


SPECIALIZED NURSING TERMINOLOGY FOR THE CLINICAL PRACTICE DIRECTED AT COVID-19

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ABSTRACT

Objective: to build a specialized terminology for the clinical nursing practice for people with COVID-19, based on the Seven Axis Model of the International Classification for Nursing Practice.

Methods: a descriptive and documentary study, carried out in April 2020. The terms were extracted from official documents of the Ministry of Health. The data were treated through terminological analysis, that is, the terms were organized through a classification system, which, in this research, was represented by the Seven Axis Model, version 2019. Also in the delimitation of the thematic field of the terminological analysis, the method of cross-mapping was chosen so that the terms resulting from the normalization process, derived from the literature, were cross-referenced with the terms of the International Classification for Nursing Practice in its seven axes.

Results: after the normalization process, 472 useful terms were found. These were submitted to cross-mapping, totaling 263 constant terms and 211 non-constant terms.

Conclusion: the study allowed identifying terms in the literature, which can be used by nurses in the care of people affected by COVID-19 and will support the stages following the construction of a terminological subset for information and communication to the Nursing practice.

DESCRIPTORS: Nursing. Classification, Standardized terminology in Nursing. Coronavirus infections. Severe acute respiratory syndrome. SARS virus.

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TERMINOLOGIA ESPECIALIZADA DE ENFERMAGEM PARA A PRÁTICA CLÍNICA À COVID-19

RESUMO

Objetivo: construir uma terminologia especializada para a prática clínica de enfermagem a pessoas com COVID-19, fundamentada no Modelo de Sete Eixos da Classificação Internacional para a Prática de Enfermagem.

Métodos: estudo descritivo, documental, realizado em Abril de 2020. Os termos foram extraídos de documentos oficiais do Ministério da Saúde. Os dados foram tratados por meio da análise terminológica, ou seja, os termos foram organizados mediante um sistema de classificação, que, nesta pesquisa, foi representado pelo Modelo de Sete Eixos, versão 2019. Ainda na delimitação do campo temático da análise terminológica foi escolhido o método do mapeamento cruzado para que fosse feito o cruzamento dos termos resultantes do processo de normalização, provenientes da literatura, com os termos da Classificação Internacional para a Prática de Enfermagem em seus sete eixos.

Resultados: após o processo de normalização, resultaram 472 termos úteis. Estes foram submetidos ao mapeamento cruzado, totalizando 263 termos constantes e 211 não constantes.

Conclusão: o estudo permitiu identificar termos na literatura, os quais poderão ser utilizados por enfermeiros na assistência às pessoas acometidas pela COVID-19, e subsidiará as etapas subsequentes à construção de um subconjunto terminológico para informação e comunicação à prática de Enfermagem.

DESCRITORES: Enfermagem. Classificação. Terminologia padronizada em enfermagem. Infecções por coronavírus. Síndrome respiratória aguda grave. Vírus da SARS.

TERMINOLOGÍA ESPECIALIZADA DE ENFERMERÍA PARA LA PRÁCTICA CLÍNICA ANTE EL COVID-19

RESUMEN

Objetivo: construir una terminología especializada para la práctica clínica de enfermería en personas con COVID-19, fundamentada en el Modelo de Siete Ejes de la Clasificación Internacional para la Práctica de Enfermería.

Métodos: estudio descriptivo y documental, realizado en Apr il de 2020. Los términos fueron extraídos de documentos oficiales del Ministerio de Salud. El tratamiento de los datos se efectuó por medio del análisis terminológico, es decir, los términos se organizaron mediante un sistema de clasificación que, en esta investigación, fue representado por el Modelo de Siete Ejes, versión 019. Incluso en la delimitación del campo temático del análisis terminológico se eligió el método del mapeo cruzado para realizar el cruzamiento de los términos resultantes del proceso de normalización, provenientes de la literatura, con los términos de la Clasificación Internacional para la Práctica de Enfermería en sus siete ejes.

Resultados: después del proceso de normalización, se encontraron 472 términos útiles. Se los sometió al mapeo cruzado, resultando en 263 términos constantes y 211 no constantes.

Conclusión: el estudio permitió identificar términos en la literatura, los cuales podrán ser utilizados por enfermeros en la asistencia a las personas afectadas por COVID-19, además de que sustentará las etapas subsiguientes a la construcción de un subconjunto terminológico para la información y comunicación en la práctica de la Enfermería.

DESCRIPTORES: Enfermería. Clasificación. Terminología estandarizada de Enfermería. Infecciones por coronavirus. Síndrome respiratorio agudo grave. Virus del SARS.

INTRODUCTION

In the recent months, the world has come across alarming reports of cases of death associated with a serious lung disease caused by a microorganism hitherto little known to science. This disease, due to its high power of transmissibility, has led to the death of thousands of people worldwide, requiring extensive prevention and health care measures.

Deep sequencing analyses of respiratory tract samples indicated a new coronavirus (CoV), first named 2019-nCoV and later renamed by the World Health Organization (WHO) as SARS-CoV-2, causing the COVID-19 disease. Since then, thousands of cases have been confirmed in Wuhan, China, even in health professionals. Several exported cases have been confirmed in other provinces of the country and also in Thailand, Japan, South Korea, and the United States of America.¹⁻²

Given the high prevalence and wide distribution of coronaviruses, the great genetic diversity and frequent recombination of their genomes, and increased human-animal interface, it is likely that new coronaviruses will periodically appear in human beings due to frequent infections between species and occasional overflow events.² This new CoV is now the seventh member of the *Coronaviridae*, known for infecting human beings. Consequently, with the explosive increase in confirmed cases, the WHO declared this outbreak a public health emergency of international interest on January 30th, 2020, which led the community to resume warnings about the risk of a pandemic, a fact declared by the WHO in March 2020.³⁻⁴

Faced with this serious disease, the number of cases increases every day. According to the Pan American Health Organization (PAHO), 8,385,440 cases of COVID-19 were confirmed worldwide and 450,686 deaths until July 19th. Brazil has so far confirmed 978,142 cases and 47,748 deaths, declaring that there is community transmission of COVID-19 throughout the national territory.

The symptoms of COVID-19 infection appear after an incubation period of approximately 5 days, which is dependent on the patient's age and on the state of the patient's immune system. The most common symptoms at the onset of the disease are fever, cough, and fatigue, while other symptoms include sputum production, headache, hemoptysis, diarrhea, dyspnea, and lymphopenia. The most advanced cases present severe pulmonary infection, causing increased inflammation, associated with dyspnea with hypoxemia.⁵

Due to the COVID-19-related mortality resulting from a clinical condition with respiratory failure and/or septic shock and/or multiple organ failure, admission is needed to intensive care units due to the complex care required by the condition.⁶⁻⁷ This care refers to rest and supportive treatment, which include several drug therapies, organ function support, respiratory support, bronchoalveolar lavage tests, blood purification and, in advanced cases, the use of extracorporeal membrane oxygenation (ECMO).⁷

Therefore, it is much more than organization, physical space, and adequate equipment for complex care for the person with COVID-19; trained human resources are needed, presenting proactive, technical, and scientific skills in the care they propose.⁸ A number of studies highlight the recognition of Nursing in the care of the pandemic, since it is on the front line and in constant movement in the production of knowledge and in the valorization of its care.⁹⁻¹⁰

In the context of critical care, Nursing must have its work method supported in favoring the organization and systematization of care, which can be achieved by standardizing its vocabulary while increasing the practice in scientific evidence and consolidating itself by means of specific terminology. Nursing terminologies are excellent strategies to contribute to the systematization of care, since they allow for the identification and documentation of care standards. The International Classification for Nursing Practice (ICNP[®]) consists of one of these terminologies, having its structure of terms and

definitions that allows for the collection, description, and systematic documentation for the elements of the Nursing Practice.¹¹

By using the ICNP[®], nurses engage in the identification, validation, and cross-mapping of concepts/terms contained in the records, official publications/care guidelines and in the classification itself, thus collaborating to improve terminology, focusing on specific populations and priorities, at any level of existing health care.¹²

As there are no specific classifications for all the areas of the Nursing practice, it is necessary to collect and code terms used by Nursing in clients and specific areas, which can be used later for the structuring of terminology subsets. These are defined as a set of statements of Nursing diagnoses, outcomes, and interventions for a particular area selected or specialty of Nursing care based on the Seven Axis Model of the ICNP[®].

The study assumed that it is possible to identify terms in the scientific literature that can be used by nurses in the care of people with COVID-19. Thus the question is: what terms can constitute a specialized terminology that guides the clinical practice and the effective recording of nursing data in the care of people with COVID-19?

Thus, this study aimed to build a specialized terminology for the clinical nursing practice for people with COVID-19 based on the Seven Axis Model of the International Classification for Nursing Practice.

METHOD

This is a descriptive and documentary study, guided by the first and second stages of the guidelines for the elaboration of terminology subsets, which are the identification of terms and the mapping between the identified terms and the ICNP[®], respectively.¹³ Documentary data collection occurred in April 2020.

A survey of official publications allocated on the homepage of the Ministry of Health was conducted to identify terms considered clinically and culturally relevant to the nursing practice for the COVID-19 disease. Publications of the Brazilian Ministry of Health in the form of protocols, manuals or guiding documents for the care of people with COVID-19 disclosed by April 2020 were adopted as inclusion criteria. The exclusion criteria were publications in which, despite the focus on COVID-19, the format was a booklet for filling out, publications on epidemiological data, material aimed at managers, technical notes, and flowcharts.

Data collection was performed by adopting guidelines that allowed for standardizing the strategies used. These guidelines were assumed through the description of the health condition, in this case COVID-19, and the collection of relevant terms.¹⁴ To this end, the following stages were carried out: 1) extraction of the terms from the publications; 2) normalization of terms; 3) cross-mapping, in which the extracted terms were compared with the terms present in the ICNP[®], version 2019, and listed in the structure of the seven classification axes; and 4) refinement of terms.¹⁵

To comply with the first stage, the publications were read in full and submitted to a process of withdrawal of sections with low potential of relevant terms, such as titles, authors, and information about the authors, abstracts, footnotes, methodology, references, and acknowledgments. After these extractions, the essential content was grouped into a single file in *Word*[®] format that was converted to Portable Document Format (PDF); subsequently, the terms were extracted by means of a computational tool called Poronto, which processes information using large-scale ontologies, being widely used in the health area due to the complexity of its knowledge, resulting in a list of terms organized in order of occurrence, arranged in an Excel[®] spreadsheet.¹⁶

In the second stage, among the extracted terms, nouns, adjectives, and verbs were selected based on their frequency of appearance and pertinence with the research theme; subsequently, the

selected terms were submitted to a normalization process to standardize the gender, number, and degree of nouns and adjectives, as well as verb deflections, in order to identify and remove repetitions of terms, being constantly checked for the reduction of the error rate. In this sense, terms related to medical procedures, pathological processes, and medications were identified and excluded; soon after, the normalized terms were submitted to the mapping technique, which allowed for the crossing with the terms of the ICNP®, version 2019, using the *Microsoft Office Access*® 2010 software to identify constant and non-constant terms in this terminology.

It should be highlighted that the terms listed were submitted to analysis by the lead researcher, author of this article, and reviewed by two other author researchers, independently, based on their clinical experience. Disagreements were discussed among the researchers to reach consensus.

The third stage, cross-mapping, was conducted according to the International Organization For Standardization (ISO) 12.300:2016 standard, the whole mapping process was documented, guaranteeing the interpretation of the mapped term, in the setting in which it was mapped, which contributed to the clinical safety of its use.¹⁷

The terms were distributed between the Action, Client, Focus, Judgment, Location, Means, and Time axes, according to the ICNP® Seven Axis Model and its 2019 version, taking into account the congruence of the meaning of the term and the definitions of each axis.

It is highlighted that operational definitions were constructed for all the standardized terms, using the ICNP®, scientific articles, and dictionaries in Portuguese and technical health terms, in order to facilitate the validation by specialists. The construction of the operational definitions took place according to the stages recommended¹⁵ by the literature: 1) Development of a preliminary definition; 2) Literature review; 3) Development or identification of specific characteristics; 4) Mapping the meaning of the concept; and 5) Affirmation of the operational definition.

Subsequently, a form was organized containing the terms, their allocations in the seven axes of the ICNP® and definitions, aligned with the theoretical framework of Wanda de Aguiar Horta's Basic Human Needs, in the three levels of psychic life: psychobiological, psychosocial and psychospiritual, in order to support the study.¹⁸

This research was based on data in the public domain, made available electronically by the Ministry of Health, thus dispensing the appreciation and approval by the Research Ethics Committee.

RESULTS

A total of 16 documents published by the Ministry of Health with regard to the clinical health care for the COVID-19 disease were identified. However, when applying the inclusion criteria, only 9 were used, as described in Chart 1.

After extracting the terms with the Poronto tool, 16,446 terms of ministerial publications about COVID-19 were identified, which, after the standardization process, resulted in 472 useful terms. These were submitted to cross-mapping, totaling 263 constant terms and 211 not included in the ICPN®, according to Charts 2 and 3, respectively.

According to Chart 2, 263 terms were found, 123 of which were classified in the "Focus" Axis, 19 in the "Judgment" Axis, 41 in the "Means" Axis, 28 in the "Action" Axis, 13 in the "Time" Axis, 31 in the "Location" Axis, and 8 in the "Client" Axis. Chart 3 shows the non-constant terms in the ICPN®, with 92 terms framed in the "Focus" Axis, 7 in the "Judgment" Axis, 65 in the "Means" Axis, 19 in the "Action" Axis, 10 in the "Time" Axis, 13 in the "Location" Axis, and 5 in the "Client" Axis".

Regarding the terms contained in the ICPN®, the most frequent in each axis were the following: "Focus" Axis - Diagnostic test (873); "Judgment" Axis - Risk (350); "Means" Axis - Protocol (228); "Action" Axis - Obtaining data (138); "Time" Axis - Admission (66); "Location" Axis - Hospital (188); and "Client" Axis - Patient (2434). The most frequent non-constant terms were the following: "Focus"

Axis - Respiratory syndrome (530); “Judgment” Axis - Worsening (25); “Means” Axis - Treatment (891) ; “Action” Axis - Detect (91); “Time” Axis - Outcome (231); “Location” Axis - Emergency (119); and “Client” Axis - User (204).

Chart 1 – Official documents used for the survey of terms. Niterói, Rio de Janeiro Brazil, 2020.

Publication
Standard Operating Procedure: Personal protective equipment and occupational safety for PHC health professionals in caring for people with suspected or confirmed infection by the new Coronavirus (Covid-19) v.2
Coronavirus (COVID-19) clinical management protocol in primary health care v.7
Guidelines for diagnosing and treating COVID-19 v.1
Hospital Response Plan to COVID - 19
Epidemiological Surveillance Guide - Public Health Emergency of National Importance due to the 2019 Coronavirus Disease - Integrated Surveillance of Acute Respiratory Syndromes, 2019 Coronavirus Disease, Influenza, and other respiratory viruses
National Contingency Plan for Human Infection with the new COVID-19 Coronavirus
Body management in the context of the new Coronavirus COVID-19 v.1
Guidance on the use of respiratory protection masks (particulate respirator - n95/pff2 or equivalent) in view of the current epidemiological situation regarding the infection by Sars-cov-2 (COVID-19)
Covid-19 Clinical Management Protocol in Specialized Care

Chart 2 – Constant terms in the ICPN®, their corresponding codes and axes. Niterói, Rio de Janeiro Brazil, 2020.

Axis	Constant terms and ICNP® codes
Focus (n=123)	Abandonment (10041692); Acceptance (10000329); Access (10000340); Adaptation (10001741); Farming (10007698); Water (10020957); Sample (or Specimen) (10018531); Distress (10006118); Animal (10002331); Appetite (10002455); Learning (10011246); Air (10002061); Arrhythmia (10002536); Attention (10002924); Autonomy (10003054); Bilirubin (10041443); Shiver (10018045); Thrush (10019713); Characteristic (10004170); Shock (10018050); Septic Shock (10017898); Weather (10021006); Coma (10004629); Complication (10025459); Behavior (10003217); Communication (10004705); Concentration (10004910); Status (10018793); Respiratory Status (10016962); Trust (10025934); Comfort (10004655); Congestion (10004952); Knowledge (10011042); Consciousness (10004975); Consent (10004981); Contamination (10025369); Continuity (10005064); Growth (10008563); Crisis (10005381); Culture (10005458); Healing (10008707); Diabetes (10005876); Abdominal Pain (10043948); Muscle Pain (10012316); Oedema (10041951); Elimination (10006720); **Embolism** (10051823); Coping (10005208); Sputum (10018717); Stress (10018888); Physical Examination (10032243); Expectation (10023679); Faeces (10007764); Fracture (10008210); Heart Rate (10008833); Respiration Rate (10016904); Hemorrhaging (10008954); Adequate Hydration (10042342); Hand Hygiene (10041190); Overhydration (10041967); Hyperlipidaemia (10041055); Hypertension (10009394); Hyponatremia (10031500); Hypotension (10009534); Hypoxia (10009608); Incidence of Disease (10009926); Cross Infection (10005404); **Nutritional Intake in the Normal Limits** (10051868); Initiative (10010250); Insecurity (10010311); Integrity (10010416); Social Isolation (10001647); Community Management (10004798); Prophylactic (10015838); Microorganism (10012014); Death (10005560); Movement (10012274); Need (10012495); Care Need (10030878); Obese (10013457); Obstruction (10013555); Organism (10013783); Orientation (10013810);

Chart 2 – Cont.

Axis	Constant terms and ICNP® codes
	Hygiene Pattern (10009292); Role (10017321); Weight (10021034); Preoccupation (10015466); Blood Pressure (10003335); Procedure (10034409); Process (10015762); Recovery (10016507); Reflex (10016582); Regime (10016609); Rehabilitation Regime (10032611); Endurance (10006875); Result (10017186); Test Result (10019616); Laboratory Result (10011074); Rhythm (10017210); Respiratory Rhythm (10016915); Routine (10017384); Blood (10003319); Blood Oxygen Saturation (10030845); Health (10008711); Occupational Health (10013586); Secretory Substance (10017635); Sedation (10040156); Service (10017908); Sign (10018130); Vital Sign (10020829); Symptom (10019368); Sucking (10019001); Supply (10019119); Rate (10016390); Death Rate (10005573); Temperature (10019556); Diagnostic Test (10031138); Gaseous Exchange (10008309); Ulcer (10020237); Urine (10020478); Value (10020599); Alertness (10002144); Victim (10042168).
Judgment (n=19)	Risk (10015007); Expected Level (10007343); Severity (10025849); High (10009007); Presence (10046624); Degree (10005663); Moderate (10025865); Low (10011438); None (10013253); Actual (10000420); Completed (10004849); Prescribed State (10015506); Mild (10025854); Severe (10025877); Small (10018315); Partial (10014081); Complexity (10023605); Complex (10023583); Abnormal (10013269).
Means (n=41)	Protocol (10015926); Mask (10011752); Therapy (10019628); Plan (10014630); Material (10011775); Physician (10014522); Antibiotic (10002383); Haemodialysis (10008949); Health Service (10008795); Surgery (10019212); Meal (10011809); Solution (10018499); Soap (10018358); Cannula (10003856); Endo Tracheal tube (10006868); Catheter (10004087); Telephone (10019539); Drug (10006314); Bed (10003168); Patient Record (10014178); Pulse Oxymeter (10032551); Bed Linen (10003175); Medication (10011866); Physiotherapist (10024003); Pharmacist (10023992); Food (10008089); Computer (10004906); Glasses (10008460); Vehicle (10020654); Fan (10007680); Vaccine (10020568); Aseptic Technique (10002639); Technique (10019525); Brush (10003728); Drink (10006269); Analgesic (10002279); Progressive Muscle Relaxation (10040540); Assessment Tool (10002832); Toothbrush (10019853); Device (10005869); Cream (10005352).
Action (n=28)	Assessing (10002673); Attending (10002911); Identify (10009631); Disinfecting (10006044); Isolating (10010906); Hygiene (10009285); Advising (10001917); Screening (10017585); Collecting (10004574); Promoting (10015801); Observing (10013474); Maintaining (10011504); Establishing (10024813); Cardiac Resuscitation (10044066); Assisting (10002850); Monitoring (10012154); Rinsing (10017247); Preparing (10015478); Avoiding (10003077); Reinforcing (10016650); Protecting (10015864); Prescribing (10015510); Stimulating (10018842); Decreasing (10005600); Disposing (10006063); Increasing (10009961); Administering (10001773); Supervising (10019093).
Time (n=13)	Admission (10001843); Examination (10007241); Operation (10013708); Frequency (10008234); Acute (10001739); Hospitalization (10009122); Present (10015581); Duration (10006379); Follow-up Appointment (10038739); Discharge (10006000); Adulthood (10001891); Continuous (10005086); Visit (10020817).
Location (n=31)	Hospital (10009114); Clinic (10004459); Hand (10008661); Arm (10002504); Structure (10018916); Nose (10013314); Body (10003388); Lung (10011486); Face (10007481); Abdomen (10000023); Position (10014788); Central (10004104); Head (10008688); Posterior (10014994); Skin (10018239); School (10017537); Sheltered Housing (10018021); Trachea (10019922); Kidney (10022439); Lower (10011440); Capillary (10003860); Joint (10010968); Forearm (10008164); Thorax (10019692); Tracheostomy (10019933); Upper (10020325); Nasal Cavity (10012424); Neck (10012476); Leg (10011298); Lip (10011377); Heart (10008822).
Client (n=8)	Patient (10014132); Adult (10001889); Individual (10010018); Group (10008544); Family (10007554); Mother (10027257); Community (10004733); Elder (10006604).

Chart 3 – Terms not included in the ICPN®, the corresponding frequencies and axes. Niterói, Rio de Janeiro Brazil, 2020.

Axis	Non-constant terms and frequency
Focus (n=92)	Respiratory syndrome (530); Registration (401); Contact (321); Recommendation (266); Isolation (215); Information (121); Reference (120); Protection (110); Transmission (106); Flow (86); Oxygenation (86); Cleaning (83); Organization (65); Pandemic (61); Source (56); Indication (54); Precaution (45); Comorbidity (44); C-reactive protein (43); Respiratory syndrome (40); Lymphocyte (35); Evolution (34); Respiratory failure (30); Aerosol (30); Preparation (28); Adverse event (27); Motivation (26); Droplet (25); Dose (23); Biosafety (21); Positive End-Expiratory Pressure (20); Dissemination (18); D-dimer (16); Risk Factor (16); Manifestation (16); Throat Pain (16); Cyanosis (15); Body Fluid (15); Immunization (14); Breathing (13); Planning (11); Damage (11); Reception (11); Lethality (11); Prognosis (10); Contraindication (9); Creatinine (9); Sodium (8); Serum Ferritin (8); Dirtiness (8); Leukocytosis (7); SOFA (7); Coryza (6); Arterial blood gases (6); Immuno-suppression (6); Inappetence (6); History (6); Psychic Suffering (5); Coagulation (5); Diuresis (5); Serum lactate (5); Myalgia (5); Pneumothorax (5); Sepsis (4); Reaction (4); Hypoperfusion (4); Stridor (4); Pallor (4); Coinfection (4); Anorexia (4); Vital sign (4); Headache (4); Level of consciousness (3); Lymphopenia (3); Alcohol (2); Index 2 Death (2); Hypoxemia (2); Tachypnea (2); Lymphadenopathy (2); Body Mass (2); Anosmia (2); Fragility (2); Saliva (2); Syncope (1); Weight loss (1); Cardiovascular Risk (1); Rest (1); Oliguria (1); Hemoptysis (1); Water Resuscitation (1).
Judgment (n=7)	Worsening (25); Absence (24); Altered (24); Worse (12); Committed (12); Severe (7); Poor (1).
Means (n=65)	Treatment (891); Guidelines (403); Prevention (242); Evaluation (241); Intubation (232); Strategy (189); Personal Protective Equipment (151); Extracorporeal Membrane Oxygenation (130); Test (125); Monitoring (86); Caution (85); Review (89); Support (65); Restriction (69); Contingency (48); Tomography (44); Glove (42); Screening (41); Health professional (35); Resource (34); Swab (33); Transport (33); Propagation (33); Confirmation (33); Input (31); Assistance (31); Contingency Plan (28); Radiography (22); Apron (21); Update (17); Prophylaxis (17); Inhibitor (14); Distancing (12); Supplementation (12); Health team (11); Oxygen supplementation (11); Hypochlorite (10); Indicator (10); Scarf (10); Nebulization (10); Hospital Infection Control Commission (9); Venous Infusion (9); Stock (8); Nasal cannula (8); Echocardiography (8); Promotion (7); Laboratory examination (5); Multidisciplinary team (5); Bronchoscopy (5); Electrocardiogram (5); Thermometer (4); Dimensioning (4); Perfusion (4); Mechanical ventilation (2); Video laryngoscopy (2); Non-Invasive Ventilation (2); Ventilation at controlled pressure (2); Enteral nutrition (2); Extubation (2); Cleaning Professional (1); Electrocardiographic Monitoring (1); Pronation (1); Bronchodilator (1); Axillary Temperature (1); Face shield (1).
Action (n=19)	Detect (91); Search (31); Guarantee (23); Manage (19); Recognize (17); Suspend (17); Washing (16); Adopt (14); Accomplish (8); Supply (4); Proceed (2); Dilute (2); Postpone (1); Designate (1); Reassess (1); Collect (1); Update (1); Prohibit (1); Standardize (1).
Time (n=10)	Outcome (231); Finishing (151); Phase (129); Age (93); Period (73); Incubation Period (51); Quarantine (47); Deadline (17); Forecast (12); Reappearance (7).
Location (n=13)	Emergency (119); Laboratory (93); Bed (86); Room (64); Surface (31); Oropharynx (28); Intensive Care Unit (19) Laundry (8); Trash can (7); Pharmacy (4); Eye (3); Airway (2); Mucosa (2).
Client (n=5)	User (204); Person (61); Carrier (32); Woman (18); Risk Group (4).

DISCUSSION

The Nursing practice, inserted in the growing scientific movement of the profession, is increasingly emphasizing the concern with the records and the awareness of the importance of documenting nursing care, considering that information is the fundamental element to organize structured assistance model. In this context of information, the important role of specialized terminologies is highlighted, which brings considerable improvements to the documentation of the practice through its methodology in the standardization of language.¹⁹

Considering that the specialized nursing terminologies are instruments of the nurse's work process, which are defined as a set of terms that uniformly describe the important concepts of the profession, these should be used by nurses, especially in cases such as the pandemic of COVID-19, to document nursing care in a standardized way and thus assess through nursing records the contribution of nursing in caring for people with this disease.²⁰

When discussing the possibility of the practical application of a specific nursing terminology for COVID-19, several reasons can be raised, in terms of interest and contribution, which are: facilitate communication between health professionals; it will allow nurses to judge and use the most appropriate terms to register the health needs recognized in this clientele; enable health care assessments; contribute to research in the face of a new disease with outcomes to be clarified; and generate care indicators that stimulate changes and improve the quality of management, teaching, and research, as well as in the safety of care for patients with this disease.

In the care of people with COVID-19, the application of the ICNP[®] in a systematic way as anchoring to name elements of specialized nursing terminology, by stimulating the development of clinical and epidemiological reasoning, it can support the analysis of the health-disease process and identification of the real health needs of these individuals. In this way, it will provide the planning and implementation of successful interventions, expanding the vision of care in relation to the user and the group to which it belongs.²¹

It is understood that nursing terminologies are undergoing an up-to-date process and, even with advances, the ICNP[®] undergoes a periodic review, given the complexity of Nursing, the constant evolution of the area's own knowledge, and the expansion of spaces for the exercise of the profession and development of research in the terminology area.²²

A study signals the importance of developing specialized nursing terminologies and that the use of terms added to a classification system in nursing, whether for teaching, research or assistance, contributes to improving the quality of nursing records, enabling continuity of care, consistency in communication and increased security for subjects participating in the care process, integrating instruments, information systems, and theoretical models.¹²

In the present study, after mapping it was identified that 263 terms were constant in the ICPN[®] 2019, which denotes that ministerial documents can contribute on a large scale to health knowledge and thus propose a record compatible with the evidence globally recognized by the scientific community, especially in the context of the COVID-19 pandemic.

The development and use of a specific nursing terminology for COVID-19 elaborated through ministerial documents makes it possible to standardize the registration of nurses' care in the pandemic through specific vocabulary with clinical terms, reducing ambiguities, being in practice essential for the information retrieval and analysis, facilitate communication and, also, have easy understanding, coding and be intuitive to professionals.

Terms with great potential for contributing to the development of nursing diagnoses, outcomes and interventions in the care of people with COVID-19 were identified. In addition, such terms can

designate everyday phenomena recognized by nurses and for which therapeutic care plans will be established in cooperation with the multi-professional team.

That way, it is recommended that the nursing records address clear, precise, and effective questions, that is, that the terms used for this enable the indication and recording of the phases of the nursing process. Therefore, it is necessary to ensure that these are not made official with inappropriate forms or meanings.²³

Among the axes, the “Focus” Axis covered the highest frequency of constant and non-constant terms in the ICPN[®], which can be justified by the fact that it presents the main areas of attention, relevant to nursing, which demonstrates that the terms punctuate aspects of the clinical health practice that revert to possibilities for the nurses’ diagnostic reasoning in their daily lives. In this axis, the constant term that presented a higher frequency was “Diagnostic test” and “Respiratory syndrome” as the most frequent non-constant term.

In the “Judgment” Axis, the constant term “Risk” and the non-constant term “Worsening” were more frequent, complement each other and reflect that, as they spread, the risk factors for the development of serious cases include old age and underlying comorbidities such as hypertension, diabetes, cardiovascular disease and cerebrovascular disease.²⁴

As for the “Means” Axis, the constant term “Protocol” and the non-constant term “Treatment” were the most prevalent and make intercession as the description of an institutional protocol directs how the treatment should be carried out, based on proven evidence, and that Nursing appropriates to guide its care. The standardization of procedures is considered a current management tool and has been widely studied, since it supports decision-making, makes it possible to correct non-conformities and allows all workers to provide standardized care according to technical-scientific principles, also contributing to resolve the dichotomies acquired in the practice, as well as for educational purposes.²⁵

The complexity of the nursing work requires understanding broad aspects of administration and the organization of health work, as well as expanding competences, skills and attitudes to develop a safe practice. Protocol construction is one of the activities performed by the professionals, in the midst of other demands, but it is extremely important, especially for patient safety. The elaboration of work technologies occurs through theoretical studies, dialogs between peers, and practices, such as simulations of their implementation in health care, and also through validation by specialist professionals.²⁶

The “Action” Axis brought the constant term “Obtaining data” and the non-constant term “Detecting” as more frequent in the literature used for this study. However, other terms allocated in this Axis, such as “Researching”, “Guaranteeing”, “Managing”, “Recognizing”, “Supervising” and “Preparing”, indicate actions for care management, as well as preventive and recovery care, such as “Administering”, “Hygiene”, “Attending” and “Isolating”.

These terms are relevant, as they provide for interventions that investigate the possible cause of the COVID-19 attack and that will contribute to the individual’s health history, support the planning of care and meet the identified needs, preventing possible complications.²⁷ For the Ministry of Health, it is recommended to determine the level of risk and to assess the possibility of causes, that is, a clinical-epidemiological investigation is crucial for the timely diagnosis and to prevent transmission.²⁸

Therefore, the nurse in the context of health care for COVID-19 seeks to satisfy holistic needs and complex efficient and safe ways to intervene with accuracy and thus achieve the desired goals through a terminology that is created and recreated. Therefore, the interventions based on a standardized language are based on clinical reasoning and knowledge to improve the results obtained by the patient and thus promote, maintain, and restore the patient’s health status, based on nursing diagnoses, to achieve the established results and solve the altered human responses.

In the “Time” Axis, the constant term “Admission” and the non-constant term “Outcome” were the most representative. As seen, since it is a pandemic, it is extremely valuable to collect information that reflects the cause of the disease and situations that have increased its involvement. Therefore, an initial clinical-epidemiological assessment that questions environmental contamination through respiratory droplets and fecal leakage is important, especially in vulnerable people.²⁹

In the “Location” Axis, the constant term “Hospital” and the non-constant term “Emergency” were the most expressive, reflecting the establishment and the sector being among the most sought after in cases of COVID-19. A Brazilian study indicates that hospitalization for severe acute respiratory syndrome since the detection of the first case of COVID-19 in Brazil exceeded the observed in the same period. In this case, the hospitalization of serious cases of COVID-19 already constitutes an overload for the health system.²⁹ Emergency, on the other hand, is the gateway to hospitals and in the case of COVID-19, this sector has undergone adaptations to meet general and disease cases. Therefore, it is in the Emergency that screening criteria are established for the identification and care of cases, since the clinical assessment and decision making of the nurse will always be relevant for the provision of individualized care to the patients.

And, finally, the “Customer” Axis brought the constant term “Patient” and the non-constant term “User” as recurring in this axis, representing the way people who use health services are referred to. Despite having different roots, the term to be used in the practice of care must prioritize the respect for autonomy and health service as rights that must be respected, in the same way that the inhuman relationship and passivity must be left out in the dialogical relationship that is being intended to be established between health professionals and the user-client-patient.³⁰

In general, it can be understood that the terms translate determinant factors of client health and thus characterize with greater precision the specificities of care priorities, representing a contribution to the structuring of diagnoses, results and Nursing interventions, thus helping for the operationalization of nursing care systematization.

Finally, the proposal for an innovative terminology and the advance in knowledge about the use of ICNP® stand out as implications for the practice in the care of people with COVID-19 and documentation of the Nursing Process, collaborating to standardize the professional language and the development of the Nursing science.

As a limitation of this study, the fact that the terms raised have not been submitted to content validation by specialists should be considered. Thus, other studies should be conducted in order to validate these terms and verify their applicability and expandability in people affected by COVID-19.

CONCLUSION

The structuring of a specialized terminology for COVID-19 was built, with constant terms prevalent, in the Focus and Means axes. However, it should be noted that the significance of non-constant terms was notable, which can be suggested for inclusion in the International Nurses Council and subsequent update of the ICNP®.

It is believed that the results of this study may contribute to the operationalization of the systematization of nursing care, in addition to contributing to the integrality of health care for people with COVID-19 and the real demands of these subjects, which will subsidize the steps subsequent to the construction of a Terminological Subset for information and communication to Nursing practice.

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NOTES

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