

66 - CARDIAC ARRHYTHMIA: A BODY OF KNOWLEDGE BY NURSES THAT ACT IN EMERGENCE SERVICES AND INTENSIVE CARE UNIT (ICU) AT A PUBLIC HOSPITAL IN JOÃO PESSOA – PARAIBA – BRAZIL

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INTRODUCTION

Cardiovascular diseases are still considered the main cause of death in Brazil and in the world. In the last few years, many technological advances, which help with the early diagnosis and follow-up of diseases, have been occurring. However, they keep on presenting a high incidence and prevalence, with great morbidity and mortality all over the world. According to DATASUS, one-third of deaths in Brazil are caused by diseases in the circulatory system (SOS

Cardiac arrhythmias are included in this context, as most cardiovascular diseases, like arterial hypertension, coronary arterial disease (angina and heart infarct), cardiac valves and muscle diseases, among others, might occur and end up in several modalities of cardiac arrhythmias, thus risking the patient's quality of life and life itself (JUNIOR, 2010).

Cardiac arrhythmias are defined as any sort of alteration in the formation and/or in the conduction of normal cardiac impulse, being several of them of a malignant characteristic, and responsible for the death of millions of individuals (TENO, 2009).

A study conducted in October 2009 estimates that 212 thousand people die of sudden death every year in Brazil, and that 90% of such deaths are caused by cardiac arrhythmia, liable to be treated if early diagnosed (MARTINELLI, 2009).

Most often, cardiac arrhythmias do not present symptoms and therefore, many people are unaware of their risks. Lack of information is one of the main factors that can lead to sudden death, characterized as an unexpected event due to cardiac causes, with a rapid evolution, cardiac respiratory arrest and instant death, or death until an hour after symptoms began (WOODS; FROELICHER; MOTZER, 2005).

In this context, one can introduce nursery assistance to the patient with cardiac arrhythmia who needs a distinct, skilled care. This demands a highly skilled professional, especially when we refer to complex environments, such as the emergency and intensive care units, as it is there where we can find the most severe cases undergoing extreme situations of life and death risks.

This article intends to contribute to the mentioned service and its users, as we propose to investigate the knowledge of nurses who act in ICUs and emergency services. This will make them reflect on their daily practice, due to the necessity to acquire a minimum knowledge about cardiac arrhythmias. The results may subsidize a few proposals of permanent education measures, and so improve the quality of assistance to community. Thus, the study has the aim to evaluate the mentioned professionals and situations, by investigating their skills to identify and react to these problems.

METHODOLOGY

This was a descriptive, exploratory research, both qualitatively and quantitatively approached, and occurred in a public, military hospital ICU and Emergency center, in João Pessoa, Paraíba, Oct. 2010. The choice was due to the fact that the researcher had been developing his/her professional activities in that health facility. The target group was made up of 24 nurses working in the mentioned care units. Twenty-two professionals spontaneously accepted to participate in the research.

We must say that the ethical principles comprised in the Code of Ethics of Nursing Professionals (Resolution 311/2007, of the Federal Nursing Council) were observed throughout the research development. The Code regulates scientific research papers in its chapter IV, about Responsibilities, Duties and Prohibitions (COFEN, 2007). Resolution n. 196/96, of the National Health Council dealing with research on human beings was also considered. According to the resolution, we must assure them free, non-coercive and clear consent, so as to guarantee that the adequate knowledge be communicated (BRASIL, 2002).

The project was analyzed and approved by the Ethics Committee on Research from Santa Emilia de Rodat College, expert's report number 033/2010. Data collection was accomplished in Oct. 2010, by means of a questionnaire with both subjective and objective questions, and based on pertinent literature.

The quantitative data were analyzed to form a data base, statistically treated by using the SPSS software, version 17.0. The description was presented by means of absolute and proportional frequency, and the results in the form of tables and graphics. Subjective questions were qualitatively analyzed, by using the technique of Discourse Analysis of the Collective Subject (DSC), as proposed by Lefèvre and Lefèvre (2005).

RESULTS AND DISCUSSION

A total of 22 questionnaires answered by the study participants were analyzed. Among them, 22, 7% were male and 77,3% female. As for the marital status, 59,1% were single, 31,8% were married, 4,5% widow and 4,5% others.

As for age, 50% are in age bracket 20-30, 36, 5% between 31-40 and 13,5% between 41-50. This shows, therefore, that most researched nurses are between 20-30 years old, young adults in their full productive phase. We know that ICUs and emergency services demand a highly stressing work load, quickness, physical ability and energy (FERRAREZE, 2006). Thus, in order to work in such sectors, younger nursing professionals will need more strength to develop their activities, besides the guarantee of more highly complex technological knowledge, improvement and expertise (PRETO, 2009).

In the researched nurses' acting place, 06 worked in the ICU and 16 in the emergency (ER). Among these, 83.3% of ICU professionals have been working there for 1 to 5 years. The same occurs with the ones in the ER. Most of them (68.7%), have already worked there for the same period of time. The results demonstrate that the professionals have already acted in the sectors for a considerable time, what represents a probable gain in experience positively contributing for the service quality.

Table 1 – Refresher courses/ specialization in the area, by the researched nurses:

Courses	n	%
ACLS*	02	9,0
BLS**	03	13,7
ECG***	04	18,3
NONE	13	59,0
Total	22	100,0
Especialization	n	%
Intensive Care	03	13,6
Urgency and Emergence	01	4,5
Family Health	03	13,6
Administration	01	4,5
Nephrology	01	4,5
Labor Nursery	01	4,5
Community Health	01	4,5
None	11	50
Total	22	100,0

ACLS*Cardiological Advanced Life Support

BLS** Basic Life support

ECG*** Eletrocardiogram

We can realize from Table 1 that less than half the researched nurses (41%) presented a refresher course pertinent to his/her acting area. Although 59% of the nurses did not attend these courses, 91% recognized their need for continuing education in order to improve his/her daily practice. The most mentioned courses were: ECG interpretation, BLS and CALS, among others.

In general, the percentage of post-graduate professionals was 50%. When sectors were investigated, we found 33.3% for the ones acting in the ICU and 56.2% for the ones in the emergency unit. It is important to emphasize that we identified only 3 participants having a post-graduation in Intensive Care, and one in Urgency and Emergency. The remaining had a specialization in another area.

According to Silva (1987), cited by Andrade (2008), the Specialization course reduces the acting field of the nursing professional and consequently increases his/her skill, efficiency and competence in the area. We agree about that and, in cases specific for urgencies and ICUs these processes of knowledge are extremely relevant due to the critical and complex nature of clinical conditions that these service users may present, requiring from the professionals, quickness in decision making , as well as precise leading actions.

Table 2 – Nurses' knowledge about types of emergency arrhythmias

Arrhythmias	N	%
Ventricular Tachycardia	19	86,4
Ventricular Fibrillation	19	86,4
Asystole	21	95,4
Pulse less electrical activity	19	86,4

Results reveal that the great majority of the researched population knows the characteristics of emergency arrhythmias which, according to Aehlert (2007), are events that need emergency intervention, since they are classified as cardiac arrest rhythms.

The knowledge of such arrhythmias and their characteristics may be considered a positive aspect of the target population, for despite a considerable percentage of the professionals do not possess specific education in their acting areas, they still accumulate relevant knowledge that can make the difference when precise decision making is necessary, thus contributing for a good quality of assistance. On the other hand, one must point out that other types of arrhythmia were not mentioned. In the case of a healthy patient this may not show effects, but in heart disease patients it may provoke serious arrhythmias (SLULLITEL, 2005).

For the subjective questions analysis, the technique of the collective subject discourse (Lefèvre, 2005) was used.

Main idea – Arrhythmia represents an alteration in the heart normal rhythm	DSC - 1 <i>“They are irregular cardiac rhythms, alteration in the heart normal rhythm, irregularity and dissimilarity in the heart contractions, that is, increase or decrease in cardiac rhythms”.</i>
	DSC - 2 <i>“Arrhythmia is a process of heart conduction failure, an irregularity in the heart electrical activity conduction, or any abnormal electrical conduction pattern”.</i>
	DSC - 3 <i>“They are alterations in the normal cardiac rhythm producing quick, slow and/or irregular frequencies, a plan showing disorganization in heart beats, an alteration in the rapid complex plan over 100 beats per minute ”.</i>

Chart 1 – Main idea and collective subject discourse to answer the question:

What is the definition to arrhythmia? João Pessoa-PB, 2010.

According to the results presented in Table 1, we can state that the nurses managed to express coherently, what they understand by arrhythmia, as according to Huddleston and Ferguson (2006,p.102), arrhythmia is a disturbance in the normal

rhythm of cardiac beats that occurs due to an alteration in automaticity and /or conductivity of the electrical impulse.

Main idea – 1	DSC – 1
Arrhythmia from atria	"Atrial fibrillation, tachycardia and flutter; atrial, ventricular blockade"
Main idea – 2	DSC – 2
Arrhythmia from ventricles	"Ventricular tachycardia, fibrillation and asystole".
Main idea– 3	DSC – 3
Cardiac arrest rhythm	"Ventricular tachycardia, fibrillation; asystole and pulseless electrical activity".

Chart 2 – Main idea and collective subject discourse to answer the question: What types of arrhythmias do you know? João Pessoa-Pb, 2010.

When investigated about the arrhythmia types, the nurses mentioned the main ones, demonstrating they know the severe arrhythmias that can lead to cardio-respiratory arrest.

According to Huddleston and Ferguson (2006), all nurses who work in critical units must have the ability recognize and understand the arrhythmias that represent a risk for life. For this reason they must possess a scientific knowledge basis.

We insist on our analysis that, although many professionals do not have a formal training in the area, their answers seem pertinent to arrhythmias knowledge. One may consider that this comes from their daily activities and practices. Although this may sound positive, we must be alert to the fact that a considerable number of these professionals, as they did not have a formal education in the area, presented a great probability not to recognize an arrhythmia case when they began their professional activities. This may be a factor that represents serious implications in the assistance quality and risks to the users. Therefore, we consider of extreme relevance an adequate education and/or training of the nurses before they enter these critical medical facilities, such as urgency and intensive care units.

Main idea – 1	DSC – 1
Continuous monitoring	"Continuous monitoring,, check the cardiac monitor, check if electrodes are correctly set and there is no interference.".
Main idea – 2	DSC – 2
Inform the doctor on -call and help him with all the necessary procedures .	"Request the presenc e of the doctor on-call, conduct episode by following medical orientation and help with all the procedures.".
Idéia central – 3	DSC – 3
Prepare and administer medication as prescribed. (by doctor)	"Administer drugs as prescribed and oxygen if necessary".
Idéia central- 4	DSC – 4
Do the procedures to reanimate the patient	Reanimation procedures (drugs, intubation, cardiac massage, defibrillation and venous access".

Chart 3- main Idea and collective subject discourse to answer the question: When facing a serious arrhythmia describe the nurse's behavior: João Pessoa-PB, 2010.

According to the discourses above, one can realize that the research participant nurses know how to act when facing an emergence cardiac arrhythmia case. According to Hudak and Gallo (2007) when facing an arrhythmia case, the nurse must check the patient by observing any sort of hemodynamic alteration and possible cause for rhythm disturbance, besides notifying the doctor and following treatment for arrhythmia, as prescribed.

CONCLUSIONS

The findings in this investigation reveal that nurses who act in the emergency and intensive care units of the researched hospital, present a good level of knowledge about cardiac arrhythmias, favoring identification and adequate attitudes when they face such events.

Despite these evidences, we consider pertinent to recommend formal education/training in the area, for the professionals who do not have it, as well as a refresher course for the ones already in activity. Moreover, we reaffirm the indispensable and relevant necessity for specific training of nursing professionals before they begin their activities in the critical units studied here, particularly in urgencies, emergencies and intensive care units, in order to provide them with a healthy learning process and thus, minimize risks for these service users.

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CARDIAC ARRHYTHMIA: A BODY OF KNOWLEDGE BY NURSES THAT ACT IN EMERGENCY SERVICES AND INTENSIVE CARE UNIT (ICU) AT A PUBLIC HOSPITAL IN JOÃO PESSOA – PARAIBA – BRAZIL

ABSTRACT

Cardiac arrhythmias are alterations in the cardiac rhythm and/or frequency, being many of them of a malignant characteristic, and responsible for the death of millions of individuals. Therefore, it is most important that nurses working in Urgency and Intensive Care Units can recognize and act precisely when facing cardiac arrhythmias, thus affording a qualified assistance to the patient. AIM: Evaluate nurses' knowledge about cardiac arrhythmias as they act in urgency and intensive care units. METHODOLOGY: This was an exploratory, descriptive research, with a quanti-qualitative approach, occurred at the Police Hospital General Edson Ramalho in October, 2010. The sample comprised 22 nurses. Data collection was done by an objective/subjective questionnaire. Quantitative data were analyzed to form a data base, statistically dealt with by means of the software SPSS, version 17.0. Subjective questions were qualitatively analyzed, by using the Collective Subject Discourse Analysis. RESULTS: The sample contained 22.7% male nurses and 77.3% female nurses. It was observed that 50% of the nurses were between 20-30 years old. 50% of the total are post-graduate. As for the nurses' specific knowledge about arrhythmias considered of emergency, 86.4% answered correctly about ventricular tachycardia and fibrillation, and pulse less electrical activity, and 95.4% about asystole. CONCLUSION: We came to the conclusion that the researched population demonstrated the necessary knowledge when facing the main cardiac arrhythmias considered of emergency. However, they did not show the same domain about other types of arrhythmia, thus proving their need for refresher courses, for the construction of knowledge and application in their daily practices.

KEY WORDS: Arrhythmia, cardiovascular disease, intensive care unit.

LES ARYTHMIES CARDIAQUES: CONNAISSANCES DES INFIRMIERES QUI TRAVAILLENT DANS LES SERVICES D'URGENCE ET UNITES DE SOINS INTENSIFS D'UN HOPITAL PUBLIC DE JOÃO PESSOA- PB.

RÉSUMÉ

Les arythmies cardiaques sont des troubles du rythme et / ou de la fréquence cardiaque. Beaucoup d'entre eux sont malignes et responsables par la mort de millions. Il est donc primordial que les infirmières il est nécessaire que ceux qui travaillent dans des situations d'urgence de reconnaître et et d'agir face à des arythmies cardiaques, en fournissant des soins qualifiés pour les patients. OBJECTIF: Évaluer les connaissances des infirmières qui travaillent dans les salles d'urgence et unité de soins intensifs. MÉTHODES: L'étude était une étude descriptive exploratoire, à l'hôpital de la police militaire général Ramalho Edson, au cours du mois d'Octobre 2010. L'échantillon se composait de 22 infirmières. La collecte des informations a été effectuée avec l'aide d'un questionnaire structuré. Les informations quantitatives ont été analysées de manière à constituer une base des informations, qui ont été analysées statistiquement avec l'aide du logiciel SPSS, version 17.0. Les questions subjectives sont qualitativement analysées en utilisant l'analyse du discours collective. RÉSULTATS: Sur l'échantillon (22,7%) étaient des hommes et (77,3%) femmes. On a observé que 50% des infirmières se situe dans la tranche d'âge entre 20 et 30 ans.

Sur ce total 50% sont diplômés. En ce qui concerne les connaissances spécifiques sur les arythmies en situation d'urgence (86,4%) ont répondu correctement à une tachycardie ventriculaire et fibrillation ventriculaire et activité électrique sans pouls (95,4%) d'asystolie. CONCLUSION: Il a été constaté que les répondants ont démontré les connaissances nécessaires par rapport à l'arythmie principale vue en cas d'urgence, mais non sur d'autres types d'arythmies, ce qui suggère la nécessité de cours de recyclage pour la construction de la connaissance et l'application dans la pratique tous les jours.

MOTS-CLÉS: arythmies, les maladies cardiovasculaires, unité de soins intensifs.

ARRITMIAS CARDÍACAS: CONOCIMIENTO DE LAS ENFERMERAS QUE TRABAJAN EN LOS SERVICIOS DE EMERGENCIA Y LA UNIDAD DE CUIDADOS INTENSIVOS DE UN HOSPITAL PÚBLICO DE LA JOÃO PESSOA-PB
RESUMEN

Las arritmias cardíacas son alteraciones en el ritmo y/o del ritmo cardíaco, y muchos de ellos son malignos responsables por la muerte de millones de personas. Por tanto, es de suma importancia que las enfermeras que trabajan en situaciones de emergencia y Unidad de Cuidados Intensivos para reconocer y actuar frente a las arritmias cardíacas, proporcionando una atención especializada a los pacientes. Para evaluar los conocimientos de las enfermeras que trabajan en salas de emergencia y la unidad de cuidados intensivos sobre las arritmias cardíacas. MÉTODOS: Se realizó un estudio exploratorio descriptivo, cantidades, en el Hospital de la Policía Militar General Edson Ramalho, durante el mes de octubre de 2010. La muestra estuvo constituida por 22 enfermeras. La recolección de datos se realizó mediante un cuestionario estructurado con cuestiones abiertas y cerradas. Los datos cuantitativos fueron analizados de manera que constituya una base de datos, los cuales fueron analizados estadísticamente utilizando el programa SPSS, versión 17.0. Las cuestiones subjetivas fueron analizadas cualitativamente mediante el análisis de discurso del Sujeto Colectivo (DSC). RESULTADOS: De la muestra (22,7%) eran hombres y mujeres (77,3%). Se observó que el 50% de las enfermeras se encuentra en el grupo de edad entre 20 y 30 años de edad. Del total 50% son postgraduados. En relación con los conocimientos específicos de los profesionales respecto a las arritmias visto en situaciones de emergencia (86,4%) respondieron correctamente en la taquicardia ventricular y fibrilación ventricular y la actividad eléctrica sin pulso (95,4%) de la asistolia. CONCLUSIÓN: Compróbase que los encuestados han demostrado los conocimientos necesarios respecto a las arritmias principales visto en situaciones de emergencia, aunque no se ha probado la misma zona antes de otros menos graves, lo que indica la necesidad de cursos de actualización para la construcción del conocimiento y la aplicación en La práctica todos los días.

PALABRAS CLAVE: arritmias, enfermedad cardiovascular, unidad de cuidados intensivos.

ARRITMIAS CARDÍACAS: CONHECIMENTO DOS ENFERMEIROS QUE ATUAM NOS SERVIÇOS DE URGÊNCIA E CENTRO DE TERAPIA INTENSIVA DE UM HOSPITAL PÚBLICO DE JOÃO PESSOA-PB.
RESUMO

As arritmias cardíacas são alterações no ritmo e/ou na frequência cardíaca, sendo muitas delas de caráter maligno, responsáveis pela morte de milhões de indivíduos. Por isso é de suma importância que o enfermeiro que atua em Urgência e Centro de Terapia Intensiva saiba reconhecer e atuar diante das arritmias cardíacas, prestando um atendimento qualificado ao paciente. OBJETIVO: Avaliar o conhecimento dos enfermeiros que atuam em serviços de urgência e centro de terapia intensiva sobre arritmias cardíacas. METODOLOGIA: A pesquisa foi do tipo exploratória descritiva, com abordagem quantitativa, realizada no Hospital da Polícia Militar General Edson Ramalho, durante o mês de outubro de 2010. A amostra foi constituída por 22 enfermeiros. A coleta de dados foi realizada através de um questionário estruturado com questões abertas e fechadas. Os dados quantitativos foram analisados de forma a constituírem um banco de dados, que foram tratados estatisticamente através do software SPSS, versão 17.0. As questões subjetivas foram analisadas qualitativamente utilizando-se a técnica de Análise do Discurso do Sujeito Coletivo (DSC). RESULTADOS: Da amostra (22,7 %) era do sexo masculino e (77,3 %) do sexo feminino. Observou-se que 50% dos enfermeiros situa-se na faixa etária entre 20 e 30 anos de idade. Do total 50% são pós-graduados. Em relação ao conhecimento específico dos profissionais sobre as arritmias consideradas de emergência (86,4%) responderam corretamente sobre taquicardia ventricular, fibrilação ventricular e atividade elétrica sem pulso e (95,4%) sobre assistolia. CONCLUSÃO: constatou-se que os pesquisados demonstraram ter o conhecimento necessário frente às principais arritmias cardíacas consideradas de emergência, entretanto não comprovaram o mesmo domínio diante de outros tipos de arritmias, evidenciando a necessidade de cursos de atualização para construção do conhecimento e aplicação na práxis diária.

PALAVRAS-CHAVE: Arritmias, doença cardiovascular, unidade de terapia intensiva.