



Review Article

Nursing care when bathing dependent elderly people at home: A scoping review

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ABSTRACT

**Background & Aim:** Dependent elderly people have difficulty carrying out activities of daily living and need help with essential life-sustaining activities such as bathing. Nursing care includes technique, organization, and care for the patient's physical and emotional well-being. This study aimed to map the scientific evidence on home bathing care for dependent elderly people.

**Methods & Materials:** A scoping review on home bathing care for dependent elderly people according to the methodology proposed by the Joanna Briggs Institute Collaboration. Nine databases were searched, as well as sources of gray literature. Rayyan software was used to select the studies by two reviewers and a third for the final assessment.

**Results:** 24 studies were selected. The most important aspects of bathing were communication, considering the elderly person's preference for bathing, considering conflict resolution, safety, comfort, and privacy, planning the necessary materials and actions, paying attention to the temperature of the water and the environment, cleaning and tidying the bed, as well as hygiene care such as trichotomy, and nail clipping.

**Conclusion:** It was identified that care is related to specific skincare and planning to carry out the steps in body hygiene. The studies show the importance of guidance from nursing professionals in the process of bathing dependent elderly people at home from the perspective of a person-centered approach and their uniqueness.

Introduction

The term "self-care" refers to the activities that individuals carry out to maintain their health, prevent illness, and promote physical and emotional balance. The Self-Care Deficit Theory, developed by Dorothea Elizabeth Orem, highlights the importance of this strategy in maintaining health and describes how nursing can intervene to help individuals who face deficits in this capacity (1).

With the aging process, the elderly can develop health conditions that impact their self-care, resulting in a loss of independence (2). Dependent elderly people are those with established functional decline, unable to perform complex activities, or compromised in self-care

activities, such as bathing, dressing, and feeding, which are considered essential for maintaining life (3, 4).

Bathing is a daily or regular activity in which the person cleans the body, sanitizing the body, hair, and other parts, usually using water, soap, or personal hygiene products, and is essential for health. In the case of dependent elderly people, bathing can take place in the shower, bath, or bed. Water would be poured over the body and should be carried out calmly and with gentle movements, observing the individual's responses (5, 6).

This is a moment that often causes difficulties in the daily lives of the elderly and

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their caregivers and/or family members, who carry out the procedure, due to its importance for maintaining intact skin and the risk of accidents. A study carried out in Brazil with caregivers of elderly people found a shortage of educational training for caregivers, as well as deficiencies in training programs nationwide, which directly influences the provision of care to dependent elderly people (7).

The lack of resources and guidance given to caregivers and family members on the procedure, including up-to-date practices and information on the specific needs of the elderly population, are gaps in carrying out bathing for the dependent elderly at home. Therefore, collaboration between caregivers and health professionals is essential for the procedure to be carried out safely, meeting the needs of the elderly (8).

Given the importance of this procedure for the dependent elderly, health institutions and professionals need to adopt effective care standards that promote practice to improve the health and living conditions of this population and their families (9). Most of the time, the family is still the caregiver for the dependent elderly, so health professionals, especially nurses, should encourage quality home care (10).

Nursing guidance for caregivers on bathing dependent elderly people at home must address their individual needs related to the aging process, providing them with a safe, respectful, and comfortable experience (5, 11).

In this context, the search for scientific evidence on the care of dependent elderly people when bathing at home can help nurses identify practices and methods aimed at the autonomy, privacy, and safety of this population group. This contributes to safe and appropriate guidance for caregivers and family members, ensuring the promotion of well-being and improved living conditions.

In addition, such evidence can influence health policies related to aging and home care, ensuring that the necessary resources and support are available to meet the needs of the elderly population. Although there are several publications on functional dependence in elderly people, especially in basic daily life activities such as bathing, it is necessary to compile all this

information to facilitate adequate understanding and care for the elderly.

Therefore, a scoping review is justified by the need to compile and analyze the available scientific evidence on the subject in the literature, in order to expand existing knowledge and identify points that require further investigation or research. As such, this study will contribute to clinical practice and the development of more efficient and humanized care protocols.

Considering not only the bathing technique but also the organization of care and the impact on patients' physical and emotional well-being, the aim of this study was to map the scientific evidence on home bathing care for dependent elderly people.

## **Methods**

This study used the scoping review method, which is a type of literature review that aims to structure the knowledge available in a specific research field. Scoping reviews aim to identify and map the nature, extent, and diversity of the evidence available on a given subject. This is in contrast to systematic reviews, which usually aim to answer a specific question based on carefully selected studies (12).

Scoping reviews are useful when the objective is to explore a wide variety of evidence, including primary studies, systematic reviews, government reports, public policy documents, and textbooks, among others. They are useful for identifying gaps in knowledge, determining the need for more detailed systematic reviews, and informing decisions regarding future research (12). Evaluation by the Research Ethics Committee was waived, since this study consists of a review using data in the public domain, without any direct involvement with human beings.

It is a scoping review based on the Joanna Briggs Institute (JBI) collaboration, which provides a map of scientific evidence (12). The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-SCR) checklist was used to report the review (13). The protocol was registered and published at the following link: <http://revista.sear.com.br/rei/article/view/437/358> (14).

The strategy adopted to guide the formulation of the guiding research question and the selection of descriptors followed the JBI methodology for scoping reviews, based on the mnemonic PCC (Population, Concept, Context). The population (P) considered was the dependent elderly, the concept (C) addressed was care for the elderly in the bath, and the context (C) considered was home care. This resulted in the following question: What are the subsidies for assistance to the dependent elderly in the home bath?

Studies were included in Portuguese, English, and Spanish, with no time limit on publication.

The databases searched included the US National Library of Medicine (PubMed), Cumulative Index to Nursing and Allied Health Literature - CINAHL, Literatura Latino-Americana de Informação Bibliografia (LILACS), Embase, Cochrane Central Register of Controlled Trials (Cochrane CENTRAL), Scopus, Web of Science Core Collection and AgeLine.

The search for studies from gray literature was conducted online, using Google Scholar, Open Grey, The Search Portal for Life Sciences (LIVIVO), and the Capes Thesis Portal. In addition, a manual search was carried out in books belonging to the collection of the Geriatrics and Gerontology Research Center of the Ribeirão Preto School of Nursing at the University of São Paulo, the library of the Federal University of Mato Grosso at the Araguaia Campus, the online library of the Federal University of Paraíba and the website of the Ministry of Health. In addition, a search of the list of references of the studies included in this review was conducted.

The search strategy was unique and adapted for each database selected, using the Boolean operators OR for grouping/summing synonyms, and AND for intersecting the descriptor terms consulted in DeCS-MeSH. A pilot search was carried out in the PubMed database on December 20, 2022, to identify articles on the subject and select appropriate words and terms for the search strategy. The final search of the databases was carried out on December 29, 2022.

The results obtained were exported to the EndNote 20 reference manager to remove duplicates. The records were then exported to the Rayyan System software of the Qatar Computing Research Institute (Doha, Qatar) (15), where two reviewers independently selected and screened the records, including analysis of titles and abstracts.

Any disagreements between the reviewers were reviewed by a third reviewer, to reconcile opinions. The full text was then read according to the eligibility criteria. The gray literature search process was carried out according to keywords, eligibility criteria, and the research question. The studies that met these criteria were subjected to a detailed analysis, including a full reading of the dissertations and guidelines, and a full reading of the relevant chapters in books related to the topic.

To map the information from the selected studies, a script drawn up by the authors was used, including the following data: author, year of publication, language and country of origin, objectives, method, results, and conclusion on subsidies for the care of dependent elderly people at home. For the secondary studies (gray literature), a script was developed to explore the aids described when bathing dependent elderly people at home.

The data extracted was organized in an electronic spreadsheet using Microsoft Office Excel® 365, allowing for detailed elaboration of the results. A descriptive summary was made to summarize the findings, which were then presented in tables to provide a clear visualization and facilitate understanding of the data obtained.

## **Results**

The total number of studies identified in the database searches was 244, while 80 records were found in the gray literature, giving a total of 324 sources of information. During the screening, 112 duplicate studies were removed. Next, 300 studies were excluded because they did not meet the inclusion criteria. As a result, 110 studies were selected for full reading, of which 86 were excluded because they did not meet the inclusion criteria. In the final sample of this review, eight (8) studies from the databases

and 16 from the gray literature were included, totaling 24 publications (Figure 1).

Concerning the eight articles extracted from the databases: two (25%) adopt a quantitative approach, four (50%) follow a qualitative approach, and two (25%) are of a mixed nature. As for origin, one is from England (12.5%), one from Canada (12.5%), one from Germany (12.5%), one from Japan (12.5%) and four from the United States (50%). Regarding the year of publication, two studies were conducted in 2020 (25%), two in 2015 (25%), one in 2013 (12.5%), one in 2004 (12.5%), one in 1997 (12.5%) and one in 1962 (12.5%).

In the context of gray literature, 16 records were selected, of which 14 are book chapters (87.5%), one master's thesis (6.25%), and one guidebook (6.25%). In terms of origin, 11 were published in Brazil (68.75%) and five in the United States (31.25%). As for the year of publication, one was published in 2022 (6.25%), one in 2021 (6.25%), two in 2019 (12.5%), two in 2018 (12.5%), two in 2017 (12.5%), two in 2015 (12.5%), two in 2014 (12.5%), two in 2011 (12.5%), one in 2008 (6.25%) and one in 1965 (6.25%).

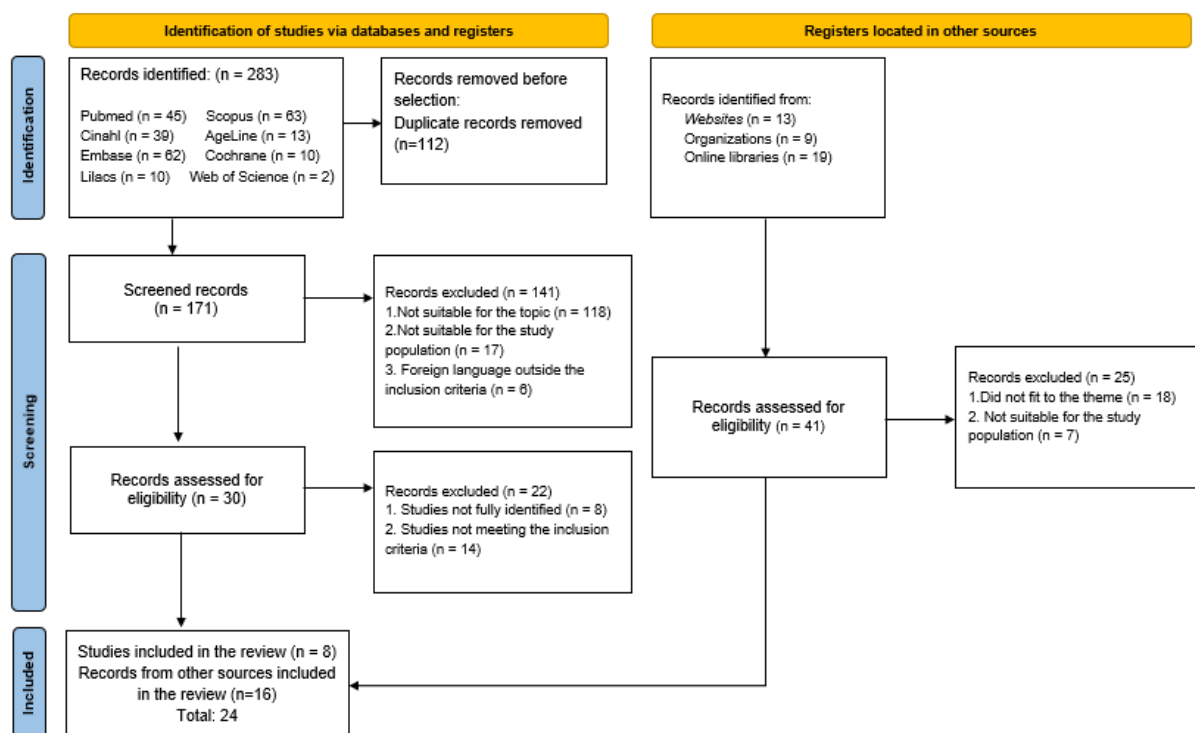


Figure 1. PRISMA-ScR flow diagram of the process for selecting the studies included in the scoping review.

It is worth noting that although the studies were carried out in different countries, the main aids for bathing dependent elderly people at home were similar, which are described in Table 1 and categorized into three themes, as follows:

**1. Efficient communication before, during, and after the bath**

The use of efficient communication strategies before, during, and after bathing ensures that the procedure considers the individuality and comprehensive care of the dependent elderly person. Some selected studies emphasize that for

bathing to be successful for dependent elderly people at home, it is essential to clearly explain the reason, purpose, and benefits of the procedure (16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26). This process should involve the preferences of the elderly person during the procedure (19, 21, 23, 27, 24), respecting their privacy (16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 28). The studies also highlight the need to focus on resolving conflicts between the elderly person and the caregiver, if any occur (16, 18, 22, 25, 27, 28), as these are prerogatives that have an impact not only on the procedure itself but also on the coexistence between those involved.

## **2. Safety strategies for the elderly while bathing**

Another positive aspect highlighted by the studies is the emphasis on patient safety during bathing (16, 17, 19, 20, 21, 23, 24, 25, 26, 29, 30, 31, 32). In order to effectively address this issue, the studies show that it is essential to consider a series of measures and adaptations that protect the physical integrity and promote the wellness of these elderly people (18, 31, 32, 33).

It is also worth highlighting the fear of falling during the procedure, which has been confirmed by studies showing that adapting the environment, such as installing support bars, non-slip floors, handrails, shower seats, among others, can prevent this adverse event (18, 31, 32, 34).

Other alternatives that have been found in relation to safety include the use of warning devices, such as emergency buttons or monitoring systems. These devices have a significant role in emergency situations, allowing a quick response when necessary, and contributing to improved safety while bathing (21, 23, 29).

## **3. Steps and procedures for bathing the dependent elderly at home**

Organizing the necessary supplies before performing the procedure is recommended, and protecting venous access, drains, and dressings is highlighted as one of the initial steps for bathing (17, 20, 21, 23, 24, 29, 35). The selected studies emphasize the need to prepare the environment, check the water temperature to ensure that it is warm to provide comfort for the elderly, as well as

the use of gloves (17, 23, 24, 25, 29, 31, 32, 36, 37, 38). To ensure support and safety, the authors suggest that a hygienic chair can be placed under the shower, facilitating the washing of their legs and feet (17, 18, 19, 20, 21, 25, 30, 32, 33).

The sequence of body hygiene in bed follows a specific order, dividing the body zones, including the face, neck, arms, shoulders, armpits, torso, abdomen, legs, feet, back, perianal region, and genitalia, starting with the head (17, 20, 21, 23, 24, 27, 31, 32, 34, 38). A consistent approach, using a pad with warm water and soap, followed by adequate rinsing and drying with a towel, contributes therapeutically to improving the health of the elderly (18, 19, 20, 21, 23, 25, 26, 30, 33, 37). The studies also highlight the importance of assessing whether it is necessary to trim nails and perform trichotomy (17, 20, 21, 23, 25, 27, 29, 32).

Another important step is the inspection and hydration of the elderly person's skin during and after bathing (15, 17, 18, 19, 20, 23, 25, 28, 32, 33, 35). The studies therefore recommend that careful attention to cleaning and tidying the bed as one of the final steps (16, 17, 19, 20, 21, 23, 25, 26).

Table 1 highlights the main aids for bathing dependent elderly people at home. It can be noted that these aids were identified in more than one article, emphasizing the importance of planning to provide maximum safety for the dependent elderly when bathing.

Table 2 presents the characterization of the studies according to country/year of publication, objective, type of study, as well as the sample and results.

**Table 1.** The main aids for bathing dependent elderly people at home, Barra do Garças, Mato Grosso, Brazil, 2023

<b>Author/year</b>	<b>Main subsidies for the bath</b>
Kozier/2008 (16), Kawamoto; Fortes/2011 (17), Steele/2011 (18), Costa; Eugenio/2014 (19), Giovanni et al/2014 (20), Volpato; Passos/2015 (21), Wolf; Czekanski/2015 (22), Carmagnani et al/2017 (23), Porto; Viana; Silva/2017 (24), Potter/2018 (25), Barros; Lopes; Morais/2019 (26)	Talk to the elderly person about what will be done
Kozier/2008 (16), Steele/2011 (18), Kottner et al/2015 (27), Wolf; Czekanski/2015 (22), Carmagnani et al/2017 (23), Potter/2018 (25)	Consider the elderly person's preference for the type of bath
Mcclain/1965 (28), Kozier/2008 (16), Steele/2011 (18), Kottner et al/2015 (27), Wolf; Czekanski/2015 (22), Potter/2018 (25)	Adapting to each person's care, resolving any conflicts, and considering the proposed nursing interventions
Kozier/2008 (16), Kawamoto; Fortes/2011 (17), Holmes et al/2013 (29), Costa; Eugenio/2014 (19), Giovanni et al/2014 (20), Volpato; Passos/2015 (21), Wolf; Czekanski/2015 (22), Carmagnani et al/2017 (23), Porto; Viana; Silva/2017 (24), Potter/2018 (25), Barros; Lopes; Morais/2019 (26), Brunner; Suddart/2019 (30), King et al/2020 (31), Coutinho; Cantanhede/2022 (32)	Maintaining security and privacy

McClain/1965 (28), Kawamoto; Fortes/2011 (17), Giovanni et al/2014 (20), Volpato; Passos/2015 (21), Carmagnani et al/2017 (23), Porto; Viana; Silva/2017 (24)	Protect venous accesses drains, and dressings by lining the area with a plastic bag and adhesive tape, changing the fixation whenever necessary.
Steele/2011 (18), Volpato; Passos/2015 (21), Carmagnani et al/2017 (23), Potter/2018 (25), Coutinho; Cantanhede/2022 (32)	Ask for help if the elderly person has limitations
Maklebust/1997 (36), Traphagan/2004 (37), Kawamoto; Fortes/2011 (17), Steele/2011 (18), Holmes et al/2013 (29), Costa; Eugenio/2014 (19), Giovanni et al/2014 (20), Bierhals/2015 (30), Volpato; Passos/2015 (21), Wolf; Czekanski/2015 (22), Carmagnani et al/2017 (23), Porto; Viana; Silva/2017 (24), Potter/2018 (25), Barros; Lopes; Morais/2019 (26), Stephen-Haynes/2020 (38), Nettina/2021 (35), Coutinho; Cantanhede/2022 (32)	Check the temperature of the room and the water
Kantor/1662 (39), Maklebust/1997 (36), Kawamoto; Fortes/2011 (17), Steele/2011 (18), Holmes et al/2013 (29), Costa; Eugenio/2014 (19), Giovanni et al/2014 (20), Volpato; Passos/2015 (21), Wolf; Czekanski/2015 (22), Carmagnani et al/2017 (23), Porto; Viana; Silva/2017 (24), Brasil/2018 (33), Potter/2018 (25), Barros; Lopes; Morais/2019 (26), Stephen-Haynes/2020 (38), Nettina/2021 (35), Coutinho; Cantanhede/2022 (32)	Gather all the materials to be used before bathing, such as parrot, toilet seat, basin, warm water, neutral pH soap, soft sponges, towel, toothbrush, sheets, plastic sheeting, and clothes.
Kawamoto; Fortes/2011 (17), Costa; Eugenio/2014 (19), Giovanni et al/2014 (20), Bierhals/2015 (30), Volpato; Passos/2015 (21), Porto; Viana; Silva/2017 (24), Potter/2018 (25), Barros; Lopes; Morais/2019 (26), Coutinho; Cantanhede/2022 (32)	Protect hands with rubber or disposable gloves
Kawamoto; Fortes/2011 (17), Giovanni et al/2014 (20), Bierhals/2015 (30), Kottner et al/2015 (27), Volpato; Passos/2015 (21), Carmagnani et al/2017 (23), Porto; Viana; Silva/2017 (24), King et al/2020 (31), Stephen-Haynes/2020 (38), Coutinho; Cantanhede/2022 (32)	If bathing in the shower, use a shower chair
Kawamoto; Fortes/2011 (17), Steele/2011 (18), Costa; Eugenio/2014 (19), Giovanni et al/2014 (20), Volpato; Passos/2015 (21), Carmagnani et al/2017 (23), Potter/2018 (25), Barros; Lopes; Morais/2019 (26)	Remove clothes and leave the patient covered with a sheet
Kantor/1962 (39), Holmes et al/2013 (29), Kottner et al/2015 (27), Stephen-Haynes/2020 (38)	Use neutral pH soap
Volpato; Passos/2015 (21), Carmagnani et al/2017 (23), Porto; Viana; Silva/2017(24), Barros; Lopes; Morais/2019 (26), Brunner; Suddart/2019 (30)	Perform eye hygiene
Kozier/2008 (16), Kawamoto; Fortes/2011 (17), Costa; Eugenio/2014 (19), Giovanni et al/2014 (20), Volpato; Passos/2015 (21), Carmagnani et al/2017 (23), Porto; Viana; Silva/2017 (24), Brasil/2018 (34), Potter/2018 (25), Barros; Lopes; Morais/2019 (26), Brunner; Suddart/2019 (30)	Perform oral hygiene
Traphagan/2004 (37), Kawamoto; Fortes/2011 (17), Costa; Eugenio/2014 (19), Volpato; Passos/2015 (21), Carmagnani et al/2017 (23), Porto; Viana; Silva/2017 (24), Brasil/2018 (33), Potter/2018 (25), Barros; Lopes; Morais/2019 (26), Brunner; Suddart/2019 (30)	Perform hair hygiene
Kawamoto; Fortes/2011 (17), Giovanni et al/2014 (20), Volpato; Passos/2015 (21), Carmagnani et al/2017 (23), Porto; Viana; Silva/2017 (24), Potter/2018 (25), Barros; Lopes; Morais/2019 (26), Coutinho; Cantanhede/2022 (32)	Wash, rinse, and dry the limbs from distal to proximal, in the following order: face, neck, torso, wrist, arms, shoulder, armpits, hands, belly, legs, back, feet, genitals, and perianal region, with rotating movements.
Kawamoto; Fortes/2011 (17), Costa; Eugenio/2014 (19), Giovanni et al/2014 (20), Volpato; Passos/2015 (21), Carmagnani et al/2017 (23), Porto; Viana; Silva/2017 (24), Brasil/2018 (33), Potter/2018 (25), Barros; Lopes; Morais/2019 (26), Coutinho; Cantanhede/2022 (32)	Wash the vagina from front to back and uncover the head of the penis for men.
McClain/1965 (28), Kawamoto; Fortes/2011 (17), Costa; Eugenio/2014 (19), Bierhals/2015 (30), Kottner et al/2015 (27), Volpato; Passos/2015 (21), Brasil/2018 (33), Potter/2018 (25), Coutinho; Cantanhede/2022 (32)	Dry the skin well after bathing, especially the intimate areas, knee creases, elbows, under the breasts, armpits and between the toes.
McClain/1965 (28), Maklebust/1997 (36), Holmes et al/2013 (29), Costa; Eugenio/2014 (19), Kottner et al/2015 (27), Carmagnani et al/2017 (23), Brasil/2018 (33), Potter/2018 (25), Barros; Lopes; Morais/2019 (26), Stephen-Haynes/2020 (38), Nettina/2021 (35), Coutinho; Cantanhede/2022 (32)	Apply moisturizing cream for aging skin
McClain/1965 (28), Maklebust/1997 (36), Kozier/2008 (16), Kawamoto; Fortes/2011 (17), Costa; Eugenio/2014 (19), Giovanni et al/2014 (20), Carmagnani et al/2017 (23), Brasil/2018 (33), Potter/2018 (25), Barros; Lopes; Morais/2019 (26), Nettina/2021 (35), Coutinho; Cantanhede/2022 (32)	Inspect the skin while bathing
Kozier/2008 (16), Kawamoto; Fortes/2011 (17), Costa; Eugenio/2014 (19), Giovanni et al/2014 (20), Volpato; Passos/2015 (21), Carmagnani et al/2017 (23), Potter/2018 (25), Barros; Lopes; Morais/2019 (26)	Clean and tidy the bed
Kawamoto; Fortes/2011 (17), Holmes et al/2013 (29), Giovanni et al/2014 (20), Volpato; Passos/2015 (21), Carmagnani et al/2017 (23), Potter/2018 (25), Coutinho; Cantanhede/2022 (32)	Evaluate the length of fingernails and toenails to determine the need for trimming. Perform trichotomy if necessary

**Table 2.** Characterization of the studies that compose the sample, Barra do Garças, Mato Grosso, Brazil, 2023

Author/year/country	Objective	Study type and sample	Results
<b>Kawamoto; Fortes/2011 Brazil (17)</b>	To highlight the importance of hygienic care in nursing and its direct relationship with infection prevention, patient comfort and health promotion.	Book	It highlights the importance of oral hygiene and hair washing. The steps and techniques involved in bed baths are discussed, including changing bed linen and clothing.
<b>Steele/2011 United States (18)</b>	Highlight strategies for improving communication in patients with dementia, such as the use of language, listening techniques, and personal hygiene care, such as bathing and changing clothes.	Book	The environment must be warm. Based on previous routines, preparation, and appropriate timing. Adapt bathing assistance to the individual needs and preferences of patients, especially those with dementia, with patience, respect, and empathy, which is fundamental to ensuring that the process is as peaceful and comfortable as possible.
<b>Costa; Eugenio/2014 Brazil (19)</b>	Emphasize the importance of patient hygiene in the context of nursing care.	Book	Performing the sprinkler bath or bed bath. The topic of personal hygiene covers patient hygiene practices, including oral hygiene, body bathing, and the change of bed linen and clothing. Hand hygiene is a critical measure for preventing infections. Cleaning and disinfecting healthcare environments. Patients should understand the importance of personal hygiene and infection control precautions.
<b>Giovani et al/2014 Brazil (20)</b>	To inform about the importance of showering for patient hygiene and comfort, the steps and procedures involved, as well as considerations of safety, mobility, prevention of skin lesions, and the preservation of dignity.	Book	Performing the shower and bed bath. Both procedures emphasize the importance of privacy, hand hygiene, proper hygiene sequence, and care for venous access, dressings, and the patient's specific needs, such as trichotomy. Bed baths should focus on personal hygiene procedures carried out when the patient does not have the mobility to bathe traditionally. This includes the use of appropriate products, cleaning techniques, changing bed linen and clothing, as well as specific considerations for bedridden patients.
<b>Volpato; Passos/2015 Brazil (21)</b>	To highlight the importance of hygiene as an integral part of nursing care.	Book	Rinse off and bathe in the shower. Proper hygiene prevents infections, promotes patient comfort, and preserves the integrity of the skin. The patient's hygiene includes oral hygiene, bed baths, changing bed linen and clothing, and hair and nail care. Adapt hygiene to patients' individual needs. Communicate effectively.
<b>Wolf; Czekanski/2015 United States (22)</b>	Evaluate difficulties in bathing elderly people with dementia.	Literature review on elderly people with dementia	Effective communication, the development of personalized strategies, and caregiver support play a crucial role in promoting a safer and less stressful bathing experience for people with dementia and their caregivers.
<b>Carmagnani et al/2017 Brazil (23)</b>	Address topics related to maintaining skin health and preventing skin lesions, with skin cleansing and moisturizing techniques, highlighting the essential role of nurses in this process.	Book	Performing the sprinkler bath or bed bath. The comprehensive guidelines ensure that bathing assistance is carried out safely, hygienically, and respecting privacy. They also include specific care for different parts of the body and emphasize the importance of communication.
<b>Porto; Viana; Silva/2017 Brazil (24)</b>	Addresses the fundamentals of nursing and patient hygiene. Discusses oral hygiene and body hygiene.	Book	They highlight the importance of oral hygiene, detailed body hygiene, the protection of skin and eye mucosa, as well as emphasizing the need to ensure safety and privacy during showering and bathing.
<b>Potter/2018 United States (25)</b>	Address hygiene promotion and meeting basic needs.	Book	Topics such as the importance of personal hygiene for health, the various hygiene methods (including bathing), oral hygiene, and care of the skin and mucous membranes, among others, are discussed. Comprehensive guidelines for bathing dependent elderly people at home, guaranteeing the patient's privacy and comfort.

Author/year/country	Objective	Study type and sample	Results
<b>Barros; Lopes; Morais/2019 Brazil (26)</b>	It covers essential techniques and procedures for hygiene and patient care, such as oral hygiene, intimate hygiene, bed baths and choosing the right products.	Book	Performing oral hygiene, preparing and organizing the material to be used, following the procedure step by step, disinfecting and changing sheets, intimate hygiene, comfort massage, and additional care related to the bed bath.
<b>Kottner et al/2015 Germany (27)</b>	To determine the frequencies and patterns of skin care and skin care products applied in the community nursing home setting in Germany.	Cross-sectional study. Sample of 1,300 participants.	More than 16 different types of main products have been identified, from shower-bath, shower gel, and washing lotion to bathe oil and bath foam. The recommendation is to use moisturizing cleansers with mild surfactants with a pH value suitable for the skin. Use moisturizers twice a day. Leave-on products containing urea were the most used on the legs and feet; skin protectors were used on the perineal region. Variations in skin care and product use may indicate habitual practices influenced by personal beliefs, traditions, or even inattention.
<b>Mcclain/1965 United States (28)</b>	Highlight the importance of skin care in nursing practice. Includes bathing practices, changing bed linen, and incontinence care.	Book	It addresses strategies for preventing skin damage, such as turning the patient, using suitable support surfaces, and regularly checking the skin for signs of damage. If the skin is already damaged, cleaning wounds and applying dressings will help prevent infection. Adequate hydration of the skin is vital.
<b>Holmes et al/2013 United States (29)</b>	Present guidelines, risk assessments, classifications, and products for managing patients at high risk of skin lesions.	This is a literature review about skin tears and their care in elderly people receiving care at home.	The environment should be safe, avoiding exposure to sharp corners of counters, open drawers, or other protruding objects; providing adequate lighting; transferring elderly people with altered mobility correctly from a bed to a chair; removing small rugs or shoes; padding bed rails, chairs, wheelchairs, or walkers. Use hypoallergenic moisturizers twice a day. A shower with warm water. Cleanse with mild pH-balanced soaps, use non-alkaline and glycerin-based products. Avoid adhesives on fragile skin and the use of adhesive removers. Assess the length of fingernails and toenails to determine the need for trimming or filing.
<b>Brunner; Suddart/2019 United States (30)</b>	It addresses the care of patients who have a decreased or lost level of consciousness and the importance of communication with the family and the healthcare team.	Book	It is important to maintain the integrity of the skin and joints. Performing oral care. Preserving the integrity of the cornea. They emphasize the importance of maintaining oral health and preserving ocular integrity during the care and bathing of dependent elderly people.
<b>King et al/2020 Canada (31)</b>	Furthermore, it identifies the care activities for the frail elderly, during home bathing, that most contribute to the risk of caregivers developing musculoskeletal injuries and understanding which bathing technique used by caregivers most contributes to this type of injury.	A mixed-methods observational study with a sample of eight (08) caregivers and one (01) frail elderly person.	The study found that home care providers often experience high rates of musculoskeletal disorders, especially in the back, when assisting with bathing. Exposures to musculoskeletal injuries can be reduced by using supportive equipment such as walkers, or a bath chair with elevation to minimize postural overload. A seat or bidet attachment can perform perineal cleansing.
<b>Coutinho; Cantanhede/2022 Brazil (32)</b>	Provide an understanding of the issues related to caring for the elderly, considering physical, emotional, social, and psychological aspects.	Book	Use non-slip mats, handrails, and grab rails if necessary. Choose a time of day when the elderly person is most alert and comfortable. Have clear and respectful communication. Bathing can be done in the shower or bath, in the correct sequence. Consider the elderly person's preferences and mobility needs. The water temperature should be lukewarm. Avoid excessive friction when washing the skin; use gentle, circular movements. Pay attention to areas where moisture can be trapped, such as between the toes. After showering, apply a gentle moisturizer to the skin. Pay attention to any signs of irritation, redness, rashes, or lesions on the skin. Respect the privacy and dignity of the dependent elderly person.



## Nursing care in the elderly bath

Author/year/country	Objective	Study type and sample	Results
<b>Brasil/2018 Brazil (33)</b>	To provide information on the importance of personal hygiene and practical guidelines for caregivers and health professionals who assist patients at home.	Guidelines	Personal hygiene should be daily. Use soft sponges. Wash and detangle hair. Dry carefully. Hygiene of intimate parts. Apply moisturizing cream. Observation of the skin. Oral hygiene. It highlights the importance of a complete and sensitive approach to the personal hygiene of dependent elderly people at home, considering the delicacy of the skin and individual needs.
<b>Bierhals/2015 Brazil (34)</b>	Analyze the felt needs and norms of the main family caregiver in the instrumental support of the elderly person linked to the PAD of the US/HCPA	This is a mixed-method exploratory study. It was conducted with 39 elderly people and their respective main family caregivers.	Family caregivers reported that they learned how to perform instrumental support activities through guidance from health professionals and daily experience. The search for information related to the execution of instrumental support activities and the subjective aspect of care emerged as felt needs. During the observation of care activities, normative needs were identified in various activities, including bed baths, showers, dressing, diaper changes and medication care.
<b>Nettina/2021 Brazil (35)</b>	To guide nurses dealing with elderly patients and people with disabilities.	Book	It addresses the promotion of preventive care to maintain health and well-being. Guidance on how to help the elderly person with activities of daily living, such as eating, personal hygiene, dressing, mobility, and elimination. A need to educate not only the patient but also their family and caregivers about the care needed when bathing.
<b>Maklebust/1997 United States (36)</b>	Describe various factors that put individuals at risk of pressure ulcers and suggest ways of addressing the risk factors.	Literature review study	1- Routinely inspect the skin for pressure areas, 2- Clean the skin daily, gently and intermittently, with warm water and use a soft cloth to dry the skin; 3- Moisturize the skin, lotions should be composed of powdered crystals dissolved in water; the most effective oils for dry skin are petrolatum-based and then lanolin-based. 4- Protect the skin from irritants and use a protective barrier paste based on zinc oxide if the skin is irritated.
<b>Traphagan/2004 Japan (37)</b>	To consider bathing services and discuss how these services can be understood because of the cultural importance the Japanese attach to bathing.	Ethnographic study	Before the bath, the patient receives a quick health check; the client's pulse and temperature, as well as blood pressure, are measured, while others prepare the bath water with a temperature maintained at 38° in summer and 42° in winter; they wash the hair and all parts of the body. Portable bathtubs provide an immersion bath and can be set up in a client's home, where the tub is made of aluminum and attached to a plastic screen that can be folded up when not in use. The Japanese bath is taken at the end of the day.
<b>Stephen-Haynes/2020 England (38)</b>	Provide a brief overview of ISTAP's best practice recommendations	Study of best practice recommendations for health professionals, patients, and caregivers	Health professionals, patients, and caregivers must understand the principles of prevention and the importance of basic skin care during the bathing procedure.
<b>Kantor/1962 United States (39)</b>	To evaluate the effectiveness of using a neutral detergent bar compared to alkaline soap in caring for the aging skin of residents of a nursing home.	Observational study with 233 elderly people over the age of 65	The adoption of the neutral detergent bar to replace alkaline soap had a positive impact on the skin health of the residents of the nursing home. Residents who used the neutral detergent bar had fewer skin problems compared to the group that continued to use alkaline soap. In 85% of the studies the neutral detergent bar was well tolerated as a cleaning agent and in 44% other soaps were not tolerated.

ID - Identification of the article, ISTAP - International Skin Tear Advisory Panel, PAD - Home Care Program, US/HCPA - Health Unit of the Hospital de Clínicas de Porto Alegre

## Discussion

Bathing, a simple and essential activity for maintaining body hygiene, can become challenging and stressful for dependent elderly people. During this procedure, nurses must be attentive to the person's behavior and perception of bathing, carefully considering their individuality (17, 23, 24, 25, 32, 35, 39).

The evaluation of the bed bath, from the perspective of the individuals who receive it, often describes it as unpleasant, embarrassing, challenging, uncomfortable, dry, cold, incomplete, inhumane, time-consuming, and unsatisfactory. This perception is especially aggravated when these people are bedridden or dependent (5). It is essential to note that bathing dependent elderly people becomes even more challenging in the home environment, requiring specific skills for caregivers and family members to ensure well-being, comfort, and safety. Communication plays an initial and significant role in ensuring the success of subsequent stages, as bathing is a systematized procedure that requires humanized assistance. Attentive and communicative care reduces stress and the risk of accidents (22, 27, 29). Dialogue during bathing helps to identify discomfort, pain, and concerns, making the process safer and more respectful. Respect for privacy guarantees the dignity of the elderly during the procedure, ensuring that they feel comfortable and respected (26, 30, 32, 35).

Studies have highlighted the importance of guiding bathing for caregivers or family members of the elderly to contribute to the procedure's safety. Nurses should be attentive to identifying signs of fear, insecurity, or misinformation and using educational interventions to reduce suffering between caregivers and the elderly (40). In addition, bathing should not be imposed; on the contrary, it should be planned according to the elderly person's preferences and routine to provide comfort, safety, and familiarity (16, 18, 22, 23, 25, 26, 27, 28).

The Guide to Care recently drawn up by the Ministry of Health highlights the possibility of improving communication with the elderly through various actions, such as greeting using speech and gestures, inquiring about the

preference of how they wish to be called, holding conversations like adults, practicing active listening and empathy, choosing quiet environments to talk in, positioning themselves facing the elderly person, speaking calmly and clearly with short sentences, being patient and waiting for their thoughts to be completed, using simple gestures, planning activities, respecting the other person's body and time, and being attentive to facial or bodily signs of discomfort (41).

The safety of the elderly person during bathing is yet another important aspect. This essential care aims to ensure quality of life and prevent accidents that could injure or aggravate the typical frailty of dependent elderly people (22, 31). Planning for bathing the elderly promotes health education and increases patient safety. Several authors point out that the fear of falling during bathing is one of the main stress factors for the elderly and their caregivers. Ensuring safety during bathing by adapting to the environment increases confidence and reduces the risk of domestic accidents (42). To create a safe environment, the bathroom must be carefully designed and adapted to the needs of the dependent elderly person, minimizing the risk of slips and falls (32, 34). In addition, it is vital to keep the space clean and organized, avoiding obstacles that could cause accidents (26).

A survey of elderly people showed that 24.7% had suffered falls, 47.9% of which occurred indoors, mainly in the bathroom (42.2%). This was due to inadequacies in the home environment, such as uneven floors, loose rugs, inaccessible switches at room entrances, a lack of anti-slip in the shower area, and tall cupboards. Identifying these inadequacies in the home and the lack of knowledge about accident prevention is fundamental to ensuring the safety of the elderly (43).

Therefore, to ensure safety while caring for the elderly at home, it is essential to adopt measures such as removing carpets, using non-slip surfaces in the bathroom, repairing leaks, installing grab bars, leveling floors, and sidewalks, improving lighting, and installing ramps, among others (41).

Warning devices such as emergency buttons or monitoring systems should be

considered to strengthen safety during bathing. These devices play a significant role in emergencies, enabling a rapid response when necessary (23, 29, 35, 39). The nursing team must constantly assess the risks and complications that may arise when bathing the elderly to prevent them. After identifying the main risks of accidents, nurses should train caregivers, providing them with skills that promote the safety of the elderly while bathing or using the bathroom (44).

In this context, bathing by caregivers requires a careful and organized approach, seeking not only bodily hygiene but also respect for the elderly person's privacy. Initially, privacy is promoted by using screens or closing doors and windows (25, 26, 32). Dependent elderly people are sensitive and need assistance from health professionals, caregivers, and their families to meet their basic human needs. Nurses must act with caution and attention during home visits, ensuring a holistic approach when drawing up an individualized care plan (44).

It is expected that all the material needed for the bathing procedure will be carefully separated, and the sheets should be folded at the side of the bed to facilitate access, in addition to device protection, which is ensured by lining them with a plastic bag and adhesive tape and changing the fixings when necessary (17, 20, 21, 23, 24, 28, 39). Care begins on the side most accessible to the materials, with the head of the bed being raised and lowered as necessary. At the same time, hands are sanitized, and the environment is prepared, including checking the water temperature by pouring warm water into the bath jug, wearing gloves, and lowering the bed rail, if there is one (25, 26, 32). The importance of using a hygienic chair in order to promote washing the lower body, as well as providing comfort, should be emphasized (20, 24, 32).

This discussion prompts reflection on the use of the scientific method in nursing practice, since care planning systematizes assistance, reduces iatrogenics, improves ergonomics, and unifies procedures. Perhaps this is the right time for nursing to make the nursing process an essential technological tool for work practice (45).

Showering dependent elderly people requires knowledge and planning to ensure the comfort of the person being cared for. Initially, air currents can be controlled to ensure thermal control of the environment, by taking simple measures such as closing doors and windows and turning off-air appliances or fans (17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 32). In this sense, it is essential to keep the elderly safe during bathing by planning all the actions of the procedure and paying attention to details so as not to forget anything important at each stage of bathing. Dependent elderly people usually have comorbidities that affect balance, mobility, and muscle strength, adding to the potential risk of falls and accidents during bathing, so it is essential never to leave them alone (41).

In short, bathing provides personal comfort by ensuring good appearance and hygiene. Other authors have described in their studies that bathing protects the body against infections, offers an opportunity to assess the integrity of the skin, and contributes to a feeling of well-being and relaxation (22, 35, 40).

The constant presence of the caregiver, combined with stimulation, guidance, and supervision, contributes to the safety of the elderly during bathing. Bathing in the shower can be adapted according to the individual's condition and can be carried out with the person standing or in a hygienic chair, providing personalized and efficient care (17, 21, 24, 25, 26).

Whenever necessary after bathing, additional procedures such as dressings should be carried out (20, 21, 24). On the other hand, ancillary activities such as trimming nails, trichotomy, and shaving are fully incorporated into hygiene practices, providing comprehensive care in line with the individual needs of the elderly (29, 25, 32).

During bathing, it is crucial to clean the muffled parts of the body thoroughly with soap, observing and assessing the integrity of the skin and the presence of signs of inflammation. After bathing, all parts of the body should be thoroughly dried with a soft towel, especially folds and sore areas. Once this stage is complete, trichotomy and nail clipping can be carried out, if necessary, as this procedure is easier after bathing (41).

Skin assessment is essential to avoid future damage because this body system undergoes structural and functional changes during the aging process, resulting in fragility and susceptibility to injury. The importance of thoroughly drying specific areas of the skin, such as intimate parts, knee folds, elbows, under the breasts, armpits, and between the toes, to prevent injuries (19, 28, 32, 33, 34), should also be emphasized.

It is sensible to state that the skin is a protective organ for the human body and that aging, and some external factors alter its physiology. For nurses, maintaining the integrity of patients' skin should be a daily routine. The skin of bedridden or dependent elderly people is subject to damage and injury and can become a gateway for microorganisms and infections (46).

Among the various nursing competencies, the adoption of measures to prevent and manage skin lesions stands out. A thorough assessment of the skin favors the early identification of risk factors for injuries, and nursing professionals must implement preventive actions involving patients, family members, and caregivers to achieve excellent results (47).

The caregiver or family member who helps the elderly bathe must be properly trained to deal with specific needs, including the correct way to transfer them to the shower or bath and to support them during bathing, whether in the shower or bed (22, 25, 26, 28, 35, 36).

Health professionals must build bonds with families, especially those caring for the elderly, and they need to be prepared to deal with various problems and situations involving patients and their families. Strengthening the bond, trust, and confidence is fundamental to providing adequate and committed care (44).

Studies show the challenges faced by caregivers and family members in day-to-day home care, such as discomfort, fear, fright, readopting, and many other difficulties. Therefore, health professionals need studies to help prepare families to take on care according to the needs of each person, making it possible to understand the process of caring for dependent elderly people at home (48). Nurses, as care planners, can strengthen the support network for the elderly by calling on professionals from the

multi-professional team, family members, caregivers, and the community to promote self-care and correct health problems (49).

The mapping of studies can be divided into different aspects related to nursing care when bathing dependent elderly people at home: 1- The stages for carrying out body hygiene, which includes the orderly sequence of procedures from removing clothes to sanitizing different parts of the body; 2- The procedures and materials for carrying out the bath, which demonstrates the specific procedures and materials needed to carry out the bath, ranging from preparing the environment to practical care during the process, such as eye, oral, hair and intimate hygiene; 3- Skin care, which is the care required during body hygiene, such as attention to pressure areas, neutral soap, gentle cleansing and adequate hydration; 4- Care during bed baths, which includes additional precautions to ensure patient safety and comfort, showing a differentiated approach compared to traditional bathing; and 5- Specific care during shower-baths, which involves consideration of factors such as privacy, safety and the active role of those assisting with bathing.

It is recommended for multidisciplinary home care teams to work more closely with caregivers in their homes to ensure more qualified care (50) and the family's perspective on promoting self-care and the promotion of awareness of the elderly people (51). For further studies, according to the results of the present study, some aspects related to the caregiver's role and their influence on bathing could be further researched, such as workload, pre-existing illnesses that may limit bathing, and communication between the caregiver, the elderly person, and healthcare professionals.

### **Study limitations and contributions**

One of the limitations of this study is the heterogeneity of the studies selected, which makes it difficult to assess the inferences for everyday clinical practice related to bathing-dependent elderly people at home. Language limitations made it impossible to include some studies. The pilot test was important for choosing the best strategy to use in the databases, according to the aim of the study. The search in

the gray literature and the list of references to the studies included in this review shows that we exhausted the possible sources of information for this review. It is worth noting from our observation that, although the subject is worldwide, it has not attracted the attention of researchers, but dependent elderly people have different characteristics, such as greater physical and sometimes cognitive vulnerability. Thus, the strategy must be differentiated, and nursing practice with the family must be monitored to promote the comfort of the elderly.

All the evidence presented in this study can serve as a guiding compass for family caregivers and health professionals who do not have specific training for this type of procedure, making it a valuable tool for improving the quality of care provided in the home environment. The personalization of guidelines according to the specific needs of the elderly is encouraged, promoting a focused and comprehensive approach to home care.

## **Conclusion**

This review allowed us to identify the primary scientific evidence for assisting dependent elderly people to bathe at home. Highlights include communication, considering the elderly person's preference for bathing, conflict resolution, safety, comfort, and privacy, planning the necessary materials and actions, such as paying attention to the temperature of the water and the environment, cleaning and tidying the bed, and some care related to bathing, such as trichotomy and nail clipping. Bathing dependent elderly people at home can be done in bed or the shower, and care must be taken before, during, and after the procedure. The stages and sequence of body hygiene must be planned according to the person's condition and the environment, and specific skin care must be addressed. The studies show a diversity of needs and preferences of the elderly and their caregivers and/or family members, legitimizing the importance of the nursing professional's guidance in the process of bathing the dependent elderly at home from the perspective of a person-centered approach and their uniqueness.

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