Original Article

Semantic validation of an instrument to identify the nursing practice in the management of radiodermatitis*

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ABSTRACT

The objective was to semantically validate the questionnaire "Skincare for radiodermatitis", developed in Brazil, to identify the nursing practice related to prevention and management of radiodermatitis. The semantic validation process occurred in a specialized oncology hospital with a sample of 27 nurses. The questionnaire was well accepted and it was considered important to assess the provided assistance. We identified difficulty to comprehend few items and little importance was given to those indicating non-recommended products in practice. We finished the semantic validation step for the conclusion of the questionnaire creation "Skincare for radiodermatitis" which is indispensable at the measure that a space was created for nurses to give suggestions, to expose their understanding difficulties and also to demonstrate aspects considered important by them. Its use will allow identification of how care has been provided and it will contribute for an evidence-based clinical practice.

Descriptors: Radiotherapy; Radiodermatitis; Professional Practice; Validation Studies; Oncology Nursing.

INTRODUCTION

Radiotherapy is an important resource used by more than 50% of cancer patients to treat and control the disease. Despite of advances in radiation techniques, patients still experience adverse events[(1)].

Within the most common adverse events are the skin reactions, known as radiodermitis or

radiodermatitis. It occurs because basal layer cells are sensitive to radiation and, consequently, they become less capable of splitting and being repaired. Repetitive radiations interfere on the self-regeneration system where the cell production of the basal layer is equal to the cell loss of the external stratified layer, resulting in integrity loss with the treatment progression[2].

These skin reactions result in direct implications on quality of life of patients, because they provoke local hypersensitivity, itching, pain by exposition of nerve endings, loss of the protective barrier (skin) with risk of infection. Sometimes the permanent or temporal treatment interruption is needed, decreasing the chances of cancer healing or control. It also generates discomfort, changes of self-image, low self-esteem, social isolation and prolonged treatment time[3]. Daily activities of patients can also be affected by skin reactions, at the measure that they experiment adaptation difficulties to new life habits, for example, restriction of clothing, movement of limbs or of the affected area, loss of independence and self-care, besides generating non-programmed costs[4].

Thus, there is a need of nursing professionals to have sufficient knowledge to subsidize practice in relation to skin reactions caused by radiotherapy. Radiodermatitis create a negative impact in the quality of life of patients and it is noted that in some moment during care, these professionals will assist patients with this event or at risk of development.

In this context, it is indispensable to identify how nurses direct care for prevention and management of acute skin reactions caused by radiotherapy.

When looking at the national and international scientific production, it was observed the lack of valid and reliable instruments related to this practice from health professionals for prevention and management of acute skin reactions caused by radiotherapy. Thus, it was considered fundamental to develop a study to create a questionnaire to identify the practice of nurses regarding skincare for radiodermatitis. The initial steps of this process were: literature review to identify and select relevant items, questionnaire creation and, content and appearance validation conducted by a judging committee[5].

Following the steps for the creating process of tools for data collection, a semantic validation should be conducted. Its objective is to verify the comprehension of items by members of the population to whom the tool is designated. For that, the item is requested to be reproduced by group members. If the reproduction does not leave any doubt, the item is correctly understood. Otherwise, if there is divergence in the item reproduction, subjects suggest how the item should be formulated to express what the researcher intended to express[6].

Facing these considerations, this study aimed to validate semantically the questionnaire “Skincare for radiodermatitis”, developed in Brazil, to identify the nursing practice for prevention and management of radiodermatitis.

METHODS

To consolidate the study, we used the adapted methodology from the European projects DISABKIDS®

and KIDSCREEN®. Such projects involve a cooperative work of specialists from different fields and from different countries with experience of conditions with focus on quality of life. The methodology used by this group to develop instruments consist of the steps: literature review, focus groups, development and creation of the instrument items, assessment by specialists, semantic validation, final reduction of items and statistical analysis, pilot testing and field study[7-9].

According to this methodology, the semantic validation aims to investigate by interviews with subjects composing the target population, the level of understanding and acceptance of terms, the relevance of items, the existence of any difficulty and the possible need of adaptation[10]. The forms used in this phase were made available by the DISABKIDS group, in Brazil[7-9].

The data collection was conducted in September and October of 2011, at an Oncology Assistance Center of High Complexity, located at the interior of São Paulo state. The inclusion criteria were: nurses assisting oncology patients who acted in inpatient and ambulatory sectors, of higher nursing contact with patients of radiotherapy treatment and, consequently, of care directed to prevention and management of skin reactions caused by radiotherapy. Nurses were excluded if they were on a medical leave or on vacation leave during the data collection, and those who did not directly assist these patients.

The necessary number to complete this phase in accordance with the DISABKIDS® manual[11] is a minimum of three participants for each age group and items subgroup of the instrument. In the present study, as age group was not an aspect that could differentiate answers, nurses were divided based on sector specificity where they worked (inpatient, ambulatory, and radiotherapy). The probabilistic sample was obtained by manual sorting, to keep homogeneity between groups, however nurses of the radiotherapy sector were not randomly included, due to the reduced number of professionals.

The sample was calculated considering an estimate loss of 40%. Thus, five participants were designated to each subgroup of items, totalizing 15 for each group (inpatient and ambulatory sector). Thus, the sample was initially composed by 32 nurses, 30 of them obtained by sorting and two from the radiotherapy sector.

We used a questionnaire created for this study at the data collection, composed by 82 items divided in seven parts, as shown on Table 1.

To proceed with the specific semantic validation, the assessed questionnaire was divided into three subgroups of items (Table 2). This division was done so that each participant could answer a determined number of items to avoid causing distress and for the research to not be tiresome. Professionals were also divided in groups (G1, G2, G3), according to the DISABIKDS® manual[10-11], and each one assessed a subgroup of items. An adaptation was conducted, the addition of a fourth group (G4) composed by nurses of the radiotherapy sector, they assessed three subgroup of items.

The questionnaire was completed individually by participants at their working place and time, so they got to know the content and assess difficulties regarding its completion. After, the participants answered a form of general impression about the understanding of items from the questionnaire “Skincare for radiodermititis”, to identify if the questionnaire instructions and categories were clear, if the content was

easy to understand[10-11].

Table 1: Description of items from the questionnaire "Skincare for dermititis". Barretos, SP, Brazil, 2011.

Part	Number of items	Data
I	8	Sociodemographic data and education characteristics: gender, date of birth, institution, and date of conclusion of bachelor degree and graduate degree.
II	8	Professional role: experience in oncology and radiotherapy, actual work location and time of work in the unit.
III	5	Activities conducted by the nurse: assistance provided to patients that are submitted to radiotherapy treatment at some moment; use of instrument to assess radiodermatitis; guidance about care related to presence of radiodermititis.
IV	25	Types of guidance given by nurses to patients about prevention of skin reactions due to radiotherapy.
V	10	Skin reactions Level 1 due to radiotherapy (mild erythema, dry desquamation, alopecia, decreased sweating, mild itching).
VI	11	Skin reactions Level 2 (moderate erythema, moist desquamation in plaques, moderate edema).
VII	15	Skin reactions Level 3 (confluent moist desquamation, accentuated edema, intense local pain).

Table 2: Description of subgroups and their respective quantity of items and parts of the questionnaire "Skincare for radiodermititis". Barretos, SP, Brazil, 2011.

Subgroup of items	Parts	Quantity of items
A	III, V, VI	26
B	IV	25
C	VII	15

The third moment consisted of the specific semantic validation, when the respondents analyzed only one subgroup of items in the questionnaire. Through the form application for specific semantic validation it was possible to verify the importance attributed to each item, the difficulty to answer or comprehend, and the coherence and clarity of response options of items. These actions still allowed respondents to create items in another fashion[10-11].

For data analysis, the Statistical Package for the Social Sciences (SPSS), version 17.0 was used. The analysis was descriptive, using frequencies, mean, standard deviation, median, minimum and maximum values, considering the participants' answers.

In the sample characterization step using sociodemographic and work variables, the groups G1, G2 and G3 were compared regarding homogeneity. For the variables of working time, the non-parametric statistical test Chi-Squared (χ^2) was used. For the variable age, the normality in the distribution of means was initially tested for each one of groups using the non-parametric statistical test Kolmogorov-Smirnov. After, the parametric test Analysis of Variance (ANOVA) was used. The adopted level of significance was 0.05 ($\alpha = 0.05$).

The study was approved by the Ethics in Research Committee from the Institution, under the protocol n° 442/2011, based on the Guidelines and Regulating Norms of Research involving human beings from the Resolution 196/96/CNS/MS (Brazil, 1996). All participants signed the Free and Informed Consent Term, they received one copy of it, their name confidentiality was guaranteed, participants were free to refuse

participation or to withdraw in any phase of the study, without losses.

RESULTS

From the 32 nurses, three were excluded due to vacation or medical leave, and two refused to participate. The sample was composed by 27 nurses.

Regarding sociodemographic, educational and employment characteristics, it was observed that 85% of participants were female, 74% graduated in nursing at a private institution, 58% finished their bachelor degree five years ago or less and 59% worked in the ambulatory sector.

From the 27 participants, 10 were in the G1, that is, they completed the specific semantic validation form containing the subgroup A of items; Seven on G2 (subgroup B), nine on G3 (subgroup C) and one on G4 (subgroups A, B and C).

There was no significant difference between groups G1, G2 and G3, when analyzing their characteristics, gender, type of education institution, period since graduation and working sector (p= 0.215; p= 0.362; p= 0.280; p= 0.763, respectively).

Regarding age, the Kolmogorov-Smirnov test showed normality for the distribution of means for G1, G2 and G3 (p= 0.771; p=0.892; p= 0.991, respectively). The ANOVA indicated no significant statistical difference between mean ages between the three groups (p= 0.509). It should be noted that G4 was not included in these statistical analysis, due to the number of participants.

Through analysis of answers on the general impression form, it was observed that nurses considered the questionnaire “Skincare for radiodermatitis” important (96%) to assess assistance given to cancer patients submitted to radiotherapy treatment. They also assessed it as very good or good (100%).

The answers in the semantic validation form indicated the items considered of moderate to large importance by 75% of nurses from the subgroup A. However, it was noted difficulty to comprehend few items and answer categories, as described below.

In part I, the items about graduation referring to specialization and to residence were considered synonyms. The total hours was considered an item of little importance, and it was not answered by 93% of participants. The item 7 addressed the specific discipline of oncology, causing difficulty to comprehend it in relation to the period that it was referred.

In part II, the item about radiotherapy experience presented comprehension issues to if the experience was related to giving assistance to patients in radiotherapy treatment or to act in the radiotherapy sector. There was also difficulty to understand the item about medical prescription regarding nursing assistance planning, referred to acute skin reactions, and being suggested to change it.

In part III, there was difficulty to understand items about the use of instruments for assessment of the irradiated location.

Regarding the answer categories, it was observed difficulties related to “does not apply”, because many were not able to differentiate from the category “no”, being also used with the synonym of “I don’t

know". The following changes were suggested by participants: to create a footnote to explain the response category, to change the answer category and to assess the real need to put the "does not apply".

Another term of difficult comprehension cited by 33% of participants was "specify". This was pointed as one item that let the instrument more extensive and, therefore, tiresome. Besides this, 22% expressed difficulty to answer the items starting with the word "no".

The analysis of percentages of answers in the specific semantic validation form from the three subgroups of items, regarding difficulty to comprehend items, and its options of answers, did not show significant comprehension problems.

However, in the second part of the specific validation of the questionnaire "Skincare for radiodermititis", regarding the reconstruction of items with the professional's words and understanding of each of them, some comprehension issues were observed, independently of subgroups, and the need to change the writing of few items (Chart 1).

Chart 1: Results of the semantic validation phase.

Item	Difficulty or suggestion	Change
To not **wash** the irradiated area; To not **wash** the area being irradiated.	The word "wash" was used as synonym of "rub" or "use of running water and products as soap".	The word was substituted by sanitize.
To use Barreira® lotion in **occlusive sterile dressing**	Difficulty to answer the item because nurses indicated the product, but not the second coverage used.	Removed the phrase: "in occlusive sterile dressing"
To use **cold** compresses with chamomile tea	The word "cold" refers to room temperature. Professionals interpreted differently, understanding it as cold and refrigerated.	To use compresses with chamomile tea.
To not **swim** during the radiotherapy treatment	The term "swim" was understood as the action only in the pool or the act of swimming, not corresponding to the real meaning of the word in this instrument: any exposition of the irradiated area to river, pool, lake and/or sea water, due to the irritation by products, as chlorine, and the risk of infection.	To avoid exposing the irradiated area to water in pools, rivers, lakes and beaches, during radiotherapy.
To wear clothes made of **synthetic cloth**	The term "synthetic cloth" was understood as light and refreshing cloth.	Due to the existence of another item referring to the correct type of clothing; and because 50% of professionals considered it as a moderate to low importance item, it was opted for its exclusion.
To use a **bag** of cold water in the irradiated area	37.5% of professionals suggested to change the term "bag" to "compress".	As the material used will depend on resources availability, it was opted to keep "bag" and to add "compress".

In relation to the relevance of items, 25% of participants referred little importance to: *to not wash the place where it is being irradiated; to use talcum powder; to use calendula; and to clean with hydrogen peroxide.*

Facing the analysis of the exposed alterations and the level of importance attribute to items, a final

version of the questionnaire “Skincare for radiodermatitis” was created (Appendix).

DISCUSSION

The literature is scarce in reference to the process of creation and validation of instrument to identify the professional practice in the management and prevention of acute skin reactions caused by radiotherapy[12-14]. A data that emphasizes the importance to create the present data collection instrument, demonstrated from the data analysis referring to semantic validation, to be well accepted by nurses.

It should be highlighted the importance of the questionnaire assessment when elaborating it, because these assessments allow to verify the users’ comprehension about the generated items, signalizing or not substantial changes in form or content. Besides, participants’ suggestions represent an important aspect to assess[15].

About the construction process of tools or questionnaires for data collection, studies found in the literature were based on literature review and the opinion of specialists[12] or only the literature review[13-14], that corroborates with the development of the questionnaire “Skincare for radiodermatitis”.

Regarding the type of answers to questions, studies used various type of answers with the Likert type scale of four[12] or seven points[16], dichotomous answer with yes and no[13-14]. In this study, the cited types of answers were used and, in the assessment of participants, the questions presenting the category “does not apply”, was a confusion factor with diverse interpretations. It was proposed the category substitution for answers “yes”, “no”, “does not apply” by a Likert type scale of five points (“never”, “almost never”, “sometimes”, “almost always”, “always”) that gives participants a broader variety of answer options[6].

To build the items, the use of long and negative phrases should be avoided because it easily results in lack of clarity. Beyond the negative phrases being more confusing than positive ones, it is more indicated to affirm the negativity of an item[6]. This aspect was clearly observed in this study and these phrases were rebuild.

The semantic validation of a study should consider the relevance, coherence and the comprehension of each item for the reference population to which the questionnaire or instrument is directed[16]. It was also noted the need to change in the questionnaire “Skincare for radiodermititis” in the items related to sociodemographic data and characteristics of educational training, the professional work and to the activities performed by the professional. Corroborating with this need, a study that aimed to perform a semantic validation of an instrument to assess the coordination of health attention networks by the primary care, also noted that this step allowed to adjust the instrument, making it more comprehensible to subjects[17].

The nurse has an indispensable role and its assistance includes: to keep the integrity and skin cleaning, to promote comfort, and reduce pain, to guarantee protection against the trauma prevention and the infection management, as well as the promotion of a humid environment to heal the wound. If necessary, the control of bleeding, exudate and odor is desired[4].

The care directed to patients with acute skin reactions is broad and involve the use of topical products,

as the watery cream, corticosteroids, soap to wash the irradiated area, as well as oral and intravenous agents[13]. Guidance directed to prevention of such adverse events, as well as the use of loose cotton clothing that stay in contact with the treated area; to avoid cosmetic products, as perfume and make-up in the region to prevent and/or minimize the irritation and sensitivity reactions in the area, among others, are also fundamental[18]. Such actions are based in research results from clinical trials demonstrating the efficacy of specific products or the clinical experience of professionals[13].

In relation to items considered of little importance by nurses, as to use talc powder, calendula, to clean with hydrogen peroxide, it was observed that they were related to care not conducted by professionals in practice and they are also not indicated by the institution protocol. However, these items were maintained, once the questionnaire aimed to identify practice in different contexts.

The part in the form about the specific validation of the instrument, relative to the reconstruction of items with the professionals' words and understanding, it was fundamental at the measure that they indicated comprehension problems, which were not detected in the answers from the first part of the specific semantic validation form.

This demonstrates the need of semantic validation, even for questions considered of easy understanding, as those related to demographic data and characteristics of educational training, items that normally are not submitted to the process of semantic validation.

CONCLUSION

It is expected that the questionnaire "Skincare for radiodermatitis" in question can be used in many studies developed in diverse locations of Brazil and, consequently, to contribute with knowledge advances of activities developed by professionals. From this knowledge, it will be possible to propitiate actions aiming for evidence-based care, positively affecting the clinical practice and, as consequence, in the quality of life of cancer patients submitted to radiotherapy.

Identification instruments in nursing practice allow to point gaps in knowledge and difficulties found in practice, as the lack of use of institutional protocols and/or of practice based in myths and common sense in detriment of the use of scientific evidence. Beyond, it can program educational actions aimed to resolve these problems directly associated to the quality of the provided assistance.

The use of the DISABKIDS® methodology showed efficiency to conduct the semantic validation of the questionnaire directed to other themes and not only to quality of life. In addition, it was observed that this step was indispensable at the measure that a space was created for nurses to give suggestions, to expose their comprehension difficulties and also to demonstrate aspects considered important by them, the target-population, active subjects in this process. At last, this step showed that nurses approved the creation of the questionnaire to identify the practice performed by professionals in terms of radiodermatitis.

The relevance of this study is considered once it presents the first instrument built in Brazil that will allow a better comprehension of nursing actions in this specific oncology field that has research gaps.

A study limitation was the difficulty of participants to complete the specific semantic validation form, besides the report of exhaustion by some participants during its completion. It is believed that it did not significantly interfere in the final result of the study. However, it is suggested to consider such aspects in other studies when using such methodology.

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APPENDIX

QUESTIONÁRIO CUIDADOS COM A PELE NAS RADIODERMATITES

INSTRUÇÕES PARA PREENCHIMENTO:

1. Usar caneta para preenchimento do questionário, de preferência;
2. Procure **não** deixar itens **sem resposta**;
3. Em caso de dúvida entre em contato com o pesquisador responsável para possível esclarecimento.

Data _____/_____/_____

Parte 1- Dados demográficos e características da formação educacional.

1. Nº Identificação: _____ 2. Data de nascimento:_____/_____/_____

3. Sexo: ( )Feminino ( )Masculino

4. Curso de Graduação: Ano de conclusão _____ Instituição: ( )Federal ( )Estadual ( )Particular

5. ( ) Residência na área de oncologia ( ) Especialização na área de oncologia. Ano de conclusão: _____

6. Pós-graduação: ( )Mestrado ( )Doutorado
Área:_____ Ano de conclusão: _____

7.Você cursou alguma disciplina específica de oncologia durante a graduação? ( ) Sim ( ) Não

8. Durante sua formação, você teve aula específica/palestra que abordou o tema: reações de pele devido à radioterapia?
( ) Sim. Especifique:_____ ( ) Não

Parte 2- Dados da atuação profissional.

1. Tempo de experiência profissional na área de oncologia:_____

2. Já trabalhou no setor de radioterapia? ( ) Sim. Tempo em meses: _____ ( ) Não

3. Unidade onde atua: _____

4. Tempo de trabalho na unidade:_____

5. Você já recebeu algum tipo de instrução sobre o cuidado direcionado a pacientes que apresentam reações agudas de pele devido à radioterapia? ( ) Sim. Especifique:_____ ( )Não

Descrição	Pouco importante	Importante	Muito importante
6. Você considera as reações de pele devido à radioterapia como um efeito adverso:	1	2	3
7. Você considera que uma capacitação oferecida pela instituição sobre o manejo e a prevenção de reações agudas de pele devido à radioterapia é:	1	2	3
8. Considerando a assistência de enfermagem direcionada a pacientes que apresentam reações de pele causadas pela radioterapia, a prescrição médica relacionada às orientações e indicações de produtos é:	1	2	3

Parte 3- Atividades realizadas por você.

1. No setor onde trabalha, tem contato com pacientes submetidos a tratamento radioterápico? ( ) Sim ( ) Não

2- Você utiliza algum instrumento (escala, escore) para avaliação do local irradiado? ( )Sim ( )Não. Por quê?
_____

2.1- Responder as duas questões seguintes, apenas se a resposta ao item anterior for afirmativa (sim):
2.1.1- Você considera que o instrumento de avaliação utilizado permite identificar as reações agudas de pele causadas pela radioterapia? ( )Sim ( ) Não

2.1.2- Você possui alguma dificuldade na utilização do instrumento de avaliação das reações agudas de pele devido à radioterapia? ( ) Sim. Especifique:_____( ) Não

3- Você fornece algum tipo de orientação a pacientes e/ou familiares sobre o manejo e prevenção de reações de pele devido à radioterapia? ( ) Sim. Especifique:( ) escrita; ( )verbal;( ) outra forma:_____( ) Não

Parte 4- Caso se depare com um paciente que esteja sendo ou será submetido à radioterapia, e irá orientá-lo sobre a **prevenção de reações agudas de pele** decorrentes deste tipo de tratamento você realiza as seguintes **orientações**? (ATENÇÃO: marcar com um X na resposta escolhida).

Orientações	Nunca	Quase nunca	Às vezes	Quase Sempre	Sempre
Evitar expor a área irradiada a temperaturas extremas (calor ou frio).					
Usar roupa de algodão.					
Durante o banho, higienizar suavemente a área irradiada, utilizando a palma da mão.					
Secar a área irradiada com toalhas macias, sem esfregar.					
Evitar expor a região irradiada à água de piscina, rios, lagos e praias, durante a radioterapia.					
Evitar usar gravata ou roupas com golas apertadas quando a região de irradiação é o pescoço.					
Usar chuveiro em vez da banheira.					
Utilizar bolsa/ compressa de água quente na região da área irradiada.					
Evitar depilar a área irradiada.					
Evitar utilizar sauna durante a radioterapia.					
Evitar utilizar perfume ou desodorante quando a área irradiada é o pescoço ou axila.					
Usar óleo de amêndoas.					
Utilizar bolsa/compressa de água gelada na área irradiada.					
Usar sabonete neutro.					
Usar talco em pó.					
Evitar usar barbeador elétrico na área irradiada.					
Usar Ácidos Graxos Essenciais (AGE).					
Usar creme de camomila.					
Usar compressas com chá de camomila.					
Usar calêndula.					
Evitar atrito na área irradiada.					

Outras orientações realizadas por você e produtos indicados visando à prevenção das reações agudas de pele:

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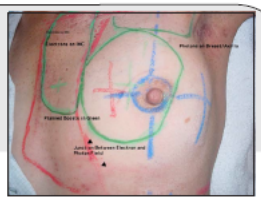
Parte 5- Caso se depare com um paciente que apresente **reação de pele grau 1** (eritema leve, descamação seca, alopecia, sudorese diminuída, prurido discreto), decorrente da radioterapia, de acordo com a toxicidade de pele aguda do RTOG (Radiation Therapy Oncology Group), e irá orientá-lo sobre o manejo deste tipo de reação, você realiza as seguintes **orientações**?



Fonte: Hymes SR.; Strom EA.; Fife C. *Radiation dermatitis: Clinical presentation, pathophysiology, and treatment 2006. J Am Acad Dermatol. 2006 Jan;54(1):28-46.*

Orientações	Nunca	Quase nunca	Às vezes	Quase Sempre	Sempre
Usar creme hidratante.					
Usar amido de milho.					
Usar óleo de amêndoas.					
Usar talco em pó.					
Evitar higienizar a área irradiada durante o banho.					
Usar compressas com chá de camomila.					
Usar hidrocoloide.					
Usar creme de camomila.					
Usar corticoide tópico.					
Usar Creme barreira®.					
Usar Sulfadiazina de prata.					
Usar Cavilon TM Protetor Cutâneo Spray.					
Usar ácidos graxos essenciais (AGE).					
Limpar com soro fisiológico 0,9%.					
Usar vaselina.					
Limpar com água oxigenada.					

Outras orientações realizadas por você e produtos indicados quando observado o aparecimento de reação de pele grau 1:

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Parte 6- Caso se depare com um paciente que apresente **reação de pele grau 2** (eritema moderado, descamação úmida em placas, edema moderado) decorrente da radioterapia, de acordo com a toxicidade aguda do RTOG e irá orientá-lo sobre o manejo deste tipo de reação, você realiza as seguintes **orientações**?

Fonte: Hymes SR.; Strom EA.; Fife C. *Radiation dermatitis: Clinical presentation, pathophysiology, and treatment 2006. J Am Acad Dermatol. 2006 Jan;54(1):28-46.*

Orientações	Nunca	Quase nunca	Às vezes	Quase Sempre	Sempre
Usar Creme Barreira®.					
Usar talco em pó.					
Usar amido de milho.					
Evitar higienizar a área irradiada durante o banho.					
Usar óleo de amêndoas.					
Usar creme hidratante.					
Usar Cavilon TM Protetor Cutâneo Spray.					
Usar compressas com chá de camomila.					
Usar corticoide tópico.					
Usar Sulfadiazina de Prata.					
Usar creme de camomila.					
Usar hidrocoloide.					
Limpar com soro fisiológico 0,9%.					
Limpar com água oxigenada.					
Usar vaselina.					
Usar Ácidos Graxos Essenciais (AGE).					

Outras orientações realizadas por você e produtos indicados quando observado o aparecimento de reação de pele grau 2:

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Parte 7- Caso se depare com um paciente que apresente **reação de pele grau 3** (descamação úmida confluente, edema acentuado, dor local intensa) decorrente da radioterapia, de acordo com toxicidade aguda do RTOG e irá orientá-lo sobre o manejo deste tipo de reação, você realiza as **orientações** e toma as seguintes condutas?

Fonte: Hymes SR.; Strom EA.; Fife C. *Radiation dermatitis: Clinical presentation, pathophysiology, and treatment 2006. J Am Acad Dermatol. 2006 Jan;54(1):28-46.*

Orientações/condutas	Nunca	Quase nunca	Às vezes	Quase Sempre	Sempre
Usar Sulfadiazina de Prata.					
Usar Hidrocoloide.					
Usar óleo de amêndoas.					
Usar amido de milho.					
Usar talco em pó.					
Evitar higienizar a área irradiada durante o banho.					
Limpar com água oxigenada.					
Usar vaselina.					
Usar compressas com chá de camomila.					
Usar creme camomila.					
Limpar com soro fisiológico 0,9%. Usar creme hidratante.					
Usar Ácidos Graxos Essenciais.					
Usar corticoide tópico.					
Usar Cavilon TM Protetor Cutâneo Spray.					
Usar Creme Barreira®.					

Outras orientações realizadas por você e produtos indicados quando observado o aparecimento de reação de pele grau 3:

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Obrigada por sua participação!