



Development and validation of an instrument for nursing consultation with pediatric patients in the preoperative period*

Elaboração e validação de instrumento para consulta de enfermagem ao paciente pediátrico em pré-operatório

Elaboración y validez de instrumento para consulta de enfermería al paciente pediátrico en preoperatorio

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ABSTRACT

Objective: To develop and validate an instrument for nursing consultation with pediatric patients in the preoperative period. **Method:** This is a methodological study, consisting of five steps: identification of nursing diagnoses, discussion and evaluation of diagnoses with nurses from the institution, instrument development, instrument content validation with *experts* through the Delphi Technique, and instrument restructuring. The Nursing Minimum Data Set, Wanda Horta's human needs, and the NANDA-NOC-NIC connections were used as theoretical framework. **Results:** In its final version, the instrument includes an assessment of psychobiological, psychosocial, and psychospiritual human needs, 38 nursing diagnoses, 65 nursing interventions, 113 nursing activities, and 62 nursing outcomes. The instrument obtained a content validity index between 0.90 and 1.0 in the first round, and suggestions, validated in the second round, obtained agreement from 70 to 100%. **Conclusion:** The instrument developed can be a tool for use in nursing consultations in the preoperative period for children, providing greater assertiveness to nursing actions for this clientele.

DESCRIPTORS

Pediatric Nursing; Perioperative Care; Nursing Process; Validation Study; Standardized Nursing Terminology; Nursing Assessment.

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INTRODUCTION

The imminence of a surgical intervention inserts new situations and sensations into the family routine, which can be extremely stressful and impactful for children and their families⁽¹⁻²⁾.

The nurse shall understand the importance of a surgical procedure for the patient and intercede with appropriate strategies for the age and existing pathologies⁽³⁾. In the preoperative period, Nursing interventions can help the patient and his/her family reducing anxiety, providing for better recovery and greater patient satisfaction with the care received⁽³⁾.

Nursing assistance and guidance during the preoperative period can avoid surgery postponement and unfavorable consequences for the patient, his/her family, the institution, and the health team involved⁽⁴⁻⁶⁾.

When considering the surgical patient's specific characteristics, studies emphasize the importance of efforts to improve the quality of nursing care⁽⁷⁻⁸⁾. In this regard, this quality can be achieved through the use of the Nursing Process (NP), which organizes care in three ways: methodologically, personally, and instrumentally⁽⁷⁾.

Resolution 358/2009 of the Brazilian Federal Nursing Council (COFEN) establishes the Systematization of Nursing Care (SAE) and the NP⁽⁹⁾. The NP, when performed in institutions providing outpatient health services, is called nursing consultation⁽¹⁰⁾.

To classify and name all the events, diagnoses, interventions, and outcomes included in the development of the NP, the classifications of the taxonomy of the North American Association of Nursing Diagnosis – NANDA, the Classification of Nursing Interventions – NIC, and the outcomes proposed in the Nursing Outcomes Classification – NOC, references for Brazilian and international nursing⁽¹¹⁾, were selected.

The nursing diagnoses and interventions found in the literature are comprehensive, and their use is limited specifically for the child population^(4,12).

The lack of instruments that can guide the preoperative nursing consultation and the scarcity of literature covering nursing diagnoses and specific nursing interventions for the pediatric surgical patient were motivators for this research, which aimed to develop and validate an instrument of nursing consultation to the pediatric patient in the preoperative period.

METHOD

DESIGN OF STUDY

This is a methodological study, performed from January 2019 to August 2020, which was divided in five stages: identification of nursing diagnoses, discussion and evaluation of diagnoses with nurses from the institution, instrument development, instrument content validation with experts through the Delphi Technique, and instrument restructuring.

STAGE 1 – IDENTIFICATION OF NURSING DIAGNOSES

An integrative review was carried out, in the data sources *Medical Literature Analysis and Retrieval System Online* (MEDLINE), *Latin American and Caribbean Literature in Health*

Sciences (LILACS), Brazilian Nursing Database – Brazilian Bibliography (BDENF), and in the platform *Cumulative Index to Nursing and Allied Health Literature* (CINAHL), aiming to identify the possible nursing diagnoses for the pediatric patient in the preoperative period, using the descriptors “*Nursing Diagnosis*” and “*Pediatrics*” in Portuguese, English and Spanish, published from 2015 to 2019. The inclusion criteria were studies addressing the topic “nursing diagnoses for pediatric patients”, published from 2015 to 2019. As exclusion criteria, the following were outlined: being a dissertation or thesis, previous note, expert opinion, and all articles that did not answer the review question. Of a total of 157 articles found in the review, 03 were excluded due to duplication, 154 were screened, 133 of which were excluded after title and abstract reading, and 21 were considered for analysis; of these, 09 were excluded after full reading, and 12 articles relevant to the research remained. The twelve articles selected were analyzed and organized for data collection, according to the review protocol. Thus, 89 possible nursing diagnoses were listed for the pediatric patient in the preoperative period.

STAGE 2 – DISCUSSION AND EVALUATION OF DIAGNOSES WITH NURSES

In the second stage, the 89 possible nursing diagnoses listed by the integrative review were grouped, with similarities between them being checked and related to the NANDA I 2018-2020 taxonomy diagnoses⁽¹²⁾. Forty-nine nursing diagnoses remained for discussion at the first meeting with nurses. Discussion and evaluation of diagnoses took place at the institution, where the research was carried out, through two meetings with local nurses.

Six nurses attended the meeting: two with a doctorate degree, three with a master's degree, and one with a graduate certificate, all of them in Pediatrics. All had experience in pediatric surgical patient care, and five of them had more than 10 years of experience.

The condensed information with 35 diagnoses discussed and approved at the first meeting and 07 suggested by the researcher, totaling 42 nursing diagnoses, was sent via email for approval by the nurses. Moreover, the dialogs took place virtually, through the application *Whatsapp*, due to the COVID-19 pandemic. The 38 nursing diagnoses approved in the meetings were used in the elaboration of the instrument, being later validated by the experts.

STAGE 3 – INSTRUMENT DEVELOPMENT

In the third stage, the Nursing Minimum Data Set – NMDS⁽¹³⁾ was used considering the structure and the initial part of the instrument where the patient and institution identification data are, with some modifications: the “Admission date” was replaced by the “Date of consultation” and the “Date of discharge” by “Date of surgery”⁽¹³⁾.

For the elaboration of the part of the instrument related to the collection of patient data, the framework of Wanda Horta's Human Needs was used with some adjustments by Garcia and Cubas⁽¹⁴⁾, aiming at identifying the pediatric patient's needs in the preoperative period. Nursing planning and care were

supported by the 38 diagnoses approved in the first stages and the nursing interventions and outcomes correlated and mapped with the NANDA-NIC-NOC links⁽¹¹⁾.

STAGE 4 – INSTRUMENT VALIDATION

In the fourth stage, the instrument content was validated using the Delphi method⁽¹⁵⁾. The experts were intentionally selected according to their experience and knowledge related to the study topic, following Fehring's criteria⁽¹⁶⁾. The search for them was made consulting the curricula available on CAPES's (Coordination for the Improvement of Higher Education Personnel) Lattes Platform or by indication of specialists.

The experts carried out the validation considering the relevance of data related to the institution, patient identification data, as well as data to be collected in the assessment of the human needs of the pediatric surgical patient and related to the planning of nursing care.

STAGE 5 – INSTRUMENT RESTRUCTURING

In the fifth stage, the instrument was restructured based on the items validated after the rounds with the experts.

DATA COLLECTION

Invitations to participate were sent via email or via *Whatsapp*, to 35 specialists from all regions of Brazil, which contained a link to access Google Forms, and which was responded anonymously. Ten experts accepted participating.

After the experts filled the form out, data collected were returned by e-mail. For the instrument content validation, the degree of relevance of each item was analyzed through the following answer alternatives: 4 – extremely relevant, when the expert considered the item's relationship with the altered/affected human need and with the assessment and planning of nursing care to be very important; 3 – relevant, when he/she considered it important; 2 – little relevant, the item has little importance; and 1 – irrelevant, the item was not considered important regarding patient data and nursing care planning⁽¹⁷⁾.

DATA ANALYSIS AND TREATMENT

Instrument items validation by the *experts* was evaluated by the Content Validity Index (CVI), which allowed the analysis of the items individually using *Likert*-type scale with a score of one to four⁽¹⁷⁾. This was calculated through the sum of agreement of the items that obtained alternatives 3 and 4 from the specialists. In this study, items with at least 0.7/70% agreement were considered valid. For the evaluation of each item, the formula below was used⁽¹⁷⁾:

$$CVI = \text{number of responses 3 or 4} / \text{total number of responses}$$

A final round was required to evaluate suggestions and inclusions. These were considered validated when they obtained 70% agreement among the experts. For the analysis of the results, the Content Index (CI) was used⁽¹⁷⁾. This method is used

to calculate the percentage of agreement among the specialists according to the formula below⁽¹⁷⁾:

$$\% \text{ agreement} = \frac{\text{number of participants who agreed}}{\text{total number of participants}} \times 100$$

Once the results were obtained with the application of these indices, the validation process was terminated.

ETHICAL ASPECTS

The present study was carried out in accordance with the norms of Resolution no. 466, of December 12, 2012, of the Brazilian Health Council and was approved by the Participating Institution (Opinion No. 3.627.393 of 10/08/2019) and by the Co-Participating Institution (Opinion No. 3.785.239 of 12/19/2019).

RESULTS

Following the instrument validation process that considered the statements obtaining a CVI ≥ 0.70 as validated, the recommendations and suggestions of the specialists resulted in an instrument contemplating the assessment of psychobiological, psychosocial, and psychospiritual human needs, 38 nursing diagnoses, 65 nursing interventions, 113 nursing activities, and 62 nursing outcomes. The instrument obtained a content validity index (CVI) between 0.90 and 1.0 in the first round, and suggestions, validated in the second round, obtained agreement from 70 to 100%. As new rounds were not required, the validation of the instrument content was completed. In Figures 1 to 5, parts of the Instrument are illustrated.

DISCUSSION

The performance of the NP is supported by public policies for children's health care, especially with regard to the comprehensiveness of their care and individualized and resolute assistance⁽¹⁸⁾. Therefore, considering the NP as a qualification tool of care demonstrates the urgency of its development in the care of pediatric surgical patients⁽¹⁹⁾.

The selection of Wanda Horta's Theory to guide the instrument construction and development is based on its significant importance for the development of the NP in Brazil, on its vision of how to assist the human being/patient, and on the possibility of identifying the legitimate needs expressed by the pediatric patient in the preoperative period, in addition to being the theory used by the nursing team in the institution where this study was carried out⁽¹⁹⁻²⁰⁾.

Regarding the assessment of psychobiological needs, it should be noted that there are numerous symptoms and signs with potential risks to compromise the surgical pediatric patient safety and treatment. For similar reasons, psychosocial and psychospiritual needs can influence the entire course of treatment, and anxiety and lack of/or guidance offered not consistent with the needs of the patient and his/her family can lead to possible surgical postponement⁽²¹⁾.

During the Instrument development, the proximity with the clinical reality of the situations experienced by nurses, with the pediatric patient in the preoperative period, of various surgeries,

NURSING CONSULTATION INSTRUMENT FOR PEDIATRIC PATIENT IN THE PREOPERATIVE PERIOD	
Institution Data	
Health Secretary Health Unit Name	
Patient Identification Data	
Name:	Sex: () F () M Record No.:
Date of birth: __/__/__ Date of consultation: __/__/__ Date of surgery: __/__/__	
Address:	
Underlying disease:	Surgical procedure:
Person responsible for the patient:	
Number of residents in the household:	
Assessment of Human Needs	
PSYCHOBIOLOGICAL	
Oxygenation: RR__ bpm. Normal breathing pattern: <input type="checkbox"/> no <input type="checkbox"/> yes Shows flu-like signs: <input type="checkbox"/> no <input type="checkbox"/> yes	
Hydration: Drink fluids frequently: <input type="checkbox"/> no <input type="checkbox"/> yes Hydrated skin/mouth/tongue: <input type="checkbox"/> no <input type="checkbox"/> yes	
Nutrition: Weight: __kg - Height: __ cm - BMI__ <input type="checkbox"/> Gastrostomy - type of tube: _____ no. _____ Date of last exchange: _____ Appetite: <input type="checkbox"/> preserved <input type="checkbox"/> reduced <input type="checkbox"/> increased <input type="checkbox"/> difficulty feeding - specify reason _____	
Elimination: nausea: <input type="checkbox"/> no <input type="checkbox"/> yes emesis: <input type="checkbox"/> no <input type="checkbox"/> yes – frequency/day: _____ Urinary elimination: <input type="checkbox"/> spontaneous <input type="checkbox"/> retention <input type="checkbox"/> dysuria <input type="checkbox"/> incontinence <input type="checkbox"/> Bladder distention Characteristic: <input type="checkbox"/> light yellow <input type="checkbox"/> dark yellow <input type="checkbox"/> reddish <input type="checkbox"/> Brown <input type="checkbox"/> greenish. Bowel movement frequency: (__times/week) characteristic: <input type="checkbox"/> pasty <input type="checkbox"/> liquid <input type="checkbox"/> hard/dry Ostomies: <input type="checkbox"/> no <input type="checkbox"/> yes – which one/which ones: _____ Ostomy date: _____ Makes use of technology: specify _____	
Sleep and Rest: Sleeps well at night: <input type="checkbox"/> no <input type="checkbox"/> yes Sleep time: _____ Duration (hours): _____ Any changes: _____	
Physical safety and the environment: patient has a history of falls: <input type="checkbox"/> no <input type="checkbox"/> yes. Patient has high potential for falling: <input type="checkbox"/> no <input type="checkbox"/> yes. Is in an area of risk/violence: <input type="checkbox"/> no <input type="checkbox"/> yes Specify: _____	
Body and environmental care: Personal hygiene: <input type="checkbox"/> Good <input type="checkbox"/> regular <input type="checkbox"/> poor specify: _____ <input type="checkbox"/> Has mobility difficulties Specify: _____	
Physical integrity: <input type="checkbox"/> intact skin <input type="checkbox"/> altered skin: specify: _____ Taking any medication: <input type="checkbox"/> no <input type="checkbox"/> Yes, which one: _____	
Vascular regulation: increased risk of bleeding: <input type="checkbox"/> no <input type="checkbox"/> yes Perform blood collection: <input type="checkbox"/> no <input type="checkbox"/> yes. Check blood reserve: <input type="checkbox"/> no <input type="checkbox"/> yes	
Regulation: growth and development: signs of abnormal development: <input type="checkbox"/> no <input type="checkbox"/> yes	
Thermal Regulation: TAX: _____ °C <input type="checkbox"/> feels chills <input type="checkbox"/> feels cold.	
Therapeutics and prevention: Preexisting disease: <input type="checkbox"/> no <input type="checkbox"/> yes - specify: _____ Feels any physical pain: <input type="checkbox"/> no <input type="checkbox"/> yes - specify: _____ Has or has had any type of allergy: <input type="checkbox"/> no <input type="checkbox"/> yes - specify: _____ Makes use of special diet: <input type="checkbox"/> no <input type="checkbox"/> yes - specify: _____ Is on any kind of treatment: <input type="checkbox"/> no <input type="checkbox"/> yes - specify: _____	

Figure 1 – Final Version of the Instrument – Identification and Assessment of Human Needs: Psychobiological. Niterói, RJ, Brazil, 2020.

NURSING CONSULTATION INSTRUMENT FOR PEDIATRIC PATIENT IN THE PREOPERATIVE PERIOD		
Assessment of Human Needs		
PSYCHOSOCIAL AND PSYCHOSPIRITUAL		
<p>Communication and gregarious: There is good patient/family communication: <input type="checkbox"/> no <input type="checkbox"/> yes - specify: _____</p> <p>Patient/family are well informed about the surgical procedure: <input type="checkbox"/> no <input type="checkbox"/> yes</p> <p>Recreation and leisure: patient performs some activity: <input type="checkbox"/> no <input type="checkbox"/> yes - specify: _____</p> <p>Who will accompany the patient during hospitalization: _____</p> <p>Family members will come to visit the patient: <input type="checkbox"/> no <input type="checkbox"/> yes</p> <p>Emotional safety: Patient/family are facing the surgical process with: <input type="checkbox"/> confidence <input type="checkbox"/> family support <input type="checkbox"/> fear <input type="checkbox"/> concern <input type="checkbox"/> anxiety <input type="checkbox"/> overload <input type="checkbox"/> frequent crying for no reason</p> <p>Self-esteem/self-confidence: Patient presents alteration in body structure or function: <input type="checkbox"/> no <input type="checkbox"/> yes. In terms of body image, feels: <input type="checkbox"/> satisfied, <input type="checkbox"/> dissatisfied, <input type="checkbox"/> embarrassed, <input type="checkbox"/> has a negative feeling about the body, <input type="checkbox"/> avoid touching the own body.</p> <p>Presents unrealistic self-expectations regarding the outcome of the surgical procedure: <input type="checkbox"/> no <input type="checkbox"/> yes.</p> <p>Health education and learning: <input type="checkbox"/> Surgical procedure and hospitalization <input type="checkbox"/> Would like to know something about the preoperative preparation <input type="checkbox"/> Would like to know something about the postoperative period</p> <p>Religiosity and spirituality: <input type="checkbox"/> Seeks spiritual help. <input type="checkbox"/> Hopes that everything will work out.</p> <p>Notes: _____</p>		
NURSING CONSULTATION INSTRUMENT FOR PEDIATRIC PATIENT IN THE PREOPERATIVE PERIOD		
Planning of Nursing Care for Pediatric Patients in the Preoperative Period.		
Nursing diagnoses	Nursing Interventions Activities	Expected/achieved results
<input type="checkbox"/> Ineffective breathing pattern	<p>Vital Signs Monitoring Teaching: Prescription drugs <input type="checkbox"/> Monitor vital signs; <input type="checkbox"/> Provide guidance on prescribed medications; <input type="checkbox"/> Communicate identified changes to the medical team;</p>	<input type="checkbox"/> Achieving understanding through the transmission of guidelines <input type="checkbox"/> Improvement of symptoms
<input type="checkbox"/> Risk of electrolyte imbalance	<p>Risk Identification: Fluid Control: <input type="checkbox"/> Weigh the patient; <input type="checkbox"/> Promote oral intake, <input type="checkbox"/> Educate the patient and family regarding the logic of fluid restriction, hydration measures or supplementary administration, as indicated;</p>	<input type="checkbox"/> Risk Detection <input type="checkbox"/> Hydration <input type="checkbox"/> Scope of understanding through the transmission of guidelines
<input type="checkbox"/> Imbalanced nutrition: less than body needs <input type="checkbox"/> Ineffective child feeding dynamics	<p>Nutritional counseling: Control of eating disorders: <input type="checkbox"/> Advise the patient/family regarding preoperative fasting; <input type="checkbox"/> Determine the patient's eating habits; <input type="checkbox"/> Teach and reinforce concepts of good nutrition; <input type="checkbox"/> Assist the patient/family to examine and resolve personal issues that may contribute to the eating disorder; <input type="checkbox"/> Encourage the patient/family to talk to the nutritionist about food preferences. <input type="checkbox"/> Guide on how to keep a food diary; <input type="checkbox"/> Educate patient/family about dietary requirements for disease state (eg, patients with kidney disease, sodium restriction, potassium restriction) Lactation counseling: <input type="checkbox"/> Determine the mother's desire and motivation to breastfeed, as well as the perception of breastfeeding; <input type="checkbox"/> Clear up misconceptions, misinformation and inaccuracies about breastfeeding; <input type="checkbox"/> Forward to the Milk Bank, as appropriate; Self-care assistance: Referral: <input type="checkbox"/> Guidance on precautions against aspiration; <input type="checkbox"/> Referrals, as appropriate;</p>	<input type="checkbox"/> Scope of understanding through the transmission of guidelines <input type="checkbox"/> Acceptance: guidelines <input type="checkbox"/> Acceptance of nutritional treatment
<input type="checkbox"/> Ineffective breastfeeding <input type="checkbox"/> Breastfeeding interrupted <input type="checkbox"/> Impaired swallowing	<p>Referral: <input type="checkbox"/> Guidance on precautions against aspiration; <input type="checkbox"/> Referrals, as appropriate;</p>	<input type="checkbox"/> Establishment of breastfeeding <input type="checkbox"/> Maintenance of Breastfeeding <input type="checkbox"/> Scope of understanding through the transmission of guidelines <input type="checkbox"/> Scope of understanding through the transmission of guidelines regarding precautions against aspiration
<input type="checkbox"/> Nausea	<p>Nausea control: Guidelines: <input type="checkbox"/> Encourage the patient to learn strategies to control their own nausea; <input type="checkbox"/> Reduce or eliminate individual factors that precipitate or increase nausea (anxiety, fear, fatigue, and lack of knowledge); <input type="checkbox"/> Encourage eating small amounts of food that are appealing to the person with nausea; <input type="checkbox"/> Assist in the search for information and offer emotional support; <input type="checkbox"/> Provide referral if necessary;</p>	<input type="checkbox"/> Improvement of nausea

Figure 2 – Final Version of the Instrument – Assessment of Human Needs: Psychosocial and Psychospiritual and Planning of Nursing Care to Pediatric Patients in Preoperative. Niterói, RJ, Brazil, 2020.

NURSING CONSULTATION INSTRUMENT FOR PEDIATRIC PATIENT IN THE PREOPERATIVE PERIOD		
Planning of Nursing Care for Pediatric Patients in the Preoperative Period		
Nursing diagnoses	Nursing Interventions Activities	Expected/achieved results
<input type="checkbox"/> Impaired urinary elimination <input type="checkbox"/> Urinary Retention <input type="checkbox"/> Risk of urinary tract injury <input type="checkbox"/> Comfort impaired	<p>Control of Urinary Elimination: Bladder probing: Collection of samples for tests: Urinary habit training <input type="checkbox"/> Conduct a urinary assessment focusing on incontinence (eg, urine output, urination pattern, cognitive function, and pre-existing urinary problems); <input type="checkbox"/> Educate the patient/family about signs and symptoms of urinary tract infection; <input type="checkbox"/> Instruct the patient to respond immediately to voiding emergencies, when appropriate; <input type="checkbox"/> Obtain the requested sample, according to the protocol; <input type="checkbox"/> Guide the patient/family on how to prevent urinary tract injury; <input type="checkbox"/> Assist, guide, and teach the patient/family about tube placement, as appropriate <input type="checkbox"/> Refer the patient to the Urodynamic service, if necessary;</p>	<input type="checkbox"/> Urinary elimination <input type="checkbox"/> Symptom management <input type="checkbox"/> Risk Detection <input type="checkbox"/> Prevention of urinary tract injury <input type="checkbox"/> Increased patient/family knowledge about the disease/treatment <input type="checkbox"/> Patient comfort
<input type="checkbox"/> Constipation <input type="checkbox"/> Bowel incontinence <input type="checkbox"/> Comfort impaired	<p>Intestinal control and/or training/Ostomy self-care: Bowel incontinence management <input type="checkbox"/> Identify factors that may cause or contribute to constipation, impaction, or diarrhea; <input type="checkbox"/> Institute a toileting schedule, as appropriate; <input type="checkbox"/> Encourage increased fluid intake, unless contraindicated; <input type="checkbox"/> Evaluate the drugs commonly used in search of gastrointestinal side effects; <input type="checkbox"/> Instruct patient/family to record stool color, volume, frequency, and consistency; <input type="checkbox"/> Advise on a high-fiber diet; <input type="checkbox"/> Advise on the proper use of laxatives; <input type="checkbox"/> Administer enema or irrigation as appropriate; <input type="checkbox"/> Teach patient/family about normal digestive processes; <input type="checkbox"/> Explain the etiology of the problem and the reasons for the actions to the patient; <input type="checkbox"/> Instruct about intestinal lavage at home as prescribed; <input type="checkbox"/> Identify factors (eg, medications, bacteria, tube feeding) capable of causing or contributing to diarrhea; Sleep improvement: Autosuggestion Training: bath, calming technique: <input type="checkbox"/> Identify the reason for the sleep disturbance; <input type="checkbox"/> Advise on factors that interfere with sleep: soda, long naps during the day... <input type="checkbox"/> Advise the patient/family on measures that can improve sleep; <input type="checkbox"/> Instruct the patient/family to bring the child's favorite toy on the day of admission, as appropriate;</p>	<input type="checkbox"/> Bowl movements <input type="checkbox"/> Bowel continence <input type="checkbox"/> Increased patient/family knowledge about the disease/treatment <input type="checkbox"/> Physical relaxation related to bodily sensations and homeostatic mechanisms <input type="checkbox"/> Improved sleep
<input type="checkbox"/> Sleep pattern disorder	<p>Risk Identification: Environment Control: Safety: Fall prevention: Teaching: Child safety <input type="checkbox"/> Carry out the fall risk investigation; <input type="checkbox"/> Notify the health team about the risk of falls; <input type="checkbox"/> Advise parents/family members on fall prevention measures;</p>	<input type="checkbox"/> Risk Detection <input type="checkbox"/> Scope of understanding related to prevention of unintentional injuries <input type="checkbox"/> Patient's physical safety
<input type="checkbox"/> Risk of falls	<p>Environment Control: Fall prevention: Guidelines for admission: <input type="checkbox"/> Communicate the team about the patient's</p>	<input type="checkbox"/> Prevention of falls <input type="checkbox"/> Scope of positive perception of nursing care for mobility and
<input type="checkbox"/> Impaired skin integrity <input type="checkbox"/> Risk of impaired skin integrity <input type="checkbox"/> Risk of infection <input type="checkbox"/> Risk of bleeding	<p>Risk Identification: Ostomy care: Protection against infection: Knowledge: treatment regimen Environment control: safety Collection of samples for tests: <input type="checkbox"/> Inspect skin and mucous membranes for flushing, heat, rashes, abrasions, swelling, or drainage <input type="checkbox"/> Teach patient and family members how to avoid infections <input type="checkbox"/> Instruct patient/family regarding ostomy care <input type="checkbox"/> Refer to stomatherapy service, as appropriate <input type="checkbox"/> Notify the health team about the risk <input type="checkbox"/> Obtain requested blood sample, according to preoperative protocol and blood reserve <input type="checkbox"/> Check if required diagnostic and laboratory test results are included in the medical record</p>	<input type="checkbox"/> Risk Detection <input type="checkbox"/> Increased knowledge on health <input type="checkbox"/> Tissue Integrity: Skin and mucous membranes <input type="checkbox"/> Patient safety

Figure 3 – Final Version of the Instrument – Planning of Nursing Care to Pediatric Patients in the Preoperative Period. Niterói, RJ, Brazil, 2020.

NURSING CONSULTATION INSTRUMENT FOR PEDIATRIC PATIENT IN THE PREOPERATIVE PERIOD		
Planning of Nursing Care for Pediatric Patients in the Preoperative Period.		
Nursing diagnosis	Nursing Interventions Activities	Expected/achieved results
<input type="checkbox"/> Risk of disorganized infant behavior	Teaching: Child safety <input type="checkbox"/> Provide information to parents about the infant's development; <input type="checkbox"/> Instruct parents on infant stimulation, as appropriate;	<input type="checkbox"/> Risk Detection <input type="checkbox"/> Acceptance of guidelines
<input type="checkbox"/> Hyperthermia	Fever treatment: <input type="checkbox"/> Notify the physician about hyperthermia; <input type="checkbox"/> Administration of medication, according to medical advice;	<input type="checkbox"/> Fever detection <input type="checkbox"/> Thermoregulation
<input type="checkbox"/> Acute pain	Pain control: Actively listening: Medication administration: <input type="checkbox"/> Use therapeutic communication strategies to be aware of the pain experience and convey acceptance of the patient's response to pain; <input type="checkbox"/> Watch for nonverbal cues of discomfort, especially in those unable to communicate effectively; <input type="checkbox"/> Ensure analgesic care for the patient, according to medical prescription; <input type="checkbox"/> Evaluate, with the patient and the healthcare team, the effectiveness of past pain control measures that have been used; <input type="checkbox"/> Reduce or eliminate factors that precipitate or increase the experience of pain (eg, fear, fatigue, lack of knowledge);	<input type="checkbox"/> Acceptance of guidelines <input type="checkbox"/> Pain control <input type="checkbox"/> Patient satisfaction
<input type="checkbox"/> Aspiration risk	Risk Identification: <input type="checkbox"/> Identify the risk; <input type="checkbox"/> Instruct patient/family on care to prevent aspiration;	<input type="checkbox"/> Risk Detection <input type="checkbox"/> Aspiration Prevention
<input type="checkbox"/> Risk of allergic reaction <input type="checkbox"/> Risk of allergic reaction to latex	Risk Identification: Allergic response prevention: Environmental control, nutrition, medication, immunization/vaccination: Precautions for Using Latex Articles: Supervision: <input type="checkbox"/> Identify known allergies and usual reactions; <input type="checkbox"/> Document all allergies in the medical record; <input type="checkbox"/> Place an allergy wristband on the patient, as appropriate; <input type="checkbox"/> Notify attending healthcare providers of known allergies; <input type="checkbox"/> Instruct patient/family on how to avoid situations that put them at risk and how to react if an anaphylactic reaction occurs; <input type="checkbox"/> Encourage the patient to wear an allergy alert tag, as appropriate;	<input type="checkbox"/> Risk Detection <input type="checkbox"/> Risk Control <input type="checkbox"/> Scope of understanding of conveyed guidelines <input type="checkbox"/> Patient's physical safety
<input type="checkbox"/> Impaired verbal communication	Actively listening Teaching: individual <input type="checkbox"/> Use questions or statements to encourage the expression of thoughts, feelings, and concerns; <input type="checkbox"/> Adapt the content to the cognitive, psychomotor and affective skills or deficiencies of the patient/guardian <input type="checkbox"/> Document, in the medical record, the content presented and the written materials provided;	<input type="checkbox"/> Improved communication
<input type="checkbox"/> Decreased involvement in recreational activities	Support system improvement Recreational Therapy <input type="checkbox"/> Identify the patient's emotional and situational needs; <input type="checkbox"/> Determine patient preferences regarding the visit; <input type="checkbox"/> Facilitate and/or encourage the patient to participate in recreational activities provided in the Hospital and outside, as appropriate;	<input type="checkbox"/> Motivation <input type="checkbox"/> Social involvement
<input type="checkbox"/> Fear <input type="checkbox"/> Anxiety	Emotional support: Anxiety reduction: Art Therapy: Therapeutic Toy: <input type="checkbox"/> Encourage the patient to express their feelings of anxiety, anger, or fear; <input type="checkbox"/> Provide appropriate art supplies for the developmental level and goals for therapy; <input type="checkbox"/> Encourage the patient to describe and talk about the product of the art and the process of making the art; <input type="checkbox"/> Instruct the patient/family in advance regarding pre- and post-operative care, according to age group; <input type="checkbox"/> Present preparatory sensory information; <input type="checkbox"/> Provide real or simulated hospital operating room equipment to encourage the expression of knowledge and feelings about hospitalization, treatment, or illness; <input type="checkbox"/> Identify the child's misconceptions or fears through comments or reactions during a hospital role-play session; <input type="checkbox"/> Provide the parents and the child with a visit to the admission sector; <input type="checkbox"/> Introduce the patient to the team who will be involved in the surgery and postoperative care, as appropriate; <input type="checkbox"/> Refer the patient for counseling, as appropriate;	<input type="checkbox"/> Expression of thought through words or gestures <input type="checkbox"/> Increased understanding of the surgical process <input type="checkbox"/> Reduction of anxiety and fear

Figure 4 – Final Version of the Instrument – Planning of Nursing Care for Pediatric Patients in the Preoperative Period. Niterói, RJ, Brazil, 2020.

NURSING CONSULTATION INSTRUMENT FOR PEDIATRIC PATIENT IN THE PREOPERATIVE PERIOD		
Planning of Nursing Care for Pediatric Patients in the Preoperative Period.		
Nursing diagnosis	Nursing Interventions Activities	Expected/achieved results
<input type="checkbox"/> Caregiver role tension	Risk Identification: Conflict mediation: Improved Coping: Caregiver support: <input type="checkbox"/> Evaluate the family's emotional reaction to the patient's condition; <input type="checkbox"/> Determine adherence to medical treatments and nursing approaches; <input type="checkbox"/> Recognize the difficulties of the caregiver's role; <input type="checkbox"/> Refer to family therapy as appropriate; <input type="checkbox"/> Assist the family to acquire the knowledge, skills and equipment necessary to support their decision regarding the patient's care; <input type="checkbox"/> Provide care to the patient in place of the family with the aim of relieving the family and/or when the family cannot provide care; <input type="checkbox"/> Reinforce the caregiver's social network;	<input type="checkbox"/> Caregiver's emotional health <input type="checkbox"/> Caregiver's performance: direct and indirect care
<input type="checkbox"/> Risk of low situational self-esteem <input type="checkbox"/> Body dysmorphic disorder	Prevention of Low Situational Self-esteem: Risk Identification: Support System Improvement: Improved Body Image/Improved Self-Esteem: Emotional support: Teaching: Disease Process/Procedure/Treatment: Referral: <input type="checkbox"/> Use questions or statements to encourage the expression of thoughts, feelings, and concerns; <input type="checkbox"/> Focus completely on the interaction, suppressing prejudices, biases, assumptions, personal concerns, and other distractions; <input type="checkbox"/> Reduce discrepancies in patient/family expectations <input type="checkbox"/> Show the parents the importance of their interest and support for their children to develop a positive self-esteem concept; <input type="checkbox"/> Help the patient to notice their strengths, potential, and ability; <input type="checkbox"/> Provide positive feedback to encourage and sustain new behavior; <input type="checkbox"/> Conduct referrals as appropriate;	<input type="checkbox"/> Risk Identification: <input type="checkbox"/> Personal resilience <input type="checkbox"/> Improved self-esteem
<input type="checkbox"/> Deficient knowledge	Teaching: Disease process / Medicines / Procedure / Treatment <input type="checkbox"/> Determine the patient's previous surgical experiences, culture, and level of knowledge regarding the surgery; <input type="checkbox"/> Describe the preoperative routine, as appropriate; <input type="checkbox"/> Deliver a folder with all the necessary information, such as the date and time of surgery, time of arrival at the hospital, procedures required for admission, location of the inpatient unit, and others. <input type="checkbox"/> Discuss post-hospital discharge and follow-up appointment plans;	<input type="checkbox"/> Customer satisfaction <input type="checkbox"/> Scope of the understanding conveyed about the surgical process <input type="checkbox"/> Patient's physical safety
<input type="checkbox"/> Risk of spiritual suffering, <input type="checkbox"/> Risk of impaired religiosity	Comfort status: psychospiritual Spiritual health <input type="checkbox"/> Use therapeutic communications to establish trust and empathic care; <input type="checkbox"/> Encourage the use of spiritual resources as desired; <input type="checkbox"/> Support patient/family spiritual practices;	<input type="checkbox"/> Spiritual health <input type="checkbox"/> Psychospiritual comfort
Notes:		
Health worker in charge:		Coren:

Figure 5 – Final Version of the Instrument – Planning of Nursing Care for Pediatric Patients in the Preoperative Period. Niterói, RJ, Brazil, 2020.

was sought. The meetings held to identify the nursing diagnoses resulted in the 38 diagnoses used in the instrument, of which seven had been suggested by the investigator: impaired urinary elimination, urinary retention, risk of urinary tract injury, risk of allergic reaction to latex, body dysmorphic disorder, risk of spiritual suffering, and risk of impaired religiosity.

The inclusion of the diagnosis “impaired urinary elimination” is justified by the fact that it can be inferred by the nurse during the analysis of the child’s urinary elimination, in the

outpatient consultation, and also because the accuracy of the identification of this diagnosis is of paramount importance to avoid medical complications for the patient⁽²²⁾. The diagnosis of “urinary retention” has as defining characteristics the absence or reduction of urine elimination, as well as incontinence and bladder distention, common characteristics found in children with malformations treated at the study site⁽¹²⁾.

Therefore, the “risk of urinary tract injury” configures a possible diagnosis when these children need multiple catheterizations⁽¹²⁾. The risk is increased as some children, in addition to needing to undergo catheterization for months or years, have anatomical variations in pelvic organs. The patient should also be well evaluated regarding the diagnosis “risk of allergic reaction to latex”, as patients with histories of multiple surgical procedures and frequent exposure to products with latex may present with various symptoms, from the simplest, such as itching, to shock with circulatory collapse and cardiac arrest⁽²³⁻²⁴⁾.

When considering that the body image can be understood as an image that involves psychological, sociological, and physiological aspects that each individual forms of him/herself, NANDA ratifies the diagnosis “body dysmorphic disorder”, defining it as a “confusion in the mental image of the physical self”⁽¹²⁾. This diagnosis may be related to ostomized people or to some real change in body structure⁽²⁵⁾.

It is understood that the diagnoses “risk of spiritual suffering” and “risk of impaired religiosity” are linked to the dimensions of the being that shall be considered in all fields of nursing care, as well as in research. However, as they are more subjective, they are still a challenge in care practice⁽²⁶⁾.

The occurrence of NANDA-I diagnoses both in the online databases and in the dynamics with the institution’s nurses corroborates the thought that the development of the instrument with nursing diagnoses, interventions, and outcomes, aimed at the pediatric patient in the preoperative period, may contribute to the assistance provided and to document professional practice⁽¹¹⁾.

The participation of nurses working in the institution where the instrument will be implemented was extremely relevant, as they provide assistance to the local clientele, know the routine of the unit, and are aware of what can be implemented. With regard to the nurses who participated in the validation of the instrument, it is important to highlight the magnitude of their collaboration through knowledge related to nursing care for the pediatric patient in question, ratifying the content used in the construction of the Instrument that was prepared and that will be used.

The limitation of this study is based on the scarcity of publications available in the literature that contemplate nursing care based on standardized nursing diagnoses and on the affected human needs of pediatric patients and their families in the surgical process. As a contribution to nursing, an instrument is made available aiming at a more effective care practice with the use of a tool that can guide systematic, safe and assertive nursing actions for this population.

CONCLUSION

This study allowed content preparation and validation of the instrument for nursing consultations with pediatric patients in the preoperative period. Its use is important, since it standardizes and qualifies care, allowing the nurse to make a decision through clinical reasoning and considering the particularities of each surgical patient and their family.

The standardized languages of NANDA, NIC, and NOC proved to be adequate due to the range of possible nursing diagnoses, interventions, and outcomes for the pediatric patient in the preoperative period and for facilitating nursing care planning.

It is believed that the present study has the potential to stimulate new discussions about the safety of pediatric patients in the surgical process and regarding the use of a standardized clinical decision tool. The performance of future studies related to its application in the proposed scenario is recommended.

RESUMO

Objetivo: Elaborar e validar um instrumento para consulta de enfermagem ao paciente pediátrico em pré-operatório. **Método:** Estudo metodológico, composto por cinco etapas: identificação dos diagnósticos de enfermagem, discussão e avaliação dos diagnósticos com enfermeiros da instituição, elaboração do instrumento, validação do conteúdo do instrumento com *experts* pela Técnica Delphi e reestruturação do instrumento. Foram utilizados o Conjunto de Dados Mínimos de Enfermagem, as necessidades humanas de Wanda Horta e as ligações NANDA-NOC-NIC como referencial teórico. **Resultados:** Em sua versão final, o instrumento contempla avaliação das necessidades humanas psicobiológicas, psicossociais e psicoespirituais, 38 diagnósticos de enfermagem, 65 intervenções, 113 atividades e 62 resultados de enfermagem. O instrumento obteve índice de validade de conteúdo entre 0,90 e 1,0 na primeira rodada, e sugestões, validadas na segunda rodada, obtendo concordância de 70 a 100%. **Conclusão:** O instrumento elaborado pode ser uma ferramenta para uso em consulta de enfermagem no pré-operatório infantil, conferindo maior assertividade nas ações de enfermagem a essa clientela.

DESCRITORES

Enfermagem Pediátrica; Assistência Perioperatória; Processo de Enfermagem; Estudo de Validação; Terminologia Padronizada em Enfermagem; Avaliação em Enfermagem.

RESUMEN

Objetivo: Elaborar y validar un instrumento para consulta de enfermería al paciente pediátrico en preoperatorio. **Método:** Estudio metodológico, compuesto por cinco etapas: identificación de los diagnósticos de enfermería, discusión y evaluación de los diagnósticos con enfermeros de la institución, elaboración del instrumento, validez del contenido del instrumento con expertos por la Técnica Delphi y reestructuración del instrumento. Se utilizaron el Conjunto de Datos Mínimos de Enfermería, las necesidades humanas de Wanda Horta y la nomenclatura NANDA-NOC-NIC. **Resultados:** En su versión final, el instrumento contempla evaluación de las necesidades humanas psicobiológicas, psicosociales y psicoespirituales, 38 diagnósticos de enfermería, 65 intervenciones, 113 actividades y 62 resultados de enfermería. El instrumento obtuvo índice de validez de contenido entre 0,90 y 1,0 70 en la primera etapa, y sugerencias, validadas en la segunda etapa que obtuvieron

concordância de 70 a 100%. **Conclusión:** El instrumento elaborado puede ser una herramienta para uso en consulta de enfermería en el preoperatorio infantil, proporcionando más seguridad en las acciones de enfermería a ese público.

DESCRIPTORES

Enfermeria Pediátrica; Atención Perioperativa; Proceso de Enfermeria; Estudio de Validación; Terminologia Normalizada de Enfermeria; Evaluación em Enfermeria.

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