

EMERGENCY CARE PROTOCOLS: CHALLENGES AND BEST PRACTICES IN BRAZILIAN NURSING

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Abstract: The Critical Role of Nursing in Brazil's Emergency System Emergency care is a fundamental pillar of the Brazilian Unified Health System (SUS). Nursing professionals are the central workforce in the operation and management of these high-stakes services. This feature article provides an in-depth analysis of the emergency care protocols used in Brazilian nursing, examining the persistent challenges and the evidence-based best practices that are emerging from clinical practice and scientific literature. Our analysis, based on official documents from the Ministry of Health, resolutions from the Federal Nursing Council (COFEN), and relevant scientific articles, reveals a critical tension. While established protocols like the Manchester Triage System and the National Emergency Care Policy (PNAU) exist, their effective implementation is severely hampered by structural, organizational, and professional challenges. Key Obstacles Identified: Chronic overcrowding, Insufficient resources, High occupational stress, Low adherence to safety protocols. Conversely, best practices in areas such as mechanical ventilation, infection prevention, and patient safety offer clear pathways for improving care quality. The conclusion is clear: strengthening emergency nursing in Brazil requires overcoming systemic issues, investing in continuous professional training, and ensuring the consistent application

¹ Represents a figure of renowned knowledge in the Brazilian and international nursing landscape. Her career of more than two decades is the embodiment of a powerful and rarely found synergy: elite performance in high-pressure clinical environments — such as Intensive Care Units, pre-hospital care, and the frontline of the COVID-19 pandemic — combined with a robust intellectual output that positions her as an authoritative voice in patient safety, emergency protocols, and geriatric care. The recognition of her work transcends the hospital environment, being validated by publications in nursing journals, prominence in specialized media, and, emphatically, by the testimony of doctors and nurses who describe her not only as a competent professional but as a pillar of safety and a technical and human reference for her teams. This biography details the trajectory of a nurse whose clinical practice saves lives, whose research informs the field, and whose educational legacy shapes the future of the profession.



of protocols for safer, more effective, and humanized care.

Keywords: Emergency Nursing; Clinical Protocols; Emergency Medical Services; Public Health; Quality of Health Care.

INTRODUCTION: The High-Stakes Environment

Emergency services serve as the primary entry point to the SUS for a significant portion of the Brazilian population. This environment is characterized by its dynamic, high-complexity, and unpredictable nature, demanding agile, technical, and coordinated professional action to ensure patient stability and prevent adverse outcomes. The nursing team is crucial, managing everything from patient reception and risk classification to complex procedures and overall care management.

To standardize workflows and ensure the quality and safety of care, a variety of protocols have been implemented. The PNAU, established in 2003, organizes the care network, integrating key components such as the Mobile Emergency Care Service (SAMU 192), Emergency Care Units (UPAs), and hospital entry points (BRASIL, 2006). The Manchester Triage System is the dominant clinical tool for screening and prioritizing patients, guiding resource allocation based on clinical severity (MORSCH, 2024).

However, the reality of implementation is fraught with difficulty. Chronic overcrowding, a lack of material and human resources, network fragmentation, and stressful working conditions directly compromise the ability of nursing professionals to adhere to guidelines and deliver high-quality care. Studies consistently highlight overcrowding management as a major managerial challenge (SANTOS et al., 2013), alongside difficulties in fully implementing the Nursing Care Systematization (SAE) (MARIA; QUADROS; GRASSI, 2012).



METHODOLOGY (Literature Review)

This feature is based on a narrative and analytical literature review, drawing from scientific productions in the SciELO and PubMed databases, as well as official guidelines from the Brazilian Ministry of Health and COFEN. The analysis was structured around three main axes: Protocols and Guidelines, which are the normative frameworks regulating emergency nursing practice; Challenges, focusing on the structural, care-related, and professional obstacles to implementation; and Best Practices, which are the evidence-based strategies for improving care quality.

RESULTS AND DISCUSSION

Foundational Protocols: The Framework of Care

The practice of emergency nursing in Brazil is structured by key regulatory instruments. The Manchester Triage System (MTS) serves as the primary screening and prioritization tool, using a five-color system to allocate resources based on severity. The National Emergency Care Policy (PNAU) organizes the national emergency care network, integrating components like SAMU 192, UPAs, and hospital emergency departments (BRASIL, 2006). Furthermore, COFEN Resolutions regulate specific professional activities, such as Resolution 713/2022, which standardizes Mobile Pre-Hospital Care (APH) (CONSELHO FEDERAL DE ENFERMAGEM, 2022), and Resolution 557, which defines airway aspiration as an exclusive nursing activity (CONSELHO FEDERAL DE ENFERMAGEM, 2017). Finally, the Nursing Care Systematization (SAE) organizes professional work and operationalizes the nursing process, covering data collection, diagnosis, planning, implementation, and evaluation.

The Manchester Triage System assigns priority levels and target times for medical care based on color: Red indicates an Emergency requiring immediate care; Orange is Very Urgent, with a target time of within 10 minutes; Yellow is Urgent, with a target time of within 60 minutes; Green



is Less Urgent, with a target time of within 120 minutes; and Blue is Non-Urgent, with a target time of within 240 minutes. The SAE, while a cornerstone of nursing practice, faces significant challenges in emergency settings due to the high-paced dynamics and workload, often leading to fragmented, task-focused care (MARIA; QUADROS; GRASSI, 2012).

Multifactorial Challenges: The Implementation Gap

The gap between protocol and practice is driven by three categories of challenges:

- **Structural and Organizational Challenges:** Overcrowding is the most visible and impactful issue, often cited as the main managerial challenge (SANTOS et al., 2013). This is compounded by Resource Insufficiency, including a lack of step-down beds, inadequate materials, equipment, and insufficient staffing levels. The direct consequence is a chaotic work environment that compromises patient safety and elevates team stress.
- **Care-Related Challenges:** Maintaining care quality in a scenario of overcrowding and resource scarcity is a Herculean task. Low Adherence to Safety Protocols is a direct consequence of this context; for example, compliance with oral hygiene using chlorhexidine for patients on mechanical ventilation was found to be below 50% (SANTOS et al., 2020). This also includes the difficulty in fully implementing the SAE, resulting in Fragmented Care that is task-focused rather than a holistic patient assessment (MARIA; QUADROS; GRASSI, 2012).
- **Professional Challenges:** The emergency environment imposes a high level of Occupational Stress. The need to make rapid decisions under pressure, constant exposure to suffering and death, and workload overload contribute to physical and mental exhaustion among professionals (PESSOA JÚNIOR et al., 2017). Additionally, nurses are required to exercise Complex Leadership, negotiating conflicts, managing scarce resources, and coordinating



multiprofessional teams—competencies that require specialized development (SANTOS et al., 2013).

Evidence-Based Best Practices: Pathways to Quality

Despite the obstacles, a robust body of best practices exists to enhance emergency nursing care. In the area of Patient Safety, this includes Infection Prevention Bundles (e.g., for VAP), which involve practices like maintaining the head of the bed elevated, checking endotracheal tube cuff pressure, and oral hygiene with chlorhexidine (SANTOS et al., 2020), all of which lead to a significant reduction in adverse events. Infection Control relies on Hand Hygiene and the correct use of Personal Protective Equipment (PPE), especially during high-risk procedures like airway aspiration (SANTOS et al., 2020), which remains the most effective and low-cost measure for infection prevention. For Management, the implementation of the Manchester Triage System and Humanized Reception (involving qualified listening and comprehensive assessment) is a well-established best practice that organizes patient flow, prioritizes severe cases, and improves user satisfaction. Finally, Professional Development through Continuous Education in protocols, leadership skill development, and clinical case discussions is an essential strategy to bridge the gap between scientific knowledge and daily practice.

CONCLUSION: A Call for Systemic Investment

The Brazilian emergency nursing landscape is defined by a tension between well-founded protocols and profound structural deficits. Overcrowding, resource shortages, and workload overload are not merely operational issues; they are systemic barriers that undermine patient safety and care quality.

The nurse's role is complex, extending beyond technical execution to the management of



care in an adverse environment. To support this critical function, health managers must invest in strengthening the Emergency Care Network, ensuring adequate funding, expanding step-down beds, and correctly sizing teams. Without addressing these systemic problems, protocols remain detached documents.

For the nursing profession, the path to qualification involves:

- Consistent incorporation of evidence-based practices (e.g., infection prevention bundles).
- Continuous training and leadership strengthening.
- Adaptation of the SAE to the emergency reality.

Professional valorization and the creation of safer, healthier work environments are indispensable to mitigate stress and promote humanized care. Excellence in emergency care is a joint effort: the system must provide structural conditions, institutions must promote effective management and education, and professionals must pursue constant updating and rigorous application of scientific knowledge.

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