ABSTRACT

Objective: to know the support for the work of nursing staff in meeting emergency situations requiring cardiopulmonary resuscitation in rescue services. Method: this descriptive-analytic and exploratory study, conducted with 24 employees of the nursing staff, crowded into two rescue services located in two cities of Rio Grande do Sul-Brazil. The data were collected through semi-structured interviews and remarks, not systematic, public and participants in natural situations. Qualitative thematic analysis was applied. The study had approved the research project by the Committee of ethics in research, opinion No. 11/2011. Results: the priority to attend delimits the clinical severity and risk of death. The Conductor is the professional services of the Guide on medical indication and (B) the client's vital signs. Conclusion: the employee represents the central element for the achievement of care in an emergency situation. Descriptors: Cardiopulmonary Resuscitation; Emergency Medical Services; Nursing.

RESUMO

Contemporary health binds to various aspects of singular mode of living of the people or even of the collectives. However, since the dawn of its conceptualization, biological human anatomy questions remain as the focus of labor action in health. 1 The cardiopulmonary resuscitation refers to the intervention of workers seeking to avoid or soften the complications in the workings of the human body and even prevent bankruptcy.2

Understand that the need to perform cardiopulmonary resuscitation indicates an emergency situation means that the maintenance of life is at risk, that is, death becomes a possibility for the outcome of the situation of the person. 3 and this is conditioned directly to the characteristics of the health care received in the confrontation of several potential triggers of a cardiac arrest.4

The knowledge and the ability of health workers to act in this situation, as well as laypersons in immediately seek aid represent decisive factors for the clinical outcome and directly influence the rates of morbidity and mortality in Brazil.5

In this respect, the action of nursing in health services has specific contributions to an outcome favorable to the survival of a person in need of emergency assistance for cardiopulmonary resuscitation. This study set out to answer the following question: As guiding workers from nursing staff active in rescue services produce care before an emergency situation that requires the performance of cardiopulmonary resuscitation techniques? With the goal of meeting the support for the work of nursing staff in meeting emergency situations requiring cardiopulmonary resuscitation in rescue services.

**METHOD**

Exploratory and descriptive and analytical study, conducted with 24 employees of the nursing staff crowded into two rescue services located in two municipalities in the region of the campaign, attached to the 7th Regional Health Coordination in the State of Rio Grande do Sul, in the second half of 2011.

Data collection proceeded by contact with the responsible institutions and request permission to develop the search steps. After the consent of the same, have scheduled the semi-structured interviews with employees of the nursing staff during their work shift. Complementary observations, systematic non-participants, public and naturais6 situations were developed in parallel.

Applied qualitative temática7 analysis to the data obtained in the interviews and observations with reading and rereading of the content organization of the nuclei of meaning and, finally, grouping of topics. From this process emerged as theoretical-empirical category: Priority, conduct, review, Performance and Act whose cover, respectively, the particularities in the way of meeting people in emergency situation requiring cardiopulmonary resuscitation by nursing workers pre-hospital rescue services (Image 1).
For research involving human beings had to concern to ensure the anonymity of the subjects investigated, the absence of risk to employees’ personal and professional integrity and institutions as the National Health Council resolution n° 196/96. In this way, to differentiate the institutions we used code, consonantal letters - A and b. using the informed consent of the participant, the goals and purposes of the research, strengthening the right of the participant to obtain information about the research or even give up to participate at any time in the process. The study has the approval of a research project of the Research Ethics Committee, opinion No. 11/2011.

RESULTS

The presentation of the data collected in the interviews and observations has been prepared, so not exclusionary in the categories of analysis. The frequency distribution of the reports was only used for fleshing out the qualitative data.

● Pre-hospital rescue service A

The priority of service in emergency situations for workers of the service is involved in the concept of clinical severity for 05 (41.6%) of respondents, 12 consecutively by the high risk of death for 03 (25%) and are related to the type of accident, 02 (16.6%); with the clinic, 01 (8.3%); with the phase of the life cycle-child, 01 (8.3%) and with the presence of respiratory movements, 01 (8.3%).

The conduct in attendance was expressly marked by worker’s medical command on what conduct to 05 (41.6%) of the respondents, by checking vital signs for 03 (25%) of whom, 01 indicates that the decision still focuses on doctor; for 02 (16.6%) stems from an institutionalized regulatory who can’t explain; to 01 (8.3%) it depends on the occurrence and for others there is a prior determination of the institution on how to act.

In the daily work of this service to review the materials and equipment necessary to meet the emergency was reported as performed in shifts to 09 (75%) and daily for 03 (25%).

The professional care which requires the application of the techniques of cardiopulmonary resuscitation was bounded by the existence of a protocol adopted by the employer for 08 (66.6%) and as missing by the other, 04 (33.3%). The acting in this situation was not explained by 04 (33.3%) employees, was related to technical and scientific knowledge by 03 (25%), the trainings by 02 (16.6%), the teaching resources by 01 (8.3%), the patient needs by 01 (8.3%) and the judgment that “always worth investing”, 01 (8.3%).

● Pre-hospital rescue service B

The priority was related to the risk of patient death by 04 (33.3%) of the 12 workers respondents, the clinical severity for 03 (25%), the cardio pathologists by 03 (25%), the pattern of signs and symptoms by 01 (8.3%) and the type of trauma on the other, 01 (8.3%).

The vital signs are indicated as defining the conduct in attendance to 33.3% of the respondents (04, 04 (33.3%) others express only the emergency concept 02 (16.6%) report that there is an institutional normalization and 01 (8.3%) refers to the application of the ABC of life.

The review of materials and equipment for the emergency care was reported as performed in shifts by 07 (58.3%), with a daily frequency by 02 (16.6%), twice-weekly 01 (8.3%) and periodically and eventually, 01 (8.3%).

The universal protocol was referred to by 03 (25%) workers as a defining performance in the rescue service with cardiopulmonary arrest, by 01 (8.3%) as a gift and 08 (66.6%) as missing. The Act is based on this Protocol for 04 (33.3%), medical advice by 04 (33.3%), by vital signs by 02 (16.6%), by the technical and scientific knowledge by 02 (16.6%), by training conducted in courses by 02 (16.6%) and the orientation of nurses by 01 (8.3%).

DISCUSSION

It is understandable that to identify service priorities characterized the subject of care to be developed. And the relationships established with this can be inferred about the support that the nursing staff has to act in emergency situations requiring cardiopulmonary resuscitation in pre-hospital rescue services.

The clinical severity and risk of death are revealed in this research, by nursing professionals of both services, and (B), as the criteria to prioritize the customer service person. The difference is related to the implementation of the actions as a result of the support provided by the institution. In A, advocates medical regulation and (B) the vital signs represent the defining aspects to the decision making of the nursing staff.

The eminence of the loss of life linked the concepts of gravity and risk in the definition of health professionals for rescue services. Concepts that materialize in actions to maintain the functionality of the vital organs
Cardiopulmonary resuscitation: nursing...

Rescue services are the prerogative of the evolution of society produces and improves constantly the technological resources and people to enjoy these often expose themselves to situations that limit their life condition. It is not intended to bring a negative view of the process of human development, but stress that the work in health also anchors in these resources to intervene in situations with cardiopulmonary arrest.

The worker, in the meander represents the central element for the achievement of care...
in an emergency situation and its characteristics, as in any professional activity, condition the action and the outcome of the work on the health of the person who has some involvement.

The characteristics of the worker, the work context in terms of its infrastructure and its material resources influence the making of the nursing staff. This is involved in the evaluation of the clinical severity of the person affected by an emergency situation. This is determined by the degree of risk to loss of life or for developing commitment to carrying out the activities of daily living.

The existence of a protocol to support the activities of workers in the face of care in emergency situations reported as absent in both by the majority of workers and when present, they don't know how to explain it.

Support for the Act of workers was also referenced by them to their technical and scientific knowledge acquired during his training and in training courses.

Against the above, the contribution of this study for the nursing profession is in need of forming workers able and knowledgeable of your professional practice in the different areas of expertise. In this direction, the cardiopulmonary resuscitation as main clinical complication of work in rescue services is part of deepening for health workers.

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