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Validation of an instrument for the assessment and monitoring of skin lesions in pediatrics**

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ABSTRACT

Objective: To validate an instrument for the assessment and monitoring of skin lesions in hospitalized children. **Method:** Methodological research with a quantitative approach. The instrument was developed based on an integrative literature review and submitted to content validation by a panel of 10 experts with experience in pediatric wounds. Data collection was conducted remotely using an online form with a Likert scale and space for registering suggestions. **Results:** Content validity was assessed using the Content Validity Index (CVI), considering agreement responses. Data were analyzed using descriptive statistics and organized into five domains: identification, health-disease history, relevant information for skin care, lesion characteristics, and risk assessment. **Conclusion:** The instrument demonstrates content validity, with a high level of agreement among experts and the incorporation of adjustments that contributed to its refinement. The results support its relevance for the assessment and monitoring of skin lesions in hospitalized children, although further studies are needed to evaluate its clinical applicability and other psychometric properties.

DESCRIPTORS: Nursing. Stomatherapy. Wounds and injuries. Pediatrics. Nursing care.

Validação de instrumento de avaliação e monitoramento de lesões cutâneas em pediatria**

RESUMO

Objetivo: Validar um instrumento de avaliação e acompanhamento de lesões cutâneas em crianças hospitalizadas. **Método:** Pesquisa metodológica, de abordagem quantitativa. O instrumento foi elaborado por meio de revisão integrativa da literatura e submetido à validação de conteúdo por um painel de dez especialistas com experiência em feridas pediátricas. A coleta de dados ocorreu de forma remota, por meio de formulário *on-line* com escala Likert e espaço para registrar sugestões. **Resultados:** A validade de conteúdo foi mensurada pelo Índice de Validade de Conteúdo, considerando respostas de concordância. Os dados foram analisados por estatística descritiva e organizados em cinco domínios: identificação, histórico de saúde-doença, informações

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relevantes para o cuidado com a pele, características da lesão e avaliação de risco. **Conclusão:** O instrumento apresenta validade de conteúdo com elevada concordância dos especialistas e incorporação de ajustes que contribuíram para seu aprimoramento. Os resultados sustentaram sua pertinência para a avaliação e o acompanhamento de lesões cutâneas em crianças hospitalizadas, embora estudos adicionais sejam necessários para avaliar sua aplicabilidade clínica e demais propriedades psicométricas.

DESCRITORES: Enfermagem. Estomaterapia. Ferimentos e lesões. Pediatria. Cuidados de enfermagem.

Validación de un instrumento para la evaluación y el monitoreo de lesiones cutáneas en pediatría**

RESUMEN

Objetivo: Validar un instrumento para la evaluación y el monitoreo de lesiones cutáneas en niños hospitalizados. **Método:** Investigación metodológica, de enfoque cuantitativo. El instrumento fue elaborado a partir de una revisión integradora de la literatura y sometido a validación de contenido por un panel de 10 expertos con experiencia en heridas pediátricas. La recolección de datos se realizó de forma remota, mediante un formulario en línea con una escala de Likert y un apartado para el registro de sugerencias. **Resultados:** La validez de contenido se evaluó mediante el índice de validez de contenido (IVC), considerando las respuestas de concordancia. Los datos fueron analizados mediante estadística descriptiva y organizados en cinco dominios: identificación del paciente; historial de salud-enfermedad; información relevante para el cuidado de la piel; características de la lesión cutánea y evaluación del riesgo. **Conclusión:** El instrumento presenta validez de contenido, con un alto grado de concordancia entre los expertos y la incorporación de ajustes que contribuyeron a su perfeccionamiento. Los resultados respaldan su pertinencia para la evaluación y el monitoreo de lesiones cutáneas en niños hospitalizados, aunque se requieren estudios adicionales para apreciar su aplicabilidad clínica y otras propiedades psicométricas.

DESCRIPTORES: Enfermería. Estomaterapia. Heridas y lesiones. Pediatría. Cuidados de enfermería.

INTRODUCTION

Pediatric hospitalization constitutes a unique and complex context in which the perceptions of the child and their family directly influence the quality of hospitalization, becoming even more challenging when the patient has skin lesions[1]. Children's skin is an immature and sensitive barrier, exhibiting greater water loss and less protection compared to that of adults; therefore, it is more susceptible to the development of lesions that, if not treated appropriately, can extend the length of hospital stay, increase the risk of healthcare-associated infections (HAIs), require invasive procedures, and cause stress[2,3].

Nurses play a central role in this care; however, there is a knowledge gap among these professionals regarding wound assessment, which can compromise clinical decision-making and the quality of care provided[4]. In this context, assessment instruments become essential tools for guiding and supporting nurses' clinical decision-making and monitoring patient follow-up. When combined with continuing education and the adoption of institutional protocols, they contribute to improving the quality of care, which must always be based on scientific evidence and aligned with the Systematized Nursing Care (SAE)[5] .

OBJECTIVES

To validate an assessment and monitoring tool for children with skin lesions developed during hospitalization.

METHODS

This is a methodological study with a quantitative approach, conducted in Curitiba, Paraná, Brazil, in 2025.

Ten healthcare providers participated in the study. The inclusion criteria were being a physician or nurse, having at least five years of experience in the care of pediatric injuries, and having a specialization course or expertise in the field. Participants were selected by referral, based on their meeting the previously defined criteria.

The instrument submitted for validation was previously developed based on an integrative literature review conducted in 2023, which served as a capstone project aimed at identifying the aspects to be assessed in hospitalized children with skin injuries. A five-year time frame was established for the selection of studies, considering only articles and consensus documents published in Portuguese, English, and Spanish.

Data were collected from the following databases: Nursing Database (BDENF), Latin American and Caribbean Health Sciences Database (LILACS), Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (PubMed/MEDLINE), Comprehensive Biomedical Research Database (EMBASE), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus Preview, and Web of Science. The databases were selected based on the relevance of studies in the field of nursing and the best available scientific evidence. The subject headings used for data collection followed the classification of the Health Sciences Subject Headings (DeCS), the Virtual Health Library, and Medical Subject Headings (MeSH): Injuries and Lesions, Protocols, Clinical Protocols, Checklist, Child, Adolescent, Pediatrics, Nursing Care, and Nursing.

The instrument consists of five main domains: patient identification, health and disease history, relevant information relevant for skin care, lesion characteristics, and risk assessment. It is a single-page document containing objective and descriptive sections designed to registering information related to patient identification, hospitalization data, clinical condition, wound characteristics, pain, and the risk of developing new lesions.

The content of the instrument was validated by a panel of experts consisting of professionals selected based on pre-established criteria of expertise in the field of pediatric wounds. Ten experts—physicians or nurses—participated, all with at least five years of experience in pediatric wound care and training or recognized expertise in the field. The experts served as technical evaluators of the instrument, analyzing its components for relevance, clarity, and suitability for the pediatric care context. The evaluation was conducted individually and remotely through an online form, in which participants rated their level of agreement on a five-point Likert scale ranging from "strongly disagree" to "strongly agree." Open-ended fields were also provided for comments and suggestions regarding the inclusion, exclusion, or reformulation of the instrument's components. The quantitative evaluations were used to calculate the Content Validity Index (CVI), while the qualitative suggestions informed the refinement and development of the revised version of the instrument.

Data collection was conducted remotely using an online form sent to the experts via email. The form contained the proposed assessment instrument—a Likert scale with five levels of agreement, ranging from "strongly disagree" to "strongly agree"—as well as open-ended fields for descriptive suggestions. This process enabled the analysis of the instrument's content validity based on the experts' judgments.

Content validity was assessed using the CVI. To calculate the CVI by domain, responses classified as "agree" and "strongly agree" were considered. The index was obtained by the ratio of the number of experts who assigned these scores to the total number of participating experts. Domains with a CVI ≥ 0.80 were considered valid; this value is recommended in the literature as the minimum level of agreement for assessing the content validity of instruments[6]. The use of the CVI allows for quantifying the degree of agreement among experts regarding the relevance and representativeness of the instrument's components[7].

Quantitative data were analyzed using descriptive statistics, with calculations of absolute and relative frequencies, and the results were organized into tables, according to the instrument's five domains. Concurrently, the experts' comments and suggestions were analyzed qualitatively, grouped by similarity, and interpreted descriptively to identify necessary adjustments

for improving the instrument. The triangulation of quantitative and qualitative data allowed for a more comprehensive assessment of the relevance and applicability of the proposed instrument.

The content validation phase did not require submission to a research ethics committee, since the experts—selected based on criteria of expertise—acted exclusively as technical collaborators in the evaluation and refinement of the instrument and did not constitute the study group or the subject of the research.

Research Ethics Committee Approval:

In response to the request for clarification regarding the ethical aspects of the manuscript titled "Validation of an Instrument for the Assessment and Monitoring of Skin Lesions in Pediatrics," we hereby inform you that data collection took place between March and July 2024, while the processing and analysis of the results occurred between September 2024 and March 2025.

The study consisted of a technical and scientific evaluation of the content of a care instrument by ten specialists with experience in managing skin lesions in pediatrics. The evaluation was conducted using an electronic form containing a Likert scale and fields for suggestions for improvement. Responses were collected anonymously, without individual identification of the participants, and were analyzed in aggregate form to determine the Content Validity Index (CVI).

No patient participated in the study, and there was no access to medical records, use of individual clinical data, or provision of clinical interventions.

At the time of data collection, the researchers understood that the activity was characterized as a one-time, anonymous technical consultation intended to evaluate a technical-care product. This understanding took into account the provisions of Article 1, sole paragraph, item I, of CNS Resolution No. 510/2016; Article 26, item I, of CNS Resolution No. 674/2022; as well as the guidelines set forth in Circular Letters No. 17/2022 and No. 12/2023 of the National Research Ethics Commission (CONEP).

It should be noted that data collection was fully completed prior to the entry into force of Law No. 14,874/2024 and the publication of Decree No. 12,651/2025. Thus, the approach initially adopted by the researchers was based on the regulatory framework in effect at the time of data collection.

We reiterate that procedures were adopted to preserve the anonymity of the participants and the confidentiality of the information provided, which was used exclusively for the scientific purposes described in the manuscript.

RESULTS

Ten healthcare providers participated in the content validation phase, 80% of whom were nurses and 20% physicians. All participants had at least five years of experience in treating children with skin lesions, in addition to specialization or expertise in the field, meeting the previously established criteria. The participation of these professionals was limited to their role as expert evaluators, with the purpose of analyzing the proposed instrument. Thus, the professionals were not the subjects of the investigation but participated exclusively as a source of evaluation for the validation process of the material.

The results are presented in Table 1, in the order of the topics addressed in the instrument.

In the "patient identification" domain, a high level of agreement was observed among the experts—60% strongly agreed and 30% agreed with the items presented. Only 10% of the participants chose the "neither agree nor disagree" option. When considering the "agree" and "strongly agree" responses to calculate the CVI, the domain yielded a CVI of 0.90, indicating adequate content validity. Among the qualitative suggestions, the inclusion of fields such as age, admission date, and place of origin stood out, as did the replacement of the term "caregiver" with "accompanying person."

In the "health and disease history" domain, there was full agreement among the experts, with 60% of the responses classified as "strongly agree" and 40% as "agree." Thus, the domain achieved a CVI of 1.00, indicating total consensus

Table 1. Distribution of experts' responses regarding the assessed dimensions, Curitiba (PR), 2025 (n=10).

Dimension assessed	Response	n	%
Patient identification	Strongly agree	6	60
	Agree	3	30
	Neither agree nor disagree	1	10
Health and disease history	Strongly agree	6	60
	Agree	4	40
Relevant information for skin care	Strongly agree	6	60
	Agree	3	30
	Disagree	1	10
Skin lesion characteristics	Strongly agree	4	40
	Agree	6	60
Risk Assessment	Strongly agree	4	40
	Agree	6	60
	Neither agree nor disagree	2	20

Source: Prepared by the authors (2026).

regarding the relevance of the items. To achieve greater conceptual clarity, it was suggested that the term "pre-existing comorbidities" be replaced with "comorbidities" or "primary diagnosis".

Regarding the "relevant information for skin care" domain, 60% of the experts strongly agreed with the items, 30% agreed, and 10% disagreed. The CVI calculation resulted in a CVI of 0.90, a value considered satisfactory for content validation. Among the suggestions were the inclusion of the patient's vital signs and the expansion of the list of medical devices—such as high-flow nasal catheters, reservoir masks, Venturi masks, full-face masks, and invasive blood pressure monitoring—with the aim of adapting the instrument to contexts of high clinical complexity.

In the "skin lesion characteristics" domain, unanimous agreement was observed among participants (40% strongly agreed and 60% agreed with the evaluated items). The domain obtained a CVI of 1.00, demonstrating excellent content validity. Among the qualitative contributions, the experts suggested including "suture dehiscence" in the section on etiology and "unhealthy granulation tissue" in the section on the wound bed.

In the Risk Assessment domain, 30% of the experts strongly agreed, 50% agreed, and 20% neither agreed nor disagreed. Considering the agreement responses, the domain had a CVI of 0.90, showing satisfactory content validity. The main suggestions involved replacing the Braden Scale with the Braden QD, as well as including the NIX and ELPO scales, in addition to a proposal to modify the name of the Risk Assessment stage to better align with pediatric clinical practice.

Overall, all domains of the instrument had a CVI above the cutoff point recommended in the literature, ranging from 0.90 to 1.00, which demonstrates high agreement among experts regarding the relevance and representativeness of the items. The qualitative contributions complemented the quantitative analysis and supported adjustments to the instrument, strengthening its clinical applicability and suitability for the care of children with skin lesions. However, the qualitative contributions provided in the open-ended fields for each item offered valuable observations, suggesting conceptual, and practical adjustments, such as the inclusion of new fields, standardization of terminology, and adaptations for contexts of high clinical complexity.

The triangulation of quantitative data (percentages of agreement on the Likert scales) and qualitative data (participants' descriptive suggestions) allowed for a more comprehensive assessment of the relevance and applicability of the proposed instrument. This combined approach strengthened content validation by considering not only the degree of agreement but also the depth and relevance of the suggestions for clinical practice in pediatrics (Chart1).

Chart 1. Instrument to assess and monitor children with skin lesions. Florianópolis (SC), 2023.

Tool to assess and monitor children with skin lesions
Identification
Name: DOB: ___/___/___ Medical Record: Unit: Gender: ( ) F ( ) M Caregiver: ( ) yes ( ) no Who?
Health and Disease History
Pre-existing comorbidities: Allergies: ( ) yes ( ) no Type: Reason for current hospitalization: Medical diagnosis: Recent surgeries: Recent complications: ( ) surgical wound dehiscence ( ) infection ( ) dermatitis ( ) ulcers ( ) burns ( ) other. Specify: Other observations:
Relevant information for skin care
Oxygenation: ( ) eupneic ( ) dyspneic ( ) orthopneic Currently using: ( ) extranasal catheter ( ) nasal catheter ( ) CPAP ( ) tracheostomy ( ) ETT no. O_2 saturation: % RATE: mpm Peripheral perfusion: Nutritional status: ( ) well-nourished ( ) malnourished ( ) gastrostomy ( ) NG tube ( ) NE tube Impaired mobility: ( ) no ( ) yes. Specify: Bowel and bladder function: ( ) continent ( ) incontinent ( ) presence of stoma. Specify: Use of diapers: ( ) yes ( ) no Medical devices in use: ( ) adhesive dressings. Site: ( ) peripheral venous access ( ) central venous access ( ) PICC ( ) electrodes ( ) other. Specify: Medications currently being used: Skin changes: ( ) yes ( ) no. Which ones? Pain: ( ) yes ( ) no. Characteristics:
Skin lesion characteristics
Etiology of the lesion: ( ) pressure injury ( ) incontinence-associated dermatitis (IAD) ( ) peristomal dermatitis ( ) perilesional dermatitis ( ) surgical wound ( ) extravasation ( ) burn ( ) Other. Specify: Location: Length (cm): Width (cm): Depth (cm): Diameter (length × width): cm^2 Volume (length × width × depth): cm^3 Healing phase: ( ) inflammatory ( ) proliferative ( ) granulation ( ) remodeling Wound bed: ( ) granulation ( ) hypergranulation ( ) liquefactive necrosis ( ) coagulative necrosis ( ) epithelialization Edge: ( ) adherent ( ) non-adherent ( ) tunneling ( ) detachment ( ) epiboly ( ) regular ( ) irregular ( ) intact ( ) lacerated ( ) macerated ( ) hyperemia Perilesional area: ( ) intact ( ) lacerated ( ) macerated ( ) hyperemia ( ) presence of edema Exudate: ( ) serous ( ) sanguineous ( ) serosanguineous ( ) purulent ( ) other: Amount of exudate: ( ) absent ( ) scant ( ) moderate ( ) copious Odor: ( ) noticeable upon opening the dressing ( ) noticeable without opening the dressing ( ) foul and nauseating Signs/symptoms of infection: Other observations:
Risk Assessment
( ) Braden Q Scale: ( ) Braden Scale: ( )NSCS: ( ) Pain Scale:

Source: Developed by the authors (2023).

DISCUSSION

The use of tools that promote continuity of care contributes significantly to SAE by organizing the service and standardizing the documentation of care provided. Nursing notes constitute one of the main forms of communication among professionals and serve as a basis for the development, implementation, and evaluation of the patient-centered care plan[8].

The care of pediatric patients with wounds presents several unique challenges, as it may involve various medical diagnoses, multiple clinical conditions, active family involvement, and the painful and sometimes traumatic process of hospitalization. In this context, individual care must be planned, ensuring that the strategies adopted are consistent with the health-disease process experienced by the child[9].

The quantitative results obtained in this study, characterized by high agreement among experts across all domains of the instrument, indicate that the initial framework proposed is relevant and representative. However, the suggestions presented by the experts enabled the refinement of specific items, further enhancing the instrument's quality. The inclusion of IAD, for example, reflects the clinical relevance of this condition in pediatrics, especially due to its association with skin integrity and an increased risk of secondary infections[10].

The high CVI values observed, ranging from 0.90 to 1.00 across the various domains, demonstrate excellent agreement among the experts regarding the relevance and representativeness of the items evaluated. The CVI is widely used for content validation, with a minimum recommended value of 0.78 when the number of experts is six or more[11] —a criterion fully met in this study. Values above this cutoff point indicate adequate consensus and support the validity of the instrument.

Content validity indices equal to or greater than 0.90 reflect high methodological quality[12], especially in instruments intended for clinical practice in healthcare, where the clarity and relevance of the items are fundamental to professional decision-making. Thus, the results obtained corroborate the robustness of the developed instrument, demonstrating that its domains cover essential aspects for the assessment and monitoring of skin lesions in pediatrics.

The use of the instrument's mean CVI (S-CVI/Ave), combined with a qualitative analysis of the experts' suggestions, strengthens the validation process by integrating numerical agreement and specialized clinical judgment[7]. This approach was adopted in this study, allowing us not only to confirm the content validity of the domains but also to refine the instrument based on the reviewers' contributions—an aspect particularly relevant in complex care settings, such as pediatric inpatient care. Thus, the high content validity indices reinforce the conceptual consistency and clinical applicability of the instrument, aligning it with international methodological recommendations for the development and validation of health instruments and contributing to the improvement of SAE in the care provided to children with skin lesions.

In the "Risk Assessment" domain, scales such as the ELPO—used to assess the risk of pressure injury during the intraoperative period[13]—were suggested to be included. Despite its relevance in the surgical context, the primary purpose of the developed instrument is to be used in inpatient units; for this reason, this scale was not incorporated into the final version.

On the other hand, the authors accepted the replacement of the Braden and Braden Q scales with the Braden QD Scale. This tool assesses the risk of pressure injury in pediatric intensive care and has broad applicability, covering patients ranging from newborns to young adults, as it considers aspects such as mobility, nutrition, tissue perfusion, oxygenation, and the use of medical devices[14]. Its recent validation in Brazil and clinical scope justify this choice, highlighting the contribution of experts toward a more robust instrument aligned with the needs of the target public. Furthermore, the authors decided to change the domain name to "Assessment Scales" to encompass both pain assessment and the risk of developing new skin lesions.

Nursing professionals play a central role in wound care, and their training to comprehensively assess patients is essential[13]. In this regard, the development and validation of instruments focused on SAE for wound management and monitoring

are crucial, since standardized tools guide professional practice, enhance evidence-based care, and promote planned and safe care, thereby fostering continuity of care and better clinical outcomes[5-16].

Despite these advances, the literature still offers only limited coverage—especially in the field of pediatrics—of the development of evidence-based wound assessment tools capable of meeting the needs of nurses in clinical practice, standardizing records, and supporting the generation of care indicators[17]. In this context, it is important to establish specialized committees for wound and stoma care in hospitals, which serve as technical references and contribute to professional development through training, the development of protocols, and the creation of tools related to this field[18].

Study Limitations

Although the results demonstrated high agreement among experts and satisfactory content validity indices, some limitations should be considered. The study included a small number of participants in the expert panel, although this was consistent with methodological recommendations for content validation studies. Furthermore, the professionals were selected by referral and convenience, which may limit the diversity of experiences and perspectives related to pediatric wound care.

Another limitation relates to the fact that the study focused exclusively on the content validation phase of the instrument; no additional analyses of psychometric properties, such as construct validity, reliability, internal consistency, test-retest reliability, or inter-rater reliability, and were conducted. Furthermore, the instrument was not clinically applied in pediatric units, which makes it impossible to assess its usability, practical sensitivity, and impact on the care process.

It should also be noted that data collection was conducted remotely via an online form, which may limit more in-depth discussions among experts and reduce the possibility of broad consensus on certain conceptual and operational aspects of the instrument. Finally, the study was conducted in a specific context, which may limit the generalizability of the results to other pediatric care settings with different levels of complexity and institutional organization.

Recommendations

Future studies are recommended to expand the instrument's validation process, including complementary psychometric analyses such as reliability, internal consistency, test-retest reliability, and construct validity. The clinical application of the instrument in different pediatric care settings is also suggested to assess its practicality, applicability, clinical sensitivity, and contribution to SAE.

In addition, future studies could investigate the impact of using the instrument on the quality of nursing documentation, the standardization of care, communication among professionals, and the safety of pediatric patients with skin lesions. Multicenter studies involving various institutions and professional profiles are also recommended, with the aim of enhancing the methodological robustness and applicability of the instrument in different pediatric healthcare settings.

CONCLUSION

This study validated the content of an instrument to assess and monitor skin lesions in pediatrics through expert raters. This care technology has the potential to contribute to the safety of children with skin lesions by optimizing clinical assessment and improving the continuity and safety of the care provided.

The research highlights the need for further studies in this area, focusing on the diagnostic and experiential particularities of children who develop wounds during hospitalization.

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BEB: Formal Analysis, Data Curation, Writing – Revision and Editing, Methodology, Supervision, Validation.

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REFERENCES

1. Patra P, Wu J. Factors influencing the pediatric hospitalization experience: a narrative review with recommendations for improvement. Transl Pediatr. 2025;14(11):3160-72. https://doi.org/10.21037/tp-2025-523
2. Rahma A, Lane ME. Skin barrier function in infants: update and outlook. Pharmaceutics. 2022;14(2):433. https://doi.org/10.3390/pharmaceutics14020433
3. Bernardo AFC, Santos K, Silva DP. Pele: alterações anatômicas e fisiológicas do nascimento à maturidade. Rev Saúde Foco. 2019;11:1221-33.
4. Fontes FLL, Oliveira AC. Competências do enfermeiro frente à avaliação e ao tratamento de feridas oncológicas. Rev Uningá. 2019;56(Se):71-9. https://doi.org/10.46311/2318-0579.56.eUJ2158
5. Cardinelli CC, Lopes LPN, Di Piero KC, Freitas ZMF. Instruments for wound assessment: scoping review. Res Soc Dev. 2021;10(11):e19246. https://doi.org/10.33448/rsd-v10i11.19246
6. Alexandre NMC, Coluci MZO. Validade de conteúdo nos processos de construção e adaptação de instrumentos de medidas. Ciênc Saúde Coletiva. 2011;16(7):3061-8. https://doi.org/10.1590/S1413-81232011000800006
7. Polit DF, Beck CT, Owen SV. Is the CVI an acceptable indicator of content validity? Appraisal and recommendations. Res Nurs Health. 2007;30(4):459-67. https://doi.org/10.1002/nur.20199
8. Julião JMT, Melo KAS, Andrade JMF, Moraes IF, Silva MJM, Bezerra YCP. Importance of standardized language in nursing care for patients with skin lesions: an integrative literature review. Rev Enferm Atual In Derme. 2021;95(33):e021016. https://doi.org/10.31011/reaid-2021-v.95-n.33-art.918
9. Simonato MP, Mitre RMA, Galheigo SM. O cotidiano hospitalar de crianças com hospitalizações prolongadas: entre tramas dos cuidados com o corpo e as mediações possíveis. Interface (Botucatu). 2019;23:e180383. https://doi.org/10.1590/Interface.180383
10. Gapski GB, Oliveira LB, Girondi JBR, Müller K, Pinto LVD. Tratamento de dermatite associada à incontinência em pediatria Rev Enferm Atual In Derme. 2024;98(1):e2145. https://doi.org/10.31011/reaid-2024-v.98-n.1-art.2145
11. Lynn MR. Determination and quantification of content validity. Nurs Res. 1986;35(6):382-5. PMID: 3640358.
12. Polit DF, Beck CT. The content validity index: are you sure you know what's being reported? Critique and recommendations. Res Nurs Health. 2006;29(5):489-97. https://doi.org/10.1002/nur.20147
13. Costa LKD, Mendonça AEO, Souza MA, Gouveia BLA, Torquato IMB, Albuquerque AM. Escala ELPO de avaliação de risco para lesão em centro cirúrgico no intraoperatório: revisão integrativa. Rev Enferm Atual In Derme. 2025;99(1):e2445. https://doi.org/10.31011/reaid-2025-v.99-n.1-art.2445
14. Santos SV, Silveira JR, Costa R, Batalha LMC, Velho MB. Adaptação transcultural e validação do instrument Braden QD Scale para uso em neonates no Brasil. Texto Contexto Enferm. 2022;31:e20220044. https://doi.org/10.1590/1980-265X-TCE-2022-0044pt
15. Sousa MBV, Bezerra AMFA, Costa CV, Gomes EB, Fonseca HTA, Quaresma OB, et al. Assistência de enfermagem no cuidado de feridas na atenção primária em saúde: revisão integrativa. Rev Eletr Acervo Saúde. 2020;48:e3303. https://doi.org/10.25248/reas.e3303.2020

16. Santos FBO, Silva ILV, Dutra BS, Santana JCB, Carregal FAS, Barbosa JAG. Saberes, desafios e perspectivas sobre a sistematização da assistência de enfermagem. Rev Enferm Contemp. 2020;9(1):41-9. https://doi.org/10.17267/2317-3378rec.v9i1.2546

17. Garcia TF, Borges EL, Alonso CS, Abreu MNS. Instrumento de avaliação do paciente com ferida crônica: indicadores clínicos, assistenciais e financeiros. Rev Rene. 2022;23:e380793. https://doi.org/10.15253/2175-6783.20222380793

18. Silva ARLF, Almeida CR, Freitas IS, Pinheiro LP. Nurses' perception about skin injuries in a pediatric hospital in northeastern countryside. Res Soc Dev. 2022;11(2):e25989. https://doi.org/10.33448/rsd-v11i2.25989