Results: The HACOR scale considers heart rate, acidosis (blood pH), Glasgow scale, oxygenation (PaO2/FiO2) and respiratory rate, from 0 to 25 points. The highest score defines the need for intubation (mechanical ventilation-MV) after one hour of NIV in hypoxemic hospitalized patients. Ten minutes later, the second application of the HACOR scale was performed to test the reliability (Intraclass Correlation Coefficient-ICC), measurement error (standard error of measurement-SME and minimum difference detected-DMD), ceiling and floor effect, validity of construct by correlation (Pearson-r) with pulse oxygen saturation (SpO2) and predictive capacity (area under the ROC-curve).
Conclusion: The HACOR scale has adequate clinimetric properties, however, it showed a floor effect in the sample included in this study.
Implications: The study shows the HACOR scale provides an adequate level of reproducibility within emergency rooms and intensive care units in Brazil. That said, it can be used with greater confidence by Brazilian health professionals during their clinical practice, concretely assisting in the decision of progression to orotracheal intubation and assessment of success of non-invasive ventilation. Besides becoming useful for future studies that will use the scale in Brazil.
Keywords: Noninvasive ventilation, Acute respiratory failure, Clinimetric properties

Conflict of interest: The authors declare no interest conflict.
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HEALTH LITERACY IN ELDERLY CARE: ASSUMPTIONS, CONCEPT AND IMPACTS IN THE FACE OF FALLS

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Background: Elderly people use various sources and information for self-care. Often the sources of information are close people from affective networks, but also technical networks through contacts with health professionals. From these, they build ways of acting in health on aging and its relationships with falls.
Objective: To analyze the assumptions of health literacy to delimit the concept and possible impacts for its effectiveness in the self-care of the elderly in the face of falls.
Methods: Integrative literature review of the concept of Health Literacy, its assumptions for effective self-care of elderly people in the face of falls. To this end, the descriptor "Literacy" was used, in Portuguese, in Databases, through the CAPES Periodicals Portal. Thus, selecting articles related to elderly people's literacy, which discuss the topic of falls.
Results: Initially, 51 articles were located, of which those that did not include elderly literacy and falls in the home/community environment were discarded. Of these, 07 (seven) texts were selected, which in a second reading of the abstract contemplated the theme, remaining with this final number, even after reading all the articles. The assumptions listed were literacy as an enabler, but in its absence, communication through electronic information media supported by health professionals minimizes the educational fragility of the school. Cognitive ability to understand and interpret the meaning of written, spoken, or digital health information provide a critical reflective practice and enhance self-care. As a concept, competence in health literacy is understood as the ability to seek, interpret, criticize, and select health information, producing meaning and transforming it into health actions. To this end, the impact of health literacy on the self-care of elderly people in the face of falls allows them to provide lifelong learning, whether in physical, psychic, social development and in improving the context of life, generating inclusion and citizenship.
Conclusion: Health literacy can be understood as a set of skills used by individuals and communities to seek, select and give meaning to health information. This is influenced by the degree of literacy, cognitive ability and access to information as a basis for building knowledge aimed at transforming it into self-care actions in health. Thus, it generates greater development of the elderly, inclusion and guarantee of social rights.
Implications: Health literacy is an element to be considered for empowering the elderly, improving communication and decision-making autonomy in the face of information available, whether through leaflets, manuals, electronic devices, and health professionals. Thus, producing health promotion actions, prevention of falls and rehabilitation in the face of the aging process and falls.
Keywords: Health Literacy, Physiotherapy specialty, Elderly Health

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PITTSBURGH FATIGABILITY SCALE- BRAZIL VALIDATION FRONT OF THE FUNCTIONAL CAPACITY MEASUREMENT IN THE ELDERLY

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Background: Fatigue is an early indicator of negative outcomes in aging, associated with increased risk of disability and mortality. Recently, the term fatigability was coined, which comprises the individual's subjective perception of fatigue in the face of activities of defined duration and intensity. The Pittsburg Fatigability Scale (PFS) is a validated and standardized instrument for the elderly public, which has been translated into Brazilian Portuguese.
Objectives: To validate the physical subscale of the Brazilian version of the Pittsburgh Fatigability Scale (PFS-Brasil) by evaluating the convergent validity in relation to measures of physical performance.
Methods: Validation study of the PFS-Brasil instrument to assess physical fatigability in the Brazilian elderly population. People aged 60 years or over, Brazilians, without neurological, cognitive or orthopedic alterations limiting the performance of the physical test, were invited to participate in the study. The participants performed a measure of physical performance (Short Physical Performance Battery - SPPB) and answered the Brazilian version of the PFS

(PFS-Brasil). The evaluations were carried out individually in environments with noise, temperature and lighting control to ensure privacy and comfort conditions for the proper performance of the tests. For the analysis of convergent validity, a search was performed to remove extreme values and Pearson's correlation was calculated between the scores on the physical subscale of the PFS-Brasil and the total score on the SPPB and its subdomains. The Bioestat 5.0 program was used to carry out the statistical analysis.
Results: This study is in progress, and partial data are presented here regarding the evaluation of 57 elderly participants (age: 72.3 $\pm$ 6.3 years, 91% women, physically active). The total score on the SPPB was 11.3 ($\pm$0.9) points, indicating good functional capacity of the assessed population, consisting of the assessment of gait speed (1.76$\pm$0.7 m/s), time to sit and lift 5 repetitions (10.7$\pm$2.2 seconds), static balance (3.9$\pm$0.4 points). The score in the assessment of physical fatigability by the PFS-Brasil (14.2$\pm$9.9 points) demonstrated that there is little perceived physical fatigability in individuals (reference value: $<$ 15 points). The physical fatigability assessment scores demonstrated convergent validity both in relation to the total Short Physical Performance Battery score (r = -0.34, p = 0.0093), and in the gait speed subdomains (r = -0.47, p = 0.0002) and sit-to-stand time 5 repetitions (r = 0.2886, p = 0.0294), but not for static balance (r = -0.2546, p = 0.0559). The correlations indicate that as the value of the total PFS-Brasil score increases (greater perceived fatigability), the total SPPB score, the individual's gait speed and static balance decrease, as does the time to perform the repetitions of sit and stand up from a chair, indicating a low functional capacity.
Conclusion: The PFS-Brasil has convergent validity with a measure of functional capacity in elderly Brazilians.
Implications: The characterization of fatigability allows the quantification of an individual's susceptibility to fatigue in the context of standardized physical task(s), being a more sensitive approach to assess the presence and severity of fatigue.
Keywords: Fatigue, Elderly, Validation study

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BENEFITS OF THERAPEUTIC POSITIONING IN THE NEST IN PREMATURE INFANTS HOSTED IN A NICU- A SYSTEMATIC REVIEW

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Background: Strategies for the humanization of the environment and care processes are essential to reduce the impacts that prolonged hospitalization in the Neonatal Intensive Care Unit (NICU) can cause on the development of premature newborns (PTNB). One of the procedures adopted for these purposes is nest positioning (NP), a method that promotes PTNB containment and facilitates the adoption of flexor postures. However, there is a gap in the literature regarding the effects of nest positioning on weight gain, sleep pattern, motor development and hospital discharge.
Objectives: To evaluate the effects of NP on motor development, sleep pattern, weight gain and hospital discharge in PTNB admitted to the NICU.
Methods: The present study was constructed based on the criteria of the PRISMA guideline (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). A systematic search was carried out using search indexes in the following electronic data sources: MEDLINE via PubMed, WEB of SCIENCE, SCOPUS and BVS-BIREME, following the PICOS strategy (P: participants; I: intervention; C: comparison; O: outcomes; S: studies). As eligibility criteria, there was inclusion of studies with populations of PTNB ($<$ 37 gestational weeks from the date of the last maternal menstruation) admitted to the NICU and who used the PN (supine, prone and lateral decubitus) as an intervention strategy in this population. Outcomes related to sleep patterns and weight gain were sought, in addition to others related to motor development. Methodological quality was assessed using the PEDro Scale.
Results: After the selection process, 11 studies were included in the systematic review. Among them, 5 (45.4%) had motor development as the primary outcome, 5 (45.4%) had the sleep-wake cycle pattern as the primary outcome, and 1 (9.2%) study had the primary outcome as the weight gain and, consequently, hospital discharge. According to the PEDro scale, 5 (45.4%) studies had good methodological quality, with scores between 6 and 8, 2 studies (18.2%) had regular methodological quality with a score of 5, and 4 (36.4%) studies scored 4 or less, showing low methodological quality. Qualitative results indicate that prolonged positioning in the nest with variations in decubitus may be favorable for the acquisition of flexor postures, midline stimulation and increase in total sleep time of PTNBs admitted to the NICU. No adverse effects were reported in relation to the use of PN.
Conclusion: There was no evidence of the effects of PN on weight gain and hospital discharge, but there is evidence to suggest that PN is beneficial for motor development and sleep patterns of PTNB admitted to the NICU.
Implications: The results indicate that prolonged positioning in the nest with variations in decubitus can be favorable for the acquisition of flexor postures, midline stimulation and increase in the total sleep time of PTNBs admitted to the NICU.
Keywords: Premature, Patient Positioning, NICU

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PERCEPTION OF MANAGERS OF A CENTER SPECIALIZED IN REHABILITATION ON TRAINING IN THE BIOPSYCHOSOCIAL APPROACH

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