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NURSING CARE AFTER CARDIORESPIRATORY ARREST: AN INTEGRATIVE REVIEW

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ABSTRACT

Cardiorespiratory Arrest (CPA) is a serious medical emergency that requires immediate intervention. Nurses play a crucial role in the early identification of CRA and the administration of life support therapies. The quality of post-cardiac care significantly influences the survival and recovery of patients. This research aims mainly to identify the post-CPA care provided by the nursing team and the main obstacles faced in this care. As results achieved, post-CPA nursing care includes continuous monitoring of vital signs, medication administration, emotional support, and coordination of the multidisciplinary team. Effective communication with the patient and family is also key. The scarcity of material and human resources was identified as the main obstacles; deficiencies in vocational training; ineffective communication between team members; late identification of CRP, which is associated with higher mortality, morbidity, and poorer quality of life in patients. The research highlights the importance of qualifying the nursing team, the availability of resources, and the implementation of standardized protocols to optimize post-CPA care. Late identification of CRA has serious consequences, and strategies for early detection and rapid intervention, with collaboration between different health professionals and the involvement of patients and families are key to improving outcomes. Thus, post-CPA nursing care is complex and requires a multifaceted approach. Overcoming the identified obstacles and implementing strategies to improve care are essential to ensure the best quality of life for patients who survive CA.

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INTRODUCTION

Cardiorespiratory arrest (CPA) is a serious medical emergency that is characterized by the abrupt and simultaneous interruption of cardiac and respiratory activity. This condition requires immediate intervention to prevent irreversible damage or even death. Health professionals in the management of CPA, nurses highlight, who are fundamental in the early identification of signs of deterioration and in the administration of life support therapies, such as chest compressions and artificial ventilation (Souza et al., 2023).

The causes of CRA can be diverse, including cardiac arrhythmias, airway obstruction, trauma, and intoxication. A significant incidence of CRA is estimated, especially in hospital settings and among patients with high-risk medical conditions (Camboim et al., 2023).

Cardiorespiratory arrest (CPA) is one of the leading causes of mortality worldwide, with global estimates indicating an incidence of approximately 55 to 113 cases per 100,000 people per year in out-of-hospital settings and 1 to 5 cases per 1,000 hospital admissions. The survival rate after a CPA varies significantly between different regions, being influenced by the quality of emergency care available. In the United States, for example, the survival rate after out-of-hospital CA is estimated to be around 10%, while in Europe this rate is slightly lower, ranging from 7% to 10% These data highlight the importance of immediate and effective interventions, as well as the need to improve post-PCA care to improve clinical outcomes worldwide (Silva et al., 2024).

The role of nurses in the management of Cardiorespiratory Arrest (CA) plays a fundamental role in the early identification of signs of deterioration and in the immediate administration of life support therapies. Nurses are often the first health professionals to recognize the signs of CRP, either during routine care or in emergency situations. Their ability to quickly assess and apply procedures such as chest compressions and artificial ventilation, which can directly influence patient survival (Bessa et al., 2023).

The American Heart Association (AHA) guidelines for advanced cardiology life support (ACLS) emphasize the importance of ongoing upskilling and regular training of healthcare professionals, including nurses, for the effective execution of cardiopulmonary resuscitation (CPR). The AHA's recommendations highlight the need for a systematic and organized approach to CPR, focusing on high-quality chest compressions, effective ventilation, and early defibrillation when indicated. Adherence to these guidelines can significantly improve clinical outcomes in cases of cardiorespiratory arrest, increasing survival rates. In this context, the role of nurses in the management of CRA plays a

fundamental role in the early identification of signs of deterioration and in the immediate administration of life support therapies (Silva et al., 2024).

In addition, post-CPA care performed by nurses or the nursing team is essential to ensure survival and minimize sequelae in patients who survive this medical emergency. After successful resuscitation, patients often require intensive care and continuous monitoring to prevent complications and promote recovery (Vicente et al., 2024).

Also with regard to nursing activities, the performance in the administration of medications, monitoring of vital signs, maintenance of hemodynamic stability and emotional support for both the patient and their families stands out, as well as in the coordination of the multidisciplinary team and effective communication between the different health professionals, aiming to ensure integrated and quality care (Bessa et al., 2023).

In this context, it is necessary to identify how the care provided by nurses in post-CPA care should be, aiming to ensure the patient's stability, prevent secondary complications and promote their complete recovery, as well as understanding the obstacles to performing this care is also extremely relevant, since the identification of these factors can enable the adequacy of care strategies, promoting more effective care directed to the patient's needs (Souza et al., 2023).

Thus, the following guiding question emerges: "What are the post-CPA care provided by the nursing team and possible obstacles to this care?

Seeking to answer this question, the present study will aim to identify in the literature what are the post-CPA care provided by the nursing team and possible obstacles encountered to perform this care.

METHODOLOGY

Integrative literature review is a methodology that allows the synthesis and analysis of pre-existing studies on a specific topic, providing a comprehensive view of care protocols, best practices, and gaps in existing knowledge (Whittemore & Knafl, 2005).

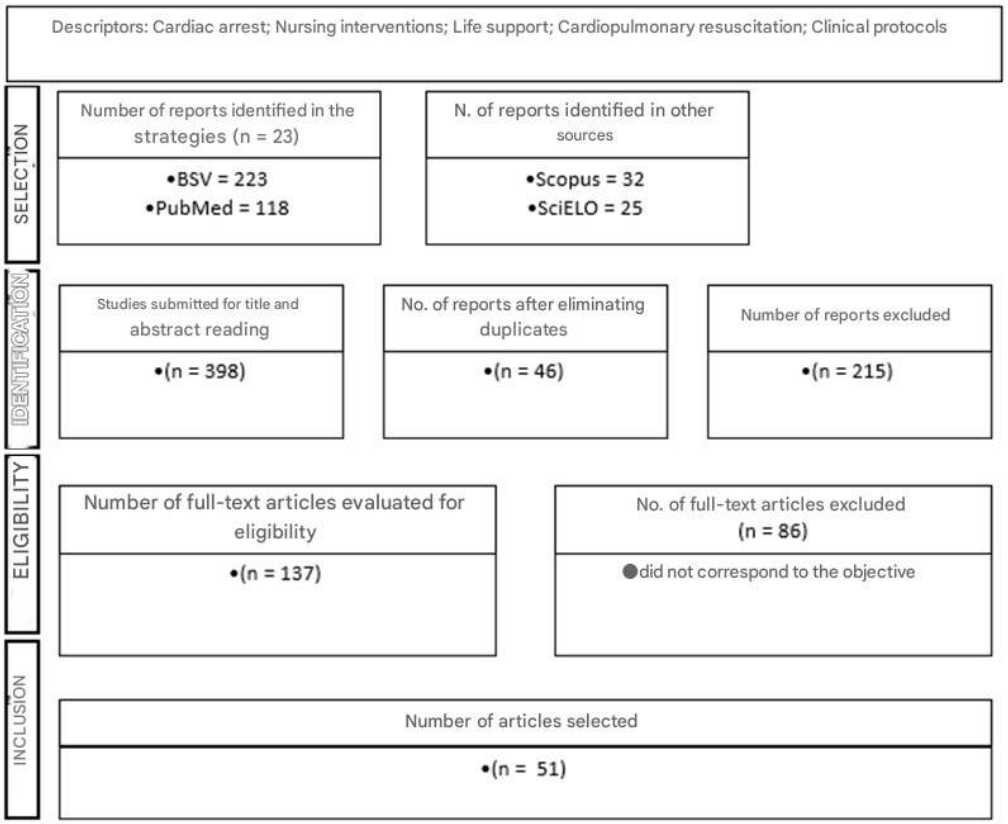
In this sense, the present study will use the integrative review approach to investigate the post-Cardiorespiratory Arrest (CPA) care provided by the nursing team and the possible obstacles encountered in this care. Using the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) protocol adapted for integrative review (Page et al., 2021), the research will adopt the PICo strategy to define the research question, considering the person, intervention, and context elements (Santos et al., 2007).

To ensure the relevance and quality of the studies included in the review on post-Cardiorespiratory Arrest (CPA) care performed by the nursing team and the possible

obstacles faced, specific inclusion and exclusion criteria were established. The inclusion criteria cover studies published between 2010 and 2023, peer-reviewed and in Portuguese, that address nursing interventions in post-CPA care.

On the other hand, studies that do not involve nursing interventions, such as editorials and conference abstracts, as well as studies focused exclusively on pharmacological or surgical interventions, and those with adult populations, will be excluded.

The search will be conducted in renowned databases, such as PubMed, Scopus, SciELO Brazil and LILACS, with selection of studies through the screening of titles and abstracts, followed by the complete reading of the selected texts. The extracted data will be analyzed qualitatively, observing the categorization of the main themes and interventions identified in the studies, as well as barriers and facilitators for the implementation of the interventions. Thus, this method of selection and analysis will ensure that the research focuses on the most relevant aspects of post-CPA care performed by the nursing team, offering a solid foundation for the implementation of effective nursing strategies in this critical context.



The table above describes the process of searching and selecting articles for the integrative review on post-Cardiorespiratory Arrest (CPA) care. Initially, 23 reports were identified in the search strategies, with 223 coming from the Virtual Health Library (VHL) and 118 from PubMed. In addition, 32 reports were identified in Scopus and 25 in SciELO, totaling 398 reports after duplicate elimination.

After the initial selection based on the reading of titles and abstracts, 46 reports were considered eligible for the review. Some articles were excluded because they did not specifically deal with post-cardiorespiratory arrest care performed by the nursing team. Others focused on populations other than those related to post-cardiac care care, such as studies exclusively in adults or in pediatric populations. In addition, articles that did not describe specific nursing interventions in the post-CPA context or that addressed only clinical aspects without considering the performance of the nursing team were excluded.

Following the exclusion of 215 reports, 137 full articles were evaluated to determine their eligibility. Of these, 86 were excluded, mainly because they were not aligned with the objective of the review. At the end of the selection process, 51 articles were considered relevant and selected for inclusion in the integrative review. These results show a systematic and judicious approach in the search and selection of studies pertinent to the theme of research on post-Cardiorespiratory Arrest care performed by the nursing team.

It is important to highlight that this study is based on previously published data and does not involve the collection of new information from patients, therefore, it does not require approval by an Ethics Committee, through CNS Resolution No. 510/2016 of the National Health Council, which provides for the rules applicable to research in the Human and Social Sciences. All sources of information will be appropriately cited to ensure the credibility and transparency of the work.

RESULTS

Based on the texts provided and the proposed problem of post-Cardiorespiratory Arrest (CPA) care performed by the nursing team, the 10 main points observed were: 1. Post-CPA Care by the Nursing Team; 2. Possible Obstacles in the Provision of Post-CPA Care; 3. Consequences of Late Identification of PCR, and; 4. Strategies to Improve Nursing Care in Post-CPA Care, which will be discussed below.

Below is a Table with the relevant information extracted from the readings carried out, organized by title, authors, study objective, methodology, main findings and limitations identified.

AUTHORS	PURPOSE OF THE STUDY	KEY FINDINGS
Camboim *et al.,* 2023	To assess the impact of teaching on advanced life support among students and nurse practitioners	Advanced education improves the competence and confidence of professionals
Oliveira *et al.,* 2021	To analyze the theoretical-practical knowledge of the nursing team about cardiopulmonary resuscitation in a hospital environment	Team has adequate theoretical knowledge, but lacks frequent practice
Pereira *et al.,* 2021	To review nursing care for post-CPA patients	Identification of good practices and gaps in post-CPA care
Silva *et al.,* 2022	Review knowledge about basic life support in the ICU	Adequate knowledge of nurses, but lack of periodic updating
Marcelino *et al.,* 2023	To evaluate the effects of basic life support training on professionals in various areas	Training improves emergency response, but there are significant variations between different areas
Almeida *et al.,* 2024	To analyze the theoretical knowledge of the nursing team in the care of cardiac arrest in adults	Sufficient theoretical knowledge, but difficulty in practical application
Maia *et al.,* 2020	To assess lay people's knowledge of cardiopulmonary resuscitation in adults in Brazil	Low knowledge among lay people, highlighting the need for educational campaigns
Ramos *et al.,* 2024	To review the nurse's performance during in-hospital CPA in adults	Nurses' work depends on standardized protocols
Bessa *et al.,* 2023	Assess the level of knowledge about basic life support from lay people to health professionals	Knowledge varies widely between groups, highlighting the need for ongoing training
Silva dos Santos *et al.,* 2023	To assess the impact of clinical simulation on student training on basic life support	Simulation significantly improves students' knowledge and confidence
Santos *et al.,* 2022	Review nursing care during CPA in the emergency room	Importance of ongoing training and evidence-based practice
Duarte *et al.,* 2021	Assess nursing students' knowledge of basic life support	Adequate theoretical knowledge, but need for further practice
Gimenes *et al.,* 2021	Analyze post-cardiac arrest patient survival statistics	Variability in survival rates, highlighting the importance of rapid and effective interventions
Pereira *et al.,* 2021	Evaluate basic life support education for high school students	Teaching improves students' preparedness for emergency situations
Maigret *et al.,* 2021	Review teaching strategies for basic life support simulation in nursing	Simulation is an effective tool for learning, but it requires significant resources
Passarini *et al.,* 2021	To assess nurses' knowledge of CPA care	Nurses have theoretical knowledge, but need more practical training
Lopes *et al.,* 2021	To analyze the knowledge and performance of nurses in in-hospital care at CPA	Adequate knowledge, but challenges in practical application in real situations
Nascimento *et al.,* 2023	To evaluate the management of cardiopulmonary resuscitation in neonates	Importance of specialized training due to the particularities of neonatal care
Oliveira *et al.,* 2022	Review nurse performance in cases of CPA	Nurses face significant challenges
Nogueira *et al.,* 2020	Assess nursing students' knowledge of basic life support	Students have theoretical knowledge, but need for practice and continuous training
Nascimento *et al.,* 2021	To assess health professionals' perceptions of basic life support in primary care	Varied perception among professionals, with the need for specific training
Feliciano *et al.,* 2023	To analyze the nursing team's knowledge about CPA in the ICU	Adequate theoretical knowledge, but challenges in practical application
Ribeiro *et al.,* 2023	Evaluate realistic simulation as a learning strategy for future nurses	Realistic simulation significantly improves the learning and confidence of future nurses

Silva *et al.,* 2021	Report the experience of an extension project on basic life support for students	Extension project improves students' knowledge and preparation for emergencies
Silva *et al.,* 2020	To review the reference team's knowledge of in-hospital cardiorespiratory arrest	Adequate theoretical knowledge, but need for more robust practices and protocols
Pestana *et al.,* 2023	Intervention project on basic life support in 1st cycle schools	Early education in basic life support is effective in improving knowledge and response in emergencies
Silva *et al.,* 2021	Assess health students' knowledge of basic life support	Adequate knowledge, but need for regular practices and training
Reis *et al.,* 2020	Evaluate the emergency simulation for nursing students	Emergency simulation is effective in improving students' response in critical situations

Source: Author

This table provides a clear view of the objectives of the studies and the main findings, focusing on the analysis of effectiveness and gaps in knowledge and practices related to basic and advanced life support in hospital settings.

To classify the authors with convergent and divergent thoughts in relation to post-CPA care by the nursing team, they were grouped by niche of studies based on their main conclusions and approaches, as shown below, classified by similar ideas and which have different perspectives or findings (divergent)

THOUGHT	AUTHORS	PERSPECTIVES
Importance of Theoretical and Practical Knowledge	Oliveira TMN *et al.,* 2021 Almeida TAP de *et al.,* 2024 Pereira ER *et al.,* 2021 Ramos IMA *et al.,* 2024	These authors highlight the importance of theoretical and practical knowledge in cardiopulmonary resuscitation and post-cardiac arrest care, emphasizing that continuous education and regular training are fundamental for effective care
Effectiveness of Training and Simulation	Silva dos Santos R et al., 2023 Marcelino D *et al.,* 2023 Bessa PHC de *et al.,* 2023	These studies emphasize the effectiveness of clinical training and simulations to improve the knowledge and confidence of nursing professionals, suggesting that these practices are essential for an adequate response during emergencies
Integrative Knowledge Reviews	Silva KSL da *et al.,* 2022 Ramos IMA *et al.,* 2024 Bessa PHC de *et al.,* 2023	These authors conducted integrative reviews that show the need to update and standardize knowledge on basic and advanced life support, highlighting gaps and areas for improvement in nursing practice
Variability in Practice and Knowledge	Maia SRT *et al.,* 2020 Nascimento *et al.,* 2021	These studies identify significant variability in knowledge about cardiopulmonary resuscitation among different groups (laypeople, health professionals, and students), suggesting that training and education are not uniformly effective in all contexts.
Impact of Capacity Building in Different Contexts	Feliciano *et al.,* 2023 Passarini *et al.,* 2021	Some studies indicate that training has varied impact depending on the context (e.g., ICU versus emergency care), while others suggest that training is generally beneficial, regardless of the context.

		These divergences highlight the need for personalized approaches
Perspectives on Continuous Updating	Camboim *et al.,* 2023 Mroczinski *et al.,* 2023	While some authors defend the need for continuous updating and regular training to maintain effectiveness in nursing practice, others point out that continuous updating may not be enough without frequent and contextualized clinical practice

Source: Author

Most authors corroborate the importance of theoretical and practical knowledge, as well as training and simulation, for the effectiveness of post-CPA care. However, there are significant divergences regarding the variability of knowledge between different groups and the impact of capacity building in different contexts. These divergences underline the complexity of implementing basic and advanced life support practices in nursing and the need for personalized approaches for different settings and populations.

POST-CPA CARE BY THE NURSING TEAM

The care provided by the nursing team in the post-Cardiorespiratory Arrest (CPA) period is essential for the recovery and survival of patients. The integrated review of the different types of care reveals a variety of practices adopted and their implications for patient care, such as continuous monitoring of vital signs such as heart rate, blood pressure, and oxygen saturation, is widely recognized as essential to detect any change in the patient's status early and allow for rapid interventions (Pereira et al., 2021; Ramos et al., 2024).

Some studies suggest that invasive monitoring, such as hemodynamic monitoring, may be more effective than just observing basic vital signs, especially in high-risk patients (Brito et al., 2022; Gimenes et al., 2021). In addition, the administration of medications, such as antiarrhythmic agents and vasopressors, plays an essential role in restoring cardiac function and maintaining blood pressure (Marcelino et al., 2023; Oliveira et al., 2022).

Research also suggests that the administration of certain medications, such as amiodarone, may be associated with significant adverse effects and questions their effectiveness in improving patient outcomes post-PCR (Silva et al., 2020; Santos et al., 2022). Regarding the issue involving the emotional support provided by the nursing team, it is seen as essential to help patients and their families deal with the trauma and stress associated with CPA and intensive treatment (Nascimento et al., 2021; Ribeiro et al., 2023). However, some emotional support approaches may be more effective than 14 others, and there are debates about how best to provide this support, whether through individual therapies, group support, or psychosocial interventions (Silva et al., 2021).

Thus, collaboration between nursing staff, physicians, physiotherapists, and other healthcare professionals is essential to provide a holistic and comprehensive approach in post-CPA care, and proper instruction about the patient's health status, prognosis, and follow-up care can improve treatment adherence and promote successful recovery (Pestana et al., 2023; Maigret et al., 2021).

POSSIBLE OBSTACLES IN THE PROVISION OF POST-CPA CARE

The identification and categorization of the main obstacles faced by the nursing team in the provision of post-Cardiorespiratory Arrest (CPA) care reveal a series of challenges that can impact the quality of care and patient outcomes. As a challenge, the scarcity of material resources, such as advanced monitoring equipment, medications, and intensive care beds, can limit the ability of nursing staff to provide adequate and timely care (Pereira et al., 2021; Maigret et al., 2021). In addition, lack of resources can result in delays in care, failures in the administration of essential therapies, and compromised safety and effectiveness of the care provided (Pestana et al., 2023; Nascimento et al., 2021).

One of the highlights is the deficiencies in professional training, which is seen as a challenge, as the lack of specific and up-to-date training in cardiopulmonary resuscitation (CPR) techniques and post-CPA care can leave nursing professionals unprepared to deal with emergency situations (Ramos et al., 2024; Brito et al., 2022). As an impact, it is observed that the lack of adequate training can result in errors in the execution of critical procedures, underutilization of available resources, and increased risk of complications for patients (Silva et al., 2020; Santos et al., 2022).

In addition, ineffective communication between health team members, including physicians, nurses, and technicians, can hinder care coordination and collaborative decision-making (Passarini et al., 2021; Silva et al., 2021). As a negative result, possible misinterpretations, delays in treatment, and fragmentation of care can impair the continuity and effectiveness of the care provided.

The obstacles identified can compromise the quality of post-cardiac care and negatively influence patient outcomes, increasing the risk of complications, morbidity, and mortality (Bessa et al., 2023; Camboim et al., 2023). Lack of resources, deficiencies in professional training, and challenges in interprofessional communication can contribute to fragmented, inconsistent, and less effective care, resulting in negative patient outcomes.

CONSEQUENCES OF LATE IDENTIFICATION OF CRP

Late identification of CRA can lead to a series of adverse consequences, affecting the morbidity, mortality, and quality of life of patients. Studies have consistently shown that late identification of CRP is associated with higher mortality rates (Silva et al., 2022; Santos et al., 2023). Delay in intervention can result in irreversible damage to vital organs and compromise the patient's ability to recover (Ribeiro et al., 2024).

In addition to mortality, late identification of CRA can increase patient morbidity, leading to additional complications such as anoxic brain injury, multiple organ dysfunction (MSM), and permanent neurological impairments (Maia et al., 2023; Gimenes et al., 2021).

Patients who survive CRA but experience late identification may face a significant reduction in quality of life due to the physical, emotional, and cognitive sequelae resulting from cardiorespiratory arrest and delayed intervention (Pereira et al., 2024; Lopes & Nogueira, 2021).

The underlying causes of late identification of CRA are multifactorial and may include failures in detecting early signs of deterioration, lack of adequate training of health care staff, inadequate care protocols, and limited access to emergency resources (Brito et al., 2022; Duarte & Dixe, 2021). These causes have significant implications for clinical practice and health policy, highlighting the need for implementation of quality improvement strategies, ongoing education of health staff, and health policies that promote equitable access to high-quality emergency care.

STRATEGIES TO IMPROVE NURSING CARE IN POST-CPA CARE

To improve nursing care in post-CPA care, several strategies can be adopted. Investing in continuing education programs is essential (Almeida et al., 2024). These programs should focus on training in early recognition of signs of deterioration, life support techniques, and effective communication in emergency situations (Pereira et al., 2021).

Developing and implementing standardized protocols is also essential (Silva et al., 2022). Such protocols should address continuous monitoring, medication administration, emotional support, and interprofessional communication (Ramos et al., 2024).

The integration of advanced technologies, such as remote monitoring systems and life support devices, can facilitate the early detection of post-PCR complications (Maigret et al., 2021). This includes the use of smart alarms and respiratory assistance devices (Silva dos Santos et al., 2023).

Establishing a culture of open and collaborative communication among healthcare team members is critical (Bessa et al., 2023). Multidisciplinary meetings, information sharing, and coordinated teamwork are important practices (Silva et al., 2020).

Including patients' family members in the post-CPA care process can improve understanding of the patient's condition and provide emotional support (Ribeiro et al., 2024). This can be done through education and guidance to family members on the necessary care and management of emergency situations (Silva et al., 2021).

Ongoing discussions on health policies are needed (Nogueira et al., 2020). Prioritizing the development and implementation of strategies that support the training of nursing staff, the standardization of post-CPA care, and the promotion of interprofessional communication is essential (Reis et al., 2021). This may involve allocating adequate resources, establishing national guidelines, and supporting research and education in this area (Pestana et al., 2023).

DISCUSSION

Discussions about post-CPA care highlight the importance of a holistic approach, which considers not only the patient's physical stabilization but also their emotional support for a more complete recovery (Silva et al., 2020). Multidisciplinary collaboration and active involvement of patients and families to improve patient care and outcomes makes a big difference in patient improvement (Ramos et al., 2024).

The nursing team faces a number of obstacles that can compromise the quality of care provided, including the scarcity of material and human resources, as well as deficiencies in the training and continuous training of professionals (Almeida et al., 2024). These difficulties not only overwhelm nurses, but can also lead to failures in the early identification of complications and in the execution of critical procedures, such as those related to the management of Cardiorespiratory Arrest (CA).

Lack of access to adequate equipment and the absence of up-to-date protocols increase the risk of errors and reduce the effectiveness of interventions (Pereira et al., 2021). To mitigate these impacts, it is essential that healthcare institutions invest in infrastructure, promote regular training, and develop support policies that enable nurses to respond effectively in emergency situations. In addition, valuing nursing work, through better working conditions and professional recognition, can contribute to talent retention and continuous improvement of the care provided.

Late identification of CRA is associated with adverse consequences, including increased mortality and morbidity (Silva dos Santos et al., 2023). Implementing effective

protocols and continuously training health workers are essential to reduce these negative impacts (Maigret et al., 2021).

The implementation of evidence-based best practices is essential for the continuous improvement of the quality of post-Cardiorespiratory Arrest (CA) care (Bessa et al., 2023). To achieve this goal, it is essential to develop and regularly update guidelines that reflect scientific advances and the specific needs of patients.

In addition, these guidelines should be accompanied by the implementation of best practices that are sustainable and adaptable, ensuring that interventions are effective and relevant in different clinical settings (Reis et al., 2021). The adoption of these practices not only improves patient outcomes, but also strengthens the capacity of the health team, promoting a safer and more efficient care environment.

Collaboration between health institutions, nursing professionals, and regulatory bodies seeks to overcome the identified obstacles and improve the quality of care (Pestana et al., 2023). This synergy can promote an environment of continuous learning and adaptation, which is essential for the advancement of nursing practice and public health in general (Ribeiro et al., 2024).

CONCLUSION

This study highlights the importance of post-Cardiorespiratory Arrest (CPA) care performed by the nursing team, emphasizing essential practices such as monitoring vital signs, administering medications, and emotional support. The integration of multidisciplinary care and patient and family education are key to improving post-cardiac arrest care and outcomes.

However, obstacles such as lack of resources, deficiencies in professional training, and interprofessional communication problems can compromise the quality of care and patient outcomes. Late identification of CRA is associated with serious consequences, including increased mortality and morbidity, as well as reduced quality of life for patients.

To mitigate these impacts, it is necessary to adopt evidence-based practices and promote effective collaboration between health institutions, nursing professionals, regulatory bodies, and professional organizations. This will make it possible to overcome obstacles and implement sustainable and effective interventions, thus improving the response and outcomes of patients post-PCR.

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