

Original Article

Pressure Injuries and the Perspective of Forensic Nursing: A Care Management

Wanderson Santos de Farias ^{1,*}, Luana Souza de Almeida Amaral ², Carmela Lília Espósito de Alencar Fernandes ³, Teresa Cristina de Souza Silva ⁴, Rafael Braga Esteves ⁵, Cecília Jéssica Azevedo da Silva ⁶, Maria Damiana da Silva Pereira ⁶, Jhonata Jankowitsh Amorim ¹

¹ Logos University International, Paris, France.

² Lato Sensu Postgraduate Program in Comprehensive Health Care, Public Health System – Dr. Mário Gatti Municipal Network, Jaguariúna, São Paulo, Brazil.

³ University of Pernambuco, Surubim Campus, Surubim, Pernambuco, Brazil.

⁴ University of Brasília, Brasília, Federal District, Brazil.

⁵ University of São Paulo, Ribeirão Preto Campus, Ribeirão Preto, São Paulo, Brazil.

⁶ Health Department of Olinda, Pernambuco, Brazil.

* Correspondence: wandersonfarias96@hotmail.com.

Abstract: Pressure injuries represent frequent adverse events among hospitalized patients, particularly those in critical condition, constituting an important indicator of the quality of health care delivery. Beyond their clinical repercussions, these injuries may assume criminal-legal relevance when associated with failures in care, potentially characterizing bodily injury under Article 129 of the Brazilian Penal Code. This study aimed to analyze the applicability of Article 129 of the Brazilian Penal Code to pressure injuries in patients hospitalized in health services, from the perspective of Forensic Nursing. This is an exploratory integrative literature review conducted in the Virtual Health Library (VHL), PubMed, and Google Scholar databases, using the descriptors Pressure Ulcer, Forensic Nursing, and Wounds and Injuries. Studies published between 2021 and 2026, in Portuguese, English, and Spanish, that addressed the research objective were included. The analyzed studies indicate that pressure injuries may be legally classified as bodily injury when resulting from acts or omissions characterized by negligence, recklessness, or malpractice, particularly in contexts involving human resource shortages, failures in preventive measures, prolonged use of medical devices, and lack of adequate documentation. The role of nurses, and particularly forensic nurses, is highlighted in the assessment, classification, and technical-legal documentation of these injuries. It is concluded that Article 129 of the Brazilian Penal Code is applicable to pressure injuries when a breach of the duty of care is demonstrated, and that Forensic Nursing is fundamental to technical-legal analysis, ethical and legal accountability, and the promotion of patient safety in health services.

Keywords: Pressure Injury; Forensic Nursing; Wounds and Injuries.

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1. Introduction

When exploring the possible adverse events to which critically ill patients are most susceptible, the development of pressure injuries (PIs) stands out. A pressure injury is defined as a localized injury to the epithelial tissue and/or underlying soft tissues (from the skin to the connective tissue and potentially extending to the muscle). It usually develops over a bony prominence or is associated with the use of medical devices or other objects. A PI may initially be present as erythema (red skin) without loss of tissue integ-

urity and may eventually progress to an open ulcerated lesion. It represents a significant public health concern, and according to the literature, its incidence ranges from 6.1% to 10.5% among critically ill individuals [1].

According to Teixeira et al. [1], the development of a PI may be caused by intrinsic (patient-related) and extrinsic (external) factors. Intrinsic factors include age, nutritional deficits, impaired tissue perfusion, urinary or fecal incontinence, loss of sensation, immunodeficiency, the use of certain medications, as well as chronic diseases. Extrinsic factors include pressure, shear forces, and moisture.

“Injury is any alteration of biopsychosocial balance. The crime of bodily injury is a material offense of conduct and result produced by action or omission, provided that it causes physical or psychological harm to the victim. Bodily injuries may be classified as negligent or intentional, and only intentional injuries may be subdivided into minor, serious, or very serious. The legal provisions protecting the victim’s integrity are contained in Article 129 and its paragraphs of the Brazilian Penal Code. These provisions do not consider any particular characteristics of the individual (age, profession, income, among others), recognizing that any type of injury that hinders the performance of individual activities constitutes harm that may impair social relationships and, ultimately, affect the community as a whole [2].”

Pressure injuries carry significant weight in quality indicators of care provided to hospitalized individuals, and their frequency is directly related to nursing care. PIs entail several negative repercussions for patients, families, healthcare institutions, and society in general. Their development and progression cause physical and psychological suffering, increase the length of hospital stay, worsen the clinical condition, and, in some cases, result in death [4].

The objective of this review was to analyze the applicability of Article 129 of the Brazilian Penal Code (PC) to pressure injuries in patients hospitalized in healthcare services.

2. Contextualization

Forensic nursing emerged in the mid-1970s in the United States of America. This initiative was driven by women’s rights activists who sought to provide comprehensive care to victims of sexual assault. In Brazil, forensic nursing emerged in 2009 and gained recognition as a specialty in 2011 through Resolution No. 389 of October 18, 2011, which was later revoked by COFEN Resolution No. 556/2017 [4]. Resolution No. 556/2017 aimed to regulate the activities of forensic nurses in Brazil, defining areas of practice that include sexual violence; the prison system; expert examination, technical assistance, and consultancy; psychiatric settings; collection and preservation of evidence; post-mortem activities; mass disasters, humanitarian missions, and catastrophes; as well as abuse, trauma, and other forms of violence throughout the life cycle [5].

The presence of pressure injuries (PIs) is regarded as an unfavorable indicator of the quality of care provided and is considered an adverse event. These injuries occur as a result of cellular hypoxia, leading to tissue necrosis, a common occurrence particularly among adults and other patient groups due to impairment of skin integrity. The prevalence of PIs in Brazil is similar to that reported in the international literature, with approximately 40% among hospitalized patients at associated risk [6]. From a legal perspective, the crime of bodily injury is defined as a material offense resulting from conduct and outcome produced by action or omission, provided that it causes physical or psychological harm to the injured party. Bodily injuries may be classified as negligent or intentional; however, only intentional injuries may be subdivided into minor, serious, or very serious [7]. According to Vieira et al. [7], minor injuries involve limited physical repercussions, are reversible, or to a small extent. Serious injuries are those that result in

permanent impairment of a limb, sense, or function, as described in Article 129, paragraph 1, item III, of the Brazilian Penal Code. Permanent impairment may be characterized as an individual incapacity associated with reduced effectiveness of a limb, sense, or function. Very serious injuries are characterized by permanent deformity, as provided in Article 129, paragraph 2, item IV, of the Penal Code, defined by law as irreversible and permanent.

“Paragraph 1 is subdivided into several items: I – incapacity for usual activities for more than 30 days; II – danger to life; III – permanent impairment of a limb, sense, or function; IV – acceleration of childbirth; with a penalty of imprisonment from one to five years. Paragraph 2 includes: I – permanent incapacity for work; II – incurable disease; III – loss or permanent loss of use of a limb, sense, or function; IV – permanent deformity; V – abortion; with a penalty of imprisonment from two to eight years. Legal scholars differ slightly, classifying the caput of Article 129 as minor injury, paragraph 1 as serious injury, and paragraph 2 as very serious injury” [7].

Professionals of the multidisciplinary team, together with nurses, play a relevant role in the care of hospitalized patients, since the risk of developing PIs is directly linked to the quality of care provided, and PIs are recognized as important health indicators. Regarding treatment, nurses play a crucial role in the accurate assessment and classification of injuries, as well as in the selection of the most appropriate materials for management. In terms of prevention, nurses are also fundamental in care management and in implementing preventive measures to avoid the development of these injuries [8].

3. Methods

This study is an exploratory integrative review developed to analyze the applicability of Article 129 of the Brazilian Penal Code to pressure injuries in patients hospitalized in healthcare services. The study followed sequential and interdependent methodological steps, including the formulation of the guiding research question, database searching, study selection, data extraction, and critical analysis of the findings. The guiding question was constructed using the PICO framework, considering pressure injuries as the population/problem, forensic nursing as the phenomenon of interest, and legislative interpretation as the context. Based on this structure, the following research question was defined: *What is the applicability of Article 129 of the Brazilian Penal Code to pressure injuries in patients hospitalized in healthcare services?*

The literature search was conducted in the Virtual Health Library (VHL), PubMed, and Google Scholar databases between 2021 and 2026. The Health Sciences Descriptors (DeCS) “Pressure Ulcer,” “Forensic Nursing,” and “Wounds and Injuries” were used, combined with the Boolean operator AND. The search strategy initially identified 63 publications: 7 in VHL, 2 in PubMed, and 54 in Google Scholar. Full-text articles published in Portuguese, English, or Spanish that directly addressed the study objective were included. Incomplete, duplicate publications or those not aligned with the guiding research question were excluded.

After applying the inclusion and exclusion criteria, 29 studies were removed during the initial screening phase. Twenty-five articles remained for full-text review. During the eligibility phase, 9 studies were excluded for not addressing the study objective and 4 were excluded due to duplication, with no exclusions for incompleteness. At the end of the process, 12 studies comprised the final sample of this integrative review.

Following sample definition, the methodological design of the included studies was identified, revealing a predominance of bibliographic/integrative reviews, in addition to one systematic review, one qualitative study, prospective and retrospective cohort studies, one cross-sectional observational study, and consultation of a legislative website. This characterization enabled understanding of the methodological profile of the selected scientific production and supported the critical analysis of the findings. The organization

and systematization of the study selection process were conducted based on a systematic method adapted from PRISMA 2020, encompassing the stages of identification, screening, eligibility, and inclusion. Data analysis was performed descriptively and critically, correlating the scientific evidence identified with the legal framework established in Article 129 of the Brazilian Penal Code.

4. Review

This study aimed to analyze the applicability of Article 129 of the Brazilian Penal Code (PC) to pressure injuries in patients hospitalized in healthcare services. A survey was conducted to identify the type and number of studies included, and a summary table (Table 1) was prepared comprising 12 studies and one institutional website. Following the entire process of analysis and screening, the selected materials were organized to present the evidence related to the topic proposed in this research.

Table 1. Studies selected to analyze the applicability of Article 129 of the Brazilian Penal Code (PC) to pressure injuries in patients hospitalized in healthcare services, identified in the VHL, PubMed, and Google Scholar databases, 2026.

Reference	Year	Title	Main Findings
[4]	2024	Forensic nursing in Brazil: field of practice	The study identifies four thematic areas of forensic nursing practice: Forensic Nursing in Medical-Legal Institutes (IML), Forensic Examinations and the Prison System; Forensic Nursing in Prehospital Care, Urgency and Emergency Services; Forensic Nursing in Elderly Health; and Forensic Nursing in Women's Health.
[9]	2025	Peculiarities of the use of specialized knowledge in the investigation of bodily injury crimes	The study synthesizes international guidelines, indicating that medico-legal examinations translate injuries into legally intelligible facts. Specialized collaboration from psychiatry, pathology, nursing, and biomechanics contributes to case theory while safeguarding victims' rights and maintaining chain-of-custody integrity.
[10]	2025	Pressure injury related to medical devices in hospitalized adults: an integrative review	Age, severity of clinical condition, length of hospital stay, number of devices used, and hospitalization in public hospitals were identified as risk factors. The study emphasizes the need for research evaluating the effectiveness of protocols, bundles, and training to reduce incidence.
[11]	2025	Challenges in the clinical care of pressure injuries in hospitalized older adults	Challenges were categorized into two groups: human resource issues (e.g., staff shortages) and patient-related factors (e.g., comorbidities, length of stay). Despite the use of risk assessment scales, pressure injuries still occur.
[12]	2025	Head to Toe Exam for SANEs: Red Flags of Serious Injuries	The study indicates that physical examinations of stable emergency department patients should preferably be performed by forensic nurses, who possess specialized knowledge to manage victims of violence and assess the need for additional tests and imaging.

[13]	2025	Brazilian forensic nursing: applicability of forensic practices by specialists	Findings were organized into five categories: (I) creation and political development of forensic nursing in Brazil; (II) establishment of practice sectors according to national and cultural realities; (III) professional competencies; (IV) pathways to professional consolidation; and (V) future growth perspectives.
[3]	2022	Development of pressure injury and care complexity in patients in an emergency service	Approximately 9.3% of emergency patients developed pressure injuries. Higher incidence was observed in patients classified as intermediate or semi-intensive care. The sacral and calcaneal regions were the most affected sites.
[14]	2025	Injuries and infectious complications caused by hospital instruments	Advanced age, prolonged hospitalization, comorbidities, deficiencies in biosafety practices, and nursing workload were identified as factors increasing vulnerability to injuries and infectious complications.
[1]	2022	Factors associated with the incidence of pressure wounds in critical patients: a cohort study	Critically ill patients showed an 11.4% incidence of pressure injury. Hospital stay ≥ 4 days and the use of nasogastric tubes, indwelling urinary catheters, or tracheostomy increased risk.
[2]	2023	Classification of bodily injuries under Article 129 of the Brazilian Penal Code according to Superior Court of Justice decisions (2011–2022)	The study analyzed court decisions regarding quantification of damages involving dental injuries. According to the Superior Court of Justice, tooth loss is not considered permanent deformity.
[8]	2023	Nursing care and risk factors in pressure injury prevention	Nursing was identified as a key agent in prevention. Major risk factors included immobility, malnutrition, and incontinence. Effective preventive measures included use of the Braden Scale and regular repositioning.

Considering Braz et al. [4], Ismatulloyevna [9], Pitzele et al. [12], Vieira et al. [7], and Santos [13], forensic nursing has specialized training, skills, and competencies to conduct systematic and complex assessments regarding the identification and categorization of bodily injuries based on Article 129 of the Brazilian Penal Code. COFEN Resolution No. 556/2017, in its Annex I, details the professional responsibilities of forensic nurses, clearly establishing their role as “technical assistants in proceedings involving matters inherent to nursing” as well as providing “consulting support in litigation related to the forensic field within healthcare, civil liability for bodily injuries, fraud, and other forms of abuse.” Pressure injury is a condition affecting the skin that may progress to bone exposure, causing physical and psychological harm and potentially leading to complications such as septicemia and death. According to Article 129 of the Brazilian Penal Code, bodily injury occurs when the bodily integrity or health of another person is harmed.

When addressing criminal conduct, two important legal concepts must be considered: intent and negligence. Article 18 of Law No. 7,209/84 states: “I – intentional, when the agent intended the result or assumed the risk of producing it; II – negligent, when the agent caused the result through recklessness, negligence, or malpractice.” According to Mendonça da Rosa et al. [10], Pezzi Junior et al. [11], Sifronio et al. [14], and Teixeira et al.

[1], nursing plays a primary role in the prevention and treatment of pressure injuries, although responsibility does not exclude the multidisciplinary team. Two major groups of factors contribute to the development of pressure injuries: prolonged hospitalization, advanced age, comorbidities, use of medical devices, reduced mobility, moisture, absence or inadequate repositioning, and poor nutrition, particularly when there is insufficient involvement of the multidisciplinary team. It is important to emphasize that nursing workload and staff shortages weaken care delivery and contribute to increased risk.

Patients who depend on intensive and/or partial nursing care require closer monitoring, as the use of devices such as catheters, oxygen therapy, and diapers limits mobility, which in turn increases the risk of developing pressure injuries. Healthcare institutions must ensure adequate nursing staffing levels and provide support for direct patient care, as current literature confirms that these professionals are key agents in the prevention and treatment of pressure injuries, thereby ensuring that patients receive harm-free care.

5. Conclusion

The analysis of the results of this literature review highlights the urgent need to incorporate the forensic nursing perspective in the assessment, documentation, and interpretation of pressure injuries, especially when associated with failures in care and the potential characterization of bodily injury under Article 129 of the Brazilian Penal Code. The reviewed literature demonstrates that this legal provision is applicable to pressure injuries when they result from action or omission characterized by negligence, recklessness, or malpractice, resulting in harm to the physical integrity or health of hospitalized patients.

The studies indicate that pressure injuries may extend beyond the scope of an adverse healthcare event and assume a criminal-legal nature, particularly in cases where the absence of preventive measures, inadequate staffing, failure in clinical monitoring, and deficiencies in care documentation contribute to the worsening of the injury. In such circumstances, pressure injuries may be classified as minor, serious, or, exceptionally, very serious bodily injury, depending on the extent of damage, functional impairment, and permanent consequences, in light of Article 129 of the Brazilian Penal Code.

In this context, forensic nursing proves fundamental to the operationalization of Article 129, as it supports the identification of causality between the injury and the care provided, strengthens technical-scientific documentation, and contributes to forensic analysis and ethical, civil, and criminal accountability, as established in COFEN Resolution No. 556/2017. The work of forensic nurses strengthens the interface between healthcare practice, risk management, and the justice system.

It is therefore concluded that Article 129 of the Brazilian Penal Code is applicable to pressure injuries in hospitalized patients when a breach of the duty of care is demonstrated, and that forensic nursing is an essential element in the technical-legal analysis of such occurrences. The integration of clinical practice, institutional management, and legal-forensic principles is indispensable for promoting patient safety, preventing harm, and mitigating ethical-legal risks within the hospital environment.

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