERMAGEM NO MANEJO DA DOR EM PACIENTES ADULTOS E IDOSOS EM CUIDADOS PALIATIVOS

NURSING CARE IN PAIN MANAGEMENT IN ADULT AND ELDERLY PATIENTS IN PALLIATIVE CARE

ATENCIÓN DE ENFERMERÍA EN EL MANEJO DEL DOLOR EN PACIENTES ADULTOS Y DE ANCIANOS EN CUIDADOS PALIATIVOS

Jéssica Luiza Ripani Rodrigues¹, Silmar Maria da Silva², Isabel Yovana Quispe Mendoza², Ana Marília Cunha de Oliveira³

RESUMO

Objetivo: Identificar os cuidados de enfermagem no manejo da dor de pacientes adultos e idosos em cuidados paliativos. **Método:** Foi realizada uma revisão integrativa da literatura, de artigos nacionais e internacionais, que abordaram o tema “cuidados de enfermagem no manejo da dor de pacientes em cuidados paliativos”, publicados no período de 2009 a 2019, em três bases de dados. Foram encontrados oito artigos que atenderam os critérios de inclusão e exclusão. **Resultados:** A partir da análise dos artigos, foram elaboradas duas categorias: a investigação da dor pela equipe de enfermagem em pacientes em cuidados paliativos e intervenções para o alívio da dor em pacientes em cuidados paliativos. **Conclusão:** Evidenciou-se a importância do vínculo entre o profissional e o paciente/família, no manejo da dor, além da assistência de forma holística. O pequeno número de estudos sobre o tema foi uma limitação para a pesquisa, ressaltando, assim, a necessidade de mais pesquisas nesta temática.

Descritores: Dor; Manejo da Dor; Conforto do Paciente; Cuidados paliativos na terminalidade da vida; Enfermagem.

ABSTRACT

Objective: Identify nursing care in pain management of adult and elderly patients in palliative care. **Method:** An integrative literature review of national and international articles on "nursing care in palliative care patients' pain management" was conducted and published in three databases from 2009 to 2019. Eight articles were found that met the criteria for inclusion and exclusion. **Results:** Based on the analysis of the articles, two categories were elaborated: the investigation of pain by the nursing team in palliative care patients and interventions for pain relief in palliative care patients. **Conclusion:** The importance of the bond between the professional and the patient/family in pain management, in addition to holistic assistance, was highlighted. The small number of studies on the subject was a limitation for the research, thus emphasizing the need for more research on this topic.

Descriptors: Pain; Pain Management; Patient Comfort; Palliative care in the end of life situations; Nursing.

RESUMEN

Objetivo: identificar los cuidados de enfermería en el manejo del dolor de pacientes adultos y ancianos en cuidados paliativos. **Método:** se realizó una revisión integral de la literatura, de artículos nacionales e internacionales, que abordó el tema "atención de enfermería en el manejo del dolor de pacientes en cuidados paliativos" publicado en el período de 2009 a 2019, en tres bases de datos. Se encontraron ocho artículos que cumplían los criterios de inclusión y exclusión. **Resultado:** a partir del análisis de los artículos, se elaboraron dos categorías: la investigación del dolor por parte del equipo de enfermería en pacientes en cuidados paliativos e intervenciones para el alivio del dolor en pacientes en cuidados paliativos. **Conclusión:** se evidenció la importancia del vínculo entre el profesional y el paciente/familia en el manejo del dolor, además de la atención integral. El pequeño número de estudios sobre el tema fue una limitación para la investigación, enfatizando así la necesidad de más investigación sobre este tema.

Descriptor: Dolor; Manejo del Dolor; Comodidad del Paciente; Cuidados Paliativos al Final de la Vida; Enfermería.

¹Especialista em Saúde do Idoso, Prefeitura de Contagem, Minas Gérias, ²Doutora em Ciências, Universidade Federal de Minas Gerais, ³Mestranda em Gestão e Educação em Saúde e Enfermagem., Universidade Federal de Minas Gerais.

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INTRODUCTION

The International Association for the Study of Pain (IASP) defines pain as "an unpleasant sensory and emotional experience associated with an effective or potential injury to tissues," which also involves the psychic, spiritual and environmental aspects⁽¹⁾. Pain is unique to each individual, since it suffers interference from memories, experiences and emotions experienced individually, affecting important areas of human experience such as affective, cognitive, behavioral and socio-cultural aspects⁽²⁾. It stands out among the symptoms that generate suffering, as it is a symptom of complicated management and difficult to evaluate, especially in elderly patients. The elderly patient, in an advanced phase of a disease may present characteristics that make it difficult to assess and adequately treat pain control, such as cognitive impairment, comorbidities and base conditions, polypharmacy and underreporting⁽³⁾.

Palliative Care (PC) is intended for all patients with life-threatening diseases, with or without the possibility of life-threatening treatment, beginning with diagnosis and ending with bereavement, including care for their relatives⁽⁴⁾. It consists of a multi-professional and interdisciplinary approach that aims to improve the quality of life of the patient and his/her family, through holistic assistance, prevention and relief of suffering through the agile identification, evaluation and treatment of pain and other discomforting symptoms, physical, psychological and spiritual.

Thus, to ensure the well-being and comfort of patients in PC, it is essential the integrated performance of a multi-professional team, and only a team with multiple technical skills, based on the principles of PC, is able to provide comfort to the patient⁽⁵⁾.

The nursing is essential to the palliative assistance, since it has, as a work object, the prescription of care. The nurse must be attentive to the patient's needs, not only physical, but also psychological and spiritual. It is important, therefore, to interpret verbal and non-verbal complaints, especially in dealing with the management of pain⁽⁶⁾.

It is also important to emphasize the knowledge of nursing, when acting in the management and control of pain, a symptom that is among the greatest cause of suffering and most prevalent among patients in PC⁽⁷⁾. However, it is challenging, since the knowledge in PC is still

deficient to the educational formation of professionals, generating consequences to the quality of assistance⁽⁷⁾.

In view of the above, it is understood that nursing care in the management of pain in adult and elderly patients in PC generates subsidies for a better quality and effectiveness assistance, focused on the patient. Thus, the objective of this study was to identify in the literature the nursing cares directed to the management of pain in adult patients and elderly in palliative care.

METHOD

An integrative review of the literature, of national and international articles that approach the theme "nursing care in the management of pain of patients in palliative care" was carried out. This methodology allows the integration of evidence in clinical practice, by gathering and synthesizing scientific evidence, in an organized and systematic way, contributing to greater clarity and knowledge of the theme⁽⁸⁾.

The research was elaborated, adopting the six phases that structure the integrative revision: identification of the theme and elaboration of the research question; definition of the inclusion and exclusion criteria of studies; extraction of information and categorization of studies; evaluation of the studies included in the integrative revision; interpretation of the results; presentation of the revision and synthesis of knowledge⁽⁸⁾.

The guiding question of the research was: What are the nursing care in pain management in adult and elderly patients in palliative care? The search took place in September 2019, using the Scientific Electronic Library Online (SciELO), Virtual Health Library (VHL) and PubMed databases. The study included scientific publications that answered the guiding question, i.e., primary studies that addressed nursing care in the management of pain in adult and elderly patients in PC, published between 2009 and 2019, in Portuguese, English and Spanish.

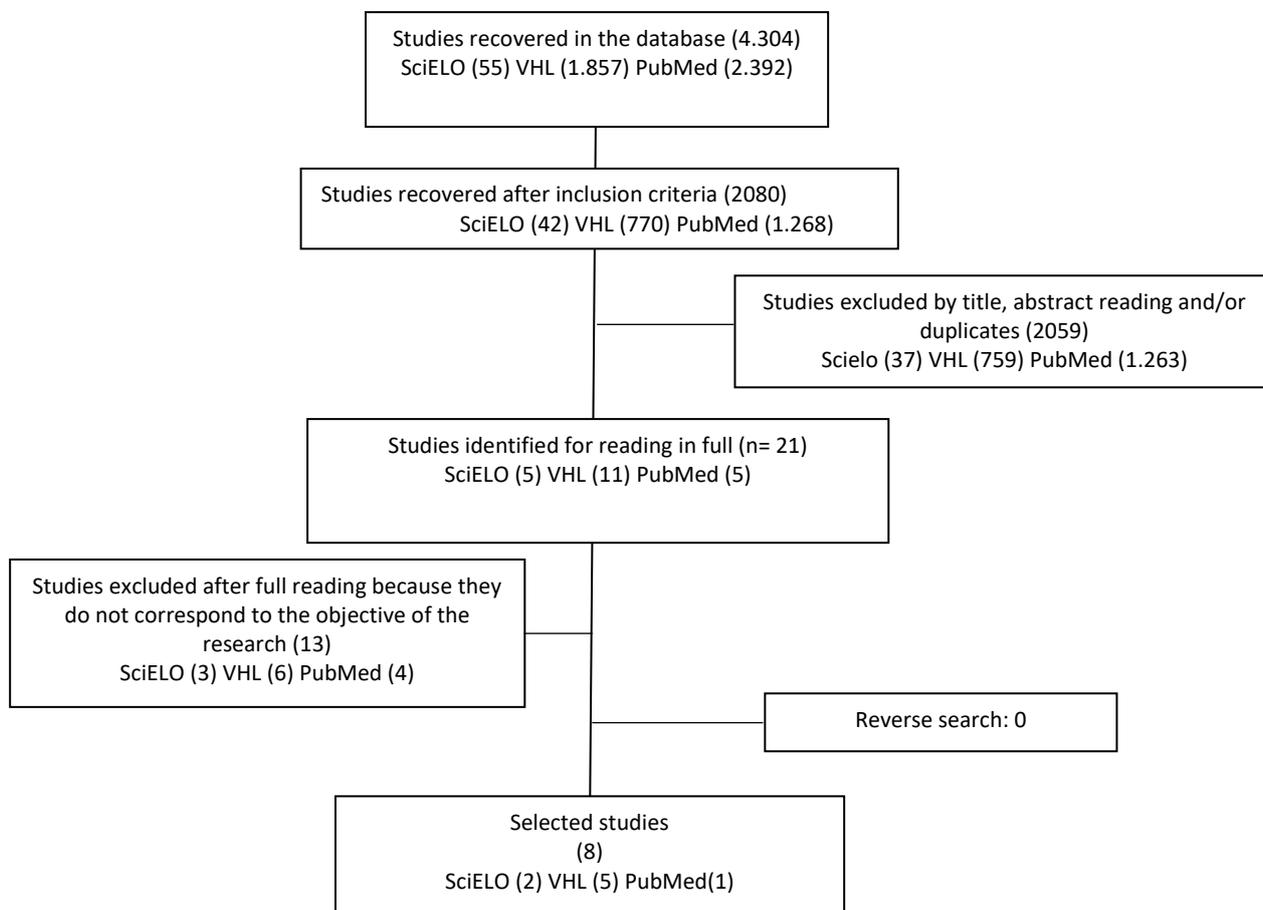
Initially, the titles and summaries of all the identified studies were analyzed within the stipulated parameters. In addition, the full reading of those studies in which the analysis of the title and abstract was insufficient for the application of the inclusion and exclusion criteria was performed.

Publications that did not meet the inclusion criteria, review studies and other types of studies that were not scientific articles were excluded, as

well as duplicate studies. The process of selection of the studies is shown in the flowchart of Figure 1. In order to expand the search, a reverse search

was performed, in which the titles of the reference material of the selected articles were analyzed.

Figure 1 - Flowchart of selected studies from the integrative review. Belo Horizonte, MG, Brazil, 2019.



Source: Elaborated by the authors, 2019.

For the extraction of information of the eight selected studies an instrument was elaborated, to guide the collection of data, that considered the following information: title; database where the publication was detected; authors; year of publication; country; language; place (Country/Continent) where the study was carried through, which the health service where the study occurred; participating professionals; objectives of the study; methodology; main results referring to the nursing care in the management of pain and, finally, the recommendations of the authors. The studies went through a wide reading and removal of the data, guided by the elaborated instrument. It was chosen to present the results in a descriptive way, and for the analysis of the data, the thematic categorization.

RESULTS AND DISCUSSION

Of the eight studies selected for this review, it was identified that the years with the most

publications were 2010 (2; 25%) and 2018 (2; 25%), and most of the studies - five (62.5%) - were identified in the VHL database, with predominance of the English language - six (75%) - followed by Portuguese, in two (25%) of the studies. No studies were identified in Spanish.

As for the developing countries of the studies, four (50%) are concentrated on the European continent, being three (37.5%) from the United Kingdom and one (12.5%) from Sweden. In second place comes South America, with two of the studies (25%) coming from Brazil. There are also studies from Asia and Oceania, conducted in Japan and Australia, respectively, being one study in each country.

The studies took place in three different environments: Long-stay institutions (LSI), hospitals and hospices. Half of the selected studies had as study site specific hospital sectors for PC, two (25%) in LSI and hospices and two (25%) in

general hospitals. The publications that addressed the investigation, identification and evaluation of pain totaled six (75%) of the studies. Of these, three studies (50%), besides the identification and

evaluation, also brought interventions for pain relief in patients.

Figure 2 presents the main results of pain management and the authors' recommendations.

Figure 2 - Description of the studies included in the integrative review, according to the main results and recommendations of the authors. Belo Horizonte, MG, Brazil, 2019.

Study	Main results regarding pain management	Authors' recommendations
Jansen BDW, et al./2018 ⁽⁹⁾	Using the Abbey pain scale for pain assessment; Demonstrated varied opinions about the use of scale in pain assessment.	Need for greater support for the development and improvement of existing general protocols and pain assessment approaches.
Skaczkowski G, et al./2018 ⁽¹⁰⁾	Hydro-massage bath with temperature according to the patient's preference, resulted in improvement of pain, anxiety and well-being.	Further studies on water-based therapy are needed.
Jansen BDW, et al./2017 ⁽¹¹⁾	Non-communicating patients need more vigilance for pain identification; There are no standards for the evaluation of pain in the institution; Pain assessment is patient centered through behavioral observation; Holistic knowledge and bond are facilitators in pain management.	It is essential to progress in the support, education, training and improvement of the nursing team to improve the quality of care and comfort to the patient.
Brorson H, et al./2014 ⁽¹²⁾	Devaluation of nursing can lead to sub-treatment of pain; Identification of pain by the manifestation of behavior changes of individual and singular signs; Good inter-professional practices and cooperation are important to achieve pain relief; Professionals use non-pharmacological management for pain relief, such as: touch, proximity (sitting next to each other), holding the hand, massages, warm water bags, favorite music of the patient, taste experience.	It is necessary to develop a standardized pain management tool for adoption in clinical practice.
Vargas MAO, et al./2013 ⁽¹³⁾	Evaluation of pain is done by simple questioning; Conversation and investigation of triggering factors are tools for evaluation and management; Exemplifies the change of decubitus with an action of pain relief.	Need for specialized, well-structured sites with a qualified team to attend the patient in palliative care.
Yamamoto K, Nagata S/2011 ⁽¹⁴⁾	The footbath technique, similar to scald-foot, resulted in moderate pain relief.	Further studies are needed on the beneficial effects of therapy.
Soden K, et al./2010 ⁽¹⁵⁾	The use of pain assessment scales was reported as time consuming, and the relevance of the scales was questioned. Nurses have the ability to perform holistic assessments, which fully encompass the patient. The practical actions of pain control used were: heat bags, TENS (Transcutaneous Nervous Stimulation) machine, relaxation: massage, aromatherapy, music therapy and changes in brightness.	It is necessary that professional training courses address the definition and evaluation of acute pain, thus training qualified professionals. To manage pain, you need a multi-professional team.

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Study	Main results regarding pain management	Authors' recommendations
Waterkemper R, Reibnitz KS./2010 ⁽¹⁶⁾	Understanding the total pain concept; There are no protocolled instruments for pain assessment; Pain assessment performed in an individualized and systematic way; Dialogue, active listening, bonding and trust between professional and patient/family are important in pain management.	Need for further studies focusing on pain management by nurses.

Source: Elaborated by the authors (2019).

Regarding the recommendations of the selected studies, three (37.5%) indicated the need for more research that seeks to analyze the knowledge of nursing professionals and pain management by evaluation. Other three articles (37.5%) recommended the need for greater investment in continuing education, training, support in the creation and implementation of protocols for pain management (in the institutions where they operate?). One study (12.5%) pointed out the lack of sites that are prepared and qualified to attend patients with the algic control profile in the final phase of life. The development of a standardized pain assessment and investigation tool in patients receiving PC was recommended by one of the studies (12.5%).

After the analysis of the articles surveyed, two categories were developed: Investigation of pain by the nursing team in PC patients and Interventions for pain relief in PC patients.

Pain investigation of palliative care patients

In studies in which the nursing professional reports how he/she performs the pain evaluation⁽¹⁶⁻¹⁷⁾, the use of the first stage of the Nursing Process was identified, that is, the collection of nursing data or nursing history⁽¹⁶⁻¹⁷⁾. This investigation is essential for symptom management and control, since before planning or performing an intervention the nurse must have the ability to assess them⁽¹⁶⁻¹⁷⁾. In this sense, the early identification of symptoms is essential for the prevention and relief of suffering, the purpose of palliative care.

In this way, an environment of total interdisciplinary care, active and integral, is aimed, which provides the evaluation and, later, the adequate and effective treatment for the relief of pain and other symptoms⁽¹⁸⁾. The results showed the ability of the nurse to perform holistic evaluations, analyzing the total dimension of pain by including not only the physical, but also the psychological, spiritual and social aspects of the patient and his/her relatives^(9,12,15). The most cited conduct for assessing and identifying pain was

behavioral observation, since the study sites reported no questionnaires and/or assessment scales protocolled^(11, 13, 16).

It is observed that pain directly interferes with the quality of life of patients, which can have as one of the consequences the altered behavior^(9,11-12-13,15-16). The studies⁽¹¹⁻¹²⁾ exemplified behavioral changes, such as mood swings, which can range from irritability, aggressiveness, agitation and screaming to depression, discouragement and introversion, changes in the sleep-wake pattern, difficulty in mobility and movement changes of body segments, such as using the hand differently than usual to feed, and change in the pattern of diet acceptance, such as lack of appetite or exaggerated appetite⁽¹¹⁻¹²⁾. The evaluation of pain in non-communicating patients was considered challenging. The strategy used by the nurses for the evaluation of this patient profile was not different from the others. Again the behavioral observation in a holistic way was cited, with emphasis to the need of nursing vigilance in these cases^(11-12, 15).

The identification of pain facies was mentioned as something complicated, difficult to differentiate from other uncomfortable situations, such as boredom and hunger^(9, 12, 15). In a perceptive way, the nurses included the family member and/or caregiver in this differentiation and identification of the easy ones, by the closer bond with the patient and, consequently, by knowing him better. Thus, it is primordial that the nursing includes the family and the caregiver in the process of caring, in order to reach a quality assistance, with view to the collaborative practice centered in the patient^(9, 12, 15).

The use of the Abbey Pain Scale (data), for the evaluation of acute or chronic pain in elderly people with advanced dementia, was cited as a simple and insufficient tool⁽⁹⁾. It was found that for a complete evaluation of pain, it is necessary to add its application to other factors, such as: the holistic view of the nurse and updated knowledge of the patient's clinical picture, as well as recent signs and symptoms, biopsychosocial history,

opinion of other professionals, medical records documents and exams previously performed. In this way, the complementation of the use of these instruments, allied to the evaluation of the pain, based on the nursing process, will facilitate the conduct and effectiveness in the therapy of pain⁽⁹⁾.

The Abbey Pain Scale was developed in Australia and its purpose is to identify pain in patients with severe dementia. The scale evaluates six non-verbal items secondary to pain: vocalization, facial expression, altered body language, behavioral changes, physiological changes (temperature, heart rate, perspiration), and physical changes such as skin lacerations, arthritis and previous injuries. A value is assigned to each item, measuring the intensity, being zero for absence of pain, 1 for light intensity and 3 for severe. After this, the assigned values are added, ranging from 0 to 18 points. The interval from 0 to 2 means absence of pain, between 3 to 7 mild pain, 8 to 13 moderate pain and 14 to 18 severe pain⁽¹⁹⁾.

The professional nurse for being close to the patient in the fulfillment of his functions becomes a key part in the evaluation of pain, especially those with dementia, through the observation of behavioral and physiological changes, such as those mentioned in the previous paragraph. The daily search for a relationship based on dialogue, associated with quality listening to the questions brought by the patient and his family is essential for the creation of this relationship nurse-patient and/or nurse-family^(13,16). It is through questioning, investigation of the factors that trigger pain, observation and daily contact with the patient that the nurse builds a relationship of trust and bond and turns it into a tool for investigating this symptom^(13,16), constituting the bridge that leads to the knowledge of the normative standards of the patient^(9, 11-13, 16).

One of the studies identified⁽¹²⁾ highlighted the importance of the inter-professional relationship in the evaluation of pain. The nurses reported difficulty to expose their clinical opinion about the patient's pain control, due to the lack of credibility, revealed by the doctors' speech and posture⁽¹²⁾. The nurses believe that the pain of the patients is subtracted due to this weakness in the inter-professional relationship and, in this sense, they emphasize the need for a greater valuation of nursing⁽¹²⁾. In the first half of 2019 the World Health Organization (WHO) together with the International Council of Nurses (ICN) launched the campaign entitled Nursing Now, which aims to

strengthen professionals and give greater prominence to the profession in the next two years⁽²⁰⁾.

Pain relief interventions in palliative care patients

Nursing interventions are actions or activities that aim to treat an identified problem and are included in the NP, in the implementation phase. These actions are based on knowledge and clinical judgment and aim to improve the quality of life of the patient⁽¹⁷⁾. In this context, nurses use light care technologies for pain management of adult and elderly patients in PC^(12-13, 15). Among the interventions cited by the studies for pain management and control, which are within the group of light care technologies can be listed: talking and bonding, touching, holding the hand, proximity, exemplified as the act of being at the patient's side, music therapy and environmental changes, such as aromatherapy and changes in luminosity^(12-13, 15).

The use of light technologies demonstrates the capacity of the bonding professional (to establish bonds?), as well as verbal and non-verbal communication skills, which result in welcoming and better assistance and resolution⁽²¹⁾. Communication is an indispensable component in the human relationship and is essential in the care⁽⁴⁾. The individual in palliative care has several conflicts, besides physical pain, and should be understood as a being who is in pain⁽⁴⁾. Therefore, it is necessary to allow the sharing of your anxieties, fears and longings so that you feel comforted, supported and cared for by health professionals⁽⁴⁾.

Qualified conversation and listening have proven to be effective strategies to conduct care in a humane manner to those who suffer, helping to control pain, since efficient communication is a pillar for the emergence of the bond, based on trust⁽²²⁾, essential in the process of pain investigation.

The attentive and quality listening allows the professional who cares for patients in PC to identify real and important demands for the patient and that, if cured, can bring comfort and relief of suffering⁽⁴⁾. Therapeutic listening is a resource that is still little used by professionals, either by individual choice or by ignorance. In therapeutic listening the subject verbalizes their feelings, which can serve to subsidize nursing care⁽⁴⁾. Touch and proximity are also forms of communication, understood in the nonverbal

dimension of communication. Furthermore, touch makes nurse-patient interaction easier^(4, 23).

In the last decades the touch has been studied and evidenced as a therapeutic action⁽²³⁻²⁴⁾. The ability of physical contact to cause physiological changes through sensory was recognized, so touch is considered a valuable tool in the health area⁽²²⁻²³⁾. It has been scientifically proven that attitudes such as staying close, sitting next to one another, are effective interventions in the emotional and spiritual care of patients, because they demonstrate interest and willingness to listen and understand⁽⁴⁾.

A Brazilian study mentioned the benefits of using Complementary Therapies in the PC⁽²⁵⁾. Among the benefits are the promotion of relaxation and the opportunity to create a favorable moment in the professional-patient relationship. This study pointed out that the complementary therapies helped in the prevention of depression, brought better quality of life and potentiated the effects of painkillers used in the control of the patients' pain⁽²⁵⁾.

Music therapy is a complementary therapy of low cost, easy access and high acceptance by the patients⁽²⁵⁾. Music acts as a stimulus in the confrontation of those who find themselves in the terminality of life, allowing patients to express positive emotions. Besides, listening to music provides pleasant and relaxing moments, restores peace and positively alters mood⁽²⁵⁾.

Two more elaborate assistance techniques have brought significant results in reducing pain in adult and elderly patients in PC: the hydro-massage bath and footbath^(10, 14). An Australian pilot study sought to understand the potential of whirlpool bath in the perception and reduction of pain and anxiety and increased well-being in patients at the end of their lives. It was found that whirlpool bath temperature ranging from 10°C to 70°C, respecting the patient's preference and lasting 20 to 30 minutes, resulted in improved pain, anxiety and well-being⁽¹⁰⁾. The use of water as therapy is simple, promotes relaxation and, indirectly, reduces anxiety and pain. It was understood in this study⁽¹⁰⁾ that anxiety, pain and well-being factors are associated and therefore should not be addressed separately. The use of the hydro-massage bath is of simple handling for nursing, not needing long training, however, the obtaining of the adapted equipment for patients is of high cost⁽¹⁰⁾.

Another study, conducted in Japan⁽¹⁴⁾ approached a technique called footbath, which is

nothing more than a kind of scald-foot, where you immerse your feet in warm water, wrapping them in a plastic bag and covering them with a blanket, after humectation of the limbs with oils. The intervention involves three phases: massaging the legs with oil for five minutes; first dipping the fingertips and then the whole foot in a basin of water at 38°C and adjusted to 42°C; wrapping the lower limbs with a plastic bag, including the basin to the knees, and applying a blanket. The feet are immersed for 20 minutes. The researchers proved that the footbath technique provides patients with: relaxation, greater comfort, well-being and pain relief. It was found that there was a decrease in the activity of the sympathetic nervous system and reduction of cortisol, the stress hormone⁽¹⁴⁾. This, in turn, is already a technique that demands more training from the nursing team, but on the other hand, it is more accessible financially, easy to perform and can be practiced at the patient's bedside.

CONCLUSION

This study used the integrative review method to identify available evidence in the literature about nursing pain management in adult and elderly patients in PC. It was identified that the works discussed the contribution of nursing in palliative care, pointing out as main results: the management of pain^(10, 13, 14, 15, 16), research, identification and evaluation^(9, 10, 11, 12, 13, 14) and non-pharmacological interventions for pain relief^(10, 13, 14, 15, 16).

As for the nursing assistance related to pain management in patients, it was evidenced greater attention to the investigation of pain through its identification and evaluation. It was understood the importance of the bond with the patient and family, based on trust, and obtained by means of light technologies of care, in the scope of verbal and non-verbal communication in the management of pain. Behavioral observation stood out as a strategy for the evaluation and investigation of pain, and knowledge of the normative state of the patient was mentioned as fundamental for its success.

The presented results reveal the importance of the fulfillment of all the stages of the nursing process in the care of the pain to the patient in PC. Therefore, its use allows the nursing team to organize and direct its actions to the specific needs of the patients, in a context in which the person is evaluated in an integral way.

It was also identified the ability of the nurse to manage pain in a holistic way giving importance to the professional-patient relationship and his family, as to his attitude considered quite challenging in the work routine of this professional. In addition, it was found that in the process of caring for the nurse can introduce Complementary and Integrative Therapies, such as conversation therapy, aromatherapy, touch and environmental changes, music therapy, changes in temperature and brightness of the environment. These are indirect patient care interventions, which provide well-being and relaxation and, consequently, the reduction of pain and relief of physical, psychic and emotional suffering.

The incipient number of articles available on this subject was a limitation of this study. Therefore, in spite of the interventions revealed to be of great relevance to the nursing care of the patient with pain, in the context of the palliative care, a lack of primary studies and the importance of the development of more researches that approach this subject are highlighted.

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Mailing address:

Jéssica Luiza Ripani Rodrigues

Setecentos e Setenta e Cinco Street, 102, apartment 301. Bairro Diamante. CEP:30.644-158, Belo Horizonte, Minas Gerais.

E-mail: jessica.ripiani93@gmail.com