



## Challenges in care in urgent and emergency situations: A narrative review of the literature



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**Pedro Fernandes Castro Leão Ferreira<sup>1</sup>, Gabriel Braga da Veiga Pessoa<sup>2</sup>, Mariana Dantas Moreira<sup>3</sup>, Eduardo Henrique Barros Ferreira<sup>4</sup>, Maria Eduarda Pasqualli Freitas<sup>5</sup>, Gabriela Neves Correia Santos<sup>6</sup>, Áurea Sergia da Silva Macêdo<sup>7</sup>.**

### ABSTRACT

**Objective:** To analyze the challenges in care in urgent and emergency situations. **Bibliographic Review:** In recent years, the Brazilian emergency care system has shown advances in relation to the definition of concepts and incorporation of new technologies aimed at the organization of care in the network. Professionals working in the urgent and emergency sectors need to be able to make decisions in a timely manner and distinguish which priorities to implement, evaluating the patient efficiently. However, in the urgent and emergency sector, due to the intense dynamics of care, there is a requirement that these professionals be agile and objective, emphasizing that the patient in serious condition cannot endure a long waiting time for decision-making or even misconduct (MENZANI and BIANCHI, 2009). **Final considerations:** The crisis of the emergency services is highlighted, which may be related to the imbalances of the health system, and the urgent and emergency services become a gateway to the most varied health problems and, therefore, their evaluation allows the monitoring of the evolution and adequacy of the policies implemented in relation to the needs of the population.

**Keywords:** Urgency, Emergency, Challenges.

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<sup>1</sup> Doctor

Universidade Nilton Lins

<sup>2</sup> Doctor

Federal University of Rondônia

<sup>3</sup> Medical

University of Pernambuco

<sup>4</sup> Physiotherapist

<sup>5</sup> Medical Student

University Center of Várzea Grande

<sup>6</sup> Medical

St. Augustine College

<sup>7</sup> Medical

Federal University of Roraima



## INTRODUCTION

In recent years, the Brazilian emergency care system has made progress in terms of defining concepts and incorporating new technologies for the organization of care in a network. In this sense, it is expected that the population affected by acute health problems will be welcomed at any level of care in the health system, so that both primary care and specialized services should be prepared to welcome and refer patients to the other levels of the system when the possibilities of complexity of each service are exhausted.

However, emergency care has predominantly occurred in hospital services and emergency care units open 24 hours a day. These services are responsible for situations ranging from those of their strict responsibility, as well as a considerable volume of non-urgent occurrences that could be attended to in less complex structures.<sup>1</sup> These situations can be identified in most public emergency units in Brazil and have considerably interfered in the work process and in the quality of care provided to the population.

Professionals working in the urgent and emergency sectors need to be able to make decisions in a timely manner and distinguish which priorities to be implemented, evaluating the patient efficiently. However, in the urgent and emergency sector, due to the intense dynamics of care, there is a requirement that these professionals be agile and objective, emphasizing that the patient in serious condition cannot endure a long waiting time for decision-making or even misconduct (MENZANI and BIANCHI, 2009). In addition to the existence of other stressors, such as the reduced number of professionals, overwork, complex interpersonal relationships, among others, making the nursing professional have a very exhausting workload, leading them to a situation with numerous points of tension (MANETTI, 2009)

## LITERATURE REVIEW

According to Marques (2010) and Pasarín (2006), the use of the Urgency and Emergency Service begins with the perception that the user has regarding the Signs and Symptoms that are valued by them, such as loss or impairment of health. From this, people use symbolic mechanisms that lead them to decide what can be done to investigate the problem or to recover the lost normality.

In general, utilization is described as the sum of factors related to health needs, users, service providers, organizations, and policies. The need for health is related to the morbidity, severity and urgency of the disease of those who seek the service.

The choice of the service that should be sought is also strongly influenced by the search for competent professionals for care and by confidence in the experience and capacity of the members of the health team. User satisfaction with the service is decisive for its reuse.

Currently in our country, access to health services is articulated and complemented by Embracement, which was implemented in 2003 by the National Humanization Policy (PNH), which deals with a proposal to reorganize the logic and functioning of health services, in which the service guarantees access assuming the function of welcoming, listening and agreeing on more appropriate responses to users. And among the proposals for user embracement is the risk assessment and classification for the Urgent and Emergency Services (BRASIL, 2004).

However, this model of care requires an improvement in our Primary Health Care, as it prepares the user who does not need to be using the Emergency Care services, to seek the basic health network. But it will be of no use if the user seeks this primary service and it does not work according to his needs, who will certainly seek the Emergency Service next time, because in his view "it solves his problem"

The patient's choice about which unit to access may be related to the previous reception of their demands by a health professional or service. Therefore, the patient's conceptions and previous experiences related to access and problem-solving capacity of health services are factors that can contribute to overcrowding and interfere in the organization of the work of the health team in hospital units.

In view of this, it is important to emphasize that the meanings of urgency for professionals and for the population are different, as are the concepts of disease and health in their biomedical definitions and in representations and practices, which vary according to segments and cultures of society.<sup>3</sup> For professionals, urgencies are related to pathologies that compromise life or important vital function. For the population, they are related to varied needs (affliction, anguish, abandonment and misery), which require help and/or assistance, with an immediate solution to a temporary difficulty.

## **FINAL CONSIDERATIONS**

The crisis of emergency services is highlighted, which may be related to imbalances in the health system, and urgent and emergency services become a gateway to the most varied health problems and, therefore, their evaluation allows the monitoring of the evolution and adequacy of the policies implemented in relation to the needs of the population. In this sense, an important quality attribute of the health system in emergency care is accessibility, combined with the waiting time for care and the immediate recognition of the severity of the cases by the professionals. One of the possible strategies to qualify care is the structuring of reception with risk assessment, establishing a balance between the demand of patients and the resources available to meet their needs, through the classification of cases.



## REFERENCES

- De Oliveira, T. A., & De Mesquita, G. V. (2013). Atendimento de urgência e emergência na Estratégia Saúde da Família. *Revista Interdisciplinar*, 6(2), 128-136.
- Pereira, K. C., & Da Silva Ferreira, W. F. (2020). Classificação de riscos no atendimento de urgência e emergência: Contribuição do enfermeiro. *Revista Jurídica Uniandrade*, 31(1), 43-55.
- Viola, D. C. M., et al. (2014). Unidades avançadas: Medidas de qualidade no atendimento de urgência e emergência. *Einstein (São Paulo)*, 12, 492-498.
- Pinto, L. W., et al. (2016). Atendimento de urgência e emergência a pedestres lesionados no trânsito brasileiro. *Ciência & Saúde Coletiva*, 21, 3673-3682.
- Moura, A., De Carvalho, J. P. G., & De Barros Silva, M. A. (2018). Urgência e emergência: Conceitos e atualidades. *Saúde & Conhecimento-Jornal de Medicina Univag*, 1.
- Garlet, E. R., et al. (2009). Organização do trabalho de uma equipe de saúde no atendimento ao usuário em situações de urgência e emergência. *Texto & Contexto-Enfermagem*, 18, 266-272.
- Camerro, A., et al. (2015). Perfil do atendimento de serviços de urgência e emergência. *Revista Fafibe On-Line*, 515-524.
- Gallo, A. M., & Mello, H. C. (2009). Atendimento humanizado em unidades de urgência e emergência. *Revista F@ ciencia*, 5(1), 1-11.
- Rodrigues Mendonça, R., et al. (2022). Tecnologia de informação para atendimento de urgência e emergência: Revisão integrativa. *Enfermería Actual de Costa Rica*, (42), 85-103.
- De Melo, M. V., et al. (2013). Estresse dos profissionais de saúde nas unidades hospitalares de atendimento em urgência e emergência. *Caderno de Graduação-Ciências Biológicas e da Saúde-UNIT-PERNAMBUCO*, 1(2), 35-42.