



Podcast on good nursing practices in intensive care units: context-based production

Podcast sobre boas práticas de enfermagem em Unidade de Terapia Intensiva: produção baseada em contexto

Podcast sobre buenas prácticas de enfermería en unidades de cuidados intensivos: producción basada en contexto

ABSTRACT

Objective: To outline the process involved in creating a podcast series on best nursing practices in Intensive Care Units. **Method:** This report presents the process behind developing podcast episodes based on research conducted with nurses in a public hospital. Interviews were carried out to provide contextual insights, while data processing was performed using the IRAMUTEQ software. Guidelines and word clouds supported production. The scripts were prepared and recorded through the Anchor platform. **Results:** Four topics relevant to nurses were selected, leading to a five-episode podcast series covering vascular and urinary catheters, gastric and enteral catheters, cardiopulmonary arrest, patient safety, and strategies for preventing and treating skin injuries. Each episode includes an opening message, topic and guest introductions, a segment on nursing best practices, closing remarks, and a call to action to share the content. **Final remarks:** The experience highlighted topics relevant to nurses, supported the production of a podcast series, and emphasized the essential role these practices play in delivering high-quality care in Intensive Care Units. **Descriptors:** Nursing; Intensive Care Units; Educational technology; Webcast; Continuing education.

RESUMO

Objetivo: Descrever a produção de uma coletânea de podcasts sobre boas práticas de enfermagem em Unidade de Terapia Intensiva. **Método:** Relato sobre a produção de podcasts baseada em pesquisa de desenvolvimento com enfermeiros de um hospital público. Foram realizadas entrevistas para análise do contexto, processadas no software IRAMUTEQ. Guidelines e nuvem de palavras subsidiaram a produção. Utilizou-se a plataforma Anchor para construir e gravar os roteiros. **Resultados:** Foram selecionados quatro temas de interesse para os enfermeiros, resultando em uma coletânea com cinco podcasts sobre cateteres vasculares e vesicais, cateteres gástricos e enterais, parada cardiorrespiratória, segurança do paciente e prevenção e tratamento de lesões de pele. Cada episódio contém mensagem inicial, apresentação do tema e convidado, boas práticas de enfermagem, encerramento e incentivo ao compartilhamento. **Considerações finais:** A experiência identificou temas relevantes para os enfermeiros, subsidiando a produção dos podcasts e destacando a importância dessas práticas para a qualidade do trabalho em Unidades de Terapia Intensiva. **Descritores:** Enfermagem; Unidades de Terapia Intensiva; Tecnologia educacional; Webcast; Educação continuada.

RESUMEN

Objetivo: Describir la producción de una colección de podcasts sobre buenas prácticas de enfermería en la Unidad de Cuidados Intensivos. **Método:** Informe sobre la producción de podcasts basado en una investigación de desarrollo con enfermeros de un hospital público. Se realizaron entrevistas para el análisis de contexto, procesadas en el software IRAMUTEQ. Las directrices y las nubes de palabras subvencionaron la producción. La plataforma Anchor se utilizó para construir y grabar los guiones. **Resultados:** Se seleccionaron cuatro temas de interés para los enfermeros, lo que resultó en una colección de cinco podcasts sobre catéteres vasculares y vesicales, catéteres gástricos y enterales, parada cardiorrespiratoria, seguridad del paciente y prevención y tratamiento de lesiones cutáneas. Cada episodio contiene un mensaje inicial, presentación del tema y del invitado, buenas prácticas de enfermería, cierre y estímulo para compartir. **Consideraciones finales:** La experiencia identificó temas relevantes para los enfermeros, apoyó la producción de podcasts y destacó la importancia de estas prácticas para la calidad del trabajo en las Unidades de Cuidados Intensivos. **Descritores:** Enfermería; Unidades de Cuidados Intensivos; Tecnología educativa; Webcast; Educación continua.

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INTRODUCTION

Intensive Care Units (ICUs) require ongoing investment in continuing education to strengthen professional skills. This is essential not only to address patients' unstable conditions but also to meet the growing demand for expertise in managing advanced technologies and implementing care practices informed by current research⁽¹⁾. Beyond improving care processes through skill development, maintaining high-quality assistance remains essential. To reach this objective, best practices should be emphasized to ensure high-quality care. In ICUs, care practices are tailored to each setting's specific context and require continuous updating, as they are often investigated in studies designed to reinforce or advance the evidence base⁽²⁾.

Continuing education programs often struggle to engage and motivate professionals due to factors such as fatigue, unpleasant teaching methods, content overload, and monotonous presentation styles. Therefore, it is essential to create educational technologies that are more engaging and motivating. Research on teaching and learning processes highlights the importance of incorporating playful and/or engaging approaches to capture learners' attention, thereby enhancing their grasp on essential content⁽²⁾. In this context, it is crucial to highlight that, following the COVID-19 pandemic, the demand for different and innovative techniques has emerged, leading to a complete rethink in teaching processes and adoption of new strategies⁽¹⁾. It is crucial to acknowledge that educational technologies integrated into teaching methods are designed to inform, clarify, communicate, and stimulate reflection, thus making

them highly applicable to education within the healthcare field.

In this context, podcasts emerge as a form of audio-based communication technology widely used in educational processes, particularly in healthcare⁽³⁾. Offered as digital recordings accessible online, podcasts provide on-demand access through any compatible internet-connected device. They have become powerful information tools, delivering diverse content tailored to listeners' needs and accessible according to their availability. Nursing and medical programs have progressively adopted this strategy to supplement topics covered in routine training, both in classroom settings and through remote learning. In recent years, numerous national and international studies have reported promising outcomes from integrating this tool into student learning, confirming its validity as an effective strategy with significant impact⁽³⁾. Therefore, this study aims to describe the production process behind a podcast series focused on best nursing practices in ICU settings.

METHODS

Type of study

This descriptive qualitative study focuses on context-based production of a podcast series exploring best nursing practices in ICUs. Presented as the final project for a Residency in Intensive Care Nursing at a public university, this study involves development research carried out by the primary author under the supervision of a faculty member from the program. Development research focuses on creating new products based on problems identified in practical contexts, aiming to provide potential solutions. This approach can be regarded as a form of interven-

tion research focused on the development and analysis of educational products and processes, including teaching materials, methodologies, and software. Its primary focus lies in providing a detailed description of all development stages, from conception to completion, which may or may not include practical testing. As a result, it requires a theoretical framework, a literature review, and a methodological structure that covers successes, challenges, and the adjustments implemented⁽⁴⁾. The Consolidated Criteria for Reporting Qualitative Research (COREQ) instrument served as the foundation for this study's preparation.

Study setting

This study was conducted in a large public hospital, a leading cancer care center situated in Belém, Pará. The hospital has five intensive care units (ICUs), namely: a general post-surgical intensive care unit; a neurological and neurosurgical care unit; and three critical care units focused on clinical conditions. Each unit is staffed with one nurse per shift, working alongside an average of five nursing technicians to form the nursing team.

Data sources

Conducted over 2021 and 2022, the study was organized into three consecutive stages. The first stage aimed to identify nurses' continuing education needs. Nurses who had worked in the ICUs for at least one continuous month during the six months preceding data collection were invited to participate, ensuring contextual relevance and engagement. Nursing technicians were excluded from the study. During the second stage, guidelines on the identified emerging topics were reviewed.

Finally, in the third stage, podcast episodes were produced based on the findings from the previous stages.

Data collection and organization

Consent was obtained from both the hospital unit and the participants to implement the study's exploratory stage. Approval for the project was granted through Ophir Loyola Hospital's Research Ethics Committee, with the corresponding approval notice accompanying this report. All necessary actions to meet ethical standards were ensured. All participants in the first stage provided written consent in person by signing a Free and Informed Consent Form (Portuguese acronym: TCLE).

In the first stage, participants were approached at the institution. In-person data collection was conducted in September and October 2022. Those who agreed to participate were directed to a private room to ensure their confidentiality. After signing the Free and Informed Consent Form, semi-structured interviews were conducted, guided by a five-question script: What are the main practical challenges you encounter while working in the Intensive Care Unit? What practices do you consider crucial for ICU nurses? What do you understand by best practices? Which study methods do you most frequently use to remain up to date? On a 0-to-10 scale, how engaging do you consider audio-based learning materials? During data collection, participants could either write their responses or verbally provide them for the researcher to transcribe. Collected data were analyzed with IRAMUTQ software, which supports statistical processing for qualitative data and provides analytical methods suited to the

study's aims. During the analysis stage, word clouds were produced to highlight the terms that appeared most frequently in the texts⁽⁵⁾.

During the second stage, content organization was guided by specific guidelines. For vascular and urinary catheter care, the guidelines from the National Health Surveillance Agency (Portuguese acronym: ANVISA)⁽⁶⁾, Book Number 4, were referenced. For cardiopulmonary resuscitation (CPR), the American Heart Association's⁽⁷⁾ directives were followed. Regarding patient safety, the guidelines from the World Health Organization (WHO) on international patient safety goals⁽⁸⁾ were reviewed. For wound care, the Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline published by the National Pressure Injury Advisory Panel (NPIAP) in collaboration with the European Pressure Ulcer Advisory Panel (EPUAP) and the Pan Pacific Pressure Injury Alliance (PPPIA)⁽⁹⁾ was consulted. For information on gastric and enteral catheters, the book "Boas práticas de enfermagem no cateterismo nasogástrico e nasoenteral em adultos: impactos na qualidade assistencial e segurança do paciente" [Best nursing practices for nasogastric and nasoenteric catheterization in adults: impacts on care quality and patient safety], authored by renowned Brazilian experts⁽¹⁰⁾, was used.

The third stage involved creating podcast episodes through the Anchor platform. Compatible with both Android and iOS, this software is designed for audio content production and primarily targets podcast creators. One of the platform's main features is its online distribution, enabling all content to be shared across popular audio platforms such as Spotify,

Napster, Deezer, Google Podcasts, Apple Podcasts, and Anchor. Canva was used to create the visual identity and promote the content, producing images that represent the podcast episodes and enhance their recognition across audio platforms.

RESULTS

Among the ten nurses interviewed in the first stage, ages ranged from 22 to 54 years. Regarding their time working in ICUs, 60% had been working for about 5 years; 10%, between 5 and 10 years; and 30%, for more than 10 years. In terms of gender, 80% of the participants were female. The textual corpus from the responses was processed using the IRAMUTEQ software, yielding the following results: ten texts; 13 text segments; 300 occurrences; 180 distinct forms; and 131 hapaxes, representing 72.78% in forms and 43.67% in occurrences. The average occurrence count per text was 30.00. Findings showed that most participants (seven out of ten) favored using audio recordings (podcasts) to stay current and highlighted the need to gain broad knowledge on key topics relevant to clinical practice.

Based on the word cloud, the most frequent forms were categorized to prioritize themes representing practices based on their mention frequency: care (seven), catheter (six), management (four), cardiopulmonary arrest (four), practice (four), patient safety (four), dressing (three). Seven forms stood out in the corpus, four of which were selected for their direct relevance to best practices: catheter, cardiopulmonary arrest, patient safety, and dressing. The theme "catheter" appeared in the forms "vascular and urinary catheters" and "feeding catheters", suggesting the creation of separate content for each topic. Accordingly, five episodes were produced, as shown in Chart 1.

Chart 1. Episode themes with corresponding overall duration

No.	Episode Title	Duration
1	Vascular and urinary catheters	13min47
2	Nasogastric and nasoenteric catheterization in adults	13min
3	Highlights from the American Heart Association on cardiopulmonary arrest	13min29
4	Patient safety: international goals	12min
5	Pressure injury prevention and skin wound treatment	11min

Source: Prepared by the authors, 2024.

The episodes were structured as follows: a standard opening message, an introduction to the topic, a guest introduction, a segment on best nursing practices, closing remarks, and a call-to-action encouraging

content sharing. As the series comprises five episodes, key script sections are illustrated using excerpts from the cardiopulmonary arrest episode (Chart 2).

Chart 2. Excerpt from the cardiopulmonary arrest episode’s script

Standard opening message	Host narrator: Hello! Welcome to Listening to Best Practices, a podcast series dedicated to continuing education for intensive care nursing teams. Here, we go over the details that really make a difference in patient care.
Topic introduction	Host narrator: In today’s episode, we’ll talk about cardiopulmonary arrest. This is definitely one of the most feared and tragic events that can occur in intensive care settings.
Guest introduction	Host narrator: Today, we’re joined by [professional’s name] ... <i>(insert guest’s formal introduction and credentials)</i> . Welcome, ... <i>(professional’s name)</i> . Guest: <i>(Have the guest present themselves briefly in their own words)</i> [Soft transition music] These narration suggestions may be adjusted to match the guest’s style, as long as the essential message of each section is preserved.
Best nursing practices	Guest: When discussing cardiopulmonary resuscitation, it is essential to consider the six-step chain of survival recommended by the American Heart Association. The chain begins with the accurate identification of signs indicating cardiopulmonary arrest and continues with preventive measures in the in-hospital setting [...].
Closing and call-to-action	[Soft transition music] [Closing] Host narrator: We’ve reached the end of another episode of our Listening to Best Practices series. I hope you enjoyed the tips we shared today and that they will be useful for you. If you find this content interesting, feel free to share it with your colleagues and help spread this knowledge on quality care to other professionals. I’d like to thank our guest—thank you so much, <i>(insert guest’s name)</i> . You can find a link to the cardiopulmonary arrest protocol in the episode description. Feel free to access, download, and save this important flowchart for your reference. Dear listeners, we’ll see you in the next episode with a new topic. Until then, take care. Guest: <i>(Guest gives their closing remarks and extends their thanks.)</i> [Closing music with a gentle fade-out]

Source: Prepared by the authors, 2024.

DISCUSSION

Nurses enhance their care practice by pursuing knowledge through articles, discussions with reference professionals, and ongoing professional development. Within this framework, the five episodes aim to share information on best practices concerning the themes addressed in the research.

Continuing education refers to the ongoing process by which individuals acquire knowledge and advance professionally throughout their careers. Continuing education extends beyond formal training periods, encompassing an individual's entire career to ensure that knowledge, skills, and attitudes remain current. In the healthcare context, and more specifically in nursing, continuing education is essential to ensure that professionals stay up to date with best practices, new technologies, and changes in health policies, thereby promoting high-quality patient care⁽²⁾.

Best practices in nursing encompass actions, behaviors, and procedures grounded in scientific evidence, intended to guarantee safe and high-quality patient care. These practices involve applying up-to-date clinical protocols and guidelines, using appropriate technologies, adhering to ethical and legal principles, and fostering a collaborative and safe work environment. Nursing best practices aim to optimize patient outcomes, reduce risks, and promote care that is both humanized and efficient⁽¹⁾.

A meaningful learning process lays the foundation for professional autonomy development by connecting new and prior knowledge. When the educational process is personalized, learning becomes more relevant and enduring, enabling professionals such as ICU nurses not only to follow

protocols but also to critically adapt their actions to complex situations. Thus, autonomy emerges as a natural result from internalized learning, where conceptual mastery translates into decision-making ability^(2,3).

Cardiopulmonary arrest (CPA) care is widely acknowledged by nurses as crucial both in clinical settings and for overall care practices, making it a common component of continuing education programs in healthcare institutions⁽²⁾. CPA is a critical medical condition in which the patient's heart and breathing stop suddenly and unexpectedly, causing an interruption in blood flow and oxygen delivery to vital organs which can result in irreversible damage or even death if not treated immediately. Proficiency in managing cardiopulmonary arrest (CPA) is essential, as timely and appropriate interventions can save lives and reduce morbidity. Recognizing CPA signs early, performing cardiopulmonary resuscitation (CPR) maneuvers, using defibrillators, and administering medications help restore the patient's circulation and breathing. Healthcare professionals trained in CPR and CPA management are better prepared to act efficiently, thereby increasing patients' chances for survival and recovery⁽⁷⁾.

Patient safety has been emphasized in healthcare studies over the past decades and has had a significant impact on nursing. This topic is essential for healthcare quality, aiming to prevent and reduce risks, errors, and harm to patients during care delivery. Accordingly, it involves creating systems and processes focused on promoting safety, identifying and managing risks, and implementing evidence-based practices to reduce adverse events.

Patient safety includes multiple key areas, such as infection prevention, safe medication administration, effective communication among healthcare professionals, and provision of a secure care environment for all patients⁽⁸⁾. In the patient safety episode, the topics covered included correct patient identification, effective communication, safe handling of high-alert medications, safe surgical procedures, fall prevention, and pressure injury prevention⁽⁸⁾.

Dressing is a therapeutic procedure that involves applying specific materials to a skin lesion or underlying tissue. Its main purpose is to protect the affected area, facilitate healing, and prevent infections. Dressings can vary from simple applications, such as placing sterile gauze, to more complex approaches that involve applying medications or creating a moist environment to support optimal healing. Dressing choice depends on wound type and location, as well as the patient's overall condition⁽⁹⁾. Studies evaluating nurses' knowledge on dressing care have revealed gaps in their ability to thoroughly assess wounds and select appropriate coverings based on specific wound characteristics⁽⁹⁾.

In the ICU context, preventing pressure injuries is essential, and repositioning patients regularly helps prevent complications such as pressure ulcers, ventilator-associated pneumonia, and deep vein thrombosis. This procedure improves blood circulation, promotes adequate lung ventilation, and facilitates secretion drainage, thereby reducing the risk of respiratory infections. Furthermore, regular repositioning relieves pressure on vulnerable body areas, promotes healing in existing lesions, and provides greater patient comfort⁽⁹⁾.

In the episode on pressure injury prevention and skin lesion care, patient repositioning was widely highlighted as an essential practice in the ICU context. Additionally, advanced technologies for managing necrotic and exudative lesions were discussed, including the use of microfiber dressings and related products such as calcium alginate. These technologies are crucial for promoting effective healing and minimizing complications, thereby improving patient care outcomes⁽⁹⁾.

Regarding catheter care, studies report that nurses primarily focus on central vascular catheters, which are inserted exclusively by physicians; however, nurses provide support during the procedure and in subsequent maintenance⁽⁶⁾. Vascular catheters are medical devices consisting of thin, flexible tubes inserted into blood vessels for therapeutic and diagnostic purposes, used to deliver medications, fluids, nutrients, or blood products directly into the bloodstream. Additionally, they help monitor blood pressure, collect blood samples, or perform procedures such as hemodialysis. There are several types of vascular catheters, including peripheral venous catheters, central venous catheters, and arterial catheters, each designed for specific applications and intended for use over varying periods⁽⁶⁾.

Urinary catheters are inserted into the bladder through the urethra to drain urine. They are used in situations where patients are unable to urinate spontaneously such as urinary retention, urinary tract obstruction, during or after surgeries, or to monitor urine output in critically ill patients. Urinary catheters can be temporary or permanent and are available in various types, including catheters for immediate relief, indwelling (Foley) catheters,

and intermittent catheters, each suitable for different clinical needs⁽⁶⁾.

Feeding and/or nutrition catheters are devices used to deliver nutrients directly to the digestive system or bloodstream in patients who cannot consume food orally. Consequently, these devices play a crucial role in providing adequate nutrition for patients with impaired food intake, digestion, or absorption. There are different types of feeding catheters, including nasogastric (Levine) and nasoenteric (Dobbhoff) catheters—these were selected for inclusion in the topic due to their frequent use in ICUs⁽¹⁰⁾.

In the catheter episode, discussion focused on key aspects including appropriate indications, proper insertion techniques, maintenance protocols, and careful evaluation of catheter condition and surrounding skin integrity. Key care practices, such as catheter flushing with the turbulent flow method, use of a positive lock connection, prompt removal, reduce the risk of infection and other complications, including medical device-related injuries. These procedures are essential for ensuring patient safety and treatment effectiveness⁽⁶⁾.

Integrating personalized education, meaningful learning, and autonomy constitutes an essential process in professional training. Adapted teaching strategies help build meaningful knowledge, empowering professionals to act independently and creatively. In high-complexity settings such as intensive care, this approach is essential, as professionals who learn in a contextualized and reflective manner are better equipped to navigate dynamic challenges, safely and creatively translating theory into practice^(2,3).

Nevertheless, podcasts may present

limitations as a study tool depending on the context in which they are used. Audio's unidirectional format restricts opportunities for interaction and prompt feedback, which are essential for clarifying uncertainties in complex scenarios. Furthermore, the persistent noise in the ICU can disrupt listening, and headphone use may isolate the professional, diminishing attention to emergencies. Practical learning, crucial for procedures such as ventilator management or vasoactive drug administration, is not addressed by this approach, which is limited to theoretical content.

Podcast effectiveness is further hindered by technological and logistical challenges, including reliance on internet access and devices, as well as the often-limited infrastructure in many hospitals. While podcasts are useful for theoretical review, relying on them exclusively does not sufficiently support ICU training, as integration with interactive methods—such as simulations and team discussions—is necessary to ensure safe and practical knowledge acquisition. This combination is essential to overcome the format's limitations and guarantee high-quality continuing education in critical care settings.

Study limitations

Among the study's limitations, it should be noted that it was conducted in a single institution and excluded nursing technicians due to operational constraints in data collection. Nevertheless, the results correspond with the existing literature and capture the specific characteristics exhibited by a socially constituted group. Further studies involving both ICU nurses and nursing technicians, capable of incorporating diverse approaches, would be valuable for exploring this research topic

more comprehensively.

Contributions to the field

The study highlights podcasts as a novel tool for continuing nursing education, offering significant potential to share best practices in ICUs through a format that is both accessible and engaging for professionals. Additionally, the context-based production experience fosters further research, broadening opportunities for continuous learning and professional development within the nursing field.

FINAL CONSIDERATIONS

The topics shaping the podcast series, derived from nurses' practice contexts, are essential for sustaining quality in ICU workflows and should be integrated into continuing education programs on best nursing practices.

It is crucial to align initiatives with professionals' needs, ensuring targeted coverage of relevant topics and fostering continuous knowledge enhancement and skill development. Adopting this approach within the institution supports improvements in service quality while also fostering higher patient satisfaction.

Podcast episodes are easy-to-use tools in terms of creation, distribution, content organization, and accessibility. During content production, upholding social responsibility and considering audience reach are crucial, given the content's broad online accessibility and the ease with which it can be rapidly distributed across platforms.

Continuing education services within institutions can adopt active strategies with their staff and, depending on available resources, overcome barriers by employing methodologies and technolo-

gies that facilitate the learning process. Hosted on a free-access platform, the podcast series functions as an effective vehicle for professional growth, providing reproducible educational content that can be widely disseminated.

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