

Nurse's role in emergency pre-hospital care*Papel de la enfermera en la atención prehospitalaria de emergencia**Atuação do enfermeiro no atendimento pré-hospitalar de emergência***Rodrigo Pereira Costa Taveira¹**

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Abstract

The aim was to describe the role of nurses in pre-hospital care. This is an integrative literature review, carried out through a survey of works on the subject, including: articles, books, manuals, laws and ordinances, theses, and dissertations from the last 13 years. The works were read in full, and after textual analysis, four categories emerged, according to their characteristics and contents: history of pre-hospital care, legal aspects, nurses' role in PHC, PHC teaching in nursing. It was possible to notice that, even though PHC is an area still under development in Brazil, nurses are present and active. It is important to emphasize that emergency nursing, in the country and in the world, needs to be permanently discussed, as the performance of some procedures by nurses faces legal obstacles.

Descriptors: Emergency Nursing; Rescue Work; Emergency Medical Services; Professional Practice.

Resumen

El objetivo fue describir el papel del enfermero en la atención prehospitalaria. Se trata de una revisión bibliográfica integradora, realizada a través de un relevamiento de trabajos sobre el tema, que incluye: artículos, libros, manuales, leyes y ordenanzas, tesis y disertaciones de los últimos 13 años. Los trabajos fueron leídos íntegramente y luego del análisis textual surgieron cuatro categorías, según sus características y contenidos: historia de la atención prehospitalaria, aspectos legales, rol del enfermero en la APS, docencia de la APS en enfermería. Se pudo notar que, aunque la APS es un área aún en desarrollo en Brasil, las enfermeras están presentes y activas. Es importante enfatizar que la enfermería de emergencia, en el país y en el mundo, necesita ser discutida permanentemente, ya que la realización de algunos procedimientos por parte del enfermero enfrenta trabas legales.

Descriptoros: Enfermería de Emergencia; Trabajo de Rescate; Servicios Médicos de Emergencia; Práctica Profesional.

Resumo

Objetivou-se descrever a atuação do enfermeiro no atendimento pré-hospitalar. Trata-se de revisão integrativa da literatura, realizada por meio de levantamento de obras sobre a temática sendo: artigos, livros, manuais, leis e portarias, teses e dissertações dos últimos 13 anos. As obras foram lidas na íntegra, e após a análise textual, emergiram quatro categorias, de acordo com as características e conteúdos: história do atendimento pré-hospitalar, aspectos legais, atuação do enfermeiro no APH, ensino de APH na enfermagem. Foi possível notar que, mesmo o APH sendo uma área ainda em desenvolvimento no Brasil, o enfermeiro se faz presente e atuante. É importante ressaltar que a enfermagem de urgência, no país e no mundo, precisa ser permanentemente discutida, pois a realização de alguns procedimentos pelos enfermeiros encontra entraves legais.

Descriptoros: Enfermagem em Emergência; Trabalho de Resgate; Serviços Médicos de Emergência; Prática Profissional.



Introduction

The pre-hospital care systems (PHC) in the State are constituted as much in the private as in the public network. In the public network, are the services provided by the Mobile Emergency Care Service (SAMU), and by the Military Fire Department of the State of Rio de Janeiro (CBMERJ – Brazil). Both have nurses in the composition of their teams. At SAMU, these professionals work in advanced support ambulances, where the team is composed of a doctor (team leader), a nurse and the driver. At CBMERJ, nurses are military officers who work in intermediate support vehicles, consisting of a nurse officer (head of the garrison), a corporal or sergeant (nursing technician) and a soldier or corporal, as a driver.¹

Care for polytrauma victims began to develop in the United States of America (USA) in the late 70s, as some courses aimed at this type of injury began to be introduced for health professionals, where from that time onwards trauma was seen as a surgical problem.²

Pre-hospital care began in Brazil in several cities with service structuring in different ways, based on the models: North American adopted by the Military Fire Brigade and French adopted, in Brazil, by SAMU.²

In matters related to legal aspects, in our country, one of the greatest difficulties found in pre-hospital care is the lack of specific legislation, which is one of the causes that contributed to the support of various pre-hospital care structures, each with its peculiarities, and without a national standard to be followed.³

Over the years, there were changes that favored the nurse, about the standardization of PHC in Brazil, there was greater participation of nursing professional associations, which boosted advances in legal aspects.³

With the increase in autonomy, the professional will be able to provide a higher quality service; since, as this is emergency care, the clientele to be assisted requires care that requires a range of theoretical knowledge from the professional, in addition to well-researched practice based on scientific knowledge, as the success of interventions is closely related to taking decisions and must be as accurate as possible.

According to Ramos and Sanna, it can be noted that there is a certain deficiency in the performance and training of nurses in Brazil, when compared to the performance and training of these professionals in other countries. The United States and France have more developed and consolidated PHC systems, where nurses have their most consolidated and recognized role within their care systems. However, even in developed countries, the role of nurses is constantly being rethought.³

Regarding the role of nurses around pre-hospital emergency care, this study aims to promote the expansion of scientific knowledge, highlighting the potential and relevance of this professional in the team.

A relevant point of emphasis is the legal and legal support for the actions and relationships of professionals within the PHC, which is fundamental for the discussion.⁴ As well as the multidisciplinary aspect, as in an emergency that can be performed through treatment, it must necessarily be subsidized by nursing care.⁵ Added to this is the fact that the participation of nurses in this area has expanded substantially and has become essential and definitive.³

In this sense, this article brings as an object of study the role of nurses in pre-hospital care, guided by the following research problem: what is the role of nurses in PHC practice? The aim of this study is to describe the role of nurses in pre-hospital care in Brazil.

Methodology

Integrative literature review conducted through a survey of works that addressed the role of nurses in pre-hospital emergency care, where, in addition to seeking articles, surveys were carried out in books, dissertations and theses that addressed the topic in question.

The search for articles took place through the Virtual Health Library (VHL), in the following databases: LILACS and SciELO, aiming to select full texts and in Portuguese. The survey was carried out by combining “key terms” with the language in Portuguese: “pre-hospital nursing care”, with 28 complete articles, 26 of which were excluded and two were used; “pre-hospital nursing care”, with 18 complete articles and 18 excluded; “pre-hospital nursing training”, with two full articles, one of which had been found in one of the indexing bases seen above, and a second, which was excluded because it was not related to PHC. The survey was carried out in February 2019.

The articles that were excluded did not have content compatible with the object of this study, which made it difficult to build support based on evidence from these portals. In this research, basically articles were found that presented contents about the performance and history of nurses in pre-hospital care.

Then, the need to search for material that would support the discussion, regarding the legal aspect, was perceived. Thus, 1 article, 1 law, 3 resolutions and 6 ordinances, 1 thesis and 3 dissertations were found in a free search on the internet, and for additional support, the website of the Brazilian College of Emergency Nurses (Cobeem) and the website were consulted. SAMU, which addressed the functioning of pre-hospital care and the attributions of nurses in this area. Only official documents were considered, as well as those of a scientific nature.

A search was also carried out in the physical library of a federal public university, where three books were found, one of which was excluded and two others, due to their content, were used in this study.



Results and Discussion

Chart 1. Selected studies. Niteroi, RJ, Brazil, 2019

Type of work	Author	Publication year and journal	Title of work
Scientific article.	Junyent RWW, Rodrigues FSM, Oliveira-Júnior IS, Wanderley AG, Tavares JG, Ferraz RRN, et al.	2014 Science in Health.	A autonomia do enfermeiro no atendimento pré-hospitalar.
Scientific article.	Bernardes A, Maziero VG, El Hetti LB, Baldin MCS, Gabriel CS.	2014 Revista Eletrônica de Enfermagem.	Supervisão do enfermeiro no atendimento pré-hospitalar móvel.
Scientific article.	Oliveira TR, Simões SMF.	2013 Enfermería Global.	La comunicación enfermera-cliente en el cuidado en las unidades de urgencias 24h: una interpretación en Travelbee.
Book.	Bortolotti F.	2012 Expansão editorial.	Manual do Socorrista.
Resolution.	Conselho Federal de Enfermagem.	2011 COFEN.	Resolução n.º 375, de 22 de março de 2011: Dispõe sobre a presença do Enfermeiro no Atendimento Pré-Hospitalar e Inter-Hospitalar, em situações de risco conhecido ou desconhecido.
Book.	Souza RMC et al.	2009 Editora Atheneu.	Atuação no Trauma: uma abordagem para enfermagem.
Scientific article.	Gentil RC, Ramos LH, Whitaker IY.	2008 Revista Latino-Americana de Enfermagem.	Capacitação de Enfermeiros em Atendimento Pré-Hospitalar.
Dissertation.	Dolor ALT.	2008 Escola de Enfermagem da Universidade de São Paulo.	Atendimento pré-hospitalar: histórico do papel do enfermeiro e os desafios ético-legais.
Dissertation.	Cristina JA.	2006 Escola de Enfermagem de Ribeirão Preto-USP	Vivências de uma equipe multiprofissional de atendimento avançado pré-hospitalar móvel ao adulto em situação de parada cardiorrespiratória.
Thesis.	Malvestio MAA.	2005 Escola de Enfermagem da USP.	Predeterminantes de sobrevivência em vítimas de acidentes de trânsito submetidas a atendimento pré-hospitalar de suporte avançado à vida.
Resolution.	Conselho Federal de Enfermagem.	2004 COREN.	Resolução n.º 290, de 24 de março de 2004: dispõe sobre as especialidades de enfermagem.
Ordinance.	Brasil.	2003 Ministério da Saúde.	Portaria n.º 1863/GM, de 29 de setembro de 2003: institui a Política Nacional de Atenção às Urgências.
Ordinance.	Brasil.	2003 Ministério da Saúde.	Portaria n.º 1864/GM, de 29 de setembro de 2003: institui o componente pré-hospitalar móvel da Política Nacional de Atenção às Urgências.



Ordinance.	Brasil.	2002 Ministério da Saúde.	Portaria n.º 2.048/GM, de 05 de novembro de 2002: aprova o regulamento técnico dos sistemas estaduais de urgência e emergência.
Ordinance.	Brasil.	2001 Ministério da Saúde.	Portaria n.º 737, de 16 de maio de 2001: Política Nacional de Redução da Morbimortalidade por Acidentes e Violências.
Ordinance.	Brasil.	2001 Ministério da Saúde.	Portaria n.º 814/GM, de 01 de junho de 2001: estabelece o conceito geral, os princípios e as diretrizes da Regulação Médica das Urgências.
Resolution.	Conselho Federal de Enfermagem.	2000 COFEN.	Resolução n.º 225, de 28 de fevereiro de 2000: dispõe sobre o cumprimento de prescrição medicamentosa/terapêutica à distância.
Ordinance.	Brasil.	1999 Ministério da Saúde.	Portaria n.º 824/GM, de 24 de julho de 1999: normatiza o atendimento pré-hospitalar e o transporte inter-hospitalar no Brasil.
Law.	Brasil.	1986 Diário Oficial da República Federativa do Brasil.	Lei n.º 7498, de 25 de junho de 1986: dispõe sobre a regulamentação do Exercício da Enfermagem e dá outras providências.

The works were read in full, and after textual analysis, four categories emerged according to the characteristics and content of the works: history of pre-hospital care; legal aspects; role of nurses in PHC; PHC teaching in nursing.

History of pre-hospital care

Originally at the end of the 18th century, the physician Baron Dominique Jean Larrey, during the Napoleonic Wars, became aware of the need to provide pre-hospital care to soldiers still on the battlefield. During this period, the so-called "flying ambulances" emerged, which were moved by horses and had the objective of saving time in transporting wounded soldiers on the battlefield. At that time, the premise was introduced that people working in these ambulances should be trained in medical care to provide care at the scene of the incident and during transport.⁶

This type of care for civilians who were victims of trauma began in the 20th century, but it had only the objective of transporting the victim to the hospital level. Another important period was during World War II, when services to care for polytrauma victims were disseminated, marking the beginning of the treatment of patients who were on the battlefield. Over the years, it was shown that it was necessary to adequately create specialized trauma services at the pre-hospital level, where, in the late 1960s, the structuring of Emergency Medical Services originated.²

In the United States of America (USA) in 1966 the strengthening of modern Emergency Medical Services (EMS) occurred; showing through the publication of a National Academy of Science/National Research Council (NAS/NRC) survey entitled *Accidental Death and Disability: The Neglected Disease of Modern Society*, that pre-hospital care

services; in that country, were inadequate, contributing to the development of a formal care system for patients injured in accidents.⁶

With the objective of centralizing all emergency calls, in 1968, the single 911 number was created, where emergencies were directed to professionals in the area who, according to the resources, organization and protocols pre-established by the responsible physicians in each region, evaluating the occurrence in the most appropriate way and sending the specialized team.²

At the end of the 70s, with the completion of the first Advanced Trauma Life Support (ATLS) course - Advanced Trauma Life Support - in 1978, there was a new approach regarding care for trauma victims, as trauma had been recognized as a surgical disease by the Trauma Committee of the American College of Surgeons. Also in that decade, still in the USA, emergency medical hospitals started to invest in medical professionals, nurses and first responders, who worked in this sector, to improve the quality of care. Then comes the ATLS course for doctors and programs are developed for the improvement of nurses in the emergency unit, called Trauma Life Support Courses for Nurses - TLS for Nurses - Course on Trauma and Life Support for Nurses.²

In Brazil, since 1893, it was thought to assist victims at the emergency room, showing that the concern with pre-hospital care was as old as in other countries, it was when the senate approved the law that intended to establish emergency medical assistance on the streets of Rio de Janeiro, until then, the country's capital. Years later, in 1899, the capital's Fire Department put into action the first ambulance, powered by animal traction, with the objective of providing the aforementioned service, where, from this event, the historical tradition of the Fire Department in the provision of this service.²



The pre-hospital trauma care course was structured in the mid-1980s, after the experience of using advanced trauma life support in hospital care. Pre-hospital care services appear in Brazil in several cities with their own characteristics, whose systematization is characterized by the influence of PHC schools that emerged in the mid-19th century, such as the Emergency Medical Care Service (SAMU), French model, and Emergency Medical Service (SEM), North American model. The latter being the most prevalent in Brazil, adopted by the Military Fire Brigade, but in many cities, there was a preference for the French system with certain adaptations.²

In 1989, in the state of São Paulo, through resolution no. 042 of May 22, 1989, originates the so-called Rescue Project, which was developed in conjunction with the State Health Department (SES), through SAMU-SP and the Public Security Department (SSP), in partnership with the Corps Fire Department and Air Patrol Radio Group. Within this project, there was a mixture of the American model with the French model. Another mixed model, initially implemented in 1990 in the city of Curitiba in the state of Paraná, consists of the Trauma and Emergency Care System (SIATE).²

Also in 1990, the Integrated System for Assistance to Trauma and Emergencies (SIATE), restructured the PHC at the national level, serving as a model for the creation of the Program to Combat Emergencies and Trauma (PEET) by the Ministry of Health, with the objective of reduce the incidence and morbidity and mortality from external causes, through intervention at the levels of prevention, pre-hospital care (PHC), hospital care and rehabilitation.²

Within the above, the development of teamwork permeates the occurrence of multidisciplinary, emerging as a modality of collective work that is configured in the reciprocal relationship between technical interventions and the interaction of agents. During the relationship of working as a team, professionals build consensus that configure a common care project, around which the composition of the rescue team takes place.⁷

Legal aspects

It is known that legal aspects are a fundamental part of the exercise of any profession. Within this, the lack of specific legislation ended up becoming a barrier to the development of pre-hospital care in the country, as it ended up contributing to the formation of various PHC structures, each with its peculiarities and without a specific national standard to be followed.³

As of 1997, the pre-hospital care services provided by the Brazilian Fire Department began to be questioned by the Federal and Regional Councils of Medicine (CFM). These services did not have sufficient technical basis for this performance, in the following year, 1998, to standardize the medical activity in the urgent/emergency area in the pre-hospital context, the CFM launched Resolution No. 1.529/98, resolving that the Pre-Hospital Care system is a medical service and therefore, its direct and remote coordination, regulation and supervision must be carried out by a physician.⁸

In the years that passed, resolutions and ordinances were created by the Ministry of Health. On July 24, 1999, ordinance n.824 was created, which regulated the PHC throughout the country. In May 2001, Ordinance No. 737 was promulgated, defining the national policy for reducing morbidity and mortality, on June 1 of the same year, Ordinance No. 814 establishes the standardization of emergency mobile PHC services, defining principles and guidelines of medical regulation of emergencies. On November 5, 2002, Resolution No. 2048/GM appears, which regulates the care of urgencies and emergencies, in addition to describing the attributions of each professional and training. On September 29, 2003, Ordinances No. 1863/GM and No. 1864/GM were created, where the first instituted the National Policy for Emergency Care, to be implemented in all federated units, respecting the competences of the three spheres of management and the second institute within the National Policy for Emergency Care. The pre-hospital component is established through the implementation of Mobile Emergency Care Services (SAMU-192) in all municipalities and regions of the Brazilian territory.⁹⁻¹⁴

Regarding the legal aspects that support nurses' actions, the Federal Council of Nursing (COFEN), with the objective of legally supporting nurses who work at the PHC, instituted several resolutions. One of them, n.225, created on February 28, 2000, addresses the prescription of medicines at a distance, via radio or telephone, thus making the practice of complying with medical prescriptions at a distance legal.¹⁵

The PHC, through COFEN, becomes part of the nursing specialties, where the guidelines for the training of these professionals, not being provided by COFEN itself, were left implicit by the Ministry of Health, in Resolution No. 260/2001, in description of the duties of this professional. This resolution was revoked by COFEN through Resolution No. 290/2004 which describes all nursing specialties.¹⁶

Another law that deserves to be highlighted is that of the professional practice of nursing, No. 7498/86, which establishes the private functions of the nurse, for example, direct assistance to critically ill patients and the execution of activities of greater technical complexity. This requires greater scientific knowledge and the ability to make quick decisions, in addition, it establishes that the organization and direction of nursing services and units as a private action of the nurse.¹⁷

The COFEN, on March 22, 2011, using the attributions assigned to it, establishes how the presence of nurses in pre-hospital and inter-hospital care will take place, in risk situations, whether known or not, through Resolution n.º 375, revoking COFEN Resolution No. 300/2005; resolves, in Art 1, that in any type of mobile unit, whether land, air or sea, nursing care in situations of known or unknown risk should only be developed in the presence of the nurse, where professionals in the area must attend to the provided for in COFEN resolution No. 358/2009. This addresses how the systematization of nursing care, and the implementation of the nursing process will take place.¹⁸



Regarding the legal aspects, there were changes that favored the nurse, both in the standardization of the PHC across the country, as well as in the triggering of the positioning of the nursing class entities. This only tends to benefit the nurse and the client who receives care.³

Based on these laws, it is observed that the presence of nurses in pre-hospital care is essential for the smooth running of this practice, forming, together with other professionals, a team capable of meeting the needs of the population in this area.

Regarding this discussion, Dolor comments on the existence of an evasive modality regarding debating and documenting certain delicate situations, which feeds fear and the consequent perpetuation of the conduct of omission. Likewise, the lack of open discussion inhibits the formation of a pattern of bioethical understanding in these situations. It should not be forgotten that the legal rearguard is essential to establish legal security for the actions and relationships of professionals in difficulty. Nevertheless, the current legislation develops and follows in the wake of social movements and concerns; It is from a frequent practice that bills and proposals for updating the legal system emerge within the PHC.⁴

Nurse's performance at the PHC

Pre-hospital care today in Brazil is structured into two modalities, which are Basic Life Support (SBV) and Advanced Life Support (SAV). Within these two modalities, SBV will be performed by people trained in first aid and will be under medical supervision, where non-invasive maneuvers will be used to preserve life. At the SAV, the service will be carried out exclusively by doctors and nurses, as in this modality, invasive maneuvers will be used that are much more complex and require greater technical-scientific knowledge. Thus, one can relate the role of nurses to direct care for critically ill patients at risk of death.³

For the development of emergency services, there is a need for a qualified professional who meets the specifics of nursing care during this type of assistance, whether during the PHC or inter-hospital removal, aiming at prevention, protection, and health recovery. Within the exercise of nursing practice at the PHC, clinical reasoning for decision-making and the ability to promptly perform interventions are among the most important skills of professional nurses.¹⁹

In other countries such as France, nurses are beginning to acquire competence in emergency care, even in nursing graduation, also acquiring in intensive care units and in advanced life support practices. In its emergency care system, Services d' Aide Médicale Urgente - Emergency Medical Services -, nurses working in this service are specialized in anesthesiology.²⁰

Regarding scientific knowledge, according to data obtained in a survey, through a questionnaire on knowledge and skills, the theoretical content along with the skills needed to practice clinical practice in PHC, based on Ordinance No. 2048 of the Ministry of Health, were classified by nurses interviewed as basic or complementary. In this same research, basic cardiorespiratory resuscitation maneuvers and the handling of equipment necessary for

Also in this questionnaire, measures to control severe respiratory dysfunction and management of basic and advanced ventilatory support equipment; signs of respiratory dysfunction prevalent in children; traumatic emergencies in adult, pregnant, elderly and child patients or signs of severity in the traumatized victim; how to initially assist and what are the techniques for handling patients with this type of injury, were considered by 80.0% of the nurses interviewed as elementary care issues.¹⁹

In this research, nurses suggested as complementary content, in addition to those defined in Decree No. 2048, training to identify signs of acute cardiac diseases by electrocardiogram-ECG (reading and interpretation); care for multiple victims; use of specific personal protective equipment (PPE), use of trauma scales/indices, for example, the Glasgow Coma Scale and the management of care and service in PHC. Although orotracheal and nasotracheal intubation, relief puncture and chest drainage, phlebotomy, cricoid puncture and use of transcutaneous pacemaker were considered as complementary skills, it is noteworthy that these procedures must be performed exclusively by the physician.¹⁹

In the pre-hospital care team, the nurse is an active participant, who, along with the others, is responsible for the assistance provided to the victims. In addition, it works in situations related to the restriction of physical space and in different environments, in time-limit situations, of the victim and of the scene, where immediate decisions will have to be taken, based on knowledge and quick assessment. Regarding the profile and training, about pre-hospital care, as in other specializations, general characteristics such as professional experience and skill are required. Other important characteristics for those who work in pre-hospital care are physical ability, to deal with stress, immediate decision-making, priority setting and teamwork, such as the need to work with other health professionals. distinct areas such as: police, electric power company and among others.²¹

The PHC service, considering that it involves actions that aim at care and treatment, historically constitutes a form of multidisciplinary care. In an emergency whose goal is the cure, which can be achieved through treatment, this cannot be carried out if it is not subsidized by care. Therefore, in pre-hospital care, it is believed that there is nursing care that; under the supervision, guidance, and decision of the nurse, they should be classified as simple or complex and then provided by the properly trained professional.⁵

Whether in Brazil or in other countries that are more advanced in the PHC system, the path taken since the insertion of nurses in this area has yet to be consolidated. However, in a few years of work in these services in Brazil, the participation of nurses has constantly expanded and has become essential and definitive.³

Teaching PHC in Nursing

Nursing is going through a moment of transition with regard to the wide field of necessary knowledge, the



permitted procedures and the scope of its activities. The association of this scope to the pressure exerted by the labor market has generated the need for professionals to specialize in an area of interest and this has led to the structuring of various improvement programs.²²

Even based on solid training and associated with skills, practical experience and academic knowledge do not provide a satisfactory background for emergency room nurses to face the diversity of problems inherent in this service. In this area so comprehensive and vast, which involves the care of numerous traumatic emergencies, being technically competent is insufficient, it is necessary to progressively improve.²²

The importance of evaluating the time elapsed until death is highly emphasized, since the severity of the injuries and the time elapsed until definitive care are considered influencing factors for the occurrence of early or late death.²³

Within that, the emergency nurse is the center of the nursing team, planning intervention procedures, monitoring the preparation of equipment and coordinating the team. For this, this professional needs to combine intellectual capacity, technical skills, leadership, initiative, creativity, and responsibility to make quick and appropriate decisions.²²

In addition to these characteristics, the ability to communicate with the victim in an active and sensitive way with the other health professionals, as approached by Oliveira and Faria Simões, where the first moment is shown as the primordial, where the professional must remain the calm self-control in the approach.²⁴

The role of nurses, in pre-hospital and inter-hospital care, has been increasing every year, this is largely due to the continuous improvement in the care provided by these professionals. In this regard, the importance of theoretical and practical knowledge that these professionals accumulate, which are of great value for safer and faster performance, should be highlighted.

A major gain in this regard was the creation of the Brazilian College of Emergency Nurses (Cobeem), in April 2003, as a non-profit, scientific, private-law civil society directed at nursing professionals who work or not in the emergency area. Its purpose is to bring together professionals interested and/or involved in research, teaching, management, and practice of emergency nursing care.²⁵

Cobeem's main objectives are: definition of standards of excellence in emergency care; conduct courses, conferences and other events, aiming at professional development; work together with other institutions to improve nursing practice in the emergency area; based on current legislation and, in accordance with the criteria established by the institution's internal scientific council, granting specialist titles in Emergency Nursing; promote the

publication of scientific papers that are of interest to the specialty, as well as publicize international standards for emergency treatment, especially for cardiopulmonary arrest for lay people; carry out continuing education in emergency care.²⁵

Cobeem is registered at COREN/SP and at the Brazilian Academy of Nursing Specialists (ABESE), held several scientific meetings, congresses; and, in 2007, he took the first exam for the title of specialist nurse in emergency. In addition to the 3rd Brazilian Congress on Emergency Nursing, in April 2011, with the objective of promoting scientific excellence and improving the quality of pre-hospital care provided by nursing professionals. In the same year, the organization promoted the 1st International Congress on Emergency Nursing, in parallel with the 1st Congress on Emergency Physiotherapy.²⁵

Conclusion

The presence of nurses at the PHC occurred since the emergence of the need for this type of care by society, showing that nursing has been contributing to the improvement of this type of service.

It was possible to notice that even the PHC being an area still under development, the nurse is present and active within this area, showing himself as a fundamental "piece" in the multidisciplinary team, as well as other professionals who work in this field.

It can be seen that the role of nurses, despite being limited in some aspects, contributes to improving the quality of care, as this professional masters scientific knowledge; thus enabling the improvement of the prognosis of patients who suffer from a health problem that requires this type of care, whether clinical or traumatic, as it is known that within the context of the PHC, time is life.

It is important to emphasize that the role of the nursing team, in Brazil or in other countries, needs to be constantly discussed. As seen, the role of nurses, in addition to being considered limited by one of the studies that were mentioned, collides with several legal aspects.

To increase the autonomy and performance of nurses, it is important that, in addition to legal aspects, teaching and research centers aimed at this area, such as Cobeem, are developed. This entity makes it possible to bring theoretical knowledge to professionals in the class, either through conferences or through training, through courses and specialization, making a dynamic link between theory and practice.

This discussion must be deepened, and the interventions carried out by nurses as a higher education professional must be more constantly rethought, not only aiming to improve their performance and conquer space as a class struggle, but with a view to improving the care provided to the victim.

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