



COMPGUIDE

— Ontologia para Guias Clínicas Interpretáveis por Computador —

GUIAS CLÍNICAS

Contextualização ^[1]

"Declarações definidas de modo sistemático, de forma a apoiar a tomada de decisão, por parte do profissional e do paciente, acerca da adequação dos cuidados de saúde a circunstâncias clínicas específicas." ^[1]

Institute of Medicine. Clinical Practice Guidelines.
Washington: National Academy Press, 1990.

GUIAS CLÍNICAS

Contextualização ^[2]



PLANEAMENTO

COORDENAÇÃO

MONITORIZAÇÃO

DOCUMENTAÇÃO

REVISÃO

GUIAS CLÍNICAS

Contextualização ^[2]



GUIAS CLÍNICAS

Contextualização ^[2]



CUIDADOS DE SAÚDE

DESENVOLVIMENTO

IMPLEMENTAÇÃO

DISSEMINAÇÃO

GUIA CLÍNICA

CONTEXTO

Cuidados Paliativos



CONTEXTO

Cuidados Paliativos

PACIENTE

FAMÍLIA



CONTEXTO

Cuidados Paliativos

"(...) gestão eficaz da dor e de quaisquer sintomas desconfortáveis, incorporando ainda cuidados psicossociais e espirituais que sejam conformes às necessidades, valores, crenças e cultura do paciente e da sua família." [3]

NCCN. Clinical Practice Guidelines in Oncology —
Palliative Care. Version 2.2012.



CONTEXTO

Cuidados Paliativos

ANTECIPAÇÃO



CONTEXTO

Cuidados Paliativos

ANTECIPAÇÃO

PREVENÇÃO



CONTEXTO

Cuidados Paliativos

ANTECIPAÇÃO

PREVENÇÃO

REDUÇÃO



CONTEXTO

Destinatários da Guia Clínica



CONTEXTO

Destinatários da Guia Clínica

FASE INICIAL

— Equipa Oncológica Primária.



CONTEXTO

Destinatários da Guia Clínica

FASE INICIAL

- Equipa Oncológica Primária.

FASE POSTERIOR

- Equipa Multidisciplinar de Especialistas em Cuidados Paliativos.



CONTEXTO

Organização da Guia Clínica



ACÇÕES EM VIDA

ACÇÕES PÓS-MORTE

CONTEXTO

Organização da Guia Clínica

ACÇÕES EM VIDA

ACÇÕES PÓS-MORTE



CONTEXTO

Organização da Guia Clínica

ACÇÕES EM VIDA

SS

— Apoio Social e Gestão de Recursos

ACÇÕES PÓS-MORTE



CONTEXTO

Organização da Guia Clínica

ACÇÕES EM VIDA

SS

ACP

— Planeamento de Cuidados Avançados

ACÇÕES PÓS-MORTE



CONTEXTO

Organização da Guia Clínica

ACÇÕES EM VIDA

SS

ACP

CF

— Factores I Prestação de Cuidados

ACÇÕES PÓS-MORTE



CONTEXTO

Organização da Guia Clínica

ACÇÕES EM VIDA

SS

ACP

CF

S

— Sintomas

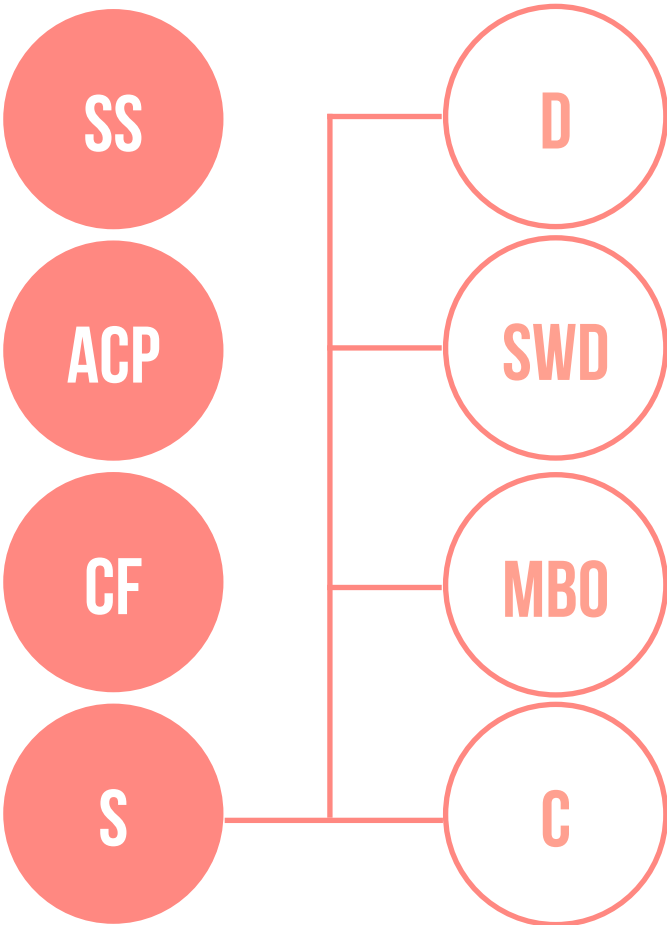
ACÇÕES PÓS-MORTE



CONTEXTO

Organização da Guia Clínica

ACÇÕES EM VIDA

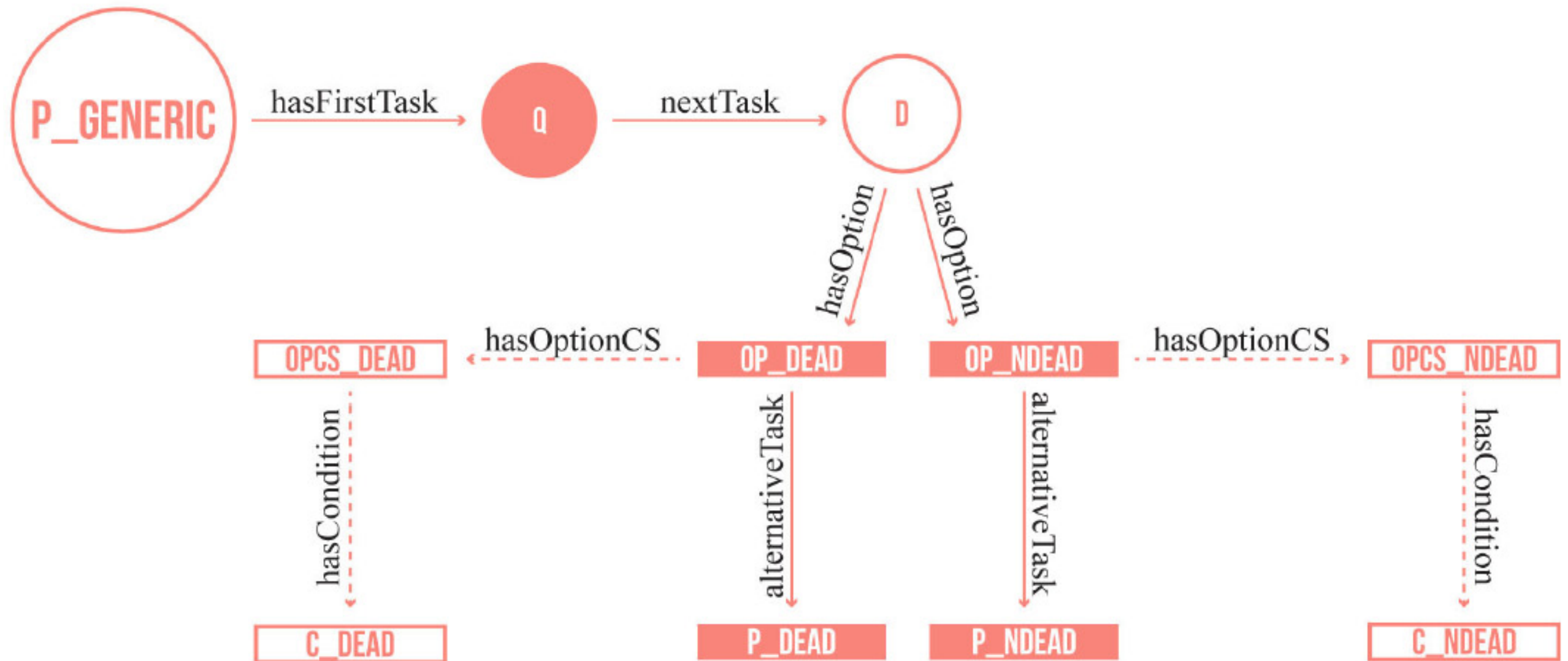


ACÇÕES PÓS-MORTE



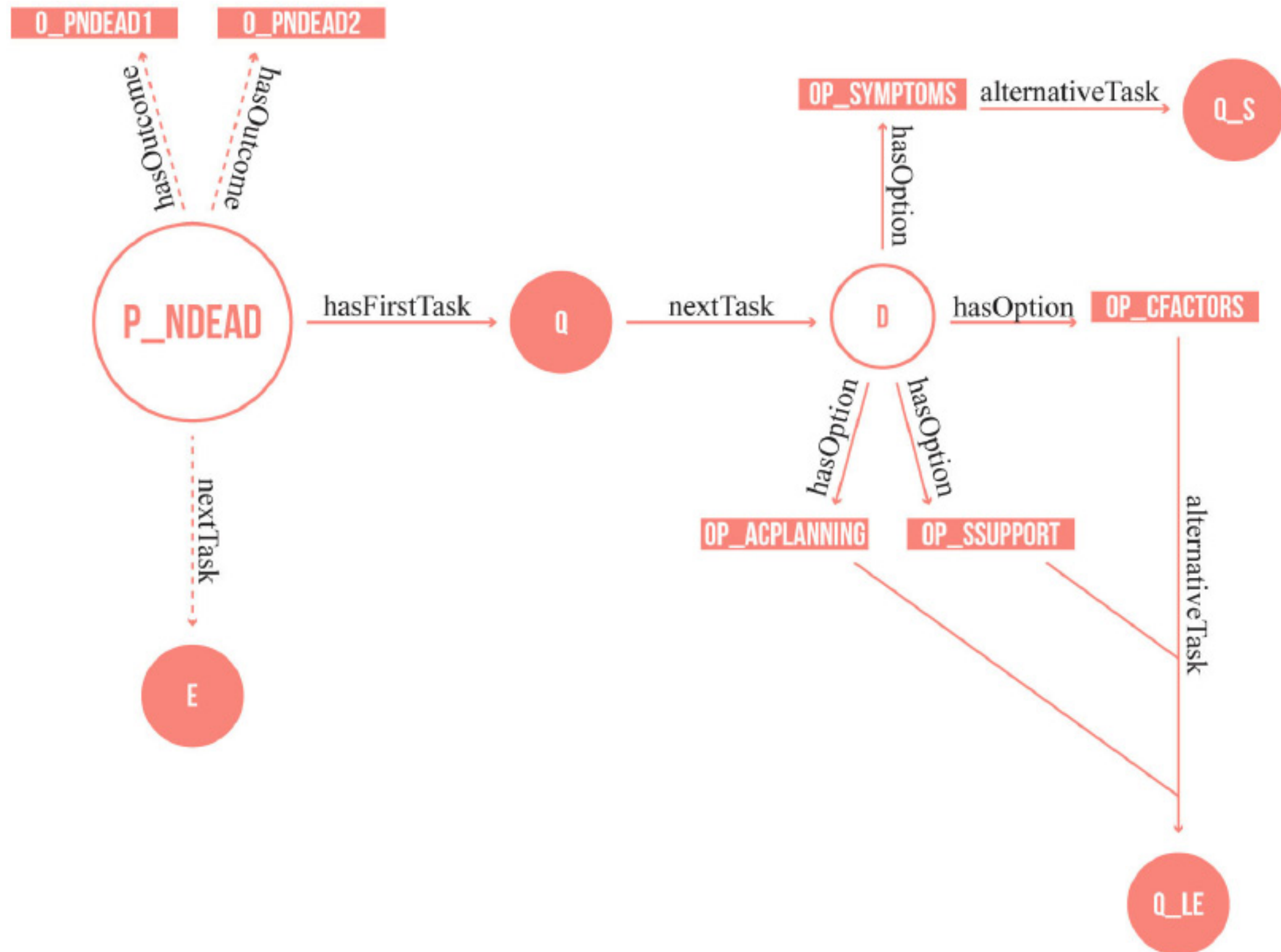
REPRESENTAÇÃO

Da Guia Clínica à Ontologia



REPRESENTAÇÃO

Da Guia Clínica à Ontologia



ALTERAÇÕES

ALTERAÇÕES

Classe Question I Restrições



EXISTENCIAIS

VS.

UNIVERSAIS

ALTERAÇÕES

Classe Question | Restrições

EXISTENCIAIS

VS.

UNIVERSAIS



Description: Question



Equivalent classes +

```
● ((alternativeTask min 2 ClinicalTask)
  or (parallelTask min 2 ClinicalTask)
  or (nextTask max 1 ClinicalTask))
  and (hasParameter only Parameter)
  and (hasPreCondition only PreCondition)
  and (hasTriggerCondition only TriggerCondition)
```

ALTERAÇÕES

Classe MedicationRecommendation | Restrições



EXISTENCIAIS

The diagram consists of two large circles, one light orange and one red, separated by the text 'VS.'. The left circle contains the word 'EXISTENCIAIS' and the right circle contains the word 'CARDINALIDADE'.

VS.

CARDINALI-
DADE

ALTERAÇÕES

Classe MedicationRecommendation | Restrições

EXISTENCIAIS

VS.

CARDINALI-
DADE



Description: MedicationRecommendation

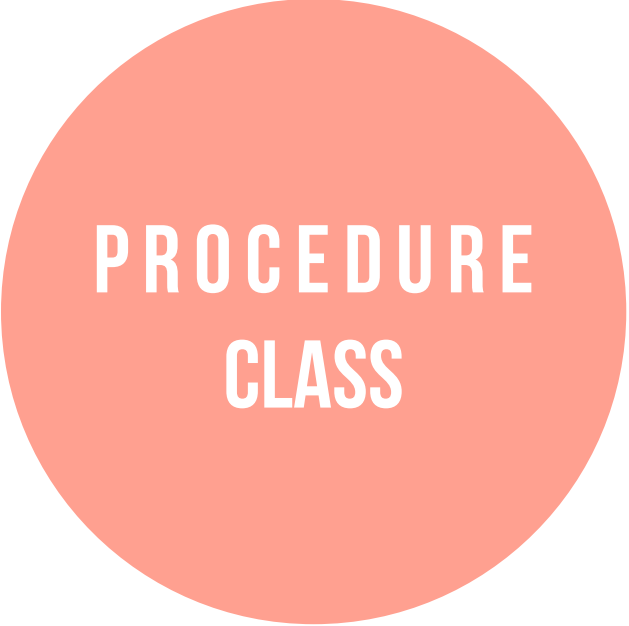


Equivalent classes +

```
● (medicationRecommendationDescription exactly 1 string)
  and (medicationRecommendationName exactly 1 string)
  and (activeIngredient max 1 string)
  and (dosage max 1 string)
  and (pharmaceuticalForm max 1 string)
  and (posology max 1 string)
```


ALTERAÇÕES

Classe Procedure | Propriedades de Dados

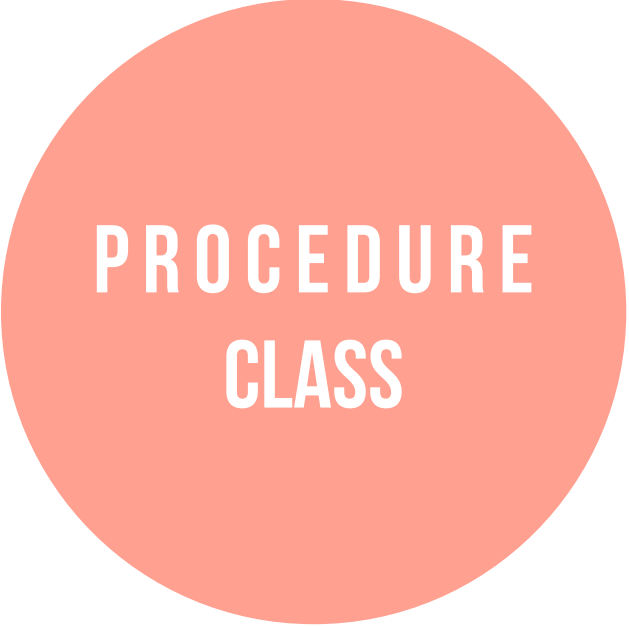


PROCEDURE
CLASS

(procedureClass max 1 string)

ALTERAÇÕES

Classe Procedure I Propriedades de Dados



PROCEDURE CLASS

(procedureClass max 1 string)

For family and caregiver(s)

- Immediate after-death care:
 - Provide the family time with the body
 - Remove tubes, drains, lines, and the foley catheter unless an autopsy is planned
 - Inform family (if not present) of death
 - Ensure culturally sensitive, respectful treatment of the body
 - Address survivor concerns about organ donation and/or autopsy
 - File the death certificate, complete forms, and provide necessary information for the funeral director
 - Offer condolences
 - Inform other health care providers of the patient's death
- Bereavement support:
 - Formally express condolences on the patient's death (eg, card, call, letter)
 - Refer to appropriate bereavement services within the institution or in the community
 - Attend a debriefing meeting with the family if they desire one
- Discuss cancer risk assessment and modification with family members
- Identify family members at risk for complicated bereavement or prolonged grief disorder

For health care professionals

General support:

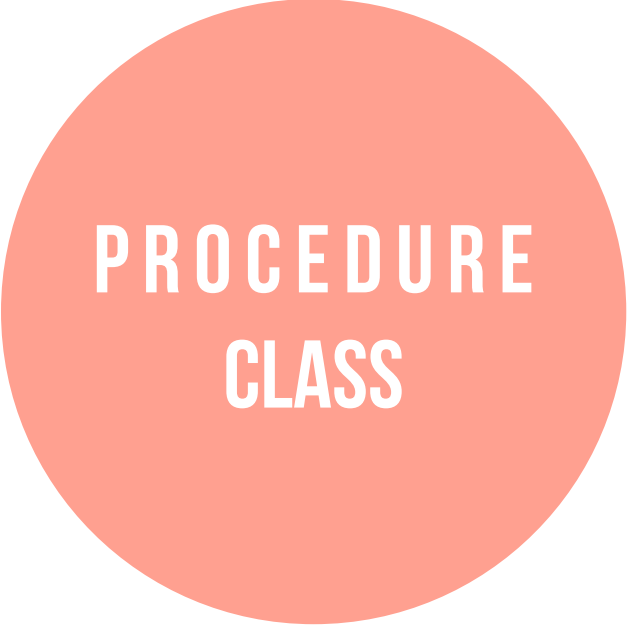
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- Create a climate of safety for discussion of patient deaths
- Provide regular opportunities for reflection and remembering for staff through a memorial ritual

After-death support:

- Review medical issues related to the patient's death
 - Explore concerns and questions regarding quality of patient care
- Review the family's emotional responses to the patient's death
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 - Include nurses, nursing assistants, physician team members (including medical students, residents, and fellows), social workers, and chaplaincy, as appropriate
 - Consider a bereavement ritual for staff (eg, brief reading, moment of quiet)
- Identify health care professionals at risk for complicated bereavement, moral distress or compassion fatigue

ALTERAÇÕES

Classe Procedure I Propriedades de Dados



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(procedureClass max 1 string)

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ALTERAÇÕES

Classe Procedure I Propriedades de Dados

PROCEDURE CLASS

(procedureClass max 1 string)

IMMEDIATE AFTER DEATH CARE

BEREAVEMENT SUPPORT

GENERAL SUPPORT

AFTER DEATH SUPPORT

For family and care giver(s)

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ALTERAÇÕES

Classe Procedure I Propriedades de Dados




PROCEDURE
TARGET

(procedureTarget max_1 string)

ALTERAÇÕES

Classe Procedure I Propriedades de Dados



PROCEDURE
TARGET

(procedureTarget max 1 string)

For family and caregiver(s)

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ALTERAÇÕES

Classe Procedure I Propriedades de Dados



PROCEDURE TARGET

(procedureTarget max 1 string)

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ALTERAÇÕES

Classe Procedure I Propriedades de Dados

PROCEDURE
TARGET

(procedureTarget max 1 string)

FAMILY AND CAREGIVER(S)

HEALTH CARE PROFESSIONALS

For family and caregiver(s)

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ALTERAÇÕES

Classe Procedure I Propriedades de Dados



PROCEDURE
DETAIL

(procedureDetail only string)

ALTERAÇÕES

Classe Procedure I Propriedades de Dados



PROCEDURE DETAIL

(procedureDetail only string)

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ALTERAÇÕES

Classe Procedure I Propriedades de Dados



PROCEDURE DETAIL

(procedureDetail only string)

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ALTERAÇÕES

Classe Procedure I Propriedades de Dados

PROCEDURE
DETAIL

(procedureDetail only string)

ACÇÃO PRINCIPAL

DETALHE DA ACÇÃO

For family and caregiver(s)

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• Review the family's emotional responses to the patient's death

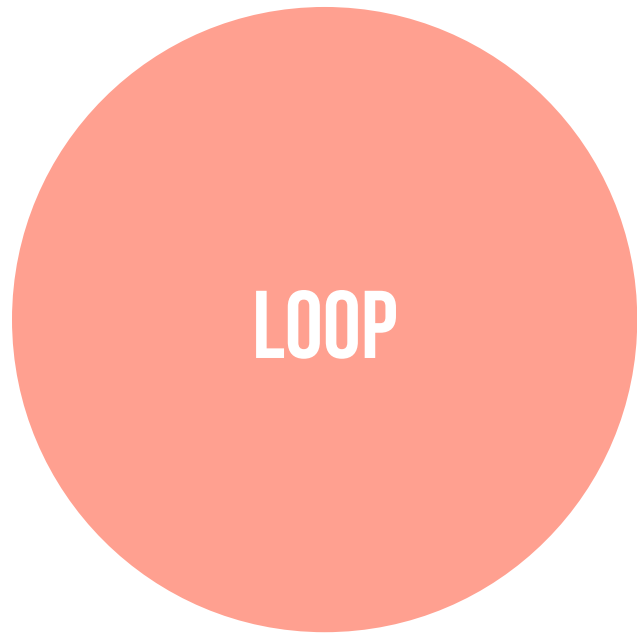
• Review the staff's emotional responses to the patient's death

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- Consider a bereavement ritual for staff (eg, brief reading, moment of quiet)

• Identify health care professionals at risk for complicated bereavement, moral distress or compassion fatigue

ALTERAÇÕES

Classe Condition



(hasLoop only Loop)

ALTERAÇÕES

Classe Condition



LOOP

(hasLoop only Loop)

- Add and titrate bisacodyl 10-15 mg daily-tid with a goal of 1 non-forced bowel movement every 1-2 days

ALTERAÇÕES

Classe Condition

LOOP

- Add and titrate bisacodyl 10-15 mg daily-tid with a goal of 1 non-forced bowel movement every 1-2 days



Description: Condition

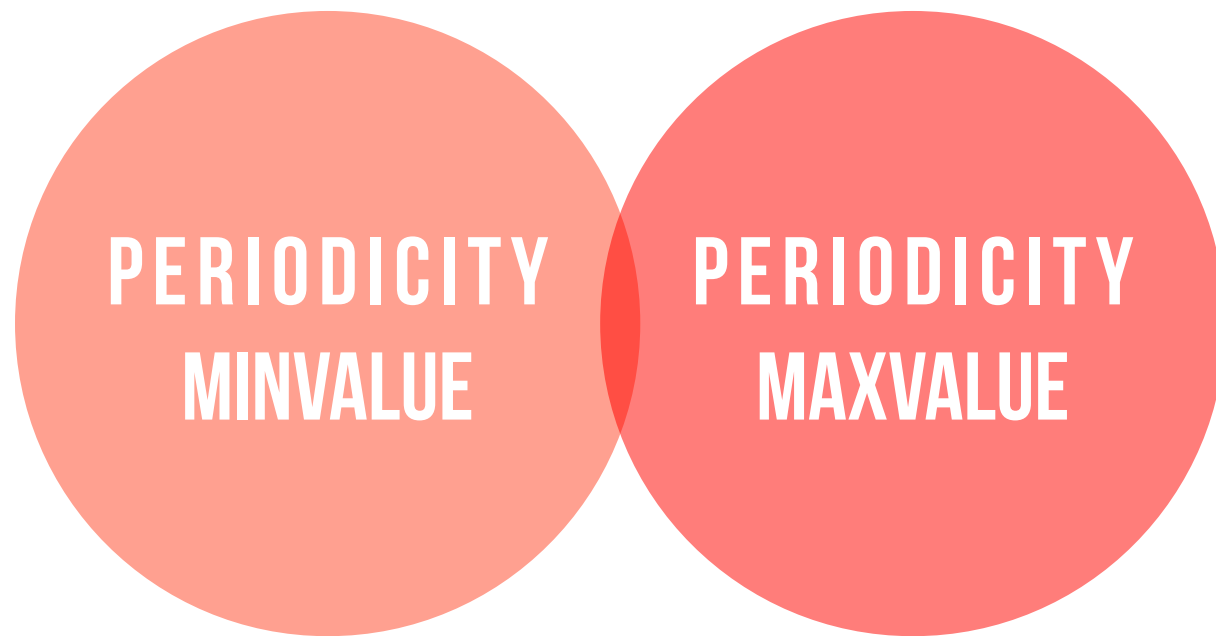


Equivalent classes +

```
((numericalValue exactly 1 decimal)
or (qualitativeValue exactly 1 string))
and (hasLoop only Loop)
and (hasTemporalOperator only TemporalOperator)
and (hasTemporalRestriction only TemporalRestriction)
and (hasComparisonOperator exactly 1 ComparisonOperator)
and (conditionParameter exactly 1 string)
and (unit exactly 1 string)
```

ALTERAÇÕES

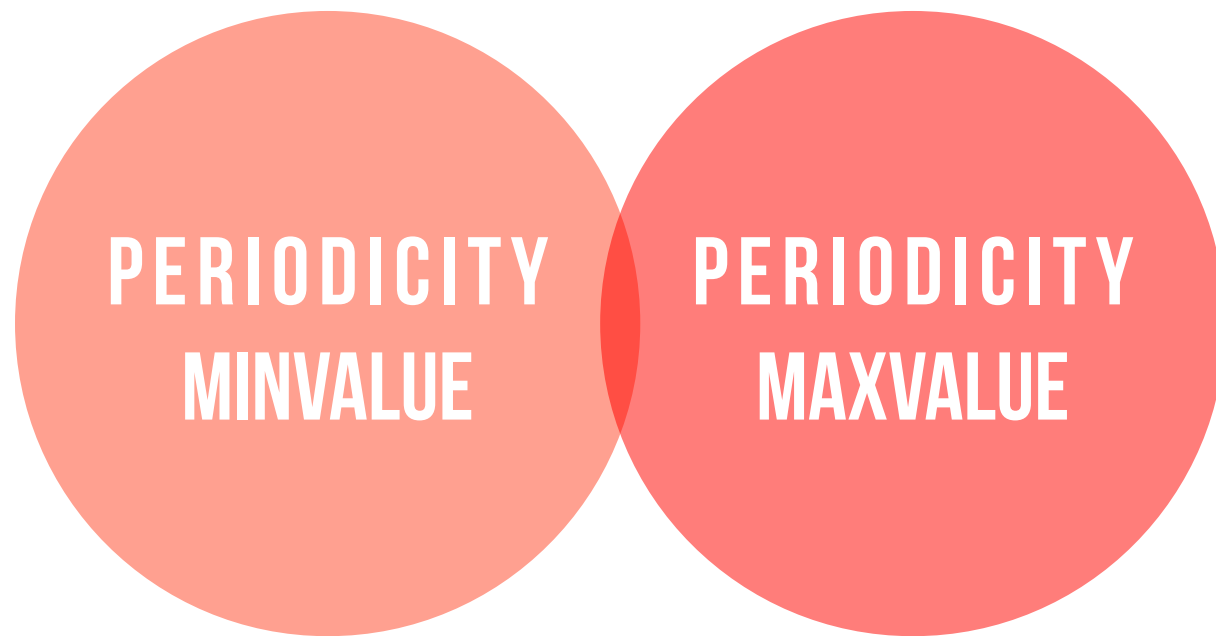
Classe Periodicity I Propriedades de Dados



(periodicityMinValue exactly 1 decimal)
and
(periodicityMaxValue exactly 1 decimal)

ALTERAÇÕES

Classe Periodicity | Propriedades de Dados



Description: Periodicity



Equivalent classes +

```
● (((periodicityMaxValue exactly 1 decimal)
  and (periodicityMinValue exactly 1 decimal))
  or (periodicityValue exactly 1 decimal))
  and (hasTemporalUnit exactly 1 TemporalUnit)
```



ALTERAÇÕES

Classe Action I Propriedades de Objectos



COMPLEMEN-
TARY TASK

ALTERAÇÕES

Classe Action I Propriedades de Objectos

**COMPLEMEN-
TARY TASK**

- Rule out obstruction (physical exam, abdominal x-ray/consider GI consult)

ALTERAÇÕES

Classe Action I Propriedades de Objectos

COMPLEMEN-
TARY TASK

- Rule out obstruction (physical exam, abdominal x-ray/consider GI consult)



RULE OUT OBSTRUCTION

PHYSICAL EXAM

ABDOMINAL X-RAY

CONSIDER GI CONSULT

ALTERAÇÕES

Classe Action I Propriedades de Objectos

COMPLEMEN-
TARY TASK

— Acção Principal

— Acções Complementares

- Rule out obstruction (physical exam, abdominal x-ray/consider GI consult)



RULE OUT OBSTRUCTION

PHYSICAL EXAM

ABDOMINAL X-RAY

CONSIDER GI CONSULT

ALTERAÇÕES

Annotations



SEEALSO

ALTERAÇÕES

Annotations

SEE ALSO

Property assertions: A_SMBO10E



Object property assertions +

hasClinicalActionType	@	X	o
complementaryTask A_SMBO10E3	@	X	o
complementaryTask A_SMBO10E2	@	X	o
complementaryTask A_SMBO10E1	@	X	o

ALTERAÇÕES

Annotations

SEE ALSO

Property assertions: A_SMBO10E



Object property assertions +

hasClinicalActionType	@	X	o
complementaryTask A_SMBO10E3	@	X	o
complementaryTask A_SMBO10E2	@	X	o
complementaryTask A_SMBO10E1	@	X	o

ALTERAÇÕES

Annotations

SEEALSO

Property assertions: A_SMBO10E



Object property assertions +

hasClinicalActionType	@	X	o
complementaryTask A_SMBO10E3	@	X	o
complementaryTask A_SMBO10E2	@	X	o
complementaryTask A_SMBO10E1	@	X	o



Annotations: MR_ASMBO10E



Annotations +

seeAlso



"See MR_ASMBO10E1 through MR_ASMBO10E3 for valid medication options."^^string

ALTERAÇÕES

Annotations



REFERENCE

ALTERAÇÕES

Annotations

REFERENCE

- ▶ Insomnia:
 - ◊ Zolpidem, 5-10 mg PO at bedtime
 - ◊ Lorazepam, 0.5-1 mg PO at bedtime
 - ◊ Trazodone, 25-100 mg PO at bedtime
 - ◊ Mirtazapine^P, 7.5-30 mg PO at bedtime

ALTERAÇÕES

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Annotations: MR_ASSWD6D



Annotations +

reference



"Kim SW, Shin IS, Kim JM, Kim YC, Kim KS, Kim KM, Yang SJ, Yoon JS. Effectiveness of mirtazepine for nausea and insomnia in cancer patients with depression. Psychiatry Clin Neurosci 2008;62:75-83."^^string

ALTERAÇÕES

Classe TemporalOperator

NEVER_IN_THE_PAST

- Presença de um sintoma, no decorrer do período de observação, nunca observado anteriormente.

ALTERAÇÕES

Classe TemporalOperator

NEVER_IN_THE_PAST

— Presença de um sintoma, no decorrer do período de observação, nunca observado anteriormente.

If constipation is **present:**

- Assess for cause and severity of constipation
- Rule out impaction, especially if diarrhea accompanies constipation (overflow around impaction)
- Rule out obstruction (physical exam, abdominal x-ray/consider GI consult)
- Treat other causes (eg, hypercalcemia, hypokalemia, hypothyroidism, diabetes mellitus, medications)
- Add and titrate bisacodyl 10-15 mg daily-tid with a goal of 1 non-forced bowel movement every 1-2 days
- If impacted:
 - Administer glycerine suppository ± mineral oil retention enema
 - Perform manual disimpaction following pre-medication with analgesic ± anxiolytic

If constipation **persists:**

- Reassess for cause and severity of constipation
- Recheck for impaction or obstruction
- Consider adding other laxatives, such as bisacodyl (one suppository rectally daily-bid); polyethylene glycol (1 capful/8 oz water bid); lactulose, 30-60 mL bid-qid; sorbitol, 30 mL every 2 h x 3, then prn; magnesium hydroxide, 30-60 mL daily-bid; or magnesium citrate, 8 oz daily
- Consider methylnaltrexone for opioid-induced constipation, 0.15 mg/kg SC every other day, no more than once a day
- Tap water enema until clear
- Consider use of a prokinetic agent (eg, metoclopramide, 10-20 mg PO qid)

ALTERAÇÕES

Classe TemporalOperator

ONGOING

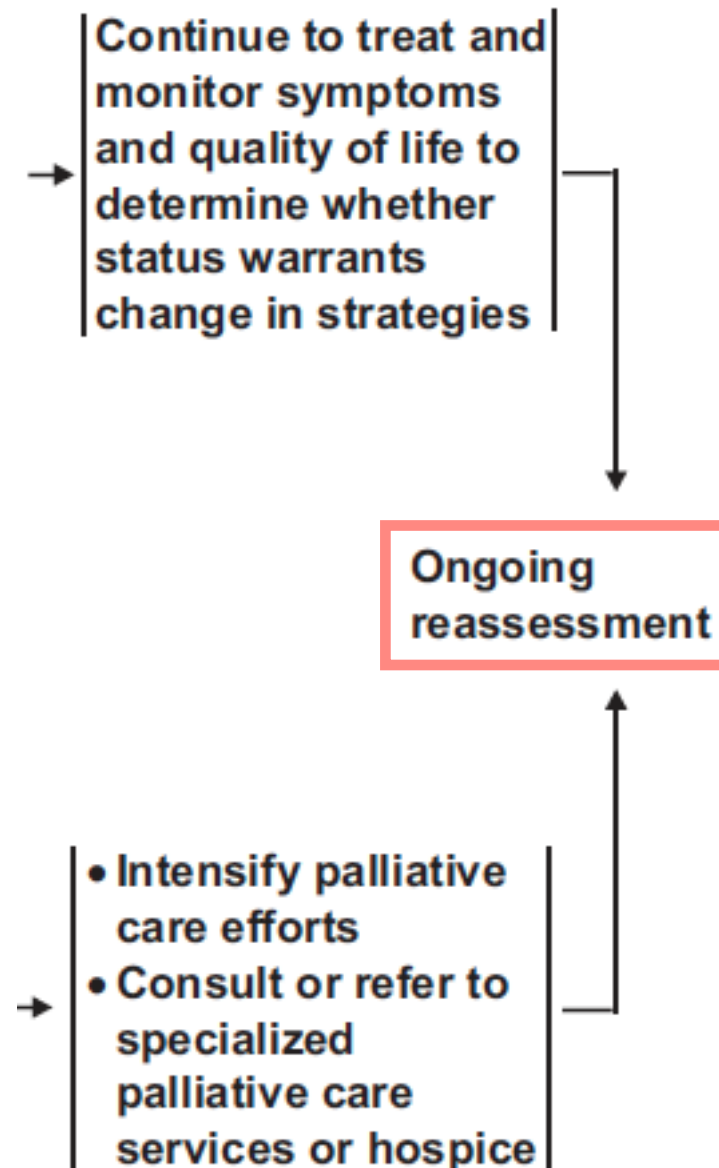
- Acção associada à ideia de continuidade.

ALTERAÇÕES

Classe TemporalOperator

ONGOING

— Acção associada à ideia de continuidade.



APRECIACÃO CRÍTICA

DIFICULDADES

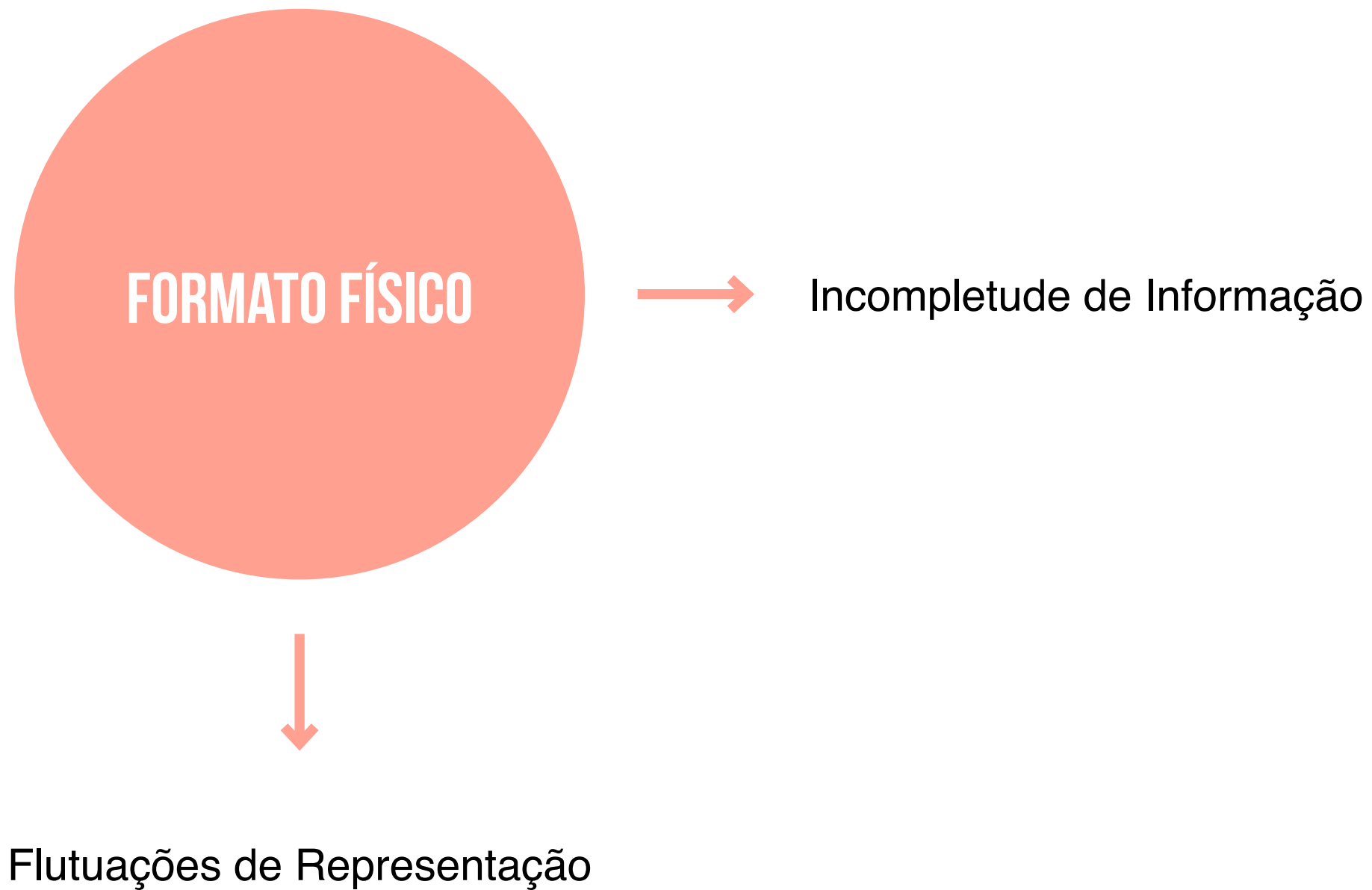
Implementação da Guia Clínica



FORMATO FÍSICO

DIFICULDADES

Implementação da Guia Clínica



COMPARAÇÃO

Formato Físico vs. Ontologia


FORMATO FÍSICO

- Estrutura com flutuações.
- Restrições apenas detectáveis através da leitura extensiva da guia clínica.
- Maior capacidade de representação da subjectividade inerente à prática clínica.

ONTOLOGIA

- Estrutura rígida e hierarquizada.
- Possibilidade de restrição dos métodos de actuação.
- Dificuldade em lidar com a representação da subjectividade inerente à prática clínica.
- Padronização da representação.
- Utilização de um *reasoner*, que garante a consistência da representação.
- Possibilidade de adaptação a SADs.

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