

Strategies for improving the flow of care for suspected cases of COVID-19*Estrategias para mejorar el flujo de atención para casos sospechosos de COVID-19**Estratégias para a melhoria no fluxo de atendimento aos casos suspeitos de COVID-19***Anelvira de Oliveira Florentino¹**

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On the world stage, although far from our daily lives, the beginning of 2020 was characterized by an outbreak of a mysterious pneumonia caused by a variant of the coronavirus, whose first reported case was in December 2019, in the city of Wuhan, China. According to the author, the increase in the number of cases quickly characterized the infection as an outbreak, so that, in late January 2020, the World Health Organization (WHO) declared the situation a public health emergency of concern. International¹.

It is a virus isolated for the first time in 1937, and in 1965 it was described as a coronavirus, due to its microscopic profile, like a crown. Between 2002 and 2003, the WHO reported 774 deaths due to Severe Acute Respiratory Syndrome (SARS). In 2012, 858 deaths from Middle East Respiratory Syndrome (MERS) were confirmed in Saudi Arabia, both complications caused by members of the coronavirus family. Eight years later, 2019-2020, the world detected the expanding mutant RNA virus, especially asymptotically, as an emerging infection, with milder symptoms than SARS-CoV and MERS-CoV, but with greater transmissibility, generating considerable impacts in health systems^{1,2}.

Most of those infected with coronavirus throughout life, especially children, are recognized as α -coronavirus types 229E and NL63, β -coronavirus OC43 and HKU1. However, occasionally they can cause severe respiratory illness in the elderly and immunocompromised^{2,3}.

The first step recommended for people who present symptoms of COVID-19 is to seek initial care in basic health units in the state or municipal public network, or even in the private network. The patient must inform, at the first visit, about the suspicion of the disease.

In this context, the objective was to reflect on the role of screening services in the management and control of SARS-CoV-2 infection with suspected patients, based on the Environmentalist Theory of Florence Nightingale.

Regarding the history and pathophysiology of SARS-CoV-2, in December 2019, in the city of Wuhan (China), a virus was discovered with characteristics capable of inducing biological and physiological changes in human beings, in addition to having high virulence, which may contaminate many individuals in the short term, which led to a state of pandemic and social isolation, which had both social and economic and psychological effects on the world population⁴.

Due to preferences for the airways, it causes severe respiratory disorders, in which most affected cases respond only to ventilators and mechanical ventilators⁵.

The tropism of the virus by the respiratory system is explained by the production of the angiotensin-converting enzyme (ACE2) in blood vessels, in parts of the lung tissue and in the outermost portion of the airways, as the expression of this enzyme can be like a receptor for SARS-CoV-2⁶.

As the virus specifically adapts to the respiratory system, it has an exponential potential for transmission by aerosol forms (respiratory droplets) and contamination of objects and materials that are like a propagator of SARS-Cov-2, as it is considered the third global threat public health, where the first and second were severe acute respiratory syndrome (SARS) and Middle Eastern respiratory syndrome (MERS), respectively^{7,8}.

Given findings on the etiology and forms of transmission of COVID-19, WHO established guidelines for preventing new coronavirus infection, including: washing hands with soap and water or 70% alcohol gel; practice social distancing of at least 1 meter for another person; when coughing or sneezing, use your elbows and do not lower the mask; avoid rubbing your eyes, nose and mouth with your hands; use the mask correctly, protecting the nose and mouth; avoid going to regions where there is a high epidemiological curve of cases; people with symptoms must go to a health facility to undergo the test and remain in isolation for a period of 14 days; masks should be changed every 2 hours, among other recommendations that have been implemented worldwide⁹.

Considering the series of recommendations and changes in the individual's life, dealing with the unknown, fear, loss of friends and family. If for health professionals it was already something unimaginable and difficult to deal with, even with technical and scientific knowledge about virology and respiratory pathologies, for the community, many problems have arisen.

People, when they feel the symptoms, go to the health units with fear, nervousness and find crowded places, without distance, people coughing, short of breath, some cases more serious than others, and without being able to have a companion. And it is exactly from this perspective that one observes how important the role of nursing is, in management, in the screening of these cases.

Obviously, protocols are already used in the screening of patients, in the case of a pandemic, the Department of Primary Health Care recommends the implementation of the Fast-Track method, with priority for care: people over 60 years old, patients with chronic diseases, immunosuppressed and pregnant women. It is also suggested that it be a multidisciplinary team, precisely to decentralize care and not overload a particular professional area of the unit, no matter how overloaded it may already be. Thus, we have: the community health agent who performs the identification, checks complaints and informs about the mandatory use of masks and distance from the health team, when presenting symptoms of the disease, the agent must immediately refer the patient to a secluded and well-ventilated area; in isolation, the nursing technician checks the signs and symptoms, calling the doctor in cases of aggravation, whereas in mild cases, the patient is referred for consultation with the nurse; the nurse confirms the flu syndrome diagnosis and notifies the e-SUS system; when notified with the flu syndrome, the doctor performs the classification to verify the need for referral to a specialized unit¹⁰.

It is possible to verify the role of nurses in this

And, following the given context of the screening of COVID-19 suspects, the moment of the nurse's consultation becomes not only essential due to the finding of the flu syndrome, but also because it is the time to welcome, to have empathic listening, to have empathy, to have a holistic view, provide guidance on sanitary measures, search for family members / residents of the same property / people they deal with on a daily basis (if they present symptoms) and, it is through this environment that nurses can provide their consultation, in addition to guidelines for welcoming done by community health agents and care by nursing technicians, an environment to promote health promotion, disease prevention and health rehabilitation.

Florence Nightingale, turning 200 in 2020, certainly had no idea how nursing could carry her name and teachings during these pandemic times. From the Environmentalist Theory:

"Nightingale addresses the provision of factors for the maintenance of a favorable environment in order to facilitate the healing process and healthy living, such as: ventilation, cleaning, lighting, heat, noise, odors and food, so that the process of repair, instituted by nature, is not impeded"¹¹.

It is observed that, in her theory, Florence starts the holistic view, having the environment, in which the individual is inserted, largely responsible for their health. There is a lot of thought about the new, about innovating, about creating, however, our Great Theorists left us excellent lessons that we can adapt to current practices, especially in relation to the pandemic. The Environmentalist Theory brings exactly all the health and prevention recommendations for the contagion of the new coronavirus and, therefore, it must be implemented as strategies in the health units that receive suspected cases of COVID-19. Yes, it is not always possible to take care of the environment, due to lack of inputs, precarious structure, etc. However, a given theory can serve as a model for future investments in structure, training of the health team to achieve tranquility and quality and effective care to society, even during a pandemic.

Final Considerations

Finally, based on the literature, it is possible to consider that the number of hospitalizations for SARS in Brazil, in the last year of 2020, due to COVID-19, was exacerbated by the limits of the confidence interval of the trend curve of the last ten years, since the first detection of the first case.

It was possible to identify failures in the registration of notifications and lack of availability of tests, which in turn made it difficult to develop new managements for treatment and vision for front-line professionals in search of new procedures and approach to patients affected by COVID-19.

Researchers report the difficulty in standardizing the signs and symptoms that the disease will cause to those infected, because as time passed, new symptoms would



emerge; among the most common in viral infections, but others not expected such as the loss of smell and taste, which further underestimated the frontline teams. And over time, the contamination has spread to different locations and reached different ethnicities and climates, providing the development of new fewer specific symptoms.

Thus, regarding the identification of the disease, it occurred in the set of multiple symptoms in response to COVID-19 infection, which also presents great variability, making it difficult to predict positive cases based on symptoms. Still, many countries bet on primary health care, in the vision of identifying, treating, and controlling; that is, creating the management of the population before they need specialized hospital care and overloading the intensive care units (ICU), which in fact experience a shortage of mechanical ventilators.

On the other hand, others bet on social isolation and guidance and prevention measures, along with the use of masks. So, it is known that uniting primary care measures, social isolation and the use of masks associated with social distancing and hygiene practices have brought a reduction in the number of positive cases. The management of these patients with the team requires measures developed

Strategies for improving the flow of care for suspected cases of COVID-19 internationally and nationally to complete solutions aimed at prevention and treatment. In the context of the patient's complexity and vulnerability, the effort must be in conjunction with various specialties of performance, thinking between the professionals of the continuing education and hospital infection control service team, that is, the health institution.

The professional nurse must seek better results and improvements in the quality of life of patients before their care, appropriate for planning to minimize the impacts that have already occurred and in the prevention of new cases, as well as the spread. Guide epidemiological information as important measures, providing updated evidence to responsible agencies. Furthermore, Florence left us a legacy of the influence of the environment on the individual's life. Thus, it is expected that this study awakens in nurses who are the coordinators of care, sectors and health units, to a different look at the environment in which these suspected/confirmed patients are, as this will directly influence, whether in adherence to treatment, guidance and, establishing trust in an empathic relationship, there is no doubt that it is a strategy for us to overcome this obstacle that the pandemic has brought us.

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