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### Keywords

Patient safety, Safety culture, Strategies, Nursing.

### P66

#### End of life person's evaluation criteria in the decision making regarding artificial nutrition

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### Background

Artificial nutrition at the end of life is assumed as a medical intervention, however for a large percentage of person's and families is considered as basic care [1]. Thinking about artificial nutrition and the end of life person, such as the person with advanced, incurable and progressive disease, with a survival expectancy between 3 to 6 months [2] is often reflected on a set of issues. This is a controversial discussion, about the quality of life resulting of one of these means and ethical questioning [3]. It's relevant to look to the user/family as one, which motivates the urgent intervention of the nurses in decision-making support.

### Objective

Identify scientific evidence regarding the end-of-life evaluation criteria, to be considered in the nurses' decision-making about artificial nutrition.

### Methods

Literature Review (15-06-2017) with PRISMA guidelines for reviews [4] in Academic Search Complete, Complementary Index, CINAHL Plus with Full Text®, Psychology and Behavioural Sciences Collection, ScieELO, MEDLINE®, Directory of Open Access Journals, Supplemental Index, ScienceDirect, Education Source, Business Source Complete and MediciLatina. Inclusion/exclusion criteria: nurses who care for adult/elderly persons at the end of life, excluding nurses who care for children; articles about nurses' intervention in nutrition care to the person at the end of life and the person's evaluation criteria; full text; in French/Spanish/English/Portuguese; peer-reviewed; published between 2000-2017. A sample of 11 articles was selected.

### Results

The evaluation criteria to be considered when making decisions on artificial nutrition are: the evaluation of symptoms/problems; emotional value of food; the meaning of the diet for the person at the end of life and definition of prognosis [3,5-6]. In every decision-making, it should be considered the existence of a clinical indication/treatment, a therapeutic objective and the informed consent of a user or legal guardian.

### Conclusions

It is concluded that the decision on artificial nutrition should integrate the person at the end of life and family, be taken by an interdisciplinary team, considering the definition of the prognosis and the effectiveness of the treatment applied [3]. The intervention of the nurse is understood as a primordial one, based on the best evidence, in relation of proximity [5] considered, simultaneously, the principle of autonomy, beneficence, non-maleficence and justice. There is little evidence of end-of-life nutrition and new studies on the role of nurses within the interdisciplinary team are suggested.

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### Keywords

Nursing, Artificial nutrition, Therapeutic obstinacy, Integrative review.

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#### Psychometric properties of the Portuguese version of personal outcomes scale for children and adolescents: an initial research

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### Background

The quality of life (QOL) assessment of children and adolescents has been particularly important in the field of intellectual disability (ID) during the past years. Special Education needs to use a systematic approach to the assessment of the QOL domains, in order to implement a social-ecological model and to promote full inclusion in all contexts of life. It is important to develop a scale that provides simultaneously self-report and report-of-others measures to gather information based on a multiperspective strategy and to encourage person-centred planning.

### Objective

This research aims to analyse the validity and reliability of the Portuguese version of the Personal Outcomes Scale for Children and Adolescents (POS-C).

### Methods

Data were collected from 54 children and adolescents with ID ( $M_{age} = 12.48$ ,  $SD = 2.93$ ) and respective proxies ( $M_{age} = 46.59$ ,  $SD = 5.68$ ). After the cross-cultural adaptation stage, the validity (content, construct) and the reliability (test-retest, Cronbach's alpha, inter-rater) properties of the POS-C were examined.

### Results

All items of the POS-C were considered relevant by 10 experts, who agreed on a Portuguese version of the scale. The scores of the content validity index (CVI) of each item ( $\geq .80$ ), the scale CVI-universal agreement ( $\geq .84$ ), the scale CVI-average ( $\geq .99$ ) and the Cohen's kappa ( $\geq .44$ ) showed suitable content validity of the scale. The total score from self-report and domains ranged from moderate ( $r = .42$  in emotional well-being) to high ( $r = .82$  in social inclusion). Regarding the report-of-others, the Pearson's coefficients ranged from moderate ( $r = .49$  in emotional well-being) to high ( $r = .85$  in interpersonal relations). The test-retest scores were high in practitioners ( $r = .95$ ) and in family members ( $r = .90$ ). The internal consistency reliability of the self-report domains ranged from .41 (interpersonal relations) to .70 (self-determination), and in report-of-others ranged from .54 (physical well-being) to .79 (emotional well-being). The overall scale demonstrated good Cronbach's alpha scores ( $\alpha = .81$  in self-report and  $\alpha =$