







CONTENT VALIDATION AND APPLICABILITY OF A NURSING CARE PROTOCOL FOR BURN VICTIMS

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ABSTRACT

Objective: To build and validate a nursing care protocol to adult patients who suffered burns in a public hospital in the North region of Brazil and evaluate its applicability. **Method:** Methodological study that followed the steps: construction of the instrument; content validation using the Appraisal of Guidelines for Research & Evaluation II (AGREE II) assessment tool; and applicability analysis with a semi-structured questionnaire with the nursing team and by agreement and Kappa test. **Results:** In the situational diagnosis stage, the protocol was elaborated based on the literature review and validated by the specialists through the AGREE II instrument with a general content validity index value of 0.93 and through the analysis of applicability with Kappa test analysis, obtaining a value of 0.81, with almost perfect agreement. **Conclusion:** The protocol was structured with quality to guide the nursing team in assisting burned patients. Therefore, its use is indicated.

DESCRIPTORS: Burns. Nursing care. Validation study. Enterostomal therapy. Clinical protocols.

VALIDAÇÃO DE CONTEÚDO E APLICABILIDADE DE PROTOCOLO DE CUIDADOS DE ENFERMAGEM A VÍTIMAS DE QUEIMADURAS

RESUMO

Objetivos: Construir e validar um protocolo de cuidados de enfermagem a pacientes adultos que sofreram queimaduras em um hospital público na Região Norte do Brasil e avaliar sua aplicabilidade. **Método:** Estudo metodológico que seguiu as etapas: construção do instrumento; validação do conteúdo utilizando a ferramenta de avaliação Appraisal of Guidelines for Research & Evaluation II (AGREE II); e análise de aplicabilidade com questionário semiestruturado com a equipe de enfermagem e por concordância e teste de Kappa. **Resultados:** Na etapa diagnóstico situacional, o protocolo foi elaborado com base na revisão de literatura e validado pelos especialistas por meio do instrumento AGREE II, com valor de índice de validade de conteúdo geral de 0,93, e da análise de aplicabilidade com análise de teste de Kappa, obtendo o valor de 0,81, com a concordância quase perfeita. **Conclusão:** O protocolo foi estruturado com qualidade para guiar a equipe de enfermagem na assistência ao paciente queimado, e indica-se, portanto, a sua utilização.

DESCRIPTORIOS: Queimaduras. Cuidados de enfermagem. Estudo de validação. Estomatoterapia. Protocolos clínicos.

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Section Editor: Elaine Aparecida Domingues 

How to cite: Feb. 28, 2023 | Accepted: July 14, 2023

Como citar: Costa PCP, Brito TJL, Silva LS, Guimarães PRB, Nogueira LA, Kalinke LP. Content validation and applicability of a nursing care protocol for burn victims. ESTIMA, Braz. J. Enterostomal Ther. 2023; 21:e1402. https://doi.org/10.30886/estima.v21.1402_IN

VALIDACIÓN DE CONTENIDO Y APLICABILIDAD DE UN PROTOCOLO DE ATENCIÓN DE ENFERMERÍA A VÍCTIMAS DE QUEMADURAS

RESUMEN

Objetivo: Construir, validar y evaluar la aplicabilidad de un protocolo de atención de enfermería a pacientes adultos que sufrieron quemaduras en un hospital público de la región Norte de Brasil. **Método:** Estudio metodológico que siguió los siguientes pasos: construcción del instrumento; validación de contenido utilizando la herramienta de evaluación AGREE II; y análisis de aplicabilidad con cuestionario semiestructurado con el equipo de enfermería y de acuerdo y test KAPPA. **Resultados:** Desde la etapa de diagnóstico situacional, el protocolo fue elaborado con base en la revisión bibliográfica y validado por los especialistas a través del instrumento AGREE II con un valor de Índice de Validez de Contenido General (IVC) de 0,93 y mediante el análisis de aplicabilidad con el análisis del Test Kappa, obteniendo un valor de 0.81, con concordancia casi perfecta. **Conclusión:** El protocolo fue estructurado con calidad para orientar al equipo de enfermería en el cuidado del paciente quemado y, por tanto, está indicado su uso.

DESCRIPTORES: Quemaduras. Cuidado de enfermería. Estudio de validación. Estomaterapia. Protocolos clínicos.

INTRODUCTION

Even with advances in therapeutic procedures, burns are considered devastating aggressions to human beings. They are defined as unintentional thermal injury or trauma that can occur on the skin or any other tissue type and cause cell death. They have a high mortality rate and are responsible for physical, psychological, social and economic consequences^{1,2}.

In Brazil, it is estimated that approximately one million burn accidents occur per year. Of these, only 10% will seek hospital care. In the world, there are about 180,000 deaths per year resulting from the injuries caused, and these accidents are concentrated mainly in low- and middle-income countries, a group in which Brazil is included^{3,4}. The North Region, among all the regions of Brazil, is the one that least contributes with statistics on the hospitalization rate of this patient profile. Despite the high rate of fires in the Amazon region, there is a lack of research that shows the relationship between the increase in fires in the region in a given period and the increase in the number of hospitalizations of patients who suffered burns⁵.

The assistance provided to the patient who suffered a burn requires an adequate initial approach to define the treatment. It should be based on the analysis of the injuries to substantiate and guide the conduct to be taken, followed by the assessment of the vital conditions of the victim and finalized by the estimate of the affected area. The prognosis is directly associated with the extent of the surface, the body area affected and the depth of the burn⁶. Thus, recognizing the characteristics of the lesions is essential to determine the initial treatment and have a good prognosis.

Care for patients who have suffered burns is often highly complex and must be provided by a trained and specialized team. However, only some institutions are prepared to provide this type of care. A study², which aimed to evaluate health professionals' knowledge about the first assistance to patients who suffered burns, showed that this knowledge still needs to be improved. The authors point out that negligence in the first consultation can lead to complications and extended hospital stays, showing that qualified multidisciplinary teams are essential for this patient's recovery.

Although the number of cases of patients who suffered burns is significant, there is a need for standardized and updated theoretical support for nursing services. The lack of this support favors professional practice with malpractice, negligence or recklessness, which can cause harm to patients and legal and ethical problems for professionals. Therefore, determining specific nursing care actions, including the operationalization and specification of what, who and how it is done, and guiding and supporting professionals in the conducts for prevention, recovery or health rehabilitation, characterizes the need to develop care protocols^{7,8}.

As the North Region of Brazil has a high rate of burns, which can consequently increase the number of visits to patients who have suffered burns, as well as the incipient standardization of care for this patient profile, the guiding question of this study emerged: which care should nursing be included in a protocol for the care of adult burn victims? Thus, the objectives of this study were to construct and validate a nursing care protocol for adult patients who suffered burns in a public hospital in the North of Brazil and to evaluate its applicability.

METHOD

The present is a methodological study carried out at the Hospital de Base Dr. Ary Pinheiro (HBAP), located in the capital of the state of Rondônia, Porto Velho, considered the largest hospital component of the state's healthcare network in macro-region I of health, more specifically in the Madeira-Mamoré Region. The hospital in question serves patients from the various municipalities of Rondônia, in addition to other states, such as Amazonas and Acre, and the adjacent country – Bolivia – as well as being a reference in caring for adult burned patients. The study was developed from September 2021 to July 2022 in three stages:

1. Situational diagnosis (of the place where the study was developed), literature review and elaboration of the protocol;
2. Validation of protocol content;
3. Applicability analysis.

Step 1: Situational diagnosis, literature review and protocol development

The situational diagnosis aims to know the experience and performance of nursing professionals with patients who suffer burns. A nursing professional working in the Permanent Education Nucleus (Núcleo de Educação Permanente -NEP) was selected that met the inclusion criteria of the research – to have worked for at least six months in skin care. After accepting the Electronic Free and Informed Consent Form as a prerequisite for continuity, the participant received the semi-structured questionnaire, and, through the non-probabilistic sampling technique of the snowball type, the indication of one more participant was requested of the nursing staff of the HBAP surgical clinics, with the same selection criteria, to increase the sample of participants.

The 42 nursing professionals who participated in this stage of the study received, via email and WhatsApp, a link to access the Google Forms electronic platform, with access to a semi-structured questionnaire composed of two sections, the first referring to the sociodemographic profile of the participants, and the second on knowledge of the protocols used in care units.

After the situational diagnosis, a scoping review was carried out, according to the recommendations of the Joanna Briggs Institute Reviewers Manual⁹, with a search in MEDLINE databases, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, Scopus and in the *Biblioteca Virtual em Saúde* (Virtual Health Library) portal, for articles published between 2016 and December 2021. The objective was to identify the concepts and terms that must be included and identify existing instruments, protocols, and scales used to care for patients who have suffered burns.

The construction and structuring of the protocol were based on the Guide for Construction of Nursing Assistance Protocols (*Guia para Construção de Protocolos Assistenciais em Enfermagem*)⁷ and in the study of the construction of measuring instruments in the field of health¹⁰. The guide highlights that the protocols must have: an origin, objective, development group, conflict of interests, evidence, review, flowchart, result indicator, validation, limitations and implementation plan. The study⁷ emphasizes that the protocols must have good formal quality and be easy to read to be correctly used and proven effective.

A team composed of the researcher and three nurses specializing in stomatherapy and dermatology carried out six rounds to build and review the protocol until it was better understood and could be forwarded to the validation phase.

Step 2: Validation of protocol content

For validation of the content of the protocol, the modified online Delphi technique was used, with rounds until reaching 90% agreement among the judges, with very relevant answers. The Delphi technique was operationalized via the Internet, and the questionnaire was prepared and answered using the Google Docs application. Fifteen health professionals who work in skin care committees and reference services for the care of burn patients at HBAP participated in this phase by meeting the following inclusion criteria: being a nurse with at least two years of experience in skin care; professors who worked with the theme; and have a specialist, master's or doctor's degree. They were asked to indicate one more participant who met the inclusion criteria using the snowball technique.

In this step, the validation instrument based on the Appraisal of Guidelines for Research & Evaluation II (AGREE II) was used, which evaluates the methodological rigor, analyzes the transparency with which a protocol is developed and allows judgment on the method used¹¹. The AGREE II tool has 23 items, covering six quality domains (scope and purpose, involvement of interested parties, the rigor of development, clarity and presentation, applicability and, lastly, editorial independence), with responses on a Likert scale, with four points (4 = very relevant, 3 = relevant, 2 = slightly relevant, 1 = not relevant). The content validity index (CVI) was used to analyze the results. To calculate it, the agreement sum of items 3 or 4 was performed by the specialists¹².

Step 3: Applicability analysis

The applicability analysis consisted of evaluating the protocol by the nursing team (nursing technicians and nurses) of the HBAP. It was done with nursing professionals in surgical clinics and the NEP. A questionnaire prepared by the researcher was applied, containing 10 questions about understanding the protocol. According to Martinez et al.¹³, for the use of an instrument, it is necessary to analyze its applicability in various clinical scenarios since the clinical condition and the nature of the service may imply its applicability. Therefore, to verify the post-validation applicability, it is necessary to analyze the protocol's use and the nursing team's limitations.

The applicability analysis took place by invitation to nursing staff working in the NEP and the surgical clinics of the HBAP. After the invitation, an electronic questionnaire was made available via link, email and WhatsApp to the participants on the Google Forms platform. The inclusion criterion for this phase was having training in the field of nursing (technical level and/or graduation in Nursing), with at least six months of experience in skin care. Professionals who were absent in the sectors due to absences, vacations or leave were excluded from the research.

Data analysis

The results of the situational diagnosis were analyzed by simple and absolute frequency. The validation data were organized in graphs and tables with the aid of the Microsoft Excel program. The CVI calculation rule from the content validation stage was used, and items that presented convergent opinions by the evaluators with an acceptable level of agreement were established, according to the literature, with a minimum CVI = 0.90 or 90%¹⁴.

The Kappa coefficient was performed in the applicability analysis stage to assess the degree of agreement. The Kappa calculation is one of the main strategies used in the literature when the interest is to evaluate the understanding of a categorical measure¹⁵. It is a measure based on the number of concordant answers, that is, on the number of cases whose result is the same between the evaluators. Kappa values can range from -1 to 1, with -1 indicating perfect discordance below chance; 0, agreement equal to chance; and 1, perfect agreement above chance. The Kappa test with values above 0.79 is equivalent to almost perfect agreement¹⁶.

Ethical aspects

Concerning ethical aspects, this study was approved by the Ethics Committee for Research with Human Beings of the Federal University of Paraná, under opinion number 4,899,593, and all participants received and signed the Informed Consent Form.

RESULTS

The situational diagnosis stage was carried out with the participation of professionals with a technical level, $n = 17$ (41.5%), followed by nurses with a *lato sensu* graduate degree, $n = 15$ (36.6%). Of the participants, 24 (58.5%) had not used any instrument, such as standard operating procedures (SOP), to assist in nursing care for burn victims; 36 (87.8%) declared having difficulties in providing nursing care to burn victims; and 28 (68.3%) said they had taken courses on the subject before.

The literature review identified the concepts and terms that should be included in the protocol and the existing instruments, protocols and scales. The literature selected based on the review results helped develop the protocol and elaborate the themes for the chapters. Three of the nine identified literature composed the care protocol for burn victims.

Initially, the protocol was organized with nine chapters. After the considerations made in the validation stage, the Protocol Update chapter was included to meet the recommendations described in the used literature. So, protocol¹⁷ included 10 chapters, with 77 pages in all. Six chapters are related to nursing care, and at the end, a flowchart was organized to objectify and facilitate the visualization of all stages of care (Table 1).

Table 1. Chapters of the nursing care protocol for burn victims. Porto Velho, RO, Brasil, 2023.

CHAPTER	CONTENT
1	Admission of the patient to the unit
2	Pain control
3	Healing process
4	Wound care
5	Prevention of infection
6	Rehabilitation and guidelines for hospital discharge

Source: Elaborated by the authors (2023).

Fifteen health professionals participated in the content validation stage, of which 14 (93.3%) were female. As for the level of education, those with a *lato sensu* graduate degree prevailed, $n = 14$ (93.3%), followed by those who had completed a master's degree, $n = 1$ (6.7%).

Concerning the AGREE II responses by the specialists evaluating the protocol, it was possible to observe that the protocol was considered acceptable, as it reached the value of CVI = 0.93 of agreement among the nurses who participated in the validation stage since 19 of the 23 instrument items reached a higher CVI value. It was found that domains 1 (scope and purpose), 2 (stakeholder involvement), and 5 (applicability) got a 100% agreement rate among experts. All items in domain 3 (developmental rigor), except for item 8, had maximum CVI. In domain 4 (clarity of presentation), only one item did not receive the maximum CVI. Domain 6 obtained CVI = 0.9, according to Table 2.

Twenty-one nursing professionals, predominantly female, participated in the protocol evaluation, $n = 18$ (85.7%). The level of education of the professionals varied between those with a technical level, $n = 5$ (23.8%); higher education, $n = 4$ (19%); specialists, $n = 11$ (52.4%); and masters, $n = 1$ (4.8%). The declared professional activities were nursing

technician, $n = 6$ (28.6%), and nurse, $n = 15$ (71.4%). The divergence between data on education level and professional activity occurs because some professionals have higher education but work as nursing technicians in the unit.

Table 2. Protocol validation using the Appraisal of Guidelines for Research & Evaluation II (AGREE II) assessment tool. Porto Velho, RO, Brasil, 2023.

Domains	Items	CVI
1 Scope and purpose	1. The general objective is specifically described.	1
	2. The health issue is specifically described.	1
	3. The target population (patients, the public, etc.) is specifically described.	1
	4. The development team includes individuals from all relevant professional groups.	1
2 Stakeholder involvement	5. Tried to find out about the opinions and preferences of the target population (patients, public, etc.)	1
	6. Target users are clearly defined	1
3 Rigor of development	7. Systematic methods were used to search for evidence	1
	8. Criteria for selecting evidence are clearly described.	0.93
	9. The strengths and limitations of the body of evidence are clearly described.	1
	10. The methods for formulating the recommendations are clearly described.	1
	11. The benefits, side effects and health risks were considered in formulating the recommendations.	
	12. There is an explicit relationship between the recommendations and the supporting evidence.	1
	13. It was externally reviewed by experts before publication.	1
	14. An upgrade procedure is available.	1
4. Clarity of presentation	15. The recommendations are specific and unambiguous.	1
	16. The different options for addressing the condition or health problem are clearly presented.	1
	17. Key recommendations are easily identified.	0.93
5 Applicability	18. Describes the facilitating factors and barriers to its application.	1
	19. Provide advice and/or tools for implementing the recommendations.	1
	20. Potential resource implications of implementing the recommendations were considered.	1
	21. The guideline presents criteria for its monitoring and/or audit.	1
6 Editorial independence	22. The opinion of the funding body did not influence the content.	0.93
	23. Conflicts of interest of team members who developed the protocol were recorded and addressed.	0.93

CVI: Content validity index Source: Elaborated by the authors (2022).

In assessing the protocol's applicability, it was observed that 95.2% ($n = 20$) of professionals stated that the use of the protocol is practical and that, with its help, there will be a decrease in treatment time involving nursing care at the burn patient. Regarding the rational use of hospital materials, 71.4% ($n = 15$) of the participants said that there would be rational use of these materials after using the protocol, and 85.7% ($n = 18$) indicated that this rationality would help reduce hospital costs (Table 3).

Table 3. Assessment of the applicability of the care protocol for burn victims. Porto Velho, RO, Brasil, 2023.

Evaluated items	N = 21	%
Is the application/use of the protocol practical?		
Yes	20	95.2
No	1	4.8
Were you able to understand all protocol topics?		
Yes	21	100
No	0	0
How long did you take to understand all the protocol topics in (minutes)?		
5	1	4.8
10	5	23.8
15	2	9.5
Over 15	13	61.9
Can the protocol be applied to nursing care for burn victims?		
Yes	21	100
No	0	0
Do you see satisfactory results for the patient by applying the nursing care protocol?		
Yes	21	100
No	0	0
In your perspective, will there be a reduction in treatment time involving nursing care for burn victims using the protocol?		
Yes	20	95.2
No	1	4.8
In your perspective, with the application of care guided by the protocol, will there be rationality in using hospital materials?		
Yes	15	71.4
No	6	28.6
From your perspective, will there be cost reductions by applying care guided by the protocol and practicing rational use of hospital materials?		
Yes	18	85.7
No	3	14.3
In your perspective, is it important to provide the nursing team with a permanent education strategy?		
Yes	21	100
No	0	0
In your perspective, is it important to periodically adapt the protocol through the current scientific literature?		
Yes	21	100
No	0	0
Total concordance index	90.26%	

Source: Elaborated by the authors (2023).

Regarding the percentage of agreement performed by the Kappa test, the value of 0.81 was obtained, with a confidence interval of 95% (0.61–1), that is, almost perfect agreement.

DISCUSSION

In caring for patients who have suffered burns, the role of nursing professionals is fundamental in identifying, treating and evaluating pain. It must be based on scientific evidence to promote quality and safe care⁴.

The development of the study in the North Region is relevant, as it is a region with a high rate of burns and care for patients who suffer burns. According to data from the National Institute for Space Research (*Instituto Nacional de Pesquisas Espaciais*)¹⁸, there is an increase in the number of fires during the dry period in the North Region, the period from May to October, with April and November being the transition months between the seasons. In 2019, 80,559 hot spots were detected in the North Region, and 91.57% occurred during the transition and drought period. Regarding hospitalizations for treating burn victims in 2019, in the Department of Informatics of the Unified Health System (*Sistema Único de Saúde*)¹⁹, there were 1,132 authorizations for hospitalization, of which 69.96% occurred in the period above. Therefore, recommending training and making available materials that help care for patients who have suffered burns will help develop care and the patient's prognosis.

Nursing protocols are based on scientific evidence and regional specificities to establish best practices in nursing. Nursing protocols are inserted in an international context to increase the resolution of nurses' actions based on advanced nursing practices²⁰. Its implementation helps treat patients who have suffered burns, as it can provide excellent safety in the procedures performed and improve the quality of the service, generating greater satisfaction for the nursing team and patients.

A point consistent with the importance of implementing protocols to standardize care is the high number of professionals who declared that they had difficulties providing care to patients who suffered burns in the present study. Authors⁴ state that studies are scarce regarding nursing care on the topic studied and that, despite its importance, the topic is rarely addressed concerning nursing care protocols.

The authors^{4,21} highlight the low prevalence of bibliographic studies on care and assistance protocols for patients who have suffered burns. This deficit may be related to the professionals' need for knowledge and skills in conducting research and applying it through evidence-based practices, revealing another gap.

Concerning nursing care for burn victims, it was identified that nursing actions should be comprehensive. Authors^{4,22} reinforce that the nursing team must be prepared and updated to carry out better care practices for burn victims. Therefore, constantly seeking updates regarding care helps in decision-making and elaborating an intervention plan that promotes the patient's recovery, contributing to the promotion and recovery of the patient's health status.

The nurses who participated in the protocol content validation process worked in the surgical clinics and the HBAP wound committee and provided care to patients who had suffered burns. These professionals' validation of the protocol allowed different experiences to be understood, increasing the possibilities of adopting and using the protocol in the referred units to improve nursing care. Furthermore, a review of the protocol content was carried out by professionals in the area of stomatherapy and dermatology, seeking that this instrument provides easy adherence and handling by professionals.

In Brazil, there needs to be more studies that develop protocols and validate the content of materials aimed at burned patients. Validated protocols are pointed out²³ as a vital instrument in the care practice. Using this tool can contribute to more efficient conduct of professionals, standardizing care, collaborating with patient safety according to technical-scientific principles, and reducing distortions acquired in practice, with an educational purpose.

After validation of the content, its applicability at the research site was verified. This evaluation sought to verify whether the instrument to be used can be implemented in the health service and encouraged its effective adoption by professionals in improving actions, aiming to guarantee safe care based on evidence²⁴. It is observed that the developed technology, according to the judges' evaluation, was characterized as a new method for health education in the proposed

theme, with replicability possible, as it can fulfill the purpose of helping the nursing team to identify necessary nursing care for the burn victim patient, outlining strategies and reordering the execution of nursing care, providing greater safety to patients.

Study limitations

The limitations of this study are related to the fact that it was carried out in a single context; however, it is a reference place in burn care in the North of Brazil.

Contributions and recommendations for the area of nursing, health or public policy

This research contributed to a proposal for standardizing nursing care for burn victims at the study institution. It was notable, during validation, how nurses need specific and targeted support to help them make decisions. Therefore, implementing new technologies in care practice aimed at adult burn victims is recommended.

CONCLUSION

The present study aimed to develop a nursing care protocol for adult patients who suffered burns admitted to a reference hospital in northern Brazil. Thus, it is evident from the results that, although burns are a public health problem in the country, the topic has yet to be explored in recent years, leaving the current literature scarce and generating gaps in clinical decision-making processes and potential consequences for the population's health, the health system and the economy. The present study corroborates those above and contributes to professional practice, providing nursing care based on current scientific literature and, in the academic area, in the construction of scientific knowledge.

It is noteworthy that professionals seek to keep up to date on the topic in question and understand the importance of using care protocols in the treatment of burn victims and in promoting professional autonomy since the current scenario lacks instruments that help in team decision-making.

AUTHORS' CONTRIBUTION

Substantive scientific and intellectual contributions to the study: Costa PCP, Nogueira LA and Kalinke LP; **Conception and design:** Costa PCP, Silva LSS, Nogueira LA and Kalinke LP; **Collection, analysis and interpretation of data:** Costa PCP, Nogueira LA, Kalinke LP and Guimarães PRB; **Article writing:** Costa PCP, Nogueira LA, Kalinke LP and Brito TJJ; **Critical review:** Costa PCP, Nogueira LA and Kalinke LP; **Final approval:** Costa PCP, Nogueira LA and Kalinke LP.

DATA STATEMENT AVAILABILITY

Data is available in full at the Federal University of Paraná Library System. <https://acervo.ufpr.br/mobile/detalhe.php?idioma=ptbr&acesso=web&codigo=420063&tipo=1&detalhe=0&busca=>

FUNDING

Coordenação de Aperfeiçoamento de Pessoal de Nível Superior
<https://doi.org/10.13039/501100002322>
 Finance Code 001

ACKNOWLEDGMENTS

To the nursing team that contributed to the elaboration of the protocol.

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