The experience of nursing students in two emergency care units in the southwest of Paraná - an experience report

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1 INTRODUCTION

The construction of the Unified Health System takes place in the 1980s from the 1988 federal constitution when an entire chapter is dedicated to health, providing that it should be free, universal and with equal access for all, currently being the only public health system that covers 80%, more than 190 million people, of which they use the system exclusively (UNASUS, 2021).

Even with this large percentage of coverage, the SUS still faces challenges that the States face to meet all the demand in public hospitals and UBS, in view of this, policies are created to welcome the population with the use of budgetary and financial resources for the construction, expansion and maintenance of services (PAULO, 2016).

In view of the difficulties encountered, in 2008, Brazilian public health managers implemented the Emergency Care Units - UPA, which emerge as new expectations of improvements within public health services, aiming at easier access, renewed infrastructure, greater social control of public financial resources and the expansion of coverage through the Family Health Strategy - ESF (PAULO, 2016 and O'DWYER; et al, 2017).

Over the years, the ordinance implementing this service has undergone several changes until ordinance 1,600 of July 7, 2011 reformulates the National Emergency Care Policy and establishes the Emergency Care Network in the SUS. The ordinances issued over the years provided that the implementation of the UPA was strategically integrated with the SAMU in order to expand the coverage of care to the population, in addition to strengthening the network vision in conjunction with primary care (O'DWYER; et al, 2017) (BRASIL, 2011).

O'Dwier and collaborators (2017) characterize the UPA's as a main fixed component of pre-hospital urgency, thus, they are intermediate units between primary care and hospital emergencies, in addition to the adequacy of its structure also makes a difference thus bringing a totally evolved model and different from the Emergency Room - PS such that did not obtain space, staff and qualified material for the care of the population.

The implementation of an emergency care unit requires the expansion of specific services or even the reorganization of existing services, in addition to the hiring of qualified health professionals for care, aiming at the organization that is also relevant to the reduction of morbidity and mortality associated with the conditions that the unit will witness. In addition, the structuring of this service must be in accordance with the national policy project, following an architectural standard as provided for in Ordinance GM/MS No. 342, of March 4, 2013 (BRASIL, 2013 and MACHADO; et al, 2017).

The problems associated with the management of emergency care units are added to the peculiarities of the service, which require high technical qualification, guarantee of care, own dynamics of activities, which is characterized by the intense and accelerated pace of work (MACHADO; et al, 2017).

2 OBJECTIVE

The main objective of this work is to report the experiences lived by students in the Emergency Care Units (UPA) of two municipalities located in the southwest of Paraná, during a certain period of time, indicating their facilities and difficulties while developing activities within the institutions, the structural and managerial differences of the two units and other information that is pertinent.

3 METHODOLOGY

This is an experience report built by students of the Bachelor of Nursing course, of the Federal Institute of Education, Science and Technology of the state of Paraná, during the 8th period of graduation, at the time of replacement of practical classes of the periods between 2021 and 2022, for the curricular components of Nursing Care for Patients in Critical Situation, Nursing Care for Adult and Elderly Health I and Nursing Care for Adult and Elderly Health II, which needed to be interrupted due to the Sars-Cov 2 virus pandemic. Two practices were carried out in one of the UPA's, on October 21 and 28, 2022 and three more practices in another UPA, on February 02, 03 and 09, 2023. We categorized UPA-1 as internships carried out in October 2022 and UPA-2 as internships carried out in February 2023.

4 DEVELOPMENT

Restelatto and DallaCosta (2018) report that during the internships the student goes through several problems and situations of which they are theoretically prepared and are supported by teachers in practice, in addition the authors also bring that the experiences and experiences witnessed in the internships are of paramount importance for the development, not only of practical skills, but also of critical vision and stimulation of autonomy, creativity, commitment among other factors.

During the course of the internships, a notable difference was observed between the care provided to users by the two units, as well as dissonant structure and information systems between the two services.

The major comparison between UPA-1 and UPA-2 was in relation to the work process carried out by the teams during the internships. UPA-1 has a differentiated work process, using technology in favor of the patient and the professionals, being recorded in electronic medical records the entire therapeutic path that the user travels within the Unit, reporting all his complaints and making continuous evolution, described by all the professionals to whom the patient had contact, all this being recorded and available so that all professionals who have access to the system, can understand the patient's case completely. The importance of all professionals having access to the steps taken by the patient within the service results in a more humanized and complete care. In addition, the lack of information about the patient's health can lead to serious problems.

In an internship at UPA-2 we could observe that the lack of systematization of the service through a digital information system, brings great challenges in relation to the evolution of the patient within the unit, also raising a devaluation of nursing professionals, who only participate in patient care in the performance of techniques, without being able to make the evolution or nursing notes within the system. The lack of notes and nursing evolution, as well as the patient's condition, which procedure was performed and what its destination after passing through the nursing team ends up fragmenting the service. Furthermore, the lack of information in the patients' medical records weakens their subsequent care, when they seek other services in the municipality's health network.

Data from information systems assist the clinical decision of professionals, reducing the chance of errors and speeding up their decision making. However, the system should not serve as a strut, hindering health care and distancing it from the patient, but should function as a tool that assists the work process of those who are attending at the moment, and those who will attend later, feeding the users' medical records facilitating the monitoring of their health status. (SANTOS; et al, 2017).

This exposed, it was noted during the internships the great importance of an organized work process within the Units, taking into account not only patient care, but also the legal security of professionals and users, bringing improvements, qualifying and streamlining patient care, in addition to strengthening the importance of the nursing team within the health service.

Another disparity found, taking UPA-1 as a parameter, was the physical structure of UPA-2. The first, being in a municipality with a higher number of inhabitants, has a larger structure, with the nursing station being centralized, where the team has visualization of all patients who are under observation and being medicated. In the other unit, the nursing station is located in a small room, between the nebulization and medication rooms, where there is no direct view of users, and patients

who need to remain under observation in the unit end up staying in a room away from the nursing station.

Nursing stations are used for the preparation of supplies during care, as well as for monitoring and completing medical and nursing records and observing patients in the medication and/or observation rooms. Visual contact between nurses and patients should be favored, making it essential to strategically position the nursing station in relation to the beds or armchairs. The construction of island-shaped nursing stations favors constant care for patients, facilitating visual and physical contact between them. (CAVALCANTI; et al, 2017)

The dispensing of materials and medications within the units also works differently. In UPA 1, the pharmacy is attached to the nursing station, where all medications (whether injectable or intravenous) first pass through the pharmacy, which delivers to the nursing team the material necessary for puncture, and the medications prescribed by the doctor to whom the patient was consulted. It is necessary for the nursing team to refer the patient to the observation room, where he will be medicated, and to check the medications, also performing the patient's evolution, in the unit's system. Unlike UPA 2, in which patients deliver the physical prescription to the nursing professionals, and they only perform the manual check of the prescription, leaving all the prescriptions separated in a pile of papers and the secretary is responsible for passing the prescriptions to the system. The professionals perform the procedures and use the necessary materials to perform them, and there is no secure control of the input and output of inputs. When prescriptions are prescribed electronically, it prevents misinterpretation of the reading of the medical spelling, in addition, the dispensing by the pharmacy causes a double check, that of the pharmacy professional and the nursing team.

Many medication errors are not detected and their sequelae and clinical significance may be minimal and without adverse consequences for the patient. The process of drug therapy is considered complex, and due to this complexity, it is prone to the occurrence of errors, ranging from the prescription, dispensation and administration of medicines, in addition to having the participation of several professionals in different stages. Safe systems are based on the introduction of different types of measures, aiming not only to prevent probable errors, but also to make them visible, detecting and intercepting them before they reach patients. (CUNHA, 2019)

Law 5.991 and the Code of Ethics, prohibits the issuance of reports in a secret or illegible form, illegibility is one of the main causes of the occurrence of errors with medicines. (CUNHA, 2019)

5 FINAL CONSIDERATIONS

It is concluded that the structural and managerial differences of urgent and emergency units contribute to and interfere with the care provided to users. Good management within the UPA helps in

a good progress of the work by the team, encourages professionals regarding the unnecessary expenditure of materials and also encourages the commitment to the life and well-being of patients.

The lack of implementation of a computerized system in all rooms within one of the units becomes a barrier between the nursing team and the patient, the lack of empathy and care for users was evident, where only the technique is performed in a mechanized way, without qualified listening and without comprehensive care for those who need care. A gap is even formed in the medical records, because not all the information that is essential is described in it, which subsequently jeopardizes future care for users in other health services within the municipality.

As explained in this report, the implementation of the emergency care units has been gradually reformed, bringing with it several changes both in the structure and in the management of the service, making it increasingly updated and bringing greater comfort and safety to the patient. It is necessary that the teams are also instigated to provide good care, with the health manager having a great importance in this role. Without competent management, teamwork ends up being fragmented, leading to numerous losses.

Curricular internships offer academics new experiences, which differ from the classroom lecture. The practices strengthen learning, and help in the formation of critical thinking of the academic, also helping in the vision of new horizons and possibilities of work after the conclusion of the higher education course.

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