

VALIDATION OF THE DEFINITION OF TERMS IDENTIFIED IN ELECTRONIC RECORDS OF NURSING OF A UNIVERSITY HOSPITAL¹

Rodrigo Guerra Leal*
 Cláudia Regina Biancato Bastos**
 Ana Luzia Rodrigues***
 Sandra Maria Bastos Pires****
 Deborah Ribeiro Carvalho*****
 Marcia Regina Cubas*****

ABSTRACT

This study aimed to validate the definition of terms recorded by nurses at the patient's evolution of a university hospital, based on the International Classification for Nursing Practice (ICNP[®]). The empirical base was composed of 15 terms that not listed on ICNP[®], extracted of the evolutions registered by nurses in electronic patient record, a hospital in the South of the country. The definitions reviewed by 36 nurses, by proportion of general use agreement and Content Validity Index (CVI) general terminology definition and principles. The terms "anasarca", "bruise" and "fowler position" reached proportion of general agreement of use above 80%, while the smallest proportion obtained agony (25%). The variable occupation did not interfere in the outcome, but nurses with shorter performance in institution recognized the use of six more terms. The definition of the terms "anasarca" and "bruise" validated with CVI to 0,98 and 0,90, respectively; on the other hand, the Fowler position not validated (CVI = 0,67), having been limited by your brevity. It was concluded that the recognition or otherwise of terms for assisting nurses is determined by the characteristics of the clients assisted at the institution.

Keywords: Terminology. Nursing. Nursing Records. Validation Studies.

INTRODUCTION

The Electronic Patient Record (EPR) emerged in response to the need of unification of clinical and administrative information, in order to reduce costs, optimize and qualify. Some advantages of the adoption of a computerized system to record are the fast access to the history of patients, ease of query data and improvement in hospital planning and control⁽¹⁾. To enhance such benefits, it is essential that the documentation of care for patients recorded by means of a standardized language.

The documentation of data and information generated by nursing professionals can be standardized through the terminology, considered a way to unify the language profession. In this sense, the standardized record

data in the EPR minimizes undesirable consequences in healthcare and maximizes opportunities to identify knowledge from clinical data recorded, besides facilitating interoperability between different health information systems and provide a foundation for decision support systems⁽²⁾. On the other hand, the standardization of language not to record of nursing actions constitutes a challenge and results in the use of different terms.

With a view to unifying the nursing terminologies used worldwide, the International Council of nurses (ICN), in 1991, initiated the project of the international classification for nursing practice (ICNP[®]), considered a combinatorial and enumerative terminology that allows the representation of the elements of nursing practice: diagnosis, interventions and results. Since your creation, the ICNP[®] has

¹Extracted from the dissertation: "Validation of terms identified in nursing records of a university hospital, based in ICNP[®]", presented to the Graduate Program in Health Technology (PPGTS) at the Pontifícia Universidade Católica do Paraná (PUCPR).

*Nurse. Master of technology in health by the PUCPR. Curitiba, Paraná, Brazil. E-mail: roguerraleal@gmail.com.

**Nurse. Master of technology in health by the PUCPR. Ponta Grossa, Paraná, Brazil. E-mail: cbiancato@yahoo.com.br.

*** Nurse. PhD student in Health Technology by the PUCPR. Assistant Professor in the DENSP at UEPG. Ponta Grossa, Paraná, Brazil. E-mail: analuzia64@hotmail.com.

**** Nurse. PhD student in Health Technology by the PUCPR. Assistant Professor in the Department of nursing and Public Health (DESNP) the Universidade Estadual de Ponta Grossa (UEPG). Ponta Grossa, Paraná, Brazil. E-mail: sbastospire@gmail.com.

*****Systems analyst. PhD in computer science. Professor of the Graduate Program in Health Technology (PPGTS) at the Pontifícia Universidade Católica do Paraná (PUCPR). Curitiba, Paraná, Brazil. E-mail: ribeiro.carvalho@pucpr.br.

*****Nurse. PhD in Nursing. Professor of the Graduate Program in Health Technology (PPGTS) at the Pontifícia Universidade Católica do Paraná (PUCPR). Curitiba, Paraná, Brazil. E-mail: m.cubas@pucpr.br.

consolidated in order to standardize terms and, among other objectives, include them in health information systems⁽³⁾. By the year 2015, nine versions made available, including new terms in your hierarchical structure in the seven axes (focus, judgement, location, media, action, customer, and time).

It should note that the knowledge of an area structured in a terminology according to the hierarchical and logical relations between the concepts. To which terms accepted, it is necessary that its legitimacy proven by means of well-structured and methods based on scientific area to which it belongs⁽⁴⁾. The set of terms and their definitions included in ICNP[®] is the result of a process that encompasses validation studies and clinical content, steps involving experts, direct assistance professionals and patients.

Research dedicated to validation processes in the area of nursing care are scarce, identifying gaps for afford them. Researchers highlight problems related to low membership of experts for content validation and clinical nursing record limitation to subsidize clinical validation⁽⁵⁾. On the other hand, the trend of using EPR points to the relevance of studies that validate, standardizing and legitimism terms used in clinical practice⁽⁶⁾. Thus, new approaches on validation are essential, enabling the improvement of ratings and the minimization of the inconsistencies in the elaboration of nursing diagnosis, nursing results and nursing interventions^(5,7).

Although the evaluation by experts is of utmost importance for validation of the terms, are the nurses that welfare use in clinical practice. Therefore, so that the validation process is effective, it is necessary that the terms and their definitions recognized and legitimized by nurses who perform the nursing record.

On the above, the purpose of this article is to validate the definition of terms recorded by nurses in the evolution of the patient, a university hospital, based on the International classification for nursing practice.

METHODOLOGY

Descriptive research of quantitative approach, this is one of the stages of a search array that

aims to build a standard for the registration of nursing actions in the field of the patient's evolution, a university hospital in the South of Brazil. The background extracted terms of evolutionary record field of nursing⁽⁸⁾, mapped the ICNP[®] and the terms of another university hospital, new terms have identified and selected, by increased frequency and relevance to the clientele of the hospital, 15 terms to the validation process, whose definitions have passed the evaluation of five experts.

These 15 terms and their definitions were considered the empirical basis of this study (box 1), with these, in line with the hierarchical structure of ICNP[®] drawn up in accordance with the principles of terminological definition⁽⁴⁾, namely: predictability, which refers to the insertion of the concept conceptual tree; simplicity, offering clarity and conciseness the definition, being formed, preferably by a phrase; statement so, that presents what is the definition, avoiding negative sentences; no circularity, which does not allow to elaborate definition refer to another; and absence of tautology, which prevents the definition is a paraphrase of the term.

Survey respondents selected for working as nurses or teachers at the University hospital intended use the default, named Hospital 1. Nurses where chosen from other University hospital, located in the northeastern region of Brazil, named Hospital 2. The selection of these justified by the use, in the institution of registration of standard nursing actions, based on ICNP[®].

Hospital 1 is a general hospital, without motherhood, with emphasis on high complexity in specialties related to emergency and trauma. Hospital 2 is also a general hospital, State reference in several specialties of medium and high complexity, including motherhood. Both have 100% of your customer service directed to the health system.

Survey respondents selected for working as nurses or teachers at the University hospital intended use the default, named Hospital 1. Nurses where chosen from other University hospital, located in the northeastern region of Brazil, named Hospital 2. The selection of these justified by the use, in the institution of registration of standard nursing actions, based on ICNP[®].

Box 1. Terms and definitions used as empirical basis.

TERM	DEFINITION
Agony	The dying process: run-up death characterized by progressive weakness of the vital functions and last for minutes, hours or days.
Now	Point in time or period.
Ampoule	Tube: totally enclosed container and without opening that contains fluid.
Anasarca	Water retention: generalized Edema, fluid accumulation in the tissues and organic cavities without specifications of parts of the body.
Cradle	Device support: individual Accommodation for newborns after birth and that do not require intensive care.
Cervical collar	Splinting device: immobilizer of the cervical spine, placed in the neck, used in temporary immobilization in emergencies and in the postoperative period of some cervical pathologies.
Concussion	Injury: impact stems from kinetic forces that lead to rotation of the brain inside the skull that affects the brain as a whole; manifested mainly through facial expression confused, disorientation, verbal and motor responses slowed, slurred speech or incoherent, loss of coordination, headache, memory loss and fatigue.
Bruise	Bleeding: dark spot or bluish skin induced by extravasation of blood into the subcutaneous tissue, with the absence of edema because of injury or rupture of small blood vessels.
Empty	Remove: remove the content of something (or something) in order to make it empty.
Stretcher	Vehicle: wheel bed in rectangular, used to transport sick and/or injured in lying position.
Fowler position	Body Position.
Speech therapy servisse	Health Service.
Pull	Run: Act of pulling, lightly, a mobile object in a body cavity.
Surgery unit	Health care unit: Suite of rooms where surgical interventions performed.
Via cystostomy	Via Body.

Hospital 1 is a general hospital, without motherhood, with emphasis on high complexity in specialties related to emergency and trauma. Hospital 2 is also a general hospital, State reference in several specialties of medium and high complexity, including motherhood. Both have 100% of your customer service directed to the health system.

Were invited to participate in the survey: (i) 40 nurses from the Hospital 1, selected for working in different sectors and shifts, having been included all those operating in the hospital for more than one year; for the convenience sample, draw simple, respecting the distribution between sectors and shifts; (ii) eight teachers of the higher education institution connected to the Hospital 1, accompanying curricular internship in different sectors; for the convenience sample, draw simple; (iii) 20 nurses from the Hospital 2, indicated by the graduate program in nursing in which they were developed the research that resulted in record pattern used in the institution; the inclusion criterion was the participation in the construction of the Hospital terms Bank 2. The characteristic of the sample of participants, there was no exclusion criteria.

After the selection, contact with participants carried out by electronic means and/or in person.

Considering the four months of data collection (November 2015 to February 2016), of 68 guests, 47 started the survey and 36 were completed. Although they have laid down for accession strategies of the participants, among them, the message forwarding in order to reinforce the invitation and remind you that the answer to the instrument had not finalized, they were not effective. Thus, the total sample consisted of 36 participants (20 from Hospital 1, 12 from Hospital 2 and 4 teachers).

The decrease in the number of participants reported by validation study of terms in the area of physical and motor rehabilitation: the 166 guests, there attended by 45 experts. Such a reduction was justified factors such as familiarity with research via web and ignorance of the ICNP⁽⁹⁾, which may have contributed to the reduction of the participants of this study.

For data collection, we used an online form prepared in the Qualtrics software[®]. To access it, first the participants responded to questions of identification: source location, sector, institution and occupation. As a result, presented in isolation each term and requested the indication of your use to the registry of health care practice. If the answer was positive, the participants accessed the definition, responding to the agreement with her,

according to the principles of terminological definition.

To the principle of predictability, the question directed to the term immediately above him in the conceptual tree of ICNP[®] for example: bruise is a type of bleeding. To the principle of simplicity, the question was, the definition is clear and synthetic. To the statement so was, the sentence says what the concept is. For non-circularity, was, the definition does not indicate another definition, which, for your time, references to the first definition? Finally, for the absence of tautology, the definition describes the concept, not just an explanation of the term. There is no agreement with any of the principles, was requested a justification, with suggestions for the elaboration of the definition.

The binary data were analyzed by the proportion of general use agreement between nurses and the Content Validity Index (CVI) general and by principle. The proportion of general agreement calculated by the sum of participants divided by the total of concordant participants multiplied by 100; already the CVI, by the total number of positive responses, General and in principle divided by the total responses. Were

considered for analysis of CVI terms with General use concordance index $\geq 80\%$ and judged valid definitions with $CVI \geq 0.80^{(10)}$.

The proportion of General use agreement, according to the variables, analyzed the responses: institution of origin, time of activity and occupation. In this article, the justifications and suggestions offered by participants used in descriptive form, only to broaden the discussion, not analyzed qualitatively.

The project that originated this article approved by the Research Ethics Committee (CEP) of the Pontifícia Universidade Católica do Paraná (PUCPR), by means of the opinion No. 93,661, of 13 September 2012, taking into account the Resolution No. 466/CNS 2012. All participants, by agreeing to participate in the research, signed an informed consent form.

RESULTS AND DISCUSSION

Three terms reached general agreement of use index: anasarca, bruise and Fowler position, while the term "agony" got the smallest value (table 1).

Table 1. Agreement on use, General and by origin of respondents, according to the terms identified in electronic record of the patient's evolution (N = 36). Curitiba, 2016.

TERM	HOSPITAL 1	HOSPITAL 2	PROFESSOR	GENERAL
	(%) n = 20	(%) n = 12	(%) n = 4	(%)
Agony	35.0	16.7	0.0	25.0
Now	65.0	50.0	25.0	55.6
Ampoule	65.0	83.3	25.0	66.7
Anasarca	90.0	91.7	100.0	91.7
Cradle	35.0	41.7	0.0	33.3
Cervical collar	80.0	41.7	75.0	66.7
Concussion	50.0	0.0	50.0	33.3
Bruise	80.0	83.3	100.0	83.3
Empty	75.0	91.7	0.0	72.2
Stretcher	60.0	91.7	50.0	69.4
Fowler position	75.0	100.0	100.0	86.1
Speech therapy service	60.0	58.3	50.0	58.3
Pulling	90.0	50.0	25.0	69.4
Surgery unit	45.0	50.0	50.0	47.2
Via cystostomy	70.0	58.3	50.0	63.9

When considering anasarca a water retention, whose definition refers to the generalized edema, it concluded that the two terms are synonymous. Research that identified hospitalized in a client's nursing diagnosis clinic/contagious diseases pointed out the word "edema" as one of the

principal 's evidenced⁽¹¹⁾. Thus, the use of generalized edema or anasarca refers to the same phenomenon. His absence in a terminology as ICNP[®] makes the representation of the breadth and specificity of nursing actions, because they are diverse interventions proposed for different types

of edema (peripheral, generalized lymphatic and transudative).

To refer to the combinatorial structure of ICNP®, bruise could be represented by two distinct axes terms: bleeding (focus), and subcutaneous tissue (axis), which would result in the composition of bleeding in subcutaneous tissue. Although capable of drafting, this form of logging and diagnostic language is not common in practice.

Study demonstrated that the bruise is one of the defining characteristics of peripheral vascular trauma because of the use of vascular catheter⁽¹²⁾. The characteristic of the clientele of the Hospital 1, patients undergo examinations and procedures with vascular invasion to aid in the diagnosis and treatment. Thus, the recognition of the usefulness of the term strengthens the profile of care from the hospital that originated the empirical basis of the study.

The nurses already recognize Fowler's position as a term of use in practice, having found in nursing records in the area of physical rehabilitation-motor and validated by experts in relation to the definition and allocation on the axle location⁽⁹⁾.

On ICNP® among other types of body position, supine positions are identified (or dorsal decubitus), position and prone (or prone)⁽³⁾, often used in healthcare practice. Different types of body position employed in different speeches for nursing results, making it important to include the position of Fowler in an international terminology of nursing practice.

Portuguese essay addressing the difficulty that nursing has to draw up the diagnosis of agony aunt pointed out that factors between the team and the patient, the team and the family and focus on multidisciplinary team act as obstacles to the recognition and acceptance of the patient's condition in agony. The ID of the process that precedes death is a professional frustration, because the nurses they feel powerless in the face of the needs of patients at this point⁽¹³⁾. In fact, the conclusion presented in a review of the literature confirms the factors cited by Portuguese dissertation and adds that there is a professional preparation before the process of dying and that, until then, not considered relevant to the gym⁽¹⁴⁾. Another study, which examined the social representation of nurses on the death process, concluded that he could put the professionals in an

uncomfortable position, by relating the process experienced professionally with their own finiteness⁽¹⁵⁾.

This set of evidence can be the justification for that nurses do not recognize the use of the word "agony", which, however, is listed as one of the defining characteristics for this diagnosis of emotional anxiety in NANDA International⁽¹⁶⁾, and may be used, to a limited extent, in the anxiety in the face of death, available on ICNP®⁽³⁾.

In addition, the Hospital nurses 1 did not acknowledge the use of one of the terms with General concordance index $\geq 80\%$ and recognized the use of collar and pulling, and assigned lower use, with the same percentage, the terms "agony" and "cradle" (table 1). The terms recognized by the nurses in this hospital reflect the profile of the customers.

The nurses at the Hospital 2 recognized the same terms with general concordance index $\geq 80\%$, as well as the use of ampoule, empty and gurney, while the term "concussion" not indicative of use (table 1). In this latter case, the Hospital 2, for not performing service directed to the trauma, may have limited the recognition of the term by the nurses.

Still in the Hospital 2, the language of ICNP® used as the default record in the units of care⁽¹⁷⁾, and it included the term "empty", which may justify its recognition by professionals.

Equipment used routinely in nursing, as ampoule, collar and backboard, may not be noted in nursing records. Accordingly, in examining that nursing is responsible for handling materials in hospital and that the record of your usage is fundamental to auditing, the proper note of the use of equipment and materials can reflect the financial impact of the institution⁽¹⁸⁾. However, equipment and materials may be subject to administrative documents record not record element in the evolution of the patient in the chart.

When discussing about the question of means of transport critical patient-hospital, a study concluded that there was a lack of observation record before and after the procedure⁽¹⁹⁾. Thus, it understood that the term "stretcher" should be included in records that confirm your suitability for patient safety.

Teachers recognized the same terms with general concordance index $\geq 80\%$, having assigned less use, with the same percentage, to agony now,

cradle and empty (Table 1).

The separate time variables of performance at the institution and occupation, there was general agreement index maintenance to use three terms with index $\geq 80\%$; the term "agony" also kept the

smallest percentage of agreement (table 2). However, nurses with practice time at the institution between one and two years recognized the use of six more terms: now, cervical collar, empty, gurney, pulling and via cystostomy.

Table 2. Agreement on the use, practice time at the institution and occupation, according to the term identified in electronic record of the patient's evolution (N = 36). Curitiba, 2016.

TERM	TIME OF PERFORMANCE IN INSTITUTION		OCCUPATION	
	Between one and two years	Above two years	Assistance	Teaching
	(%) n = 8	(%) n = 28	(%) n = 28	(%) n = 8
Agony	37.5	21.4	25.0	25.0
Now	87.5	46.4	60.7	37.5
Ampoule	62.5	67.9	71.4	50.0
Anasarca	100.0	89.3	89.3	100.0
Cradle	37.5	32.1	35.7	25.0
Cervical collar	87.5	60.7	64.3	75.0
Concussion	62.5	25.0	35.7	25.0
Bruise	87.5	82.1	82.1	87.5
Empty	100.0	64.3	78.6	50.0
Stretcher	87.5	64.3	71.4	62.5
Fowler position	100.0	82.1	82.1	100.0
Speech therapy service	75.0	53.6	60.7	50.0
Pulling	100.0	60.7	75.0	50.0
Surgery unit	62.5	42.9	46.4	50.0
Via cystostomy	87.5	57.1	71.4	37.5

The six terms cited are located on track time, means and action of ICNP[®]. Still, it found that nurses with practice time over two years have recognized the use of terms that represents the axes focus and location, but not the use of terms of action, means and time.

Understanding that the care plan formulated with the inclusion of terms of action, means and time, your record can be incomplete form undermine the nursing process. This fact shown by study that analyzed records of nursing in medical records in a private hospital, showing that 79% of

patient records audited showed lack of necessary information and normalized by law and 61% did not present care plan⁽²⁰⁾.

In relation to the CVI overall (Table 3), the definition of the term "position of Fowler" did not reach value ≥ 0.80 , having been validated only in the principle of predictability. Already anasarca obtained CVI above 0.90 to all principles and chemosmissed CVI for validation on the principle of non-circularity. When separated by principle, kept CVI ≥ 0.80 .

Table 3. CVI to the concept of anasarca, bruise and Fowler position, in accordance with the principles terminology and general definition (N = 36). Curitiba, 2016.

PRINCIPLE	TERM			
	Anasarca	Bruise	Fowler Position	CVI by principle
	CVI n = 33	CVI n = 30	CVI n = 31	
Predictability	1.00	0.93	1.00	0.98
Simplicity	0.97	0.93	0.55	0.82
Affirmative statement	1.00	0.97	0.58	0.85
No circularity	0.91	0.77	0.71	0.80
Absence of tautology	1.00	0.90	0.52	0.81
General	0.98	0.90	0.67	-

Content validation of the concept of the terms "anasarca" and "bruise" with indices greater than

0.90 can refer to your importance to the registry of nursing actions. On the other hand, the nurses, although acknowledge inserting position of Fowler in terminological hierarchy, did not identify the appropriateness of the concept to other principles. This result corroborates research that discussed the definition of the terms used in the ICNP®, whereas some of them concise and detailed, making your little understanding⁽⁹⁾.

The limitations of the study the criterion of selection of nurses, which made it impossible for the inclusion of professionals operating in the hospital for a period less than a year, as well as the need to carry out another round of review to contemplate the concept of terms with CVI up 0.70.

It should note that, although the content validation considered a complex process, it does not guarantee the representation of the actual content of the term. In this sense, the authors indicate that this step is a pre-analysis, prefacing the clinical validation⁽⁵⁾.

FINAL CONSIDERATIONS

In this study, nurses recognized the use to record the elements of nursing practice of the terms "anasarca", "bruise" and "position of Fowler", while agony, with smaller index of agreement, it was not a term recognized. Still, the variable occupation did not interfere in the outcome, but nurses with shorter performance in institution recognized the use of six more terms: now, cervical collar, empty gurney drive and via cystostomy.

Through the principles of terminological definition, it has been possible to validate the content of the definition of the terms "anasarca" and "bruise". In turn, the definition of Fowler's position not validated due to its meager detail.

It concluded that the recognition or not we have given assistance by nurses institution reflects characteristics of the clients assisted and the use of the term in practice applied to patients in different contexts of care.

THANKS

Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq), Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Capes), Araucária Foundation and PUCPR.

VALIDAÇÃO DA DEFINIÇÃO DE TERMOS IDENTIFICADOS EM REGISTROS ELETRÔNICOS DE ENFERMAGEM DE UM HOSPITAL UNIVERSITÁRIO

RESUMO

Este estudo objetivou validar a definição de termos registrados por enfermeiros na evolução do paciente de um hospital universitário, com base na Classificação Internacional para as Práticas de Enfermagem (CIPE®). A base empírica foi composta por 15 termos não constantes na CIPE®, extraídos das evoluções registradas por enfermeiros em prontuário eletrônico do paciente, de um hospital da região Sul do país. As definições foram analisadas por 36 enfermeiros, por meio da proporção de concordância geral de utilização e do Índice de Validade de Conteúdo (IVC) geral e por princípios de definição terminológica. Os termos "anasarca", "equimose" e "posição de Fowler" atingiram proporção de concordância geral de utilização acima de 80%, enquanto agonia obteve a menor proporção (25%). A variável ocupação não interferiu no resultado, porém enfermeiros com menor tempo de atuação na instituição reconheceram a utilização de mais seis termos. A definição dos termos "anasarca" e "equimose" foi validada com IVC de 0,98 e 0,90, respectivamente; por outro lado, a de posição de Fowler não foi validada (IVC = 0,67), tendo sido limitada por sua concisão. Concluiu-se que o reconhecimento ou não de termos por enfermeiros assistenciais é determinado pelas características da clientela assistida na instituição.

Palavras-chave: Terminologia. Enfermagem. Registros de enfermagem. Estudos de validação.

VALIDACIÓN DE LA DEFINICIÓN DE TÉRMINOS IDENTIFICADOS EN REGISTROS ELECTRÓNICOS DE ENFERMERÍA DE UN HOSPITAL UNIVERSITARIO

RESUMEN

Este estudio tuvo el objetivo de validar la definición de términos registrados por enfermeros en la evolución del paciente de un hospital universitario, con base en la Clasificación Internacional para las Prácticas de Enfermería (CIPE®). La base empírica fue compuesta por 15 términos no constantes en la CIPE®, extraídos de las evoluciones registradas por enfermeros en registro médico electrónico del paciente, de un hospital de la región Sur del país. Las definiciones fueron analizadas por 36 enfermeros, por medio de la proporción de concordancia general de utilización y del Índice de Validez de Contenido (IVC) general y por principios de definición terminológica. Los términos "anasarca", "equimosis" y "posición de Fowler" alcanzaron proporción de concordancia general de utilización arriba del 80%, mientras que "agonía" obtuvo la menor proporción (25%). La variable "ocupación" no interfirió en el resultado, sin embargo enfermeros con menor tiempo

de actuación en la institución reconocieron la utilización de más seis términos. La definición de los términos “anasarca” y “equimosis” fue validada con IVC de 0,98 y 0,90, respectivamente; por otro lado, la de posición de Fowler no fue validada (IVC = 0,67), siendo limitada por su concisión. Se concluye que el reconocimiento, o no, de términos por enfermeros asistenciales es determinado por las características de la clientela asistida en la institución.

Palabras clave: Terminología. Enfermería. Registros de Enfermería. Estudios de Validación.

REFERENCES

1. Canêo PK, Rondina JM. Prontuário Eletrônico do Paciente: conhecendo as experiências de sua implantação. *J. Health Inform.* [Internet] 2014 abr/jun; 6(2):67-71. [citado 2017 jan 23]. Disponível em: <http://www.jhi-sbis.saude.ws/ojs-jhi/index.php/jhi-sbis/article/view/289/197>
2. Kim TY, Hardiker N, Coenen A. Inter-terminology mapping of nursing problems. *Journal of Biomedical Informatics.* 2014 jun; 49: 213–220.
3. Garcia TR (organizadora). Classificação Internacional para a Prática de Enfermagem – CIPE®: aplicação à realidade brasileira. Porto Alegre: Artmed: 2015.
4. Pavel S, Nolet D. Manual de terminologia. Canadá: Public Words and Government Services, 2001.
5. Lopes MVO, Silva VM, Araujo TL. Validação de diagnósticos de enfermagem: desafios e alternativas. *Rev. Bras. Enferm.* 2013 out; 66(5): 649-655.
6. Olegário WKB, Fernandes LTB, Medeiros CMR. Validação de Diagnósticos de Enfermagem da CIPE® para assistência às mulheres no período pós-parto. *Rev Eletr Enf.* [Internet]. 2015 jul/set. [citado 29 mar 2016];17(3): 1-8. Disponível em: <http://dx.doi.org/10.5216/ree.v17i3.31502>.
7. Gomes DC, Cubas MR, Pleis LE, Shmeil MAH, Peluci APVD. Termos utilizados por enfermeiros em registros de evolução do paciente. *Rev. Gaúcha Enferm.* 2016 mar;37(1): 1-8.
8. Tannure MC, Salgado PO, Chianca TCM. Mapeamento cruzado: títulos diagnósticos formulados segundo a CIPE® versus diagnósticos da NANDA Internacional. *Rev. bras. enferm.* 2014 dec;67(6): 972-978.
9. Souza DRP, Andrade LT, Napoleão AA, Garcia TR, Chianca TCM. Termos da Classificação Internacional para a Prática de Enfermagem em reabilitação físico-motora. *Rev Esc Enferm USP.* 2015; 49(2): 209-215.
10. Alexandre NMC, Coluci MZO. Validade de conteúdo nos processos de construção e adaptação de instrumentos de medidas. *Ciência & Saúde coletiva.* 2011;16(7):3061-3068.
11. Andrade LL, Nóbrega MML, Freire MEM, Nóbrega RV. Diagnósticos de enfermagem para clientes hospitalizados em uma clínica de doenças infectocontagiosas. *Rev Esc Enferm USP.* 2013; 47(2): 448-455.
12. Krempser P, Arreguy-Sena C, Barbosa APS. Características definidoras de trauma vascular periférico em urgência e emergência: ocorrência e tipos. *Esc. Anna Nery.* 2013;17(1): 24-30.
13. Carlotto C. Estado de Agonia: Obstáculos ao seu Diagnóstico Clínico. 2012. [tese]. Castelo Branco (Portugal). Mestrado em Cuidados Paliativos. Instituto Politécnico de Castelo Branco, Escola Superior de Saúde Dr. Lopes Dias. 2012. Disponível em: https://repositorio.ipcb.pt/bitstream/10400.11/1490/1/Agonia,%20Obstaculos%20ao%20seu%20diagnostico%20clinico_Carla%20Carlotto%5B1%5D.pdf
14. Freitas TLL, Banazeski AC, Eisele A, Souza EN, Bitencourt JVOV, Souza SS. O olhar da Enfermagem diante do Processo de Morte e Morrer de pacientes críticos: Uma revisão integrativa. *Enfermería Global.* 2016 jan;(41):335-347.
15. Silva CRL, Abrão FMS, Oliveira RC, Louro TQ, Moura LF, Silva RCL. Representações sociais de enfermeiros sobre o processo de morte e morrer em UTI. *Cienc Cuid Saude* 2016; 15(3):474-481.
16. NANDA, International. Diagnósticos de Enfermagem da NANDA: definições e classificação 2015-2017. Tradução Regina Garcez. Porto Alegre: Artmed: 2014.
17. Nóbrega MML (Org). Diagnósticos, resultados e intervenções de enfermagem para clientes hospitalizados nas unidades clínicas do HULW/UFPB utilizando a CIPE®. João Pessoa: Ideia: 2011.
18. Guerrer GFF, Lima AFC, Castilho V. Estudo da auditoria de contas em um hospital de ensino *Rev. Bras. Enferm.* 2015 mai/jun; 68(3):414-420.
19. Pedreira LC, Santos IM, Farias MA, Sampaio ES, Barros CSMA, Coelho ACC. Conhecimento da enfermeira sobre o transporte intra-hospitalar do paciente crítico. *Rev Enferm UERJ.* 2014 jul/ago; 22(4):533-539.
20. Moraes CGX, Batista EMS, Castro JFL, Assunção SS, Castro GMO. Registros de enfermagem em prontuário e suas implicações na qualidade assistencial segundo os padrões de acreditação hospitalar: um novo olhar da auditoria. *Revista ACRED.* 2015; 5(9):64-84.

Corresponding author: Marcia Regina Cubas. Rua Imaculada Conceição, 1155, Escola Politécnica – PPGTS. CEP: 80.215-901. Curitiba, Paraná, Brasil. (41) 3271-1657. E-mail: m.cubas@pucpr.br

Submitted: 28/09/2016

Accepted: 27/01/2017