Urgent and emergency care network

https://doi.org/10.56238/sevened2023.006-111

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ABSTRACT
Faced with the difficulty of offering specialized health services and with the constant increase in the rate of morbidity and mortality due to chronic diseases and external causes, the Ministry of Health implemented the National Policy for Emergency Care (PNAU), based on Ordinance No. 1863/GM on September 29, 2003, to offer specialized care for cases of greater complexity. With the objective of integrating all health services into the SUS service network, the Ministry of Health instituted the Urgency and Emergency Care Network (RUE) through Ordinance No. 1,600 of July 7, 2011, to facilitate access to this service and offer agile, comprehensive and qualified actions to users who need it. RUE is formed by several points of health care, from Basic Health Units (UBS) with the objective of preventing diseases and maintaining health; Mobile Emergency Care Services (SAMU), which provides primary care for the incident; Stabilization Rooms focused on the care of critically ill patients; Emergency Care Units (UPA) that operate 24 hours a day. The objective of this study is to analyze the profile of urgent and emergency care services evidenced in the scientific literature. This is a documentary and retrospective research with a quantitative approach, consisting of the collection of data from documents. The data were analyzed in a descriptive way, which showed the need to create measures to combat and reverse the Brazilian situation of morbidity and mortality, and to guarantee the right to comprehensive health to the entire population. Thus, the adoption of public health measures and policies aimed at minimizing the occurrence of accidents involving motorcycles, in addition to prevention and health promotion actions aimed at cardiovascular conditions, given that hypertension represented the most prevalent disease/diagnosis.

Keywords: Care Network, Emergency room, Emergencies.

1 INTRODUCTION

Faced with the difficulty of offering specialized health services and with the constant increase in the rate of morbidity and mortality due to chronic diseases and external causes, the Ministry of Health (MH) saw the establishment of the National Policy for Emergency Care (PNAU) as necessary, based on Ordinance No. 1863/GM on September 29, 2003 (Derenzo *et al.*, 2021).

The PNAU aims to reduce the care gaps between basic, medium and high complexity care. The Urgency and Emergency Care Network (RUE) is formed by several health care points, from Basic

Health Units (UBS) with the objective of preventing health problems and maintaining health; Mobile Emergency Care Services (SAMU), which provides primary care for the incident; Stabilization Rooms focused on the care of critically ill patients; Emergency Care Units (UPA) that operate 24 hours a day (Sousa, 2020).

In a study carried out in Paraná, it was evidenced that emergency care involved individuals between 20 and 59 years of age, that is, economically active people. Males have been shown to be predominant in traffic accidents, a factor also observed in other studies. According to the World Health Organization (WHO), young males are three times more likely to be involved in traffic accidents (Derenzo *et al.*, 2021).

Studies of this nature are relevant, as each region has its own specific health particularities. Thus, knowing the RUE of a state or municipality can contribute to the development of public policies that will support the confrontation of health problems in a given region (Hehn; Bueno, 2020). In addition, the analysis of the aspects of the demand for the RUE may favor the creation of parameters that will help the health professional during the care of the population. Information on this topic may contribute to generate improvements in the public health system, both in the advisory and decision-making issues. Even with the creation of public health policies, there is a great scarcity of studies that address this theme (Hehn; Bueno, 2020).

In view of the above, the study is justified by the importance of the epidemiological design that involves urgent and emergency care. Studies of this nature are relevant, as each region has its own specific health particularities. Honest information on this topic can help to generate improvements in the public health system, both in the advisory and decision-making aspects. Even with the creation of public health policies, there is a great scarcity of studies that address this theme (Hehn; Bueno, 2020).

Therefore, motivated by the intellectual concern about the functioning and organization of the urgency and emergency services offered, in addition to the need to identify the profile of care, the present study aims to analyze the profile of care provided by urgent and emergency services evidenced in the scientific literature.

2 METHOD

This is a documentary and retrospective research with a quantitative approach, which consists of collecting data from documents that have or have not already been examined, in order to understand some phenomenon. (Kripka; Scheller; Bonotto, 2015). In documentary research, methods are used for apprehension, comprehension and analysis of the documents used, and it is up to the researcher to have the ability to select, process and interpret the data collected. The selection of documents that will contribute to the study depends on the researcher's object of study and it is up to the researcher to select and analyze the documents that will best serve him in the basis of his research (Kripka; Scheller;

Bonotto, 2015).

3 RESULTS AND DISCUSSION

Faced with the scenario of increasing cases of urgency related to chronic diseases, traumas and violence, the Ministry of Health (MS) observed the need to create measures to combat and reverse the Brazilian situation of morbidity and mortality, and guarantee the right to comprehensive health to the entire population. Based on this scenario, the National Policy for Emergency Care (PNAU) was instituted by Ordinance No. 1863/GM on 29 2003, implemented in all federal units, in compliance with the powers of the three spheres of management. This policy included primary care and family health services, non-hospital emergency care units, mobile pre-hospital care services, hospital emergency care doors, home care and rehabilitation services. These services present different levels and complexities of care (BRASIL, 2003).

The National Emergency Care Policy is made up of state, regional and municipal health services. It should be structured in such a way as to guarantee certain principles and rights for the patient, among them, the principles of universality, equity and comprehensiveness in urgent and emergency services, as well as the development of strategies aimed at promoting quality of life with the objective of preventing health problems and promoting continuous training and qualification of the multidisciplinary team (BRASIL, 2003).

In 2011, the Ministry of Health implemented the Urgency and Emergency Care Network (RUE) in the Unified Health System (SUS). This initiative aims to welcome patients in acute conditions at any point of health care of the (SUS), from the basic health unit, and may evolve to high complexity services, according to the needs of the patient inserted in this hierarchical and regulated health network. In order to provide more efficient care, the patient (RUE) takes into account the epidemiological profile of Brazil, which, according to data from the Health Surveillance Secretariat of the Ministry of Health (SVS/MS), presented a high rate of morbidity and mortality related to violence, traffic accidents and diseases of the circulatory system. Intervening in an organized and effective manner in these cases is important to avoid suffering, disability or even death of people affected by these problems (BRASIL, 2011).

The RUE has as guidelines the expansion of health services related to acute cases, in order to intervene efficiently at any level of disease, ensuring universality, equity and comprehensiveness in emergency services; articulation of emergency care in the various health care networks; humanization of these services; implementation of a multidisciplinary team; evaluation of the urgency and emergency services provided and continuing education of the multiprofessional teams. Thus, the modalities of care that make up the (RUE) are: health promotion, prevention and surveillance; Primary Health Care; Mobile Emergency Care Service (SAMU); Stabilization Room; SUS National Force;

Emergency Care Units (UPA 24H); Hospitals and Home Care (BRASIL, 2011).

In Brazil, there are several factors that can cause the search for urgent and emergency services, including trauma, infectious processes, burns, ischemia, problems that require immediate care so as not to cause permanent damage or even death of the patient (Hehn; Bueno, 2020). Traffic accidents and the growing rate of violence in urban centers generate a significant demand for urgent and emergency services, contributing to the growth of morbidity and mortality rates from external causes (Derenzo *et al*., 2021).

In a study carried out in Rio Grande do Sul (RS), it was evidenced that the predominance of visits to the mobile urgency and emergency service was due to clinical causes (about 47.02%), followed by traumatic injuries, responsible for 18.19% of the visits, results seen in other studies carried out in the same state. The majority of the demand for care was composed of women (63.09%), a demand presented in other studies of the same type. However, some studies have shown the predominance of males in urgent and emergency care in cases of urban violence. In terms of age, it is usually between 21 and 30 years old (Cogo *et al.*, 2020).

Cultural issues involving masculinity mean that men only seek health services when a clinical condition worsens. As a result, the chances of permanent health problems, disability, and death are increased. Performing various tasks without proper rest, sedentary lifestyle, inadequate diet, among other factors, also contributes directly to the incidence of diseases in the population. Violence is among the leading causes of death for people between the ages of 14 and 44 worldwide. And traffic accidents kill about 1.35 million people worldwide, along with others who are disabled due to non-fatal injuries (Hehn; Bueno, 2020).

In some regions of Brazil, urgent care points have a flow with a high demand. This is due to the excess of low-complexity care in these units, which could be solved in a Basic Health Unit, for example. It is evident that the population is not aware of the complexity of the service, which can lead to waiting lines for care that really needs such complexity to be solved. In view of this, the search for urgent and emergency services as the first option for care can be justified by the fact that these units offer greater diagnostic capacities and resolution of health problems faced by users (Hehn; Bueno, 2020).

According to Ordinance No. 1,600, which establishes the RUE in the SUS, users who have acute health problems can be assisted from a UBS to a higher complexity unit. These users will move between health services according to the need and complexity to solve their problem, ensuring the comprehensiveness of these services (BRASIL, 2011). This hierarchical network aims not to overload the emergency services with cases that could be solved in the UBS. In this way, the emergency care units would serve patients with more serious health problems that require a greater degree of complexity from the unit in relation to equipment and procedures to solve the health problems. The

speed and agility of urgent and emergency care is essential for these more delicate cases, where every minute is essential to avoid permanent damage or even death to the assisted patient (BRASIL, 2011).

The results of a research carried out at the Emergency Care Unit of Cascavel/PR, whose objective was to characterize the profile of care of users in an Emergency Care Unit (UPA) (Matos; Brenda, 2020), a pattern also seen in the work of Santos *et al* (2021) addressing the profile of users and the reasons for care in fixed non-hospital urgent and emergency services, which also showed the predominance of women in care. However, in another study carried out with the purpose of characterizing the Mobile Emergency Care Service (SAMU), divergent results were demonstrated, with a higher incidence of care for males (Hora *et al*., 2019).

It is verified that there is a predominance of women in the consultations. However, when it comes to more complex care, men are more present, expressing the highest prevalence of this public in pre-hospital care services, for example. This scenario can be justified by the fact that men show a certain reluctance to seek health services. Such a perspective can aggravate their condition, since due to resistance, they may not be assisted and monitored in advance (Santos *et al*., 2021).

Data from the study entitled "Profile of urgent and emergency care in a base in the northwest of Paraná", which showed a higher rate of incidents in an economically active population between 20 and 59 years old (Derenzo *et al*., 2021). Similar findings were also observed in the study that characterizes the epidemiological profile of private emergency care in southern Brazil, where there was a predominance of ages between 20 and 59 years (Hehn; Bueno, 2020).

In relation to the ethnicity variable, a study on the epidemiological profile of private emergency care in southern Brazil, there was a high underreporting of this variable, which made it impossible to analyze it (Hehn; Bueno, 2020). Thus, there is a scarcity of current studies that address this variable, which makes it difficult to analyze it.

About the data on the occupations of users of the Mixed Health Unit, it is noteworthy that the dominance of retired occupation in urgent and emergency services may explain the increase in comorbidities among the elderly population. The period of the COVID-19 pandemic, for example, may have contributed to the increase in care aimed at this public, demonstrating that the elderly population is more apt to develop disorders and severe forms resulting from this disease (Silva *et al*., 2021).

Regarding health problems, in the study by Junior *et al* (2022) that deals with the sociodemographic and clinical profile assisted by the Family Health Strategy, revealing that heart and circulatory diseases were the main causes of morbidity and mortality. This information corroborates the research by Santos *et al* (2020), which addresses the clinical-epidemiological profile of patients treated at a teaching clinic of a university center in Fortaleza, where hypertension was observed as the most prevalent health problem.

According to the Ministry of Health, Systemic Arterial Hypertension (SAH) is the comorbidity

with the highest mortality in Brazil, so that about 24.7% of the population living in Brazilian capitals has this diagnosis. In a survey conducted by the Ministry of Health with 52,325 people over 18 years of age, it was found that about 49.5% of the sample was concentrated in the age group of 45 to 59 years and had hypertension (Carvalho, 2019).

The study by Medeiros *et al.* (2023) characterized the care profile of users in the red room of an Emergency Room. In this study, it was seen that motorcyclists were the public most susceptible to risks and dangerous situations, which increased the demand for care in health facilities. On the other hand, in another study that characterized the sociodemographic and clinical profile and nursing care of patients in the emergency service, trauma was identified as related to victims of traffic accidents and as the second highest demand for care in urgent and emergency services (Ponte *et al.*, 2019). Other research indicates that about 1.35 million people die because of traffic accidents, along with 20 to 50 million who suffer non-fatal injuries, and in some cases, disabling the victim (Hehn; Bueno, 2020).

When analyzing the outcome of hospitalization, the study showed that most of the attendances were characterized by hospital discharge in a study developed in a private emergency room in southern Brazil, where most of the users were discharged after care (Hehn; Bueno, 2020). These same results were also evidenced in a study conducted in a mobile urgency and emergency service of a federal university, where the most prevalent outcome of care was the return to home (Cogo *et al.*, 2020) Also from the same perspective, it was found that "observation followed by discharge" had a considerable prevalence, followed by "referral to other health services", also seen in the study by Medeiros *et al* (2023), where a transfer rate to other health services of 35.83% was identified. The hospitalization rates also showed a considerable number for the mixed health unit, unlike the deaths, which totaled 13 throughout the year. Considering the demographic density of the city, this variable may be related to the increase in Covid-19 cases, since during the month of January 2021 Brazil suffered large increases in the rates of deaths due to the virus, which led to a considerable increase in care in health services throughout the country, as presented in the article that characterizes the profile of adult users treated in the red room of an UPA (Medeiros *et al.*, 2023).

4 FINAL THOUGHTS

The evidence from the study may be relevant for the adoption of public health measures and policies aimed at minimizing the occurrence of accidents involving motorcycles, as well as prevention and health promotion actions aimed at cardiovascular conditions, since SAH represents the most prevalent condition/diagnosis.

The data related to the profile of urgent and emergency care may contribute to the management and authorities in the formulation of strategies related to the reduction of the rates of care with these prevalent diseases, observed in the results presented here.

Finally, it is suggested that other studies with the same theme involving longer periods of time should be carried out, to better investigate the prevalent health problems.

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