

# Patient safety in mobile emergency transport: an experience report

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## **1 INTRODUCTION**

The USA (Advanced Support Unit) of SAMU (Mobile Emergency Care Service) is intended for inter-hospital transport of high-risk patients in emergencies who require intensive medical care, being classified as Type D for being composed of nurses, physicians, and drivers (BRASIL, 2002). Thus, the act of transporting must reproduce the extension of the patient's reception unit, making it safe and efficient, without exposing those transported to unnecessary risks, avoiding worsening of their clinical condition (CARVALHO, 2020). The role of nurses in these patient transport and evacuation actions is interdisciplinary and integrated, guided by the patient's health needs (FERNANDES et al., 2022).

Of the competencies of the National Patient Safety Program (PNSP), the validation of protocols, manuals and other materials related to ensuring patient safety related to communication in the environment between the units, the transfer of care and the correct handling of equipment and materials stand out (BRASIL, 2014). One of the goals is the implementation of specific measures of communication between professionals. These measures should occur in a structured way so that the registration of information and the passage of the shift should be organized, thus seeking to promote the reduction of errors in care, the loss of information, avoiding adverse events (FERREIRA, 2022).

### **2 OBJECTIVE**

To report the difficulties faced by nurses in meeting international safety goals during interhospital transport of critically ill patients.



## **3 METHODOLOGY**

This is a descriptive, experience report type study of nurses describing nursing care during the transport of critically ill patients in the period from January 2022 to January 2023. The scenario of the study was at the SAMU removal base, the ambulance is type D, classified as a land removal USA, in the municipality of Manaus, Amazonas.

#### **4 DEVELOPMENT**

At the beginning of the shift, the nurse receives the shift verbally from the fellow nurse and begins his or her activities. Initially, the nurse's priority care is: the check list of ambulance equipment and materials; replacement of materials; testing of the mechanical ventilator and defibrillator, supervision of oxygen supply, confirmation of transfer data, confirmation of the requesting unit and executing unit, communication of the transfer to the ambulance team, patient assessment and monitoring in the requesting unit, patient stabilization; fixation of tubes, drains, probes; identification of medications; family welcoming with clarification of the transport protocol; aspiration of tracheal secretion; administration of medication; monitoring of vital signs; adjustment of mechanical ventilation, transfer of care to the professional nurse of the receiving unit, nurse's record in the ambulance occurrence book, cleaning of materials and equipment, and cleaning of the ambulance. Among the patient safety goals, mainly in the patient identification goals and in the communication between the units occurs in a fragmented way.

### **5 CONCLUDING REMARKS**

The study allows for sharing of experiences in the area of inter-hospital transport, deepens the need for implementation of safety goals in this context, highlights the need for technologies that aim to facilitate the implementation of safety goals, enables the creation of standard operating procedures and transport protocols, as well as expanding research in this mobile transport scenario, enables future research in the area.



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