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INTERDISCIPLINARY MANAGEMENT IN PATIENTS ADMITTED TO THE ICU DUE TO THE COVID-19 PANDEMIC

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ABSTRACT

Introduction: Because of the high catabolic state caused by the pathology and the various interdisciplinary treatments offered together, the patient admitted to the intensive care unit (ICU), whether diagnosed with Covid-19 or not, needs multidisciplinary care, aiming at a quick and adequate recovery, according to the patient's metabolic condition. **Objective:** This study aimed to analyze the protocols offered by the health team in patients hospitalized in an intensive care unit. **Methodology:** This is an integrative review in the LILACS, PUBMED and SCIELO databases, using the descriptors associated with the Boolean operator (AND): "Pandemic", "Intensive Care Unit", "Combined Therapy", "Enteral Nutrition" and "Parenteral Nutrition". The inclusion criteria were studies between the years 2015 and 2022, excluding articles that did not address the central theme. **Results:** These patients have several nutrient deficits, both macronutrients, protein and lipids, for example, and micronutrients, such as vitamins and minerals, worsening to the point of causing more severe malnutrition, partially and integrally compromising interdisciplinary therapies, for example, the principles of medications, in addition to impairing other procedures, such as mechanical ventilation and hemodialysis, requiring full attention from all the professionals who make up the health team. **Conclusion:** In view of the different clinical conditions that the patient may present, the best routes of administration are chosen, together with the health team, for nutritional, mechanical and cardiac support that is significant to health, and according to the other treatments used.

Keywords: Pandemic. Intensive Care Unit. Combination Therapy. Enteral Nutrition.

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INTRODUCTION

Health care requires health professionals to be concerned with the quality of care, in order to ensure the maximum quality of care and confidence in their actions for the clinical improvement of the patient, and in any country in the world, the search for safe care is a constant challenge (Tavares, 2015; Vieira, *et al,* 2019).

Since the Intensive Care Unit (ICU) is an environment where there are critically ill patients with severe malnutrition and pre-existing complications, requiring advanced technology devices, therapeutic devices and, in some cases, excessive manipulation of medications and health professionals, offering interventions aimed at survival through complex and multiple treatments (Queiroz, Rego, Nobre, 2015).

Covering care for patients with the most serious diseases and high risk of death, presenting clinical cases with several associated comorbidities. The ICU needs support services for full operation, for example, the clinical laboratory and equipment maintenance, and must function properly for the sector to produce its operation quickly and safely, assuming that hospitalization can occur at any stage of people's lives and for various reasons, and the severity of the clinical condition may indicate the need for intensive care, and should be promoted by the interdisciplinary health team (Vincent, 2015; Dutra, *et al*, 2016).

For this reason, the patient who needs an intensive care unit needs constant monitoring of vital signs, hemodynamic status and respiratory function, comprising a large number of connected machines and associated invasive medical procedures, causing various discomforts and the feeling of apprehension and fear in the patient, which is alleviated by the assistance of the psychologist in the intensive care unit (Tavares, 2015).

Because, when the cause of hospitalization is infectious diseases, for example, Covid-19, family stress and anguish are quite worrying in relation to the hospitalized family member, with the need for isolation that prevents any type of direct contact with the family (Queiroz, Rego, Nobre, 2015; Noronha, et al, 2020).

Thus, the joint work of the health team is considered an indispensable mechanism in the performance for the clinical improvement of the patient, promoting greater interaction between the different areas of knowledge, formed by medical professionals, nurses, nursing technicians, nutritionists, psychologists and physiotherapists, exercising, therefore, care functions and performing from the simplest procedures to those that pose a greater risk to

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life, in addition to managerial activities at different levels of health care (Vincent, 2015; Vieira, *et al*, 2019).

To ensure the provision of the necessary and adequate support to users of severely compromised services, there must be a wide variety of other essential professionals who need to be involved in the process of restoring health, such as speech therapists and pharmacists, acting as a support team and of equal importance for comprehensive care and quality of life. avoiding the development of complications (Rose, 2015; Castro, *et al*, 2020).

However, in this scenario, with the multidisciplinary team in ICU beds, there are several factors that trigger stress among professionals that can compromise the effectiveness of the associated treatments and negatively influence the quality of care provided, compromising the lives of patients, whether due to the lack of hospital structure, such as the scarcity of material resources, beds and equipment essential for treatment, in addition to the lack of human resources, causing conflicting decisions related to the selection and order of patient care (Dutra, *et al*, 2016; Noronha, *et al*, 2020).

The misuse of technological resources and the lack of commitment of some professionals makes patient care a mechanized procedure, of an automatic nature, removing the patient from contact with the team, dehumanizing the care of the individual hospitalized in hospital beds (Purin, Puri, Dellinger, 2015; Rose, 2015).

Thus, it is understood that the reality experienced by professionals who work in ICUs is characterized by several conflicts related to intensive care for patients, in addition to the expectations of clinical improvement imposed by patients and the professionals themselves on their respective actions and teamwork, thus investigating the performance of each essential and assistentialist professional in the treatment of patients in intensive care units. prioritizing care in the face of the current pandemic situation and high possibility of contagion.

Despite the amount of research on the subject, the growing number of Covid-19 cases, and the high rate of ICU admissions due to severe acute respiratory complications, the relevance of the study is configured through the understanding of the importance of the joint action of health professionals for the significant clinical improvement of patients admitted to the ICU, whether diagnosed or not with Covid-19, as it will facilitate the identification of the specific and targeted action of professionals and also the factors that compromise interdisciplinary treatment, putting the patient's life at risk.

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This study aimed to conduct a literature search, based on scientific evidence, that analyzes the interdisciplinary management of patients admitted to the ICU with or without a diagnosis of Covid-19 in the current pandemic situation.

METHODOLOGY

An integrative review of the literature was carried out, and this type of investigation provides a summary of the evidence related to a specific intervention strategy, through the application of explicit and systematized methods of search, critical appreciation and synthesis of the selected information, making it useful to integrate the information from a set of studies carried out separately on a given intervention (Meerpohl, *et al*, 2012; Galvão, Pereira, 2014).

This is a study with data collection carried out from secondary sources, through a bibliographic survey on the occasion of an integrative review, to identify productions on the subject of interdisciplinary conducts and protocols used in ICU patients, highlighting the current context of the Covid-19 pandemic.

For the analysis and construction of the analysis, the following steps were used: 1) selection of the research question; 2) definition of the inclusion and exclusion criteria for studies and selection of articles; 3) representation of the selected studies in table format, considering all the characteristics in common; 4) critical observation of the findings; 5) interpretation of the results.

In this context, what are the treatments offered by the health team to patients hospitalized in ICU beds and their respective impacts on the clinical and metabolic condition of this patient?

In this sense, data collection was carried out from June 20 to June 5, 2022, in the *Latin American and Caribbean Literature on Health Sciences* (LILACS), *National Library of Medicine of the United States* (PUBMED), and *Online Scientific Electronic Library* (SCIELO) databases.

During the search, the Boolean operator AND was used along with the following descriptors: "Pandemic", "Intensive Care Unit", "Combined Therapy", "Enteral Nutrition" and "Parenteral Nutrition". The inclusion criteria were: articles published between 2015 and 2022, excluding articles that did not address the central theme of the study.

The studies that remained in the sample, after going through the analysis and selection criteria, were examined and evaluated through reading in full, focusing on its

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relevance and whether it was in accordance with the objective of the research. From the material obtained, there was a detailed reading of each article used for the construction of the study, highlighting those who responded to the proposed objective, in order to organize and tabulate the data.

For the organization of the data, they were analyzed to form connected texts, exposing the ideas of the research, showing the multidisciplinary management, in an individualized way by professional, to treat patients who are in intensive care units, highlighting the procedures used, as well as the metabolic and nutritional status changes caused by this hospitalization process and, also, statistical data to prove this study, presenting these facts in sequence in the data of the results and discussion.

Of the 175 articles identified, most were found in PubMed (80%), followed by SciELO (14%) and, in a smaller quantity, in LILACS (6%). In this identification stage, 121 articles (81%) were excluded because they were duplicate articles and did not address the central theme of the study, thus, the remaining 29 articles served as a basis for the construction of this study due to their relevance and that they corresponded to the research objectives, after applying the research criteria.

The sample of articles for the discussion of the central theme of the study consists mainly of 20 main and relevant articles, selected by the previously established inclusion criteria, in Chart 01 are the specifications of the main articles for the elaboration of the discussion.

RESULTS

Chart 01: specifications of the main articles for the elaboration of the discussion.

AUTHORS/YEAR	GOAL	FINDINGS	CONCLUSIONS
Castro, *et al*, 2020	To report the demand for inpatient services for patients with COVID-19 in Brazil.	Hospital services may begin to experience shortages of hospital beds, ICU beds, and ventilators in early April, the most critical situation observed for ICU beds. Increasing bed allocation for COVID-19 (rather than other conditions) or temporarily placing all resources under state administration delays the anticipated onset of shortages by a week. This suggests that the solutions adopted by the Brazilian government should aim to expand	The solutions adopted by the Brazilian government should aim to expand available capacity (e.g., makeshift hospitals) and not simply prioritize the allocation of available resources to COVID-19.

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		the available capacity (e.g., makeshift hospitals).	
Fuente, *et al*, 2016	To examine the feasibility and efficacy of enteral nutrition (EN) support and its associated complications in patients receiving mechanical ventilation in PP.	More than 1,200 patients were admitted to the intensive care unit for a period of 3 years. Of these, 34 received mechanical ventilation in PP. The mean days on NE were 24.7 ± 12.3. The mean days under NE in the supine position were significantly longer than in PP (21.1 vs 3.6; P <0.001), but there were no significant differences in the adjusted gastric residual volume per NE day (126.6 vs 189.2; P = 0.054) as well as the proportion of diet volume (94.1% vs 92.8%; P = 0.21). There were no significant differences in the upper gastric residual events per day of EN (0.06 vs 0.09; P = 0.39), vomiting per day of NE (0.016 vs 0.03; P = 0.53) or diet regurgitation per NE day (0 vs 0.04; P = 0.051) were found.	EN in critically ill patients with severe hypoxemia receiving mechanical ventilation in PP is feasible, safe, and is not associated with an increased risk of gastrointestinal complications. Larger studies are needed to confirm these findings.
Massaroli, *et al*, 2015	To understand the experiences of a group of nurses from an adult intensive care unit in the development of the Systematization of Nursing Care.	The daily routine of the ICU is based on numerous technical issues, requiring specific professional skills and abilities. The nurse is responsible, along with the other members of the nursing team, for most of these actions of continuous care for patients. This characteristic of the profession of performing multiple tasks (care, administrative and teaching of the nursing team) contributes to the NCS being understood as a bureaucratic process.	Among the weaknesses identified in this study, the group highlighted the limited knowledge about NCS and understood that it has a co-responsibility with the health institution for it to happen. The lack of professional experience was understood as a limiter, but it was evident to the participants that it is necessary to constantly search for professional updates and that these can come from the group itself.
Noronha, *et al*, 2020	To analyze the pressure on the health system in Brazil due to the additional demand generated by COVID-19.	They show a critical situation of the system to meet this potential demand, since several micro-regions and macro-regions of health would operate beyond its capacity, compromising the care of patients, especially those with more severe symptoms.	To the regionalized organization of health services, which, although adequate in situations of usual demand, in times of pandemic this design implies additional challenges, especially if the distance that the

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			patient has to travel is very long.
Dutra, *et al,* 2016.	To identify the perception of health professionals in an Intensive Care Unit (ICU) about the restrictive factors of multiprofessional teamwork.	The most restrictive factor of multiprofessional teamwork in the ICU was the lack of respect among the team members, as a result of the hierarchical power relations, the lack of knowledge of each professional's work, as well as the lack of communication within the team, evidencing the need for strategies that enhance communication and respect among the members. In addition, the excess demand, adding to a stressful environment such as the ICU and the lack of training of the team.	The restrictive factors of multiprofessional teamwork in the ICU setting, which can contribute to the construction and strengthening of actions to overcome these challenges. The importance of understanding that the actions to be developed are of the multidisciplinary team as a whole, and not of a single individual, is ratified.
Fu, 2018	Discuss the advances and updates in the performance of the physiotherapist.	The goal of the physical therapist in the ICU is to improve the overall functional capacity of patients and restore their respiratory and physical independence, decreasing the risk of complications associated with staying in bed. New techniques and resources prepare the patient for spontaneous breathing and for the long-awaited discharge from the ICU. As part of comprehensive physical therapy care, early passive mobilization and active and active-assisted exercises stand out.	Health and social assistance professionals provide hospitalized patients with better conditions to obtain or maintain functional independence and, consequently, a higher quality of life during the hospitalization period and after discharge.
Hall, 2016	Approach the animated intensive care unit.	The management of critically ill patients has increasingly involved creating a highly controlled environment by care providers, with patients immobilized, tethered to devices, and given various medications to facilitate the entire process. Patient control has been necessary to implement essential therapies and adapt life support systems, such as mechanical ventilation.	Keeping patients who are more interactive with their care providers and the life support provided in the intensive care unit would accelerate the pace of recovery and decrease the need for prolonged rehabilitation.

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Leite, Vila, 2016	To understand the reality experienced by the multidisciplinary team that works in intensive care.	In the category of intensive care care, lack of material resources and difficult teamwork, the professionals' reports on aspects related to the difficulties that interfere in the team's performance and in the quality of care provided in intensive care were grouped. The testimonies reveal the existence of a team that needs to be trained and motivated to act as a team, and also mention problems related to the scarcity of material resources.	The accomplishment of this work enabled reflection and understanding of the difficulties experienced by the multiprofessional team that works in a stressful environment, such as intensive care. We observed that the multidisciplinary team faces difficulties related to dealing with death and informing family members, as well as difficulties related to the absence of teamwork.
Ferraz, Campos, 2015	Discuss the role of the nutritionist in the multidisciplinary team in nutritional therapy.	Nutritional and metabolic support should be adequate in patients under intensive care, requires planning that should include systematic assessment and monitoring of metabolic and nutritional status. However, failures are often observed in this aspect, when there is no monitoring by NTMS, nutritional assessment is performed in 3% to 7% of hospitalized patients. In the presence of this team, the evaluation occurs in 37% to 68% of the patients.	Information must be transmitted and worked together with professionals from different areas, in order to favor the integration of all those involved in patient care. The application of protocols, integration and collaboration between the members of the multidisciplinary team and the care team already existing in the service in solving problems should be incorporated into the work routine, thus contributing to the improvement in the quality of care provided to patients.
Matsubara, 2019	To verify the perception of the professionals of the Multiprofessional Nutritional Therapy Teams about adverse events in this area and their management at the national level	A total of 120 professionals participated, 57.5% belonged to the Southeast region, 80.8% were female, 33.3% were nurses, 29.2% were nutritionists, 22.5% were physicians, 10.8% were pharmacists, 2.5% were speech therapists and 1.7% were physiotherapists. Regarding training in nutritional therapy, 33.3% had a specialist title and 68.3% had a related postgraduate course. In enteral nutrition, the presentation was 61.7% for the closed system, 67.5% for the ready-to-use system, and the administration was continuous in 64.2%. In parenteral nutrition, 45.8% used the mixed formulation (individualized and industrialized), 87.5% had outsourced	The Vulnerability Theory pointed to the predominance of the Individual dimension, in which the failures appealed to the individuals, mainly to the Nursing team, and the weaknesses of the Programmatic and Social dimensions show the need to expand and strengthen training programs and establish protocols that help in the performance of the professionals of the Multiprofessional Nutritional Therapy Team and prevent adverse events.

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		preparation, and for 90.8% the administration was continuous. The use of infusion pumps for enteral feeding was 97.5% and for parenteral nutrition 99.2%.	
Nogueira, *et al*, 2015	To compare the clinical characteristics, evolution and severity of adult patients hospitalized in public and private Intensive Care Units.	Of the 600 patients analyzed, there was a predominance of males (56.50%). The most frequent category of antecedents was related to diseases of the circulatory system (56.17%), followed by endocrine, nutritional and metabolic diseases (27.83%) and neoplasms (18.83%). The main origins were Surgical Center (36.06%) or Emergency Room (35.39%). The average length of stay in the ICU was nine days, ranging from one to 79 days. Most patients had one (34.75%) or two (38.67%) indications of organ failure, with renal failure being the most frequent (69.68%).	It is up to nurses to consider the clinical characteristics and severity of patients found in different types of ICUs in the elaboration of care planning and dimensioning of nursing professionals, as well as to investigate possible particularities of the population served.
Oliveira, *et al,* 2015	To describe the experience of implementing the Systematization of Nursing Care in an Intensive Care Unit.	The nurse is considered a catalyst and disseminator of the information necessary for the therapeutic process, considered the leader of the nursing team and, through the use of NCS, ensures an adequate care practice. Health situations lead to the identification of nursing diagnoses of hospitalized individuals, resulting in individual and comprehensive care, based on scientific knowledge.	It is also necessary to continue investing in compliance with the dimensioning of personnel and in the qualification of the team through continuous studies and training so that there is clarity and scientific subsidies for better development of the NCS.
Purin, Puri, Dellinger, 2017.	Discuss the history of technology in the intensive care unit.	From the development of right heart catheterization to the adaptation of echocardiography for use in shock, intensivists have used technology to monitor hemodynamics. The care of the critically ill has been driven by researchers who have sought to offer renal replacement therapy to unstable patients and have worked to improve oxygen saturation monitoring.	Critical care medicine is a specialty, and from the beginning, it has relied heavily on technology. Intensive care has insisted on rigorous testing and cost-benefit analyses of technological advances.

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Queiroz, Rego, Nobre, 2015	OBJECTIVE: To identify the morbidity and mortality profile in the Intensive Care Unit of a public hospital in Northeast Brazil.	During the 15-month period, 371 patients were admitted to the ICU. Regarding gender, 180 of the hospitalized patients were women and 191 were men. Regarding the stay in the sector, the average length of stay was three days.	Intensive care professionals can work with the perspective of improving the care provided, based on knowledge of the epidemiological profile of the population and on improving the quality of care provided on a daily basis.
Rocha, Souza, Teixeira, 2015	To know the perspective of physicians on health and work in a neonatal intensive care unit of a public hospital in the state of Rio de Janeiro	13 semi-structured interviews were conducted, with a script of open questions. The discourse analysis technique was adopted, and four empirical axes of discussion were identified, namely: elements of the current configuration of medical work; work in the neonatal ICU; the health of physicians and the practice of self-medication and the need for spaces for dialogue; In the context of gender in medical work and pediatrics, it was found that the technical and organizational transformations of medical work have been accelerating and generating significant consequences for the life and health of these workers.	The need for a comprehensive professional valorization policy that includes changes in the organization of work from the workplaces with the participation of workers.
Rose, 2015	Discuss interprofessional collaboration in the ICU.	Unified staff working together to provide better care and improve patient outcomes can be difficult to maintain. Power-sharing is one of the most complex aspects of interprofessional collaboration. Ownership of specialized knowledge, technical skills, clinical territory, or even the patient, can produce interprofessional conflict when ownership is not recognized. However, much of the nursing literature focuses on achieving autonomy in clinical decision-making.	Health care worker autonomy may be an inappropriate goal when striving to promote interprofessional collaboration. Protocols to guide ICU practices, such as sedation and weaning, reduce the duration of mechanical ventilation in some studies, while others failed to demonstrate this advantage.
Souza, *et al*, 2015	To analyze the feelings of nurses in the face of the need to adapt and improvise materials and equipment in the hospital environment and to discuss the repercussions on nurses' health.	The subjects were 25 nurses who worked in inpatient units of a teaching hospital in the city of Rio de Janeiro. The data collection instrument was the semi-structured interview. Due to the frequent adaptations and improvisations of materials, nurses suffer negative repercussions on health: fear, anguish, stress, irritation, pain in the legs and lumbar region,	The reality of precarious working conditions in public hospitals causes nurses to present more suffering than pleasure during their work activities. In this way, it was found that this suffering emerges through the need to make up for the lack of materials through the practice of adaptation and

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		headache and **tiredness.** Nurses need to develop a mental and physical process to be able to adapt and improvise materials and equipment, and this whole process entails the expenditure of time that could be used in direct care of the client.	improvisation of materials and equipment.
Tavares, 2015	To analyze the use of physical restraint in Intensive Care Unit patients.	Out of a total of 169 admissions, 44 patients participated. The average length of stay of the restricted patients in the unit was 11.47 days (SD=13.00), 43.2% of the sample received sedation. A high frequency of use of therapeutic devices was found (90.9%). Among the types of restriction performed, the physical one, alone, totaled 14 (31.8%) of the cases, mainly of the upper limbs (95.5%), in an average time of 2.57 days, used, in total, without a medical prescription. Verbal restriction was present in 40.9% of the procedures. In 75% of the cases, the patient was instructed about the restriction, mainly justified by agitation, but in 56.8% of the cases the procedure was not recorded in the medical record. Nursing care was provided to restricted patients in more than 90% of the cases.	There is a significant frequency of the use of physical restraint in the environment, however, the use of the procedure proved to be safe and the Intensive Care environment facilitates adequate monitoring and the provision of nursing care to patients under physical restraint.
Vieira, Waischunng, 2018	Systematize the psychological care provided in the ICU.	Hospitalization in the ICU has a huge impact on the sick, their families and the work teams, since death is seen as taboo, even by health professionals. Hospital psychology is important in the ICU to deal with end-of-life situations, farewell rituals, anticipatory mourning, elaboration of death and also that the psychologist must organize his work around the triad patient, family and team.	The Intensive Care Unit is characterized as one of the most hostile and traumatizing environments in the hospital, mainly because it presents itself as a space for confrontation between life and death.

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Vieira, *et al*, 2019	OBJECTIVE: To establish a relationship between predicted mortality and characteristics of patients admitted to the ICU of a large tertiary hospital in the city of Fortaleza, Ceará, Brazil.	During the research period, 137 patients were studied; of this total, 31 patients died (24,48. In this study, it was found that 80.6% of the deaths had developed sepsis during the ICU stay (p<0.001).	The importance of epidemiological analysis in relation to deaths occurring in Intensive Care Units, aiming to demonstrate the need to better understand the applicability of professionals and equipment.

DISCUSSION

Defined as an infectious disease, Covid-19 caused by the coronavirus (SARS-CoV-2) causes, in the most severe cases, severe acute respiratory syndrome that causes several metabolic and acute complications in the patient, requiring hospitalization in hospitals with adequate support in an intensive care unit bed for mechanical ventilation and the implementation of the cardiac monitor and infusion pumps for the intravenous administration of drugs at a constant pace, such as antibiotics, diuretics, sedatives, and antihypertensives (Castro, *et al*, 2020).

Another current characteristic of the profile of critically ill patients in the ICU is the presence of several comorbidities and complications associated with several different clinical situations that lead to the patient's hospitalization and the need for treatment with invasive and highly complex procedures (Nogueira, *et al*, 2015).

In these critical patients, with or without symptoms of Covid-19 admitted to the ICU, respiratory failure occurs, oral feeding is not enough to meet the individual's needs, and other nutritional routes should be chosen, such as enteral nutritional therapy (ENT) and parenteral nutritional therapy (PNT), and the particularities of the disease of the clinical case and the individual's conditions should be analyzed to apply the most appropriate therapy (EMTN, 2014; Singer, *et al,* 2019).

Enteral therapy is essential in reducing metabolic stress, improving nitrogen balance, glycemic control and the intestinal mucosal barrier, and in the varied supply of nutrients, making it essential for the patient to support the other therapies offered, being used from 24 to 48 hours after admission, starting when the patient is hemodynamically stable as long as the gastrointestinal tract is partially functional, if started early, depending on the clinical severity, it reduces the risk of infections, complications and the chances of mortality (Sarni, Souza, Albuquerque, 2015; Singer, *et al,* 2019).

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While parenteral therapy (NT) is administered in association because of the underlying disease or worsening of the clinical condition and with the indication of surgical procedures, used in very severe cases and with high functional impairment of the digestive tract and unconsciousness, maintaining weight and body fat appropriate to the individualized clinical condition, however, it can cause important drug interactions, depending on the intravenous administration used, compromising the therapeutic effect of the treatment (EMTN, 2015; Xiao, *et al,* 2020).

Therefore, to determine which is the most indicated therapy, a nutritional assessment is carried out, identifying the metabolic specifications, signs and aggravating symptoms, with the help of other professionals, such as nurses, to start nutrition, preferably in these cases, the gastric route through the tube is ideal, but if there is no tolerance, the postpyloric route can be chosen, observing determinations in the choice of route, tube and food composition, requiring reinforced attention, as feeding has to be started slowly, according to the patient's tolerance, with hypocaloric and normoprotein being hyperproteic (Sarni, Souza, Albuquerque, 2015; Ferraz, Campos, 2015).

Despite the clinical need of the patient for efficacy, the indication for enteral and parenteral is considered low in relation to the demand in Brazilian states, especially in hospitals where there is no established interdisciplinary team (Ferraz, Campos, 2015; Matsubara, 2019).

In addition, nursing care is essential to ensure patient safety, and restraint is a care provided to the nursing team over time, another factor inherent to the nursing team in the care of critical patients is the administration of medications, considered one of the most important tasks, which requires high responsibility and high technical capacity involving ethical and legal responsibility (Leite, Vila, 2015; Zandomenighi, et al, 2015).

The work of nursing in the Intensive Care Unit (ICU) is complex and has numerous needs for the development of care, and the dynamics among professionals, the critical condition of patients and the use of technologies demand knowledge from nursing of different orders, thus enhancing care and maximizing work and care processes (Souza, *et al*, 2015; Massaroli, *et al*, 2015).

Being located at a more complex level of the hierarchy of hospital services, there is a need to organize and structure nursing care, in order to contribute positively to the quality of actions and safety of the patient and the team, as the Systematization of Nursing Care (NCS) constitutes a solid conceptual structure that promotes the continuity of care,

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consisting of a set of activities with the aim of providing assistance through work instruments that assist in decision-making for the execution of scientific and constant care (Souza, *et al*, 2015; Oliveira, *et al*, 2015).

Nurses perform complex activities that involve risks to patients, in addition to being responsible for the entire team, in this context, there is a high level of responsibility, which leads them to have absolute control over the work. Most of the professionals in the nursing team enjoy taking care of critically ill patients. In addition, they handle equipment, medications and try to perform all tasks with initiative, agility and free of any error, so as not to result in the death of the patient (Zandomenighi, *et al,* 2015; Massaroli, *et al*, 2015).

The hospital service must be well integrated into the Intensive Care Unit, as the care in the wards of the various medical specialties must be constantly concerned with the quality of care offered to patients, being carried out through frequent updates and the constant presence of physicians and other professionals of the multidisciplinary team involved in the care (Gutis, 2015; Rocha, Souza, Teixeira, 2015).

Before continuous physical therapy care in the ICU, many patients returned to daily life with serious motor impairments and dependent on performing activities of daily living. Currently, these harmful problems can be prevented for patients, especially after prolonged hospitalization. ICUs must have uninterrupted availability of physiotherapy services for patients with shorter average time on mechanical ventilation and shorter average length of stay (Hall, 2015; Fu, 2018).

In the integral view of health, hospital psychology works around illness, with the main objective of minimizing the suffering caused by hospitalization, not only applying to hospitalized patients, but also extending to their families and the hospital team (Simonetti, 2017).

Especially in the ICU, where the imminence of death is always present, the emotional interferences of hospitalization in the patient and family members become even more aggravated, and can configure anticipatory grief, thus, it is up to health professionals, especially psychologists, to have the theoretical resources to provide quality care (Simonetti, 2017; Vieira, Waischunng, 2018).

Health professionals have specifications in the attributions of the hospital area, primarily in the intensive care unit of an urgent nature to guarantee the patient's survival, which is exemplified, therefore, in Table 01.

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Table 01: Specific attributions of health professionals in the Intensive Care Unit (ICU).

Author, year	Health professional	Specific action for the patient in the ICU
Massaroli, *et al*, 2015	Nurse	Performs blood collection for tests, checks vital signs, evaluates and monitors the patient.
Oliveira, *et al,* 2015	Nurse	Medication administration involves reading the medical prescription, handling, preparation, administration, and evaluating the patient's response.
Xiao, *et al*, 2020	Nutritionist	It prevents or treats malnutrition, a contributing factor to the worsening of the prognosis, the poor clinical response to other therapies.
Fuente, *et al,* 2016	Nutritionist	It evaluates the patient's need to indicate and calculate nutritional therapies, such as enteral and/or parenteral, ensuring adequate nutrient intake.
Gutis, 2015	Doctor	Responsible for the daily monitoring of the clinical evolution of hospitalized patients and for ICU care, 24 hours of operation.
Rocha, Souza, Teixeira, 2015	Doctor	Provides medical assistance to all patients admitted to the unit; performs daily medical prescriptions for patients in the unit; coordinates the multidisciplinary team, according to the needs of the patients.
Hall, 2016; Fu, 2018	Physical therapist	It improves the general functional capacity of patients and restores respiratory and physical independence, reducing the risk of complications when staying in bed; prepares the patient for spontaneous breathing and discharge from the ICU.
Vieira, Waischunng, 2018	Psychologist	Improves communication and prevents conflicts in terminal situations in the ICU; investigates the therapeutic effects of the farewell ritual in the imminence of death, in patients' relatives.

CONCLUSION

The work in the ICU is complex and conflicting, so that multidisciplinary care is efficient in ensuring patient survival. In order to provide this care, it is necessary to have the participation of essential and care professionals, according to the critical condition in which the patient is and in this dynamic environment and multiple care, to achieve the individual's clinical improvement and adequate rehabilitation to the conditions imposed by the clinical condition.

Therefore, it is important to follow up with a multidisciplinary team for the treatment of integrity, respecting the patient's particularity, thus preserving the quality of life. Despite the advancement of studies and hospital protocols for the formation of the complete health team

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in the hospital environment, especially in the Intensive Care Unit sector, more studies on this theme are needed to improve existing studies, in an attempt to guarantee and comply with comprehensive and appropriate care and treatment for the health condition.

The pandemic caused a new adaptation in hospitals with guidelines for a series of different clinical scenarios, so interdisciplinary action is essential in this context for controlling and stabilizing the complications that the patient may present, contributing to the evolution of treatment, greater response to medications, growth and improvement in quality of life, becoming even more essential due to the demand for treatments that Covid-19 and other existing diseases require.

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