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SYSTEMATIC REVIEW OF THE LITERATURE

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Scientific Evidence on Interventions for Palliative Care Patients With Wound: A Scoping Review

Evidências Científicas Sobre Intervenções para Pessoas com Feridas em Cuidados Paliativos: Revisão de Escopo

Evidencia Científica Sobre Intervenciones para Personas con Heridas En Cuidados Paliativos: Revisión de Blanco

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ABSTRACT

Objective: The study's purpose has been to map scientific evidence on interventions targeting people with wounds in palliative care. **Methods:** It is a scoping review conducted with studies in Portuguese, English, and Spanish, from national and international databases, published from 2010 to 2019. **Results:** 41 publications from 14 nationalities were included. Studies have as their main theme the evaluation and treatment of wounds of different etiologies. The interventions were presented concerning aspects of care management, basic stages of wound care, psychosocial, and spiritual aspects. **Conclusion:** Careful assessment of the patient and wound is required. If the parameters are favorable to healing, the team will adopt specific therapy to achieve it. Otherwise, care should include more conservative and less invasive techniques, management of signs and symptoms, and interventions aimed at the social, psychological, and spiritual impacts related to the wound.

Descriptors: Nursing, Wounds and injuries, Palliative care, Therapeutics, Nursing care.

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RESUMO

Caracterizar pacientes elegíveis para cuidados paliativos internados em um hospital universitário **Método:** Estudo descritivo, transversal, quantitativo. Adotou-se amostra populacional, por conveniência, selecionando pacientes maiores de 18 anos, internados num hospital universitário, apresentando diagnóstico de doenças crônicas, no período de junho a julho de 2019.

Resultados: Participaram 44 pacientes: 21 (47,7%) acima de 60 anos, 29 (65,9%) do sexo feminino, 28 (63,6%) não casados, 36 (81,8%) morando com familiares; 23 (52,3%) internados na clínica médica, 39 (88,6%) relataram internações anteriores, 20 (45,5%) apresentaram doença cardíaca, câncer ou diabetes, 37 (84,1%) com comorbidades, 40 (90,9%) com medicações de uso contínuo, 24 (54,5%) tabagistas e 18 (40,9%) etilistas. Foram elegíveis pela *Palliative Care Screening Tool*, 95,5% dos participantes para cuidados paliativos e 4,5% ficaram em observação clínica. **Conclusão:** O estudo verificou que a maioria dos participantes deste estudo, acometidos por doenças crônicas e internados no hospital, foi indicado como elegíveis para os cuidados paliativos, segundo a escala *Palliative Care Screening Tool*.

Descritores: Doenças crônicas, Cuidados paliativos, Triagem, Unidades de internação, Qualidade de vida.

RESUMEN

Objetivo: El propósito del trabajo es caracterizar a pacientes elegibles para cuidados paliativos internados en un hospital universitario. **Método:** Este es un estudio descriptivo, transversal, y cuantitativo, en el que se adoptó una muestra de población, seleccionando pacientes mayores 18 años, presentando diagnóstico de enfermedad crónica, internados en un hospital universitario, en el período de junio a julio de 2019. **Resultados:** Participaron 44 pacientes, 29 (65,9%) del sexo femenino, 21 (47,7%) franja de edad superior a 60 años, 28 (63,6%) no casados, 36 (81,8%) viviendo con familiares; 23 (52,3%) internados en la clínica médica, 39 (88,6%) relatando internaciones anteriores; 20 (45,5%) tenían enfermedad cardíaca, cáncer y diabetes, 37 (84,1%) con comorbilidades, 40 (90,9%) con medicaciones de uso continuo, 24 (54,5%) fumadores y 18 (40,9%) alcohólicos. Fueron elegibles por la *Palliative Care Screening Tool*, 95,5% de los participantes para cuidados paliativos y 4,5% estaban bajo observación clínica. **Conclusión:** La investigación encontró que la mayoría de los participantes en este estudio, que padecían enfermedades crónicas y estaban hospitalizados, estaban indicados como elegibles para cuidados paliativos, según la escala *Palliative Care Screening Tool*.

Descriptorios: Enfermedades crónicas, Cuidados paliativos, Clasificación, Unidades de internación, Calidad de vida.

INTRODUCTION

The increase in chronic diseases in the Brazilian and worldwide context has as one of its implications the high risk of developing injuries. The consequences of a wound can be serious, even disabling, and its treatment is usually expensive.^{1,2} Wounds are described as damage inflicted on the body with or without disruption of structural continuity,³ and can affect people at any stage of life.

Evidence indicates that the patient should be assessed comprehensively, involving not only aspects related to wounds and the pathophysiology of the disease, but also investigating aspects related to the quality of life, given the impacts caused by these injuries. Recognition of these aspects, in addition to directly contributing to the

individual's well-being, since it assesses their way of coping with the disease, can also collaborate to guide the care to be provided.^{4,5}

Although the treatment of wounds has as its main parameter to clarify the etiology and establish the therapy for healing,⁶⁻⁸ in some cases, the cure is not achieved and the coexistence of a serious disease, which threatens life and gradually deteriorates the state of health, it can request interventions adapted to this reality, thus justifying the need for Palliative Care.

Palliative care is an approach that aims to improve the quality of life of patients and their families in the face of life-threatening disease through the prevention and relief of suffering. Performs early identification, evaluation and impeccable treatment of pain and other symptoms, in addition to problems related to psychosocial and spiritual impacts.⁹

In this scenario, the mapping of interventions associated with the themes of wounds and palliative care can provide a comprehensive evidence base to collaborate in nursing practice. Therefore, the Scoping Review method becomes an important element for science, since it aims to map the literature about a particular topic or area of research and provide an opportunity to identify key concepts, gaps, types, and sources of evidence to inform practice, policy formulation, and research.¹⁰

Thus, the following review question emerged: What is the scientific evidence on interventions targeting people with injuries in palliative care? To answer the proposed question, this study aims to map the scientific evidence on interventions aimed at people with wounds in palliative care.

METHODS

In order to carry out this study, the Scoping Review method was used, guided by a specific manual and systematized by the *PRISMA* tool with an extension for scoping reviews (*PRISMA-ScR*).¹¹ This tool has control items that provide methodological rigor to the research. The search was carried out by three people independently and later the results were compared. Doubt cases were resolved by consensus among researchers.

The eligibility criteria were: sources of evidence published in English, Portuguese or Spanish; available in full; including theses, dissertations, and articles from online journals; without restriction of modality or methodology; in the period of January 2010 and last search carried out on July 13th, 2019. Studies related to ostomy and specific medical therapies (chemotherapy, radiotherapy, surgery, hormone therapy) were excluded, since they are outside the scope of this research that comprehensively addresses wounds and interventions.

The data used came from the bases: Medical Literature Analysis and Retrieval System Online (MEDLINE),

Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) [Latin American and Caribbean Literature in Health Sciences], Spanish Bibliographic Index of Health Sciences (IBECS), *Base de Dados de Enfermagem* (BDENF) [Nursing Database], and *Bibliografia Nacional en Ciencias de la Salud Argentina* (BINACIS) [National Bibliography in Argentinean Health Sciences]. Access to the Capes Portal and Virtual Health Library (VHL) via the institutional internet of the *Universidade Federal da Paraíba* increased access to some paid documents.

For electronic search, the Health Sciences Descriptors (DeCS) were used, which consists of a translation and extension of the Medical Subject Headings (MeSH) and presents health science terminology in Portuguese, Spanish, English, and French. The descriptors were operated by the Boolean logic Wounds and Injuries AND Palliative Care. These terms comprise 15 synonyms, among the main ones are: wounds, injuries, traumas, palliative care, and palliative treatment.

The extracted data were grouped and compiled into a single spreadsheet covering the variables: title, year of publication, main theme, reference, country of the main author, language, type of publication, type of injury, main problems/symptoms related to injuries, and main interventions mentioned in the publication.

It was observed that the publications demonstrated the interventions relating them to the symptoms/problems associated with the wounds, with that, there was a high repetition of some procedures. Thus, in order to systematize the content concerning the objective of the study, it was decided to synthesize the main interventions of the studies and present them associated to three aspects, namely: aspects of care management (Table 1), basic steps of the wound care (Table 2), and psychosocial, and spiritual aspects (Table 3).

RESULTS AND DISCUSSION

Description of the studies

From the identification and analysis of the studies, 41 publications were included in the scoping review (Figure 1).

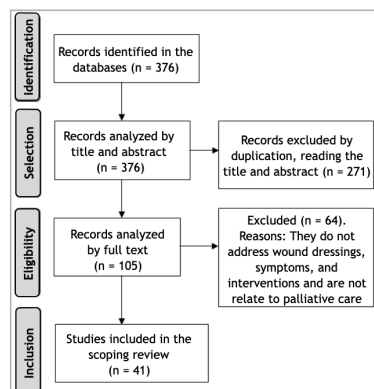


Figure 1 - Flow diagram (PRISMA) of the included studies. João Pessoa City, Paraíba State, Brazil, 2019

The English language was identified in 30 publications, Portuguese in eight and Spanish in three. Concerning the main author's country of origin, 13 searches were from the United States of America, followed by Brazil (8), Canada (7), Spain (3), Poland (1), Turkey (1), France (1), England (1), Switzerland (1), Taiwan (1), Italy (1), Germany (1), Colombia (1), and South Africa (1).

The studies were published between 2010 and 2019, with the greatest highlight being the year 2014 (12), followed by 2010 (6), 2015 (5), 2013 (4), 2017 (4), 2016 (3), 2018 (3), 2012 (2), 2011 (1) and 2019 (1). About the type of publication, two dissertations and 39 articles were found, from these, 16 were empirical research and 23 review studies.

Regarding the main themes, there was a prevalence of publications on wound management, mainly related to the assessment and treatment of signs and symptoms, totaling 22 studies. Other themes were found, such as difficulties faced by caregivers; concept analysis; identification of risk, incidence, and prevalence of injuries; quality of life; parameters associated with healing; social isolation associated with odor; nursing care plan; treatment-related costs.

From all the publications, 29 addressed wounds of only one etiology and 12 presented, together, wounds of various etiologies. The wounds most described in the studies were neoplastic wounds, pressure injuries, venous ulcers, arterial ulcers, burns, enterocutaneous fistulas, and diabetic ulcers. The use of the term palliative wounds has been identified to refer to wounds that are unlikely to heal.

Description of interventions

It was observed that there are common symptoms in wounds of various etiologies, and some interventions are useful for acting against any of them, although there are some peculiarities. In contexts where healing is no longer the primary focus, whether due to wound or patient limitations, it was found that the therapeutic approach focused on healing loses space for the palliative approach, which focuses on the management of wound symptoms, promoting comfort and respect for the patient's dignity. It is noted that the focus of this study is the interventions of the palliative approach, although both can coexist.

Table 1 presents elements of care management, since a thorough assessment of the patient and all the circumstances surrounding them is necessary so that appropriate therapy can be planned.

Table 1 - Summary of interventions related to care management. *João Pessoa City, Paraíba State, Brazil, 2019*

INTERVENTIONS RELATED TO CARE MANAGEMENT
Item: Guiding and documenting care ^{12,26}
<ul style="list-style-type: none"> □ Use clinical indicators, scales, protocols and instruments to guide, and document care; □ Monitor patient evolution, classify functionality and palliative performance; □ Thoroughly evaluate the wound and record its characteristics (location, etiology, size, type of tissue, presence of infection and necrosis, quantity, and characteristics of the exudate, pain, odor, aspect of the region around the injury); □ Record information and preferences communicated by patients and family members; □ Establish an individualized care plan considering the biological, social, psychological, and spiritual dimension;
Item: Education and communication ^{13,16,24,25,27,29,30,32}
<ul style="list-style-type: none"> □ Promote educational interventions with appropriate language for patients and caregivers (include didactic material); □ Guide on people's reactions to the patient's signs and symptoms (for example, avoid showing discomfort to odor); □ Explain about clinical findings, risk factors, and complications; □ Address information about care, beliefs, and myths; □ Instruct in what situations hospital care should be sought;
Item: Team ^{11,15,17,22,28,31,33}
<ul style="list-style-type: none"> □ Have a multidisciplinary, effective, and experienced team; □ Conduct regular training; □ Maintain contact with other professionals working with the patient, including those external to the current interprofessional team;
Item: Prevention ^{14,16,25,28,30,36}
<ul style="list-style-type: none"> □ Prevent iatrogenesis and complications related to the wound (pain, infection, sepsis, trauma, hemorrhage, maceration); □ Evaluate intrinsic and extrinsic factors, perform care and use products to hinder the occurrence of new injuries (for example, pressure injury);

Note: Each reference can relate to one or more summarized interventions.

The physical context was addressed in all (41) of the publications studied and the main signs/symptoms related to the wounds were: pain, odor, hemorrhage, infection, itching, exudate, necrosis, and maceration. Interventions aimed at managing these symptoms were synthesized and distributed in basic stages of wound care (**Table 2**).

Table 2 - Summary of interventions related to the basic steps of wound care. *João Pessoa City, Paraíba State, Brazil, 2019*

WOUND CARE INTERVENTIONS
Stage: Before the wound dressing ^{11,24,26,27,30,37,39}
<ul style="list-style-type: none"> □ Administer the indicated analgesic in advance (in case of pain); □ Organize the environment for the procedure regarding ventilation, deodorants (near the bed, the discreet use of a container with charcoal, cat sand or vinegar), aromatherapy (scented candles, air sprays, peppermint, and other essential oils, grains coffee), clean bedding;
Step: Removal of the wound dressing ^{4,18,26,28,32,38,39,40}
<ul style="list-style-type: none"> □ Avoid or minimize pain, trauma, and hemorrhage; □ Observe the appearance of the wound dressing (color, amount of exudate, odor); □ Assess the need to change the entire dressing or only the secondary coverage, considering the dressing characteristics and product specifications; □ Remove tapes, adhesives, and bandages with care and delicacy; □ Moisten coverage with warm saline solution (except for bleeding, which should be used cold saline solution) and remove gently; □ Discard old dressings immediately;
Step: Wound cleaning ^{15,16,27,28,31,38-41}
<ul style="list-style-type: none"> □ Avoid or minimize pain, trauma, and hemorrhage; Prevent or treat infection; □ Perform techniques less traumatic and less abrasive in cleaning wounds; □ Irrigate the wound with 0.9% sodium chloride solution (20cc syringe + 40x12 needle can be used); □ Use cleaning solution preferably warm (except in case of bleeding); □ Consider the use of antiseptic in a concentration suitable for wounds (with low toxicity) in situations of increased local bacterial load;
Stage: Debridement ^{4,24,27,28,35,39-43}
<ul style="list-style-type: none"> □ Avoid or minimize pain, trauma, and hemorrhage; Prevent or treat infection; □ Carefully investigate the risk of bleeding and tissue damage before the procedure; Reduce unviable tissues in a less traumatic way; □ Irrigate the necrosis with 0.9% sodium chloride solution in jets (for this, use a 20cc syringe + 40x12 needle); □ Use products that favor autolytic debridement; □ Use, if necessary, enzymatic and proteolytic substances only at the necrosis site (enzymatic debridement) and protect the adjacent areas; □ Assess the need for mechanical and instrumental debridement; □ Request surgical evaluation in case of extensive or deep necrosis;
Stage: Other interventions on the wound bed ^{4,24,27,34,38,39,44}
<ul style="list-style-type: none"> □ Collect material for culture (identify bacteriological profile); □ Intervene in case of bleeding: apply direct pressure to the site; put calcium alginate; apply a cold compress. Note: if indicated, use gauze with topical vasoconstrictors (for example, epinephrine solution for 10 minutes); major bleeding requires invasive medical intervention; □ Use topical pain medication at the wound site (if indicated);
Stage: Choice of coverage/product ^{15,16,25,28,30,39-41,43,45-50}
<ul style="list-style-type: none"> □ Prioritize soft coverage, non-adherent to the bed and with less frequency of changes; □ Use a product that absorbs or transfers exudate, favoring balance by avoiding dry or excessively moist beds; □ Promote a clinically clean wound environment, protected from trauma and invasion of microorganisms (eliminate or reduce infectious processes); □ Choose coverings to isolate or reduce odor; □ Use a product to contain bleeding (in cases of bleeding wounds);

Stage: Perilesional area ^{14,15,28,31,39}
<ul style="list-style-type: none"> □ Prevent trauma, maceration, and itching; □ Avoid excessive washing; Use humectants or lubricants regularly; □ Protect the perilesional skin (use of sealant, barrier); □ Avoid repeated applications and removal of adhesive tapes;
Stage: Fixation of the dressing ^{14,15,18,31,40,43,49}
<ul style="list-style-type: none"> □ Protect against trauma and invasion of microorganisms; □ Occlude wound respecting better aesthetic and anatomical adaptation; □ Use tape, film, mesh net or other fasteners appropriately, to avoid unnecessary trauma during the subsequent removal of the wound dressing; □ If it is necessary to apply bandages over the dressing, be careful not to impede blood flow and cause discomfort associated with bulky bandages;

Note: Each reference can relate to one or more summarized interventions.

Concerning the psychosocial and spiritual aspects, it was observed that nine studies approached the theme in a more evident way, verifying the occurrence of terms such as low self-esteem; social isolation; anxiety; financial expenses; loss of autonomy; embarrassment; body image disorder; difficulty interacting with the social network; depression; loss of social identity, and inability to self-care. Regarding the aspect of spirituality, expressions such as loss of hope, spiritual peace, beliefs, and spiritual support were found. Table 3 summarizes interventions related to this context.

Table 3 - Summary of interventions related to psychosocial and spiritual aspects. *João Pessoa City, Paraíba State, Brazil, 2019*

INTERVENTIONS RELATING TO PSYCHOSOCIAL AND SPIRITUAL ASPECTS
<ul style="list-style-type: none"> □ Show interest in care; □ Identify psychological, social, and spiritual concerns; □ Guide alternatives for social, emotional, psychological, and financial support to the patient and caregiver; □ Use strategies to promote social interaction at a level acceptable to the patient; promote group work; strengthen the closer relationship between the individual and the caregiver; □ Instruct about the importance of monitoring with mental health professionals, with a pharmacological and non-pharmacological approach (massage, therapeutic touch, music therapy, aromatherapy, occupational therapy); □ Track beliefs, respect, and refer for spiritual support; □ Encourage a sense of well-being, high self-esteem, and spiritual peace; Relieve fears and feelings of uncertainty related to the disease; treat distressing symptoms providing comfort; □ Promote dignity; Encourage autonomy and independence, so that the patient is a participant in decisions about treatment, but does not feel abandoned.

Note: Each reference can relate to one or more summarized interventions.

The findings provide an overview of the evidence on the main interventions aimed at people in palliative care with wounds and point out that the theme is a focus of interest for national and international scientific production. The synthesized actions focus on aspects of care management, application of dressing techniques and symptom management, in addition to other interventions aimed at psychological, social, and spiritual impacts.

An important relationship was found between the context of palliative care and the existence of neoplastic, traumatic wounds, pressure injuries, diabetic ulcers, venous, and arterial ulcers.^{13,28,41,43,45} For effective care, the results (**Table 1**) reveal the importance of using clinical indicators, scales, protocols and instruments to guide, and document care. Thus, assistance will be developed systematically, guided by scientific evidence, safe for the patient and for those who provide care.¹²⁻¹⁶

When the primary goal of treatment is healing, the fundamental principles of care are to control or eliminate causal factors and to provide systemic support to reduce coexisting and potential factors, and to provide a local

environment that promotes wound healing. However, when a patient does not have physiological conditions for healing, the integration of palliative care principles adds benefits to the treatment.³¹

It was found that the ability to assess and manage the symptoms related to wounds is essential to direct interventions in all stages of a wound dressing, such as preparing the environment and equipment necessary for care, cleaning the wound, choosing products and adopting proportional techniques to people in palliative care. From the analysis of the studies, it was possible to list the main interventions related to direct wound care (**Table 2**).

Regarding the infection of the injury, it was verified that choosing the dressing cover only due to the physical characteristics of the wound can lead to error in treatment. Thus, the collection of swab material for wound culture is indicated to the nurse, with the analysis of the antibiogram.^{27,34} The superficial infection can be treated with antiseptics, topical antimicrobials, and antibiotics. In cases of deep infections, systemic treatment is indicated.^{18,27,40-42,44,45,49}

When the exudate drained from the wound is elevated, exceeding the absorption capacity of the covering, it can generate aggressions to the perilesional tissue such as maceration, which is often accompanied by pain. It is advisable to adopt a high absorption covering or that allows the transfer of the exudate to a second covering, such as foams dressing, alginates, and hydrofibers. Another recommended strategy is the protection of the perilesional area with the application of products that form a barrier to contact of the exudate with the skin.^{13,15,42,45,48} In some cases, wound dressings with negative pressure may be adequate and facilitate the drainage process.^{35,48,50}

Pruritus frequently occurs due to irritating skin processes due to contact with substances and stimulation by pruritogens (histamine, serotonin, cytokines, and opioids). Options for the treatment of this symptom are the regular use of humectants and lubricants on the skin, in addition to topical steroid, menthol cream and Transcutaneous Electrical Nerve Stimulation (TENS). It is recommended to avoid excessive washing, as they remove the natural protection of the skin.^{13,18,28,42,45}

Pain is one of the clinical parameters that most negatively affects the quality of life.^{4,5} Although it can be related to different etiologies, pain is often associated with the presence of the wound and with procedures.³⁸

Pain management should include non-pharmacological measures (relaxation therapy, music, acupuncture, distraction, visual images, cold, and heat therapy), and pharmacological treatment with the stepped analgesia recommended by the World Health Organization (WHO).^{13,28,45} A topical use of analgesic and opioid becomes a useful alternative to enhance pain control without excessive side effects.^{13,46} Regarding the procedures, it is recommended to adopt milder techniques, non-adherent

products, and atraumatic coverings.^{15,28,42}

Bad odor is one of the most distressing problems, capable of generating social isolation of the patient.^{15,51} It is usually associated with increased bacterial load and for this reason, needs a specific assessment. The local use of topical metronidazole (ointment, cream, powder, solution), sodium bicarbonate, and antiseptic solutions are items widely found in publications on neoplastic wounds.^{38,40,45,47} In addition to these, the recommendation for use of activated charcoal dressings, adequate wound occlusion and the adoption of measures to alleviate the odor in the environment, such as the use of aromas.^{27,37,42} Negative pressure therapy is indicated as useful in most cases, except for if in cases of neoplasms it is still contraindicated.^{35,48,50}

The occurrence of bleeding in the wound is often related to the presence of fragile capillaries. Thus, a simple cleaning or removal of cover adhered to the wound bed can cause bleeding. Employing gentle cleaning and irrigation, moistening the coverage before removal and applying non-adherent dressings are conducts to be considered in these cases.^{28,38,18} To collaborate in hemostasis, it is advisable to use dressings with calcium alginate and collagen. The most complex cases, such as bigger hemorrhage, must be evaluated and submitted to invasive medical intervention.^{15,39,40,42,45}

The presence of devitalized tissue in the wound requires the professional to assess the debridement.^{27,40,42} Aggressive debridement is generally not recommended for wounds that do not heal. After careful analysis, conservative debridement may be adequate to reduce loose necrosis and the associated odor. The purpose of conservative debridement is not to heal, but to reduce the risk of infection and increase the quality of life.⁴⁵

The person with a wound is inserted within a social and cultural context, so the experience of living with the injury, often deforming, can cause disabilities and consequences such as loss of social function, anguish, and increased financial expenses.^{15,51,52} Although they have been found to be a central focus in few studies, psychosocial and spiritual aspects point to interventions aimed at improving self-esteem, quality of life, and spiritual peace (**Table 3**).^{12,13,18,26,29,30}

In this sense, shared care planning is relevant, in which educational practices and the care process value beliefs, values, knowledge, and aspects of the patients' culture, favoring a participatory environment in the care process.⁵³

The conditions can be different for each patient and the treatment involves different stages, so the evidence shows that the association of knowledge of Palliative Care with wound care favors appropriate nursing interventions, centered on the person and the family.

CONCLUSIONS

Caring for people with wounds in the context of palliative care is challenging, so to guide interventions it is important to have a multidisciplinary team trained to assess aspects such as etiology and characteristics of the wound, clinical conditions and palliative performance, and with that, decide together with the patient what will be the most appropriate conduct for the situation.

If the conditions are favorable to healing, the team will adopt specific therapy to achieve it. Otherwise, care must include performing more conservative and less invasive techniques, handling signs and symptoms, in addition to interventions focused on social, psychological and spiritual aspects related to the wound. To that end, care management must be developed to provide comprehensive care, guided by scientific evidence and that encourage respect for dignity, promotion of comfort, harm reduction, and social insertion of the patient.

The study provided a broad base of evidence for the care of people with wounds in palliative care, thus contributing to the practice of nursing in various performance scenarios. It is important to develop new investigations on the subject, especially on psychological, social, and spiritual aspects related to wounds, as it has been the focus of a small number of publications in this research.

Search limitations with specific descriptors are considered as a limitation of the study, which may have excluded some studies because their contents are not indexed to the descriptors used.

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