

## Tradução, Adaptação Cultural e Validação Preliminar da “Palliative Care and Rapid Emergency Screening Tool” para o Português Europeu

Acta Med Port 2025 Sep;38(9):557-560 ▪ <https://doi.org/10.20344/amp.22979>

The aim of this study was to translate, culturally adapt, and conduct a preliminary validation of the “Palliative Care and Rapid Emergency Screening Tool” into European Portuguese for use in the emergency department. The tool was developed to assist healthcare professionals in identifying patients with palliative needs, ensuring timely referrals for palliative care consultation. The translation and adaptation process followed established guidelines for cross-cultural adaptation. Content validity was assessed by eight experts in palliative care, who confirmed that the tool was clear, relevant, and easy to understand. Face validity was evaluated by ten emergency department professionals, who rated the tool highly in terms of clarity and applicability to the target population. The study found that the tool effectively addresses key domains in palliative care, offering a simple and practical approach for use in the emergency care setting. These findings suggest that the “*Instrumento de Triagem Rápida para Cuidados Paliativos no Serviço de Urgência*” (PALinSU) can potentially enhance the identification of palliative care needs, leading to improved patient care and timely referrals.

Este estudo teve como objetivo traduzir, adaptar culturalmente e realizar a validação preliminar da “*Palliative Care and Rapid Emergency Screening Tool*” para o português europeu, com aplicação no serviço de urgência. A ferramenta foi desenvolvida para ajudar os profissionais de saúde a identificar doentes com necessidades paliativas, garantindo referenciações precoces para a consulta de cuidados paliativos. O processo de tradução e adaptação seguiu as diretrizes estabelecidas para a adaptação transcultural. A validade de conteúdo foi determinada por oito especialistas em cuidados paliativos, que confirmaram que a ferramenta era clara, relevante e fácil de compreender. A validade facial foi realizada por dez profissionais do serviço de urgência, que classificaram a ferramenta positivamente em termos de clareza e aplicação à população alvo. O estudo concluiu que o instrumento trata de forma eficaz os domínios-chave dos cuidados paliativos, oferecendo uma abordagem simples e prática para utilização no contexto de urgência. Estes resultados sugerem que o “Instrumento de Triagem Rápida para Cuidados Paliativos no Serviço de Urgência” (PALinSU) pode potencialmente melhorar a identificação das necessidades paliativas dos doentes, levando a uma melhor prestação de cuidados de saúde e a referenciações mais precoces para cuidados paliativos.

[www.actamedicaportuguesa.com](http://www.actamedicaportuguesa.com)

Following the author's retirement, a member of the original research team made two minor revisions to the final version, which was then approved. The Portuguese version, titled "*Instrumento de Triagem Rápida para Cuidados Paliativos no Serviço de Urgência*" (PALinSU), consists of 13 items: eight in the first part and five in the second (Fig. 1).

## Phase 2

Content validity was assessed by eight doctors recognized as Palliative Medicine experts by the Portuguese Medical Association. These experts, working in hospital-based PC teams and consulting for the ED, reviewed the PALinSU for consistency with its conceptual framework. They evaluated each of the 13 items on four dimensions: "item consistency with the content area," "item wording clarity," "item perceived easiness," and "item inclusion in the questionnaire," using a dichotomous scale ("yes" = 1, "no" = 0). The maximum score for content validity was 416 (13 items × four dimensions × eight experts). The average content validity index (CVI) was calculated by dividing the total score by the maximum, with a CVI of ≥ 0.75 deemed acceptable.<sup>5</sup> Experts could also provide comments on each item.

## Phase 3

In September 2024, with permission from the ED director, face validity was assessed by ten ED nurses and doctors.<sup>6</sup> Using a dichotomous scale ("yes" = 1, "no" = 0), they evaluated the PALinSU for clarity, ease of understanding, and relevance. The maximum face validity score was 390 (13 items × three dimensions × 10 professionals). Participants could also provide comments on each item.

For content validity, the PALinSU achieved a score of 403 out of 416, corresponding to an average CVI of 0.97, indicating that the items were consistent, clear, and easy to complete, with no exclusions. In the face validity assessment by ten professionals, the PALinSU scored 377 out of 390, with all items receiving high scores, confirming the tool's clarity, ease of understanding, and relevance to the target population.

This study presents the translation, cultural adaptation, and preliminary validation of a rapid triage tool for PC patients in the ED. Experts confirmed the PALinSU's strong content validity, with items deemed clear, easy to understand, and relevant. Face validity also received high ratings, suggesting that the tool is comprehensible and suitable for its target population. These findings indicate that the PALinSU effectively addresses key domains with relevant and well-constructed items.

The cross-cultural adaptation of the PALinSU has significant implications for clinical practice in the ED. By help-

ing healthcare professionals identify patients with PC needs more effectively, the tool could lead to more timely referrals, improving care delivery, patient triage, and access to PC in emergency settings. This objective aligns with the ACEP's "Choosing Wisely" initiative, which has not yet been fully implemented in Portugal regarding palliative care.<sup>7</sup>

The ED plays a vital role in identifying unmet PC needs and delivering timely care to seriously ill patients experiencing rapid decline.<sup>8</sup> Implementing PC screening earlier in the ED, rather than post-admission, could help reduce medical interventions and overall healthcare costs.<sup>8</sup>

Palliative care in the ED can enhance symptom management, streamline access to essential services, shorten hospital stays, improve end-of-life care, support families through bereavement and post-bereavement, and boost ED staff confidence in providing PC.<sup>9</sup>

This study has several strengths. To our knowledge, it is the first to publish a non-English version of this American instrument. Moreover, it was conducted in one of the main public hospitals of the Portuguese National Health Service, with input from recognized experts in the field.

A key limitation is that it focuses only on preliminary content and face validity. To further strengthen PALinSU, future research should assess its construct validity and test-retest reliability, which is why data collection is ongoing. Notably, the original authors also evaluated the acceptability and reliability of P-CaRES.<sup>10</sup>

Future studies should investigate the tool's effectiveness across diverse clinical settings, including non-academic hospitals, district hospitals, and private institutions. Additionally, its impact on patient outcomes and healthcare efficiency warrants further evaluation.

The PALinSU demonstrated strong content and face validity, which suggests it has potential for effectively assessing the implementation of PC principles by ED professionals. With robust preliminary validation, health authorities could consider promoting the tool to guide policies and interventions aimed at identifying palliative needs in the ED.

Further research is required to verify the construct validity, test-retest reliability, and broader applicability of the PALinSU across various clinical settings. These steps will help assess its impact on patient care, healthcare efficiency, and its overall effectiveness in improving access to PC.

## AUTHOR CONTRIBUTIONS

CR: Conceptualization, methodology, investigation, data curation, visualization, writing - original draft preparation.

PRP: Conceptualization, methodology, supervision, validation, writing - reviewing and editing.

All authors approved the final version to be published.

## INSTRUMENTO DE TRIAGEM RÁPIDA PARA CUIDADOS PALIATIVOS NO SERVIÇO DE URGÊNCIA (PALinSU)

| 1. O doente tem uma doença que condiciona a sua vida?<br>(Verifique todos os itens e assinale) |  |
|--|--|
| <input type="checkbox"/>   | <b>Demência avançada ou Doença do Sistema Nervoso Central</b> (Por ex.: história de Acidente Vascular Cerebral, Esclerose Lateral Amiotrófica, Doença de Parkinson):<br>Necessita de ajuda para a maior parte dos cuidados pessoais (por ex., marcha, higiene) <b>e/ou</b> com expressão verbal mínima |
| <input type="checkbox"/>   | <b>Cancro em fase avançada:</b><br>Metastizado <b>ou</b> doença localmente agressiva   |
| <input type="checkbox"/>   | <b>Nefropatia em estágio terminal:</b><br>Em diálise <b>ou</b> creatinina > 6 mg/dl  |
| <input type="checkbox"/>   | <b>Doença Pulmonar Obstrutiva Crónica avançada:</b><br>Oxigénio contínuo no domicílio <b>ou</b> dispneia crónica em repouso.   |
| <input type="checkbox"/>   | <b>Insuficiência cardíaca avançada:</b><br>Dispneia crónica, dor no peito <b>ou</b> fadiga para atividades mínimas ou em repouso   |
| <input type="checkbox"/>   | <b>Doença Hepática terminal:</b><br>História de ascite recorrente, hemorragia gastrointestinal <b>ou</b> encefalopatia hepática  |
| <input type="checkbox"/>   | <b>Choque séptico (ou seja, sinais de falência orgânica por infeção):</b><br>Requer admissão na Unidade de Cuidados Intensivos <b>e</b> tem doença concomitante significativa pré-existente  |
| <input type="checkbox"/>   | <b>Critério do Cuidador – probabilidade elevada de morte acelerada:</b><br>Exemplos: fratura da anca > 80 anos; traumatismos major nos idosos (fraturas múltiplas nas costelas, hemorragia intracraniana); Síndrome da Imunodeficiência Adquirida em fase avançada, etc.                               |
| <b>Não há itens assinalados?</b><br><b>PARAR.</b> O questionário está concluído.               | <b>UM ou mais itens assinalados?</b><br><b>CONTINUAR</b> o questionário!   |

↓

| 2. O doente tem DUAS ou mais necessidades de cuidados paliativos não satisfeitas?<br>(Verifique todos os itens e assinale) |  |
|--|--|
| <input type="checkbox"/>   | <b>Visitas frequentes:</b><br>2 ou mais consultas no serviço de urgência ou internamentos nos últimos 6 meses.   |
| <input type="checkbox"/>   | <b>Sintomas não controlados:</b><br>Consulta motivada por sintoma(s) descontrolado(s): por ex.: dor, dispneia, depressão, fadiga, etc.   |
| <input type="checkbox"/>   | <b>Declínio funcional:</b><br>Por ex.: perda da mobilidade, quedas frequentes, via oral instável, lesões da pele por pressão, etc.   |
| <input type="checkbox"/>   | <b>Incerteza quanto aos objetivos do cuidado e/ou angústia do cuidador:</b><br>O cuidador não consegue satisfazer as necessidades a longo prazo; incerteza/angústia quanto aos objetivos dos cuidados? |
| <input type="checkbox"/>   | <b>Pergunta surpresa:</b><br>Ficaria surpreendido se este doente morresse nos próximos 12 meses?   |
| <b>Menos que DOIS itens assinalados?</b><br><b>PARAR!</b> O questionário é negativo.                                       | <b>DOIS ou mais itens assinalados?</b><br>Recomenda-se referência a<br>Consulta de Cuidados Paliativos.  |

Figure 1 – Instrumento de triagem rápida para cuidados paliativos no serviço de urgência (PALinSU)

## PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

## DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

## COMPETING INTERESTS

The authors have declared that no competing interests exist.

## FUNDING SOURCES

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

## REFERENCES

1. American College of Emergency Physicians. ACEP announces list of tests as part of choosing wisely campaign. 2013. [cited 2025 Jan 31]. Available from: <https://www.acep.org/administration/quality/acep-announces-list-of-tests-as-part-of-choosing-wisely-campaign>.
2. George N, Barrett N, McPeake L, Goett R, Anderson K, Baird J. Content validation of a novel screening tool to identify emergency department patients with significant palliative care needs. *Acad Emerg Med*. 2015;22:823-37.
3. Paske JR, DeWitt S, Hicks R, Semmens S, Vaughan L. Palliative care and rapid emergency screening tool and the palliative performance scale to predict survival of older adults admitted to the hospital from the emergency department. *Am J Hosp Palliat Care*. 2021;38:800-6.
4. Beaton DE, Bombardier C, Guillemin F, Ferraz MB. Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine*. 2000;25:3186-91.
5. Yaghmaie F. Content validity and its estimation. *J Med Education*. 2003;3:25-7.
6. Allen MS, Robson DA, Iliescu D. Face validity: a critical but ignored component of scale construction in psychological assessment. *Eur J Psychol Assess*. 2023;39:153-6.
7. Rolão C, Reis-Pina P. Palliative care in Portugal: are we "choosing wisely"? *Acta Med Port*. 2024;37:671-2.
8. Prachanukool T, George N, Bowman J, Ito K, Ouchi K. Best practices in end of life and palliative care in the emergency department. *Clin Geriatr Med*. 2023;39:575-97.
9. Bayuo J, Agbeko AE, Acheampong EK, Abu-Odah H, Davids J. Palliative care interventions for adults in the emergency department: a review of components, delivery models, and outcomes. *Acad Emerg Med*. 2022;29:1357-78.
10. Bowman J, George N, Barrett N, Anderson K, Dove-Maguire K, Baird J. Acceptability and reliability of a novel palliative care screening tool among emergency department providers. *Acad Emerg Med*. 2016;23:694-702.