27 - THE ROLE OF THE NURSE IN THE PRE-HOSPITAL SUPPORT

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INTRODUCTION

The pre-hospital (PHTLS) is today, admittedly one of the biggest weapons in the face of trauma and clinical complaints, typical of large urban companies, and counts in Brazil, with an increasing participation of the professional nursing. Understands the set of techniques and procedures, provided to the victim, the location of the offense, seeking to stabilize the framework and reduction of sequels, carrying the victim in a secure hospital unit for a more suitable for the continuity of care. The Nursing in PHTLS accompanies the trend of expansion of the functions of the nurse, who will perform activities of health care outside the hospital, seeking better results in the quality of life of their patients, decreasing the time of admission and the cost of this patient.

This expansion caused the need to adjust the knowledge, always turned to the intra-hospital, the practice of this new modality of care, which includes the period of time preceding the arrival of the patient to the hospital (MALVESTINO, 2002).

The term pre-hospital encompasses all actions that occur before the arrival of the patient to the hospital environment. Within this concept, we have a broad aspect of technical approach and a great variation in the quality of care. Factors such as skill training and staff resources available, through the power of the media, tying the team and, above all, training specific acts in a decisive service (HARGREAVES, 2000).

Search has been favored by the Bibliographical through survey data of scientific papers for the Pre-Hospital Care. An exploratory search was performed where you focus the analysis of the performance of Nurses in the PHTLS. The survey bibliographic occurred in the period August-early November 2005.

Within the concepts of Manzo (1971) apud Marconi and Lakatos (1999, p73) the relevant literature provides means to define, solve, and not only because unknown problems, but also explore new areas where the problems are not sufficiently crystallized. The research literature is not mere repetition of what has been said or written about a subject, but provides an examination of an issue under the new approach or approach, reaching conduction innovative.

RATIONALE STUDY

The pre-hospital care, before receiving such a designation, it was the bids before, in records of history under the mode of transport of wounded. Certainly in the beginning of mankind, the wounded were carried in the arms of friends, as described in quotations in the Bible. One of the examples that we can cite in this respect, is a sign that well known is the "parable of the Good Samaritan," the New Testament, where the wounded Pharisee is met and transported to a shelter for a helpful traveler, of the region's natural Samaria.

From a more practical, as in the Middle Ages, the first description of a car to transport injured and sick, built by the Anglo-Saxon, put back from 900 AD. While Norman used litter led by men or animals intended for the transport of patients, this happened in the year gone from 1100 AD. In 1300 AD the English have used heavy trucks to help patients.

At the end of the thirteenth century, Baron Dominik Jean Larrey, chief military surgeon of Napoleon, acknowledged for the first time the need for pre-hospital immediate care, developing so-called “flying” ambulance, consisting of fast horses and carriages, moving quickly, to remove the men wounded from the battlefield, forwarding victims to the nearest hospital, and adopted the premise that the men who worked in the ambulance flying, should have training in medical care to assist in the location and transport of patient (PHTLS, 2001).

Therapy pre-hospital itself or in the treatment of victims of trauma date of 3,000 to 1,600 b.C, from the surgical Medicine. But only after the 70s in the United States were created and improved protocols for pre-hospital and hospital, standardized treatment and creating a common language for all professionals involved in the pre-hospital (NASI, 2004).

Concern about management of patients with trauma stems from the periods of war, the first descriptions relate to the transport of French soldiers, in the eighteenth century, to be treated far from the fields of battle. The philosophy adopted meant only in the transport to hospitals in the campaign, without concern for the treatment fired during the ride (NASI, 2004).

The magnitude of this disaster showed the urgency of effective medical service in times of war. The war of Crimea also made that clear, because a lot of losses due to their poor condition, it improved later, grace to the work of Florence Nightingale (MARGOTTA, 2000).

With the American Civil War and the creation of the International Red Cross, that model of transport for treatment of the conflict has far as being the most appropriate. During the Second World War, was the spread of the services of care to trauma patients. The years that followed showed clearly the need assistance services specializing in trauma care and pre-hospital (NASI, 2004).

The emergence of the concept of system of Pre-Hospital Emergency is relatively recent comes from the decade of 60. Workers cite that the concept of separation from the Napoleonic campaigns, and the removal of wounded from the battlefield, these components of a system, not its organization as a whole (HARGRAVES, 2000).

Specifically in 1996, the American Academy of Sciences published study which showed his concern about the state of the patient who came to the Emergency Department. This study led to the displacement of an American group to Ireland to hear the work performed by Dr. Pantridge in Coronarian Mobile Units, which held pre-hospital cardiac emergencies (HARGRAVES, 2000).

The evolution of this concept has made America today the United States have a sophisticated network of communication of emergency, with millions of people trained in the Advanced Life Support. Various programs for medical residency in medicine, one of the most requested and hundreds of emergency services pre-hospital with a federal agency to organize response to major disasters (HARGRAVES, 2000).

From the creation of the Group of the Office of Emergency (GSE), other services also have developed almost simultaneously and in some cases several models were also incorporated, with the reduction in mortality and getting the recognition of the population, such as the Integrated Care System to Tanzania and Emergencies (SIATE) in Parana, the Rescue in Sao Paulo, the 192 Network in Sao Paulo and the southern region and so on. Also beginning to emerge those private companies will invest in the idea of care for members of emergencies, and the privatization of roads that also will count on support for emergency medical-surgical events that happen in the jurisdiction of their contract (FIGUEREDO, 1996) .

The model used by the Rio de Janeiro was the Operations Center with the presence of medical regulator responsible for screening and the rescue ship, which was then held by units of the Advanced Life Support, which had always trim a doctor. The advantage of the system's increased security, from the point of view, diagnosis of the situation to be resolved, the optimization of

time, since there was no need for prior review, however its biggest disadvantage lies in the fact that in many instances it was totally unnecessary the presence of the doctor (HERGRAVES, 2000).

Already in the schedules of SIATE of Curitiba and Rescue of St. Paul remains a figure of the doctor controller, however, it handles some situations for the Basic Life Support and the other for Advanced Life Support. Have the benefits of operational cost, since need at least advanced cars, reducing the number of doctors in the system, thus making it more economical, but has the great disadvantage of losing time in instances where there is real need for advanced support and that by evaluation wrong or inaccurate information, the regulator of the applicant will eventually lead to error, with tragic consequences (HERGRAVES, 2000).

In 1989 an agreement was signed between the Secretariats of Health and Public Security of the State of Sao Paulo that created the Project Rescue, counted on the participation of Military Police, through the Corps of fire and the Grouping of Air Radio Patrol, which entered the operational part the system. It created the Center for Reference and Training (CRT), where the technicians of the Department of Health (Doctors and Nurses) to coordinate policy on training of human resources (GONÇALVES and RODRIGUES, 2001).

In 1991 begins is the system of pre-hospital care in the city of Curitiba, State of Parana. Baptism as the name of Integrated System of Care for Tanzania and Emergencies (SIATE). He had the same philosophy of care Pauline. So in the 1990s, a series of services for pre-hospital appeared, in various states of Brazil, operated bring military, usually by fire and rescue civilian bound to secretaries of state or municipal health (GONÇALVES and RODRIGUES, 2001).

The first system of Emergency Medical Care (SAMU) French was structured at the beginning of the 70s, and a law of 1976, set for the first time its existence and its designation as they are known today. In 1986, have clearly defined the goals and mechanism of functioning of SAMUs in France (NASI, 2004).

In the USA the formation of an association of professionals in nursing focused on this area occurred in 1970, The Association of Nursing in Emergency, was created with the goal of providing programs of instruction and provide a common language for those professionals involved in emergency care (GOMEZ, 1996).

However Galvão (2001) reports that in 1985, the name of this entity has been changed to the Emergency Nurse's Association, in order to highlight the specific role of this professional, in the practice of emergency care, working on three levels of expertise:

First requires competent to provide care to patients traumatized;

According to the professional needs of specific training in emergency nursing;

Third, the nurse must be expert in the specific area and act within pre - and intra-hospital. Currently, this association provides courses in advanced care about the trauma and sorting, a program of orientation with publications, activity of search and investigation continues.

O Enfermeiro participa ativamente em diversos aspectos do PHTLS, em atividades ligadas ao cuidado, treinamento e gerenciamento, todos de forte impacto na qualidade do atendimento prestado, repercutindo na qualidade de sobrevida da vítima (CARVALHO, 2004).

The Emergency Care and Emergency Pre-Hospital is unpredictable need, therefore, the team of health (doctor, nurse, technician and nursing assistant), the range of expertise and technical and administrative powers to act quickly, safe, effective and systematically so that there is an organization of relief, and ensure the sick, injured and women, wherever you are, care appropriate to his state of health (VIEIRA, 2005).

Due to the complexity of the situations, the development of knowledge and use of resources, it becomes necessary for the nurse to spot, think and create new models and practices of care in emergency, not limited to only the acute diseases, but also to human being patient in all its dimensions (biological, psychological, social, cultural and spiritual) (VIEIRA, 2005).

For Bittar (1997) the role of the nurse covers the management of human and material resources, technology, foreign relations and internal, various flows and the establishment of quality indicators. If attached to this complex function, the appearance of ethical and professional performance of each of the different professionals, coating of extreme complexity and demanding vision of the area itself and the external environment for the management company.

The quest for quality is the second Bittar (1997, p 23) put on the 24h day, seven days a week, a series of diverse pieces that promote or recover the health of the citizen.

According MINISTRY OF HEALTH (2004). It is the responsibility of the nurse:

Responsible for the activities of nursing;

responsibility for the care of nursing required for the resuscitation and stabilization of the patient, at the site of the event and during transport;

The work must be of a higher level of diploma holder of Nurses, duly registered with the Regional Council of Nursing of their jurisdiction;

Enabled to actions of nursing in the Pre-Hospital Care Mobile, and beyond the stock care, provide administrative services and operational systems in pre-hospital care.

For Carvalho (2004). The nurse has the power:

Administer the technical service of pre-hospital care;

Make quality control of the aspects inherent in their profession;

Participate in training of rescue and emergency medical technicians in;

Provide direct assistance to the victim in action on the aircraft evaluate the quality of professional rescuers and emergency medical technicians in and offer him supervision in service;

Subsidizing those responsible for the development of human resources for the needs of continuing education team;

Integrate the center for training and development of human resources, participate in the development of human resources for the service and the community;

Perform all the functions planned for the rescue and emergency medical technicians in;

Perform all functions legally recognized its vocational training; Conform to the code of ethics of nursing.

However Carvalho (2004). Reaffirms that the tasks of the nurse are:

Supervise and evaluate the actions of the nursing team in the Pre-Hospital Care Mobile;

Perform medical prescriptions for tele medicine; Nursing care of the more complex technique to patients serious and life-threatening, requiring adequate scientific knowledge and ability to take immediate decisions;

Provide assistance from the nursing pregnant, the mother and the newly born;

Hold childbirth without dystocia;

Participate in the training programs and improvement of health personnel in emergencies, particularly in programs of continuing education;

Take control of the quality of service aspects of their profession;

Subsidizing those responsible for the development of human resources for the needs of continuing education team;

Exercise complies to the law and the Code of Professional Ethics of Nursing;

Know equipment and perform maneuvers of manual extraction of victims.

RESULTS AND DISCUSSION

There was this poll that various professionals involved in the Pre-Hospital Care, dedicated to conduct maneuvers that aim to the maintenance of life.

But Cardoso (2000) reminds us that the steps in Brazil are in the construction phase. In contrast noticed that MS has promoted national seminar on policies of attention to the emergency, in order to discuss the social needs in the emergency attention, raise awareness and offer aid for the deployment and implementation of the national policy of attention to the emergency, release of the roadmap for the preparation of the project. Front advances to the activities of PHTLS, MS, and the National Policy to reduce mortality by accidents and violence, approved the Ordinance No. 2,048 / GM.

About aspect of the role of nurse, noticed a figure that is important and essential in emergency care and pre-hospital emergency. Carvalho (2004) states that the nurse involved in various aspects on the spot, in activities related to the care and management, all of strong impact on the quality of care provided, has the quality of survival of the victim.

However Vieira (2005) is completely unpredictable steps, requiring, therefore, a team of health, comprising: doctors, nurses, technical and auxiliary of nursing.

We agree with Bittar (1997) that the function of the Nurses encompasses the management of human and material resources, technology, foreign relations and internal, various flows and the establishment of quality indicators. If attached to this complex function, the appearance of ethical and professional performance of each of the different professionals, coating of extreme complexity and demanding vision of the area itself and the external environment for the management company. The quest for quality is the second place in the 24h day, seven days a week, a series of diverse pieces that promote or recover the health of the citizen.

We agree with all the authors Carvalho, Bittar Malvestino (1997) and (2001), are of powers, competence and responsibility of the nurse:

1 The work must be of a higher level of diploma holder of Nurses, duly registered with the Regional Council of Nursing of their jurisdiction;

2 Enabled to actions of nursing in the Pre-Hospital Care Mobile, and beyond the stock care, provide administrative services and operational systems in pre-hospital care.

3 Administer technically the service of pre-hospital care;

4 Making quality control of the aspects inherent in their profession;

5 Join the training of rescue and emergency medical technicians in;

6 assist the victim in direct role in the aircraft evaluate the quality of professional rescuers and emergency medical technicians in and offer him supervision in service;

7 Subsidizing those responsible for the development of human resources for the needs of continuing education team;

8 Participate in the training programs and improvement of health personnel in emergencies, particularly in programs of continuing education;

9 Integrating the center for training and development of human resources, for the service and the community;

10th undertake all the functions envisaged for the rescue and emergency medical technicians in;

11 exercise all functions legally recognized its vocational training; Conform to the code of ethics of nursing;

12 responsible for activities in nursing;

13 responsible for the nursing care needed for the resuscitation and stabilization of the patient, at the site of the event and during transport;

14 Supervise and evaluate the actions of the nursing team in the Pre-Hospital Care Mobile and Fixed;

15th Run medical prescriptions for medicine and tele-nursing care of more complex technique to patients at risk of severe and life, requiring adequate scientific knowledge and ability to take immediate decisions;

16 Provide assistance from the nursing pregnant, the mother and the newly born;

17 Realizing childbirth without dystocia;

18 Making control of the quality of service aspects of their profession;

19 familiar equipment and perform maneuvers of manual extraction of victims;

20 Sec Exercise of the Law and the Code of Professional Ethics of Nursing.

According to Wehbe and Galvão (2001) in the USA, the Emergency Nurse's Association aims to highlight the role of this specific training, the practices of emergency care, working on three levels of expertise:

1 Requires competent to provide care to patients traumatized;

2 Vocational training needs to specify in emergency nursing;

3 The nurse must be expert in specific area and act within pre - and intra-hospital.

SOURCE: WEHBE and GALVÃO (2001).

We agree with the author, the professional training needs to specify, or should be expert in specific area and act within pre - and intra-hospital, in order that in Brazil is the second MS knowledge that institutions offer inadequate training for trainers to deal with urgencies and emergencies.

We agree with the authors and believe that these data are essential to plan the profile, role, powers and responsibilities of the nurse in the spot, I noticed that the nurse, but a key figure.

FINAL CONSIDERATIONS

The Pre-Hospital Care is recent in Brazil, but has good outcome data reducing the number of deaths and temporary and permanent sequelae. The nurse has a role as strong impact on the spot, in terms of care and management, and a wide range of responsibility with the impact on the quality of care provided to victims.

With rapid development of the service spot, there was also the development of technology, not only in equipment, materials and medicines, but also technical and scientific knowledge of the professionals involved in the response to the victim. Noticed that in other countries, Nurses, which act PHTLS specializes in the area, however in Brazil we do not have that channel.

The spot is part of a system of specialized care, where the participation of the team of nursing is crucial to the success in the restoration of life or minimizing the sequels, to seek the improvement is important for the interaction of the team steps undoubtedly comes to nursing getting increasingly knowledge, technical competence and emotional balance, proving to be a vital link in the philosophy of "save lives".

It is for Nurses working with leadership, creativity, common sense and preparing technical and scientific aspects based on the ethical and professional law of exercise, in continuing pursuit of quality of the assistance.

Our goal with this research was to identify the activities of Nurses in the spot and analyze the law of exercise training. Noticed that it is necessary to improve the quality of information, giving credibility to the findings. We suggest the implementation of other searches for likely improvements in the care and preservation of human life.

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THE ROLE OF THE NURSE IN THE PRE-HOSPITAL SUPPORT

ABSTRACT:
The Pre-Hospital Trauma Life Support (PHTLS) is today, admittedly one of the biggest weapons in the confrontation to the traumas and clinical, typical of great urban cities, and counts in Brazil with an increasing participation of the Nurse, who acts in diverse aspects in the PHTLS, activity is on since the initial attendance until the management and supervision of the urgency system and emergency. The Pre-Hospital Trauma Life Support is recent in Brazil, but it has given good result, the Nurse has a paper of strong impact in the PHTLS, the function of care and management, without a doubt the nursing comes acquiring each time more knowledge, ability technique and emotional balance, proving to be an essential link in the philosophy of saving lives.

KEY WORDS: daily pay-hospital attendance and performance of the Nurse.

ACTION DE L'INFIRMIèRE EN SOUTIEN PRéHOSPITALIèRE

RESUME:
La PreHospital Trauma Life Support (PHTLS) est aujourd'hui, certes l'une des plus importantes armes dans la confrontation à la clinique et les traumatismes, typique agravos urbain d'une grande ville, et compte au Brésil avec une augmentation de la participation de l'infirmière, qui agit en Divers aspects dans le PHTLS, l'activité est de la fréquentation depuis la première jusqu'à la gestion et la supervision du système de l'urgence et de secours. Le PreHospital Trauma Life Support est récente au Brésil, mais elle a donné de bons résultat, l'infirmière a un papier de fort impact dans le PHTLS, la fonction de soins et de gestion, sans doute le personnel de soins infirmiers à chaque fois que vient d'acquérir plus de connaissances, la capacité technique de Et l'équilibre émotionnel, s'avère être un maillon essentiel dans la philosophie de sauver des vies.

MOTS CLES: salaire journalier de l'hôpital de fréquentation et de la performance de l'infirmière.

A ACCIóN ANTES DE LA ENFERMERA EN EL HOSPITAL DE APOYO

RESUMEN:
El PreHospital Trauma Life Support (PHTLS) es hoy, sin duda una de las mayores armas en el enfrentamiento a los traumas y clínicos, agravos típico de las zonas urbanas grandes ciudades, y que cuenta en Brasil con un aumento de la participación de la enfermera, quien actúa en Diversos aspectos en el PHTLS, la actividad se encuentra en las primeras desde la asistencia hasta la gestión y supervisión del sistema de urgencia y emergencia. El PreHospital Trauma Life Support es reciente en Brasil, pero no ha dado buen resultado, la enfermería tiene un papel de gran impacto en el PHTLS, la función de la atención y la gestión, sin ninguna duda, la enfermería viene adquiriendo cada vez más conocimientos, capacidad técnica Y equilibrio emocional, demostrando ser un eslabón esencial en la filosofía de salvar vidas.

PALABRAS CLAVE: pre-calificación hospital de la asistencia y el rendimiento de la Enfermera.

ATUAÇÃO DO ENFERMEIRO NO ATENDIMENTO PRÉ-HOSPITALAR

RESUMO:
O Atendimento Pré-Hospitalar (APH) é hoje, reconhecidamente uma das maiores armas no enfrentamento aos traumas e agravos clínicos, típicos de grandes cidades urbanas, e conta no Brasil com uma crescente participação do Enfermeiro, que atua em diversos aspectos no APH, atividade está ligada desde o atendimento inicial até o gerenciamento e supervisão do sistema de urgência e emergência. O Atendimento Pré-Hospitalar é recente no Brasil, mas tem dados bom resultado, o Enfermeiro tem um papel de forte impacto no APH, na função de cuidado e gerenciamento, sem dúvida a enfermagem vem adquirindo cada vez mais conhecimento, competência técnica e equilíbrio emocional, comprovando ser um elo imprescindível na filosofia de salvar vidas.

PALAVRA CHAVE: atendimento pré-hospitalar e atuação do Enfermeiro.