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ORIGINAL ARTICLE

THE MANCHESTER PROTOCOL AS SUBSIDY IN NURSES´ACTIONS: A COMMITMENT TO HEALTH

O PROTOCOLO DE MANCHESTER COMO SUBSÍDIO NAS AÇÕES DO ENFERMEIRO: UM COMPROMISSO COM A SAÚDE

EL PROTOCOLO DE MANCHESTER COMO SUBSIDIO EN LAS NACIONES DEL ENFERMERO: UN COMPROMISO CON LA SALUD

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ABSTRACT

Objective: to develop a standard operating procedure for nurses in the evaluation and acceptance by risk rating. ***Method***: it is an action research with a qualitative approach, performed in a trauma care hospital in of the Municipality of Curitiba/PR, to carry out the phases: exploratory, main, action and evaluation, after the approval of the Research Ethics Committee, under CAEE 24563913.7.0000.5225. ***Results***: the data obtained in the first phase carried out through meetings with the coordination of the Emergency Room, emerged on the need to create standard operating procedures for the service flow of the Manchester Protocol. On the main phase, four procedures were built that guided the nurse´s action in the evaluation and care with risk rating from the entrance door open and mobile emergency service. In the evaluation and action, there was the approval of documents and assistance in the coordination of their field of study for the training of nurses. ***Conclusion***: the development of this procedure supports the nurse´s actions in assisting patients in critical condition, in a scientific and humane way. ***Descriptors***: Nursing; Patient; Hosting; Triage; Manchester Protocol.

RESUMO

Objetivo*:** elaborar procedimento operacional padrão para o enfermeiro na avaliação e acolhimento através da classificação de risco. ***Método: pesquisa ação, de abordagem qualitativa, realizada num hospital de atendimento em trauma do município de Curitiba/PR, com realização das fases: exploratória, principal, ação e avaliação, após a aprovação do Comitê de Ética em Pesquisa, sob CAEE 24563913.7.0000.5225. ***Resultados:*** os dados foram obtidos na primeira fase através de reuniões com as coordenações do Pronto-Socorro, que emergiu na necessidade da elaboração de procedimentos operacionais padrão diante do fluxo de atendimento do Protocolo de Manchester. Na fase principal, foram construídos quatro procedimentos que norteiam a ação do enfermeiro na avaliação e acolhimento com classificação de risco, desde a entrada da porta aberta e do serviço de urgência móvel. A fase de avaliação e ação ocorreu com a aprovação dos documentos e encaminhamento para a coordenação do respectivo campo de estudo para capacitação dos enfermeiros. ***Conclusão***: a elaboração deste procedimento respalda as ações do enfermeiro no atendimento aos usuários em estado crítico, de forma científica e humana. ***Descritores***: Enfermeiro; Usuário; Acolhimento; Triagem; Protocolo de Manchester.

RESUMEN

Objetivo*:** elaborar un procedimiento operacional standard para el enfermero en la evaluación y acogida a través de la clasificación de riesgo. ***Método: investigación de acción, de enfoque cualitativo, realizado en un hospital de atención en trauma del Municipio de Curitiba/PR, con la realización de las fases: exploratoria, principal, acción y evaluación, luego de la aprobación del Comité de Ética en Investigación, sobre CAEE 24563913.7.0000.5225. ***Resultados:*** los datos obtenidos en la primera fase realizada a través de reuniones con las coordinaciones del Pronto Socorro, surgieron de la necesidad de la elaboración de procedimientos operacionales padrones frente al flujo de atención del Protocolo de Manchester. En la fase principal fueron construidos cuatro procedimientos que guían la acción del enfermero en la evaluación y acogida con clasificación de riesgo, desde la entrada de la puerta abierta y del servicio de urgencia móvil. En la fase de evaluación y acción se dio con la aprobación de los documentos y la asistencia para la coordinación del respectivo campo de estudio para capacitación de los enfermeros. ***Conclusión***: la elaboración de este procedimiento respalda las acciones del enfermero en la atención a los usuarios en estado crítico, de forma científica y humana. ***Descriptores***: Enfermero; Usuario; Acogida; Selección; Protocolo de Manchester.

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INTRODUCTION

Health services responsible for Emergency Network in Brazil had problems in meeting the urgencies and emergencies, such as overcrowding, fragmented work, the free service criteria, resulting in prolonged waiting and worsening of the patients´ risks[1].

In the health care model in the Emergency Department service, patients´ needs and their rights are often weakened in organizational and operational aspects[2]. Faced with these challenges, the Ministry of Health (MOH), through the National Humanization Policy (PNH) proposed changes regarding the care and management of the Unified Health System (SUS), concerning the patients´ care and hosting in the Urgent and Emergency Health[3].

One of the actions of the PNH is the implementation in the hosting in hospitals for patients who come to the Emergency Department Service. According to the concept by MOH, hosting is the user´s reception, since their arrival, listening to their complaints, concerns, and anxieties, focused for the current problem situation. It ensures resolutive care, and when required, the patients are sent to other health services for continuity of care[4].

The MOH establishes as a complementary way, the project called QualiSUS, which should improve service in the Urgency and Emergency services in primary care, outpatient and hospital care of medium complexity centers. Thus, it ensures respect for the rights of patients, by performing the evaluation and Welcoming with Risk Rating (AACR) in assistance, in an appropriate physical structure to watch out for the individual´s privacy; applied by trained professionals; using clinical protocols and technologies; and with the guarantee of a diagnostic and therapeutic resolution[3].

Given these advances focused on the reception of health services patients, there is the need to implement the Risk Rating, which aims to establish priority for patients´ service in Urgency and Emergency services in an organized and humane way, based on clinical criteria to ensure reduction of conflict and preventable deaths[5]. Risk Rating is regarded as stratification and not an exclusion since it promotes the inclusion of the patients in their assistance[6].

The AACR requires agility in service from the assessment based on a pre-established protocol, which analyzes the level of patients´ needs, providing focused attention to the level of complexity and not the order of arrival[6].

The emergency triage unit classifies patients arriving at the service, requiring evaluation and prioritization of immediate cases, among others that can wait for the proper care. The selection of gravity is an important part of keeping an organized service and ensuring patient safety, particularly in services with high demand. Inadequate classification of patients can cause injuries during the waiting time. It is also important to ensure that scarce resources are directed to patients with the greatest need[7].

Currently, the implementation of a new instrument called by the MS as Home with Evaluation and Risk Rating (AACR) is a challenge faced by all health team. The AACR is being deployed in various health services, and involves replacing the old standard of care in the order of arrival of the patients by a risk rating based on international principles established by the Manchester Protocol[8].

The Manchester Protocol or Manchester triage system (STM) was created after the establishment of the Manchester Triage Group from the concern of doctors and nurses, in finding a way to prioritize patient care. They started their work in 1994 and published the first edition in 1997 with a second edition in 2006[9-10].

The Manchester Protocol was implemented in several hospitals of the UK, Portugal, Spain, Holland, Germany, and Sweden[6]. It is an international screening instrument that has been deploying in various health systems in Brazil[11].

Risk Rating levels are based on the clinical conditions presented by the patient, organized into five categories and separated by colors that indicate their priority. The red color (emerging) has immediate care; orange (very urgent) provides service in ten minutes; yellow (urgent), 60 minutes; Green (little urgent) 120 minutes; and blue (non-urgent), 240 minutes[6].

The system allows to sort the patients arriving at one of the Urgency and Emergency Services, establishing the flow of the 52 flowcharts, of different problem situations. After identifying the main patient complaint and presented signs and symptoms, the nurse selects a specific flow chart, which shows a sequence of questions targeted by discriminatory and the patient is classified into one of five categories. To perform the STM, it is important to: identify the problem; gather and analyze information; analyze all

alternatives; select one to use; demonstrate the application and analyze the results[12-13].

An important thing in the implementation of the Manchester Protocol is to increase the accuracy in attendance, with early identification of high-risk patients who need immediate assistance, minimizing the deterioration of the problem[14].

The Federal Nursing Council, with Resolution 423 of April 9, 2012, has standardized under the COFEN/COREN system, participating in the Nurses Risk Rating activity, while the inspection to the Regional Councils. Art. 1 provides the risk assessment and prioritization of care in Emergency services as a private activity of the nurse[15]. It also describes that to run the risk rating and prioritization of care, nurses must be equipped with the knowledge, skills and abilities to ensure technical and scientific rigor to the procedure.

Thus, it is understood that the nurse participates in the Hosting with Assessment and Risk Rating legally protect to perform this MS technology[16].

The completion of the 10th Supervised Internship in the Nursing Graduate Course of Federal University in Paraná in a unit of the Emergency Room (ER) of the hospital under study, from February 10 to May 28, 2014, enabled to monitor the routine of nurses in the Emergency Department service. The objective of the research was the recent implementation of the Manchester Protocol on Risk Rating of patients seeking the service for care.

According to information provided by the service of the Nursing Coordination under study by the year 2007 the service was carried out in order of arrival of patients. That same year, the service in the ER has been using the protocols developed by the Nursing management to assist in AACR. This is because, it proved to be unsustainable in the high demand for service and it became necessary to establish the true role of a unit of Emergency Department of a hospital within the SUS.

After two years in this institution, there were revisions and changes in protocols used emphasizing Humanization and Hosting. In 2012, the Office of Health Management agreed with the Brazilian Society of Risk Rating for the acquisition of Manchester Protocol in order to harmonize and standardize the Emergency Department attendances in the state of Paraná.

To qualify the care provided to the patient in AACR, it was necessary to prepare a Standard Operating Procedure (SOP) for documentation and standardization of this activity, whose lack of such procedures compromises the quality of services provided[17].

To guide the steps to the applicability of the AACR with Manchester Protocol sensitization and training were necessary for the concreteness of this action. It became evident the need to document and standardize this action through Standard Operating Procedure (SOP), following the institution´s guidelines and rules under consideration, to subsidize the nursing consultation to be included in manual routines of the hospital under study.

Thus, for the patient to benefit from quality care, a management system standard nursing is necessary that enables the recognition of needs and the implementation of new technologies for technical competence in the care[18].

The best way to begin standardization is technically meet the infrastructure for deployment and use of SOPs, describing actions to be performed during each activity to ensure the expected results and more safety for the patients[18-19].

This study shows the construction of a SOP to the hosting with Risk Rating of patients of the Urgency and Emergency Service, in a University Hospital of Paraná. Seeking a standardized script to perform the nurse´s actions in routine activities to the Manchester Protocol. Therefore, the development of a standardized script could encourage improvements in the work process of Urgency and Emergency Service, demanding thinking and making quick and safe decisions by nurses across the AACR, competence arising from this professional in coordinating nursing activities, supervision and control of the work dynamics in the service, as well as in the selection of higher risk for patients[20].

OBJECTIVE

- To develop standard operating procedures for nurses in the evaluation and acceptance by risk classification.

METHOD

This research was extracted from the monograph << The Manchester Rating against the commitment to health: an intervention project >>, from the completion Undergraduate Nursing course at the Federal University of Paraná/UFPR from February to May 2014.

This is an action research with a qualitative approach, in a referral hospital specializing in trauma care and Reference Health System, with two entrance doors for the patients. An entry is intended for pre-hospital care service (SAMU, SIATE and Air Rescue), whose initial flow is performed in the emergency room called as Advanced Life Support (SAV). The other entry is for the spontaneous demand by the receiving service, guiding to the hosting hall with risk rating.

The choice of this methodology is based on the fact that "qualitative research meets very particular issues. It is concerned with a level of reality that cannot be quantified"[21:51]. Qualitative research values the results and especially the processes, with the data source as the natural environment, observable, and punctuating the researcher as its main instrument[21].

The action research is a form of action inquiry that uses research techniques to inform the action decided to improve the practice and where the research techniques should meet the criteria common to other types of academic research. Although action research tends to be pragmatic, it is clearly distinct from practice, because while changing what is being researched and is limited by the context and ethics of the practice with the function of transformation of reality[22].

This methodology provides the author´s participation and interaction with other actors in the production of knowledge on the subject researched; This method consists of four phases: the exploratory, the main phase, the action phase and the assessment phase and is characterized by flexibility in phases while the ongoing of the research[23].

The first, the exploratory, it is a phase of meetings with the coordinators of the Emergency Room (ER), with an operating and assistance and there was the need for standard preparation of Operating Procedures (SOP) for documentation and standardization of procedures in the Emergency Room.

In the second phase, called the main phase, there were five meetings with the Director of Nursing and ER Coordination for the construction of the procedures. These SOPs have been built and validated by the unit coordinators nurses, in a cooperative and participatory manner, resulting in the construction of four Standard Operating Procedures.

In the third phase, dissemination and implementation, SOP underwent technical adjustments and were directed to the operational coordinator nurse and ER assistance nurse. After this step, they were delivered to the nurse coordinator of the Human Development Committee for implementation and dissemination in the ER.

These Standard Operating Procedures will be validated and should be evaluated for consistency and appropriate direction for implementation and deployment of official flow.

In the fourth phase, called the evaluation phase, it was found that such SOP facilitates the classification of risk for a hospital referral in Curitiba, contributing in this way to improve the work process of nursing and patients' assistance.

Such research had approved the project by the Ethics Committee of the SESA/HT under CAAE number: 24563913.7.0000.5225 as approval 676,690.

RESULTS AND DISCUSSION

During the first phase of action research, it was determined the need to create four SOP, one for Risk Rating, one for patient identification by spontaneous demand, one for patient identification initially attended in the Advanced Life Support, and one for Identification of the unidentified patient who enters by the SAV, but does not have documents and is not in a position to give information about his identity.

To assist in risk rating, this field of study has a partnership with the State of Paraná, with a private company specializing in the development of technological solutions for the health sector. This company has patented a device called the Trius®, whose software, supports Manchester risk rating system and organizes the flow of patients in the hospital[24].

Such equipment includes tools connected in exclusive use to facilitate the triage process, and a pulse oximeter, glucometer one a tympanic thermometer and a digital blood pressure device[24].

For this research SOP will only be delimited (Figure 1) for the rating. It will be applied to Manchester risk rating on ER trauma hospital.

Standard Operational Procedure		
Routine: Manchester Risk Rating		Sector: Emergency Room
Justification: The need to perform hosting with the risk rating and the proper flow		
Agent	Action	Materials
Nurse	- Register de patient in the system; - Call the patient and guide him according to the risk rating; - Host and check the patient´s name; - Ask about the case occurred, reason of assistance, mechanism of injury, time concerning the occurrence and other relevant information; - Check traumatic injury, if relevant, site assessment and characteristics; - Select user´s name on the touchscreen and press the triage function; - Type the complaint and press forward; - Select the proper flow as Manchester Protocol; - Suit the discriminators according to the recommended color, so the color classified this risk; - Perform the procedures as requested by the information system; a) To check the pulse and oxygen saturation: - Put pulse oximeter on the patient, where the digital pulse and oxygen saturation will be reading, which are visible on the screen; - Select the type of spontaneous ventilation (atmospheric air) and pulse check type (manual or the sensor); - Select the forward button; b) To check blood pressure: - Place the cuff on the patient's arm, which measure the values of maximum and minimum pressure; - Select the enter button; c) To check the headset temperature: - Remove the thermometer; - Position the rod in the ear of the user; - Turn on the button; - Wait until the data appears in the system; - Select the enter button; d) To check the blood glucose: - Remove the glucometer from the device; - Insert the measuring tape; - Place the glucose meter appropriately for the collection of blood sample; - Disinfect the collection site with 70% alcohol, be careful not to collect the sample with disinfectant; - Fire the lancet in the finger phalanx and hold until sufficient sample; - Keep the measuring tape to get the data in the system; - Select the forward button; - Select the input type of the service; - Put the bracelet identification, as the color of risk rating; - Forward and guide the patient to the head of the sector, according to the selected color.	Software or risk rating form. Procedure gloves, private clothing, face mask and goggles. Pulse oximeter, 70% alcohol, cotton. Sphygmomanometer, 70% alcohol, stethoscope, procedure gloves, surgical dressing. Glucometer, measuring tape, procedure gloves, 70% alcohol, cutting punch box. Identification bracelet.
Elaboration:		**Date:**
Approval:		**Date:**
Review:		**Date:**
Observation: Pay attention to non-reported clinical and unspoken data.		

Figure 1. POP – Manchester Risk Rating, 2014.

The nurse, qualified professional and supported by legislation will host after the patient admittance to the emergency care service and for entrance into the flow for care.

For the functionality of such SOP, the patient will be called to the hosting. It prompted a report of what happened, the reason, mechanism of injury, time of the occurrence and other relevant information when the patient can provide information and not to have life risks.

It is worth to pointing out that at this stage of hosting, the nurse is responsible for the organization of the work process, strengthening the relationship between the

patients and the health care system ensuring their rights as citizens and satisfaction of their health needs[25].

Upon completion of the interview and initial assessment, the nurse will direct the appropriate flowchart to trauma. By the flow diagram will be defined and their discriminating the type of classification by the use of colors.

In the risk rating nurses should be aware of the main complaints, as well as evaluating the parameters: pain, heart rate, blood pressure, temperature, SPO_2 and blood glucose. Nurses should evaluate and consider the non-reported clinical and unspoken data. According to Resolution 423/2012 COFEN, the nurse can conduct the risk assessment prioritizing clinical cases according to severity.

During this process of interaction, the effectiveness of the user´s link with the treatment plan is observed, recognizing the needs and possible interventions to conduct a more humanized, decent and fair care[26].

CONCLUSION

To standardize an action of nurses across the AACR, SOP was created (Figure 1) to support programs with technical support, providing a standardization to reflect on patient´s assistance quality of Urgency and Emergency Service, whose absence of such procedures compromises the quality of services provided.

The implementation of AACR is of utmost importance to the change in the current social context, since the service is to be provided with technical quality, guaranteeing the principles of SUS.

The implementation of the SOP could strengthen the nurse´s empowerment in implementing a quality care in the Emergency Department service, ensuring more survival of the patients in this system.

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