

81 - BIBLIOGRAPHIC UPDATE ABOUT PROTOCOLS TO INSTITUTION FROM THE EMERGENCY CAR

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INTRODUCTION

Over the past 50 years have developed techniques and maneuvers in order to promote the recovery of cardiac and respiratory functions constitute the cardiopulmonary resuscitation (CPR). The interventions used in the RCP has been a rapid and effective strategy to prevent death, minimizing sequelae and favoring the restoration of the vital in cardiopulmonary arrest (CPA).

For this goal is reached, the medical and nursing staff must be prepared to address in a systematic and standardized an emergency situation. Thus, it is necessary to the implementation of protocols and guidelines for action based on consensus, in order to make the pipes more equitable compared to the same problem (TORRES, 2007).

Therefore, staff training and standardization of all equipment and medicine become necessary for that moment, leaving them available immediately and in an emergency car (GOMES et al, 2003; KNOBEL, 2006).

The car is an emergency room where they must be clearly sequenced all material and equipment necessary for emergency and emergencies care. The standardization of this car aims mix the contents and quantity of materials and drugs, removing unnecessary and adding essential in order to expedite emergencies and reduce waste (GOMES et al, 2003; SOLAS; POL, 2006).

Our objective in this study to identify the protocols for the establishment of cars emergency and analyze how nurses should act in the organization and management cars of emergency according to the literature.

MATERIAL AND METHODS

The research is of the type bibliographic. To realize this, been draw a plan with objectives and research questions that would facilitate the search for material to be studied.

Data collection was performed during the period from November 2008 to January 2009, making a vast literature in electronic databases of Latin American and Caribbean Health Sciences (LILACS), Database of Nursing (BDENF) and International Literature in Health Sciences (MEDLINE), accessed through the website of the Virtual Health Library (VHL) and Google Scholar, as well as books, magazines, proceedings of conferences and lectures.

For search for scientific articles, we use as descriptors the words "cardiac arrest", "emergencies" and "nursing protocols," according to the classification of the descriptors in the Health Sciences (DeCS). Inclusion criteria were studies on the issue of emergency care, especially emergency cars in English, Portuguese, Spanish, in the form of the full text. So, were part of 10 research articles.

These were divided into two categories: CARS EMERGENCY: objectives and protocols of the organization; THE IMPORTANCE OF NURSES IN THE ORGANIZATION AND MANAGEMENT OF CARS EMERGENCY.

RESULTS AND DISCUSSION

We will present the first time definitions, objectives and importance of emergency cars, as well as the protocols for their institution. Even at that time, we will present the definition of the main items that make up the car emergency and physical distribution of these items. Then do an analysis on the importance of nurses in the organization and management of emergency car.

EMERGENCY CAR: objectives and protocols of organization.

Car Emergency is an area where must be contain sequenced so all material and equipment necessary for CPR. Its main goal is homogenization of content and quantity of materials used in order to expedite service and reduce wasted time and materials (AMERICAN HEART ASSOCIATION, 2006; KNOBEL, 2006; GOMES et al, 2003; PEREZ, 1999).

This equipment is considered an essential element of care in intensive care units (ICUs), surgical centers, hospitals, emergency services, emergency departments and outside hospitals. To meet its goal it must contain foot-shaped wheels to help offset, to have enough drawers to store all the material in an orderly fashion, have labels identifying with the different components and is located in an area easily accessible, with wide area wide doors for easy driving to the location of care (GOMES et al, 2003; CARDOSO et al, 2000).

The organization of these cars should is based is in line with the only internationally accepted protocol for this purpose, which is the The code cart statement of the American Heart Association (AMERICAN HEART ASSOCIATION, 2006; GOMES et al, 2003)

Based on this protocol, the emergency car should be divided into four priorities: the priority items for the diagnostic evaluation, for airway control, vascular access and control of circulatory and drugs for emergencies. Within these priorities the items are divided according to three levels of priorities. Where level 1 are the essentials. Level 2, highly recommended and level 3, items are recommended but optional.

Thus, the priority items for diagnostic find items that are considered Level 1, which are: monitor / defibrillator with external pacing, with monitoring in spades, with at least three leads and biphasic wave, the shielding material (gloves, masks and glasses), pulse oximetry, electrodes and conductive gel. The items in Level 2 are: right-handed and level 3 are: the generator of a pacemaker (AMERICAN HEART ASSOCIATION, 2006; GOMES et al, 2003).

The priority of the items for airway control, the items that make up the Level 1 are: oropharyngeal numbers 3 and 4, bag-valve mask with oxygen reservoir, size adult mask, endotracheal tube (6.0 to 9.0); cannula for tracheostomy (6.0 to 9.0); Laryngoscope with curved blade number 3 and 4, oxygen mask with reservoir; nasal cannula type glasses, humidifier, nebulizer, nebulizer for extension, extension or Poly Vinyl Chloride polyvinyl chloride (PVC) for oxygen; flexible aspiration tube numbers 12 and 10 and fastener tracheal tube. At Level 2 are the nasogastric numbers 16 and 18. The Level 3 consists of esophageal detector (or other device for secondary confirmation), laryngeal mask adult and airway alternative (one or more of the following: cricoidostomy and ironing for percutaneous tracheostomy) (AMERICAN HEART ASSOCIATION, 2006; GOMES et al, 2003).

The Priority of the items for vascular access and control circulation of materials involves only Level 1, which are: jelco nº 14, 16, 18 and 20, 22; taps, infusion set, needle intracath (for tamponade, and pneumothorax), Serum Physiological (SF) 0.9%

(1000ml), Ringer Lactate (RL) (1000ml), dextrose (SG) 5% (500ml); macrogotas equipo; equipo for blood products, burette, syringe 3ml, 5ml, 10ml and 20 ml; needle 36X12 or 36X10; flask; gauze and micropore (AMERICAN HEART ASSOCIATION, 2006; GOMES et al, 2003).

And finally the Priority Medicines for emergencies, which include drugs for Level 1, are: distilled water 10 ml and 250 ml distilled water 500 ml (for nitroglycerin), aspirin 300 mg, 1 mg atropine, adrenaline 1 mg amiodarone, lidocaine, adenosine, B-blocker, nitroglycerin, nitroprusside, calcium chloride, calcium gluconate, magnesium sulfate, procainamide, sodium bicarbonate, glucose 50%, furosemide, bronchodilators. Medications that are in Level 2 are: aminophylline, diazepam, midazolam / fentanyl (sedation in general), morphine, dobutamine, dopamine and norepinephrine. The Tier 3 medications are naloxone, diltiazem, verapamil, mannitol and isoproterenol (AMERICAN HEART ASSOCIATION, 2006; GOMES et al, 2003).

THE IMPORTANCE OF NURSES IN THE ORGANIZATION AND MANAGEMENT OF EMERGENCY CARS

The nurse is the professional and general education in the humanities, social and biological field of expertise in nursing, develop skills, political, educational and ethical issues that enable you to act professionally, based on the principles of universality, equity, integrity and solidarity in the collective process of health work. This professional acts as coordinator of the work process of nursing in all its areas and areas of integration and their education guided by four major skills: watch / look / act, manage / administer, investigate / research, and education / teaching (UNIVERSIDADE FEDERAL DO RIO GRANDE DO NORTE, 1996).

Therefore, nurses systematic verification of emergency car, noting the presence and validity of materials and drugs listed and operation of the cardioverter. There should be a list of all items in the car emergency and they must be checked for the presence, integrity, validity and compliance with the standardization. This car should be checked at pre-fixed date and after each use and recorded in printed own the number of the seal and the date of the conference (KNOBEL, 2006).

The test operation of the implantable cardioverter must be daily, registered in printed own and its review preventive should be annual date established by the technical assistance. The maintenance of cars sealed, the place of custody and control of the seals must appear in printed standardized registration form. The file these records should be kept in its own folder, car emergency, for a period of six months (KNOBEL, 2006).

It is important stress that the cable and laryngoscope blades should be cleaned and disinfected with 70% alcohol. You should perform this procedure after use in emergencies and every thirty days, keeping them in sealed plastic bag with identification of date of disinfection and expiration date. Disinfection should be performed in ambus and guides intubation after each use or every 30 days when stored, as the expiration date (KNOBEL, 2006).

It is also necessary to have different sizes of each instrument in order to treat people of different sizes, since it is not so, the patient may have a poor quality care due to lack of suitable material (SOLAS; POL, 2006).

Although it is recommended that the nurse is responsible for checking, replenishment and organization of emergency car is advisable for physicians and practical nurses know the content and layout of materials and drugs, is not always in charge will be at the time of emergency. It is useful to have a list on which contains the instrumental and the medication that must be present in the car, to avoid errors in storage. Likewise, it is recommended that along with the cars of emergencies, and in a easily visible place, a sheet with the size of the instrumental and the doses of each medication recommended for each age and weight of patients, to thus avoid iatrogenic (ALEIXO, 2007; SOLAS; POL, 2006).

Finally, all medical staff and nursing staff should be trained for emergency care and the use of cars during critical maneuvers. Should be perform periodic refresher courses and these should be more frequent and more infrequent is the use of car (ALEIXO, 2007; SOLAS; POL, 2006).

CLOSING REMARKS

This study possible to perform a bibliographic update on the cars of emergency. Showed the importance of protocols for the establishment of these cars. It was also possible to analyze how nurses should act in the organization and management of this car.

Thus we consider that to ensure good service and reduce the weaknesses and differences in care provided to victims in emergency situations is required, beyond the training of multidisciplinary team, standardization of emergency cars using protocols based on knowledge and experience of evidence-based medicine. This is in consensus that faces serious patient care problems and priorities have shown a decrease in mortality, complications, and failures in medical errors in emergency services.

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The emergency car is an room where they must be contain of shape sequenced all material and equipment necessary for

emergency and emergencies care. Our objective in this study to identify the protocols for the establishment the emergency cars and analyze how the nurses should act in the organization and management of emergency cars. This is a bibliographic search held in electronic databases, using the words "cardiac arrest", "emergencies" and "nursing protocols". Were part of 10 research articles, which were divided into two categories: Cars emergency: objectives and protocols of organization and the importance of nurses in the organization and management of emergency cars. The results showed that to have a successful resuscitation depends partly on the availability and functionality of materials, drugs and equipment for resuscitation, which should be contained in an emergency car. The organization these cars must be in line with the only internationally accepted protocol for this purpose, which is The code cart statement of the American Heart Association. Regarding the performance of nurse's in organizing and managing emergency car seen that this is of fundamental importance in the diagnosis of associated problems, as well as training the multidisciplinary team. Thus, we conclude that to ensure good service and reduce the weaknesses and differences in care provided to victims in emergency situations is required, beyond the training of the multidisciplinary team, standardization of emergency cars using protocols based on knowledge and experience of evidence-based medicine. This working method of consensus that faces serious patient care problems and priorities have shown a decrease in mortality, in complications, in failures and medical errors in emergency services.

KEYWORDS: Cardiopulmonary Resuscitation; Emergencies; Nursing Protocols

BIBLIOGRAPHIQUES SUR PROTOCOLES POUR UN ETABLISSEMENT DE CHARIOT D'URGENCE

La chariot d'urgence est une salle où ils doivent être clairement séquencé tous les matériels et équipements nécessaires pour les soins d'urgence. Notre objectif dans cette étude pour identifier les protocoles pour la mise en place d'urgences industrielles et analyser la façon dont les infirmières doivent agir dans l'organisation et la gestion d'urgence industrielle. Il s'agit d'une étude de la littérature sur les bases de données électroniques, utilisant les termes «arrêt cardiaque», «Urgences» et «protocoles de soins infirmiers». Les participants étaient de 10 articles, qui ont été divisés en deux catégories: les voitures d'urgence: objectifs et protocoles de l'organisation et l'importance des infirmières dans l'organisation et la gestion des urgences industrielle. Les résultats ont montré que pour avoir une réanimation réussie dépend en partie sur la disponibilité et la fonctionnalité des matériaux, des médicaments et du matériel de réanimation, qui devraient être contenues dans un véhicule d'urgence. L'organisation de ces chariots est fondé est en ligne avec le seul protocole internationalement acceptée à cette fin, qui est le "The code cart statement" de l'"American Heart Association". Comme le rôle de l'infirmière dans l'organisation et la gestion des chariots d'urgences pour la vu que ceci est d'une importance fondamentale dans le diagnostic des problèmes connexes, ainsi que la formation de l'équipe multidisciplinaire. Ainsi, nous concluons que, pour assurer un bon service et de réduire les faiblesses et les différences dans les soins fournis aux victimes dans les situations d'urgence est nécessaire, et la formation de l'équipe chirurgicale, la normalisation d'urgence industrielles utilisant des protocoles fondés sur les connaissances et l'expérience de évidence-base médecine. Il s'agit d'un consensus qui fait face à de graves problèmes de soins aux patients et les priorités ont montré une diminution de la mortalité, les complications et les échecs dans les erreurs médicales dans les services d'urgence.

MOTS CLÉS: réanimation cardio-respiratoire, les urgences; protocoles de soins infirmiers

ATUALIZACIÓN BIBLIOGRÁFICA ACERCA DE LOS PROTOCOLOS PARA ESTABLECIMIENTO DE LOS COCHES DE EMERGENCIA

El coche de emergencias es un local donde deben estar claramente secuenciado todo el material y equipo necesario para la atención de emergencia. Nuestro objetivo en este estudio es identificar los protocolos para el establecimiento de los coches de emergencia y analizar cómo las enfermeras deben actuar en la organización y gestión de los coches de emergencia. Esta es una revisión de la bibliografía en bases de datos electrónicos, utilizando las palabras "paro cardíaco", "emergencia" y "Evaluación en Enfermería". Fueron parte de la investigación 10 artículos, que fueron divididos en dos categorías: Coches de emergencia: objetivos y protocolos de organización y la importancia de las enfermeras en la organización y gestión de coches de emergencia. Los resultados mostraron que para tener una reanimación exitosa depende en parte de la disponibilidad y funcionalidad de los materiales, medicamentos y equipo de resucitación, que debe estar contenida en un coche de emergencia. La organización de estos automóviles se basa está en consonancia con el único protocolo aceptado internacionalmente para este propósito, que es The code cart statement de American Heart Association. Como el papel de la enfermera en la organización y gestión del coche de emergencia visto que esto es de fundamental importancia en el diagnóstico de los problemas asociados, así como la capacitación del equipo multidisciplinario. Así pues, podemos concluir que para garantizar un buen servicio y reducir las debilidades y las diferencias en la atención prestada a las víctimas en situaciones de emergencia es necesaria, y la formación del equipo quirúrgico, la normalización de los coches de emergencia que utilicen protocolos basados en el conocimiento y la experiencia de basada en la evidencia medicina. Esto es en el consenso que se enfrenta a graves problemas de atención de los pacientes y las prioridades han mostrado una disminución de la mortalidad, las complicaciones y fracasos en los errores médicos en los servicios de emergencia.

PALABRAS CLAVE: Paro cardíaco, emergencia, evaluación en enfermería.

ATUALIZAÇÃO BIBLIOGRÁFICA SOBRE PROTOCOLOS PARA INSTITUIÇÃO DOS CARROS DE EMERGÊNCIA

O Carro de emergência é um espaço onde se deve conter de forma sequenciada todo o material e equipamento necessário para as urgências e emergências. Objetivamos nesse estudo identificar os protocolos para o estabelecimento dos carros de emergência e analisar como o enfermeiro deve atuar na organização e gerenciamento dos carros de emergência. Trata-se de uma pesquisa bibliográfica realizada nas bases de dados eletrônicas, utilizando os termos: "parada cardiorrespiratória", "emergências" e "protocolos de enfermagem". Fizeram parte da pesquisa 10 artigos, que foram divididos em duas categorias: Carros de emergência: objetivos e protocolos de organização e a importância do enfermeiro na organização e gerenciamento dos carros de emergência. Os resultados mostraram que para ter uma ressuscitação cardiopulmonar bem sucedida depende, em parte, da disponibilidade e funcionalidade dos materiais, medicamentos e equipamentos de reanimação, os quais devem estar contidos em um carro de emergência. A organização desses carros deve está baseada em conformidade com o único protocolo internacionalmente aceito para este fim, que é o The code cart statement da American Heart Association. No tocante a atuação do enfermeiro na organização e gerenciamento do carro de emergência vimos que esse é de fundamental importância no diagnóstico de problemas associados, bem como, no treinamento da equipe multiprofissional. Assim, concluímos que para garantir um bom atendimento e atenuar as deficiências e diferenças no atendimento prestado a vítimas em situações de emergência é necessária, além do treinamento da equipe multiprofissional, a padronização dos carros de emergência por meio de protocolos baseados em conhecimentos e experiências da medicina baseada em evidências. Este método de trabalho de consenso que enfrenta a atenção ao paciente grave por problemas e prioridades tem demonstrado diminuição na mortalidade, nas complicações, nas falhas e erros médicos nos serviços de urgências.

PALAVRAS-CHAVE: Parada Cardiorrespiratória; Emergências; Protocolos de Enfermagem

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