NATIONAL EARLY WARNING SCORE PROTOCOL (NEWS): TRAINING IN EMERGENCY CARE UNITS IN THE MUNICIPALITY OF GUARAPUAVA - PR

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Lourdes de Fátima Olenik[1], Evani Marques Pereira,[2] Jamile Santinello[3], Luiz Augusto da Silva[4] and Deoclécio Rocco Gruppi[5].

ABSTRACT

The present paper presents the National Early Warning Scoring Protocol (News Protocol) and its implementation in the Emergency Care Units in the city of Guarapuava – PR, through the training of the teams of nurses, nursing technicians and nursing assistants in these units. The research was divided into three phases: application of a multiple-choice questionnaire with 10 closed questions to diagnose the professionals' knowledge about the NEWS protocol before the training; training, through slides, in the Emergency Care Units; and the application of another questionnaire in the same format as the previous one, post-training, to assess the evolution of the learning of these same professionals. The training on the NEWS (National Early Warning Score) protocol carried out with the nursing professionals of the urgent and emergency units of Guarapuava, showed that, although 67.4% (sixty-seven point four percent) of the participants had previous knowledge of the protocol, this knowledge was superficial and limited. There was confusion about its practical application, especially with regard to the action times and reassessment of patients. In the pre-tests, 30.66% of the participants made mistakes in relating the score to the levels of clinical risk, which demonstrates the need for more detailed training. The methodology applied – including pre-tests, post-tests and dialogued lectures – was effective in correcting these misconceptions and providing a deeper understanding of the protocol. After the training, a significant improvement was observed in the professionals' understanding, with the error in relation to the score of the physiological parameters falling to 4.37% (four point thirty-seven percent). The results obtained in this study demonstrate that training was fundamental to improve the knowledge and application of the NEWS protocol by nursing professionals, resulting in greater safety in patient care and a positive perception of the quality of the service. Finally, to ensure the continuity of what was implemented in this research, as well as the consolidation of the knowledge acquired and the continuous efficiency of the services, it is recommended to carry out periodic training and incorporate simulated practices into the daily lives of the teams.

Keywords: NEWS Protocol. Emergency Care Units. Security in service. Training.

[1] E-mail: lurdes.olenik@gmail.com
[2] Professora Dra.
Orientadora/UNIGUAIRACÁ
[3] Professora Dra.
Examinadora externa
[4] Professor Dr.
Examinador interno/ UNIGUAIRACÁ
[5] Professor Dr.
Co-Orientador/UNIGUAIRACÁ

INTRODUCTION

The components that make up the News Protocol (*National Early Warning Score*) for implementation in Health Units in the municipality of Guarapuava – PR, come to meet the demand of the population, according to their needs and complexities.

It is essential that each component of health care, namely: home care, basic health units, Mobile Emergency Care Service (SAMU), stabilization room, the Unified Health System (SUS), the Emergency Care Units (UPA) and hospital units, is recognized as an integral part of this network, in order to contribute to the articulation of actions and projects that result in improvements in the field of health and, that the principles of humanization, welcoming, ethics and respect for others permeate this process. When the care provided to the population at all levels is adequate, the overload of other services is avoided (Santos, 2014).

Emergency nursing consists of providing specialized care to several sick or traumatized patients. These patients may be unstable, have complex needs, and require intensive and vigilant nursing care (Santos, 2014).

To this end, the present research addresses knowledge and concepts related to the NEWS protocol for implementation in health units in the municipality of Guarapuava – PR.

JUSTIFICATION

This project is relevant considering that the NEWS protocol is a tool used in the health area to ensure: the early detection of the patient's clinical deterioration; the timely intervention of the latter; the competence of health professionals in the clinical response. Patient safety is a major concern in all cases.

In this sense, the early detection of the patient's clinical deterioration and the consequent reduction in mortality associated with cardiorespiratory arrest plays a key role in multidisciplinary care, with emphasis on the performance of the nursing team.

Professionals who work in Urgent and Emergency Services need to develop skills that guarantee them technical-scientific success and also a welcoming and humanized attitude towards users. According to Souza et al. (2018), the implementation of clinical protocols, such as NEWS, not only improves the efficiency of care, but also provides a safer environment for the patient and reduces the risk of errors during the intervention.

Thus, there is a need for protocols that improve the flow of care, making them more assertive and humanized. In Urgent and Emergency Units, the use of the NEWS Score protocol can be crucial in guiding the time interval for controlling vital signs, based on the scores obtained from the evaluation of the physiological parameters of each patient

(Mendes and Oliveira, 2016). This tool allows for more informed decisions, based on objective data, facilitating both clinical management and appropriate referral.

Thus, the implementation of protocols is essential to guide the execution of the actions in which Nursing is involved, directing the work of professionals and officially recording the care provided. As stated by Pereira and Silva (2019), the use of protocols, such as NEWS, standardizes procedures, ensures better communication between teams, and increases efficiency in the care of critical patients.

Therefore, based on my experience as a worker in an Emergency Care Unit (UPA), I realize the importance of the continuous search for improvements in the quality and accuracy of decisions in the context of urgency and emergency. In this sense, the use of scores such as NEWS presents itself as a valid proposal to know the reality of the sector, identify weaknesses and propose improvements. Thus, the adoption of this protocol in the city of Guarapuava - PR contributed significantly to the evolution of nursing practice, benefiting both professionals and users of the health system.

THEORETICAL FOUNDATION

CRITICAL PATIENT CARE SYSTEM

According to Tobase (2017), the care system for critical/potentially critical patients requires the formation of a hospital and extra-hospital care network that acts in an organized manner. In this context, through Ordinance No. 1,863/2003[6], the Ministry of Health instituted the National Policy for Emergency Care, specifying four main components: the fixed pre-hospital, the mobile pre-hospital, the hospital and the post-hospital.

Subsequently, in 2011, Ordinance No. 1,863/2003 was revoked with the institution of Ordinance No. 1,600[7], presenting the concept of Emergency Care Network. The Network aims to articulate and integrate the available health services, expanding care in urgent and emergency situations, especially those related to cardiovascular, cerebrovascular and trauma care (Tobase, 2017).

In this conception of network, an attempt is made to detach the hospital-centered model[8] of health care, no longer using the hospital as a central reference in the care previously called pre- and post-hospital (CHAPLEAU, 2008). But, now it specifically

[6] https://bvsms.saude.gov.br/bvs/saudelegis/gm/2003/prt1863_26_09_2003.html
[7] https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt1600_07_07_2011.html
[8] It refers to health care that has a main focus on hospitals. Care is predominantly provided in hospitals, with emphasis on the remediation of diseases already installed, instead of using the form of primary prevention.

assumes the role of component that is peculiar to it, that is, as part of the emergency care network.

In a comprehensive manner, it was established that the Emergency Care Network consists of eight components: 1. Health promotion, prevention and surveillance; 2. Primary health care; 3. Mobile Emergency Care Service (SAMU) and its emergency medical regulation centers; 4. Stabilization room; 5. National Health Force of the Unified Health System (SUS); 6. Emergency Care Units (UPA) and the set of 24-hour emergency services; 7. Hospital and; 8. Home care (Tobase, 2017).

The intersectoriality between the components involves the interfaces and the care and management responsibilities of all, with the objective of offering qualified and humanized care to the user in the different phases of the life cycle in an articulated manner. In this sense, the principle of progressive complexity and comprehensiveness in care is incorporated. This premise leads to reflection on the role of the client, the professional, the institution and society as agents of transformation of reality (Santos, 2014).

Thus, the areas of health promotion, prevention and surveillance encompass actions of greater scope and, from the perspective of emergency care, aim to stimulate and foster the development of actions aimed at health and continuing education. These actions are related to the surveillance and prevention of violence and accidents, injuries and deaths in traffic, as well as chronic non-communicable diseases, through intersectoral actions, the participation and mobilization of society, aiming at health promotion, disease prevention and health surveillance (Santos, 2014).

COMPONENTS OF THE EMERGENCY CARE NETWORK

Primary health care consists of the care provided, at the first level of care, to patients with acute conditions of a clinical, traumatic or psychiatric nature, which may cause suffering, sequelae or death, offering adequate care and/or transportation to the health service (Tobase, 2017).

On September 29, 2003, through Ordinance No. 1,864[9], the Ministry of Health created the Mobile Emergency Care Service (SAMU) to operate in municipalities and regions throughout the national territory. Its main objective is to quickly reach victims with damage to their health, whether clinical, surgical, traumatic, obstetric, pediatric, psychiatric, among others, which may lead to suffering, sequelae or even death, requiring adequate care and/or transport to the health service (BRASIL, 2006).

[9] https://bvsms.saude.gov.br/bvs/saudelegis/gm/2003/prt1864_29_09_2003.html

The activation of SAMU, by the number 192, is free. The call is received by the Regulation Center, formed by auxiliary medical regulation telephone operators (TARM), doctors, radio operators, nurses, among other professionals. The request is evaluated by the regulating physician, who is responsible for classifying the level of urgency and defining the resources necessary for adequate care (BRASIL, 2006).

The assistance initiated at the scene of the occurrence is temporary and is carried out by teams of professionals from and outside the health area, such as military firefighters, in the modalities of: Basic Life Support (BLS), consisting of a nursing assistant or technician and an emergency vehicle driver; and Advanced Life Support (ALS), consisting of nurses, physicians and emergency vehicle drivers (BRASIL, 2006).

In these consultations, the Resolution of the Federal Nursing Council (Cofen) No. 713/2022[10] provides for the presence of the nurse in the consultation:

> I. In Basic Life Support, nursing care must be performed, at least, by the Nursing Technician, in composition with the Driver;
> II. In Intermediate Life Support, nursing care must be performed by the Nurse, and joint action with a Nursing Technician or another Nurse is mandatory, in the composition with the Driver;
> III. In Advanced Life Support, nursing care is exclusive to the Nurse, in composition with the Physician and Driver (COFEN, p.02, 2022).

However, the health service must prepare itself to assist spontaneous demand and ensure the availability of initial care for the stabilization of patients affected by critical conditions, until discharge or decision is made to transfer them to the most appropriate health service. According to Brasil (2013), this new condition may imply the readjustment of the physical area and material resources, but, mainly, it requires the training of professionals to provide emergency care in the health units that implement the stabilization room.

The dispatch of the teams is carried out according to the severity of the case and the degree of complexity of the interventions to be performed, with the indication of the destination to the health service for definitive treatment (CHAPLEAU, 2008). The stabilization room, although not specifically characterized as a new health equipment, consists of an environment intended for the stabilization of critical and/or severe patients.

> It must have conditions to guarantee 24-hour care, linked to the health service and articulated and connected to other levels of care, for subsequent referral, by the Emergency Regulation Center, to the health care network for definitive treatment. Considering the great demand of people in emergency situations who need immediate attention, the lack of emergency units and services, the Ministry of Health proposes to optimize the use of the resource in existing services, even if its main purpose is not emergency care (Tobase, 2017).

[10] https://www.cofen.gov.br/resolucao-cofen-no-713-2022/

The National Health Force of the SUS Created by Presidential Decree No. 7,616/2011[11], it was regulated by Ministerial Ordinance No. 2,952/2011[12], which provides for the declaration of a Public Health Emergency of National Importance, referring to the urgent demands for measures to prevent, control and contain risks, damages and health problems.

The objective of the Ministerial Ordinance is to promote the synergy of efforts to ensure comprehensiveness in care in situations of risk or emergency, especially for populations with specific vulnerabilities and/or in regions of difficult access, guided by equity in care, according to the risks related to each situation (Santos, 2014).

The Emergency Care Units (UPAs) are units that work in intermediate care, attending to cases of clinical alterations (such as high fever, hypertension, infarction) and traumas (such as cuts and fractures), avoiding indiscriminate referrals to the hospital emergency room. In addition, they have structure and resources for diagnostic imaging, electrocardiography, clinical analysis laboratory and observation beds.

The UPAs operate 24 hours a day and are defined as health establishments of intermediate complexity, located between the Basic Health Units (UBS), the Family Health Units and the Hospital Network. Together they should compose an organized network of emergency care. The Emergency Care Units can be classified as Size I, II or III, according to the scope of the population contingent in the coverage region; according to the installed capacity, in relation to the physical area, number of available beds and human resources; and regarding the daily ability to perform medical care, both by pediatricians and by general practitioners (BRASIL, 2013).

If necessary, it allows patients to be kept under observation for a period of up to 24 hours for diagnostic elucidation and/or clinical stabilization. Initial care is provided at the UPA itself and, as the case may be, referral to the hospital for follow-up of health care is provided.

According to Ordinance No. 1,600, of 2011[13], of the Ministry of Health, in the Emergency Care Network: "The hospital component consists of the Emergency Hospital Doors, the back-up wards, the intensive care beds, the diagnostic imaging services, the laboratory and the priority care lines" (BRASIL, 2011).

With regard to structure and functioning, the Emergency and Urgency Service of the Emergency Room must respect the criteria and standards established by current legislation, remaining permanently prepared to receive and adequately care for patients, due to

[11] https://www.planalto.gov.br/ccivil_03/_ato2011-2014/2011/decreto/d7616.htm
[12] https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt2952_14_12_2011.html
[13] https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt1600_07_07_2011.html

spontaneous demand, without prior scheduling. Generally, this service is located on the ground floor of the building, in an area of easy access for people and vehicles (CHAPLEAU, 2008).

IMPORTANCE OF THE NEWS PROTOCOL

The NEWS protocol is defined as an alert scale, based on a system of awarding points (*Scores*) referring to vital standards, with the main purpose of previously identifying the patient's risk of deterioration (TOLIFE, 2020).

An important characteristic of NEWS is that the score obtained in the assessment of vital signs, at a given time, indicates appropriate conduct for the patient's condition and guides the time interval with which a new assessment of vital signs should be performed. Thus, the frequency of checking vital signs is determined by the clinical situation of the patients, and not by routines standardized by the services (Oliveira; Walnut; Cruz, 2022).

In the clinical practice of nurses, the NEWS *Score* system allows measurements of vital parameters and their interpretations to be performed in a systematic way and at intervals consistent with the patient's clinical situation. In Brazil, there is still no regulation that guides the health team in the frequency of vital signs control while the patient remains in the emergency care unit, and this frequency is predominantly defined by the unit's routine (Oliveira; Walnut; Cruz, 2022).

In the last decade, the *Royal College of Physicians* proposed NEWS, first published in 2012, in order to better track and categorize patients with acute illness, admitted to different types of medical services. However, over the years, NEWS has undergone standardization, updates and validations, with reformulation for the NEWS2 version (2017). This protocol can be considered one of the best instruments for assessing the physiological risk of deterioration, and is widely used in most English hospitals, health institutions, and medical transport services for the *National Health Service* (NHS), as well as in several other European countries (Duarte; Rafael, 2020).

NEWS evaluates six physiological parameters: Respiratory Rate (RR), Saturation (SpO2), Heart Rate (HR), Systolic Blood Pressure (Systolic BP), Temperature (T°), Level of Consciousness (NC) and oxygen use and, according to criteria established for acceptable variations, each parameter receives a score ranging from zero to three. The sum of these scores is categorized into five levels, and each category presents a specific recommendation for the time interval of subsequent monitoring of vital signs, in addition to guiding appropriate clinical conduct.

See below the Table of the News Scale:

Chart 1 - News Scale Table

Parâmetros fisiológicos	3	2	1	0	1	2	3
Freqüência respiratória	≤ 8 irm		9 a 11 irm	12 a 20 irm		21 a 24 irm	≥ 25 irm
Saturação de oxigênio	≤ 91%*	92 a 93 %	94 a 95 %	≥ 96			
Uso de o2 suplementar		Sim		Não			
Temperatura	≤ 35°C		35,1 a 36,0 °C	36,1 a 38 °C	38,1 a 39 °C	≥39,1 °C	
Pressão arterial sistólica	≤ 90 mmhg	91 a 100 mmhg	101 a 110 mmhg	111 a 219 mmhg			≥ 220 mmhg
Freqüência cardíaca	≤ a 40 bpm		41 a 50 bpm	51 a 90 bpm	91 a 110 bpm	111 a 130 bpm	≥ 130 bpm
Nível de consciência				ALERTA (A)			TORPOR OU INSCONCIENCIA**

Source: Prepared by Dr. Bruna Karen Pereira, emergency physician in the municipality of Guarapuava-PR. (2021)

Chart 2 - Clinical Risks News

NEWS	RISCO CLINICO
0 1 - 4	BAIXO
ESCORE 3 CODIGO VERMELHO 5 - 6	MÉDIO
≥ 7	ALTO

Source: Prepared by Dr. Bruna Karen Pereira, emergency physician in the municipality of Guarapuava-PR. (2021)

The NEWS protocol has some exclusion criteria, which include: patients under 16 years of age[14]; patients in pregnancy-puerperal cycle[15]; and patients in palliative care.

The higher the score achieved in the physiological parameters, the higher the value achieved in the score. According to the score obtained, two actions are taken: 1) Definition of the frequency of vital sign controls appropriate to the criticality of the case; 2)

[14] PEWS (*Pediatric Early Warning Score*) scale
[15] MEOWS Scale (*Modified Early Obstetric Warming Score*)

Communication to the professionals involved in the patient's care for evaluation and definition of their conduct.

With each reassessment, a new action plan must be drawn up. The following figure shows the planned actions.

Figure 1 - Action plan

Source: Prepared by Dr. Bruna Karen Pereira, emergency physician in the municipality of Guarapuava-PR (2021).

1. - For patients at *low risk*, with a score of 0:

   - Monitoring is maintained for 6/6 hours.

- For low-risk patients , with a score of 1-4:

- Assessment/reassessment of the nurse and nursing staff after 1 hour.

    - If the score falls or remains between 1 and 2:
        - Maintains 6/6-hour monitoring.

    - If the Score rises or remains between 3 and 4:
        - Call a doctor – who must attend within 30 minutes.
        - Nurse and nursing staff reassess the care plan and maintain a 4/4 hour monitoring

2. - For patients at *average risk* (patients who scored 3 on a single parameter or score 5-6):
    - Urgent evaluation by a doctor (who must be present within 15 minutes) and review of the care plan.
    - Reassessment in 1 hour.
        - If the patient's clinical risk drops to *low risk:*
            - 4/4 hour re-evaluation
        - If you remain at *medium clinical risk:*
            - Transfer to SAMU/ICU.
            - Continuous or 2/2-hour monitoring.

3. - For patients at *high risk* (Score): ≥7
    - Call a doctor (who must attend immediately).
    - Continuous monitoring of vital signs.
    - Stabilization of the patient and call Intensivist/SAMU.

OBJECTIVES

GENERAL OBJECTIVE

- Training of the NEWS protocol in the Health Units of the municipality of Guarapuava - PR.

Specific Objectives

- Conduct training for nursing professionals in the units;
- Literature review, to complement the training

MATERIAL AND METHODS

The present study deals with the implementation and training of nursing professionals in the area of Emergency and Urgency, configuring itself as a practical Action Research. This type of research is characterized by the performance of actions concomitant with the investigation, with the objective of solving a problem. The Action Research modality, according to Thiollent:

> It is a type of empirically-based social research that is conceived and carried out in close association with an action or with the resolution of a collective problem and in which researchers and participants representing the situation or problem are involved in a cooperative or participatory way (Thiollent, 2005, p.16).

This study was carried out in two stages. The first stage consisted of a quick review of the literature on the topic in question, based on books and related articles, which contributed to the analysis of the literature, assisting in the discussions and results of the research. The second stage was divided into three phases: application of a pre-questionnaire before the training; training, in March 2024, with expository classes on the NEWS Score; and application of a post-questionnaire after training.

Thus, in the first stage, a search was carried out, from August to October 2022, in the databases: *Pubmed, Scielo, and Lilacs*. Combinations of the following descriptors in English were used for the searches: *Humanization of Assistance; primary care; nursing.* Data extraction was carried out by independent researchers. The extracted data included information on the characteristics of the publications, such as the authors' names, year of publication, type of study, study objective, main results, and conclusions.

Studies that met the following criteria were included in the search:

- Studies that addressed the implementation of humanization and welcoming as the main theme.

- Publications in English or Portuguese, in the last 10 (ten) years, covering the period from 2012 to 2022.

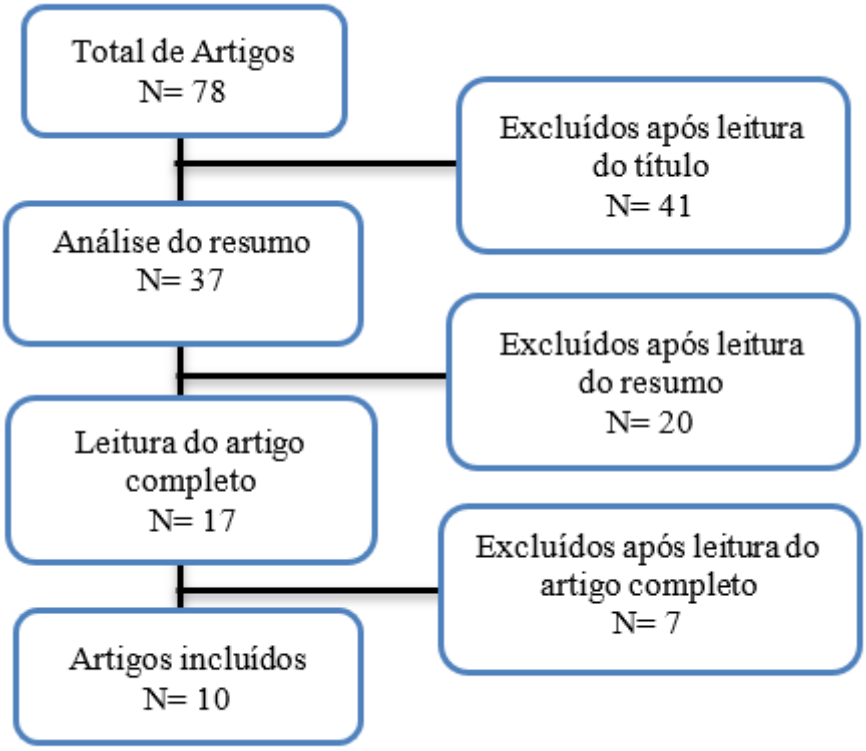
The following were excluded from the study:

- Articles that did not deal with humanization in primary care care;

- Book chapters.

In the search carried out, a total of 78 (seventy-eight) articles were found, 52 (fifty-two) in *Pubmed*, 22 (twenty-two) in *Lilacs* and 4 (four) in *Scielo*. Of these, 10 (ten) articles fit the established inclusion and exclusion criteria, as illustrated below.

Figure 2 - Flowchart for selecting articles



Fonte: Elaborada pela autora (2022).

Source: Prepared by the author (2022).

In the second stage, the action research was structured in three phases:

1st phase: Application of a multiple-choice questionnaire, elaborated on Google Forms, to diagnose the knowledge of the professionals who make up the nursing staff (nursing assistants, nursing technicians and nurses) of the three units - Batel, Trianon and Primavera - about the NEWS Score protocol, before the training.

2nd phase: Training, to be held in March 2024, for professionals in these units, according to the NEWS protocol.

3rd phase: Feedback, through a questionnaire, in the same format as the previous one, with the professionals of the Nursing staff after the training.

The questionnaires were structured with 10 questions, made available through Google Forms, and aimed to verify how the training process took place. The feedback questionnaires were applied after the participants signed the Informed Consent Form (ICF) (Appendix I). The objective of this study was to promote training and contribute to the knowledge of professionals who will work and use the News protocol in the UPA units in the municipality of Guarapuava-PR.

The training plan was developed in March 2024, with the nursing team of the three emergency and urgency units in the municipality of Guarapuava - Batel, Trianon and Primavera - with reference to the study carried out through the existing scientific production

on the subject, that is, articles, research papers, journals and topics related to the deficiency observed in emergency care.

Nursing team professionals who work in the emergency care units and who agreed to participate in the study through the ICF were included. Nursing team professionals who were on vacation or on sick leave during the training period, as well as those who did not accept to participate, were excluded.

The training was offered in two shifts: morning and afternoon, so as not to interfere with the professionals' work routine. The total population of the research was 62 (sixty-two) professionals working in the three units. In all, 47 (forty-seven) nursing professionals, including nurses, technicians and auxiliaries, met the inclusion and exclusion criteria.

Considering that the object of this study refers to a training proposal for urgent and emergency nursing professionals, a training strategy was elaborated, organized as follows: preparation of the lesson plan, construction of didactics (presentation of the work plan: methodology and *feedback*), based on analyses of Brazilian scientific production in the period 2021-2024, As a strategy, the lesson plan was followed with the subsequent dialogued expository class.

Forty-seven (47) professionals were trained, covering all categories involved in the process (nurses, nursing technicians and auxiliaries), from the three Urgency and Emergency Units - Batel, Trianon and Primavera - in the municipality of Guarapuava, PR.

The training took place in 12 (twelve) moments, aiming to reach all professionals. As the activities took place during the employees' work period, the team was divided into two groups for each training shift, morning and afternoon, with an average of 6 (six) people per group.

Considering all units, the nursing team in service totaled 62 (sixty-two) professionals. Of these, 47 (forty-seven) agreed to participate in the training, while 15 (fifteen) were excluded: 2 (two) were off duty and 13 (thirteen) did not want to participate.

For the training, dialogued expository classes were elaborated as a strategy, with the use of slides, according to the teaching plan. The study intervention consisted of the demonstration and interpretation of the NEWS for the early recognition of the signs of clinical deterioration of the patient, followed by the application of the flowchart in the work sector itself, lasting approximately 1 hour for each group.

The study began after authorization from the Municipal Health Department of the Municipality of Guarapuava – Paraná (ANNEX III) and approval by the Research Ethics Committee opinion: 69536423.000.0106 (ANNEX IV), of the State University of the Midwest

UNICENTRO, in accordance with Resolution No. 466/2012 of the National Health Council - CNS/MS, which regulates research with human beings.

In these terms, I undertake to comply with all the guidelines and regulatory standards described in Resolution No. 466/2012 - CNS/MS, regarding the information obtained from this research.

GRIP

This dissertation focuses on the area of practices and knowledge in interdisciplinary action, health promotion and innovation, with its line of research in the same area.

IMPACT

This study was developed due to the need identified due to the high flow of care in the Emergency Care Units (UPAs) and the demand for more accurate training on the NEWS protocol for health professionals, especially nurses, nursing technicians and assistants.

The impact of this training was high, considering that, by preparing health professionals (nurses, nursing technicians and auxiliaries) for the appropriate use of the NEWS protocol, the improvement of care in emergency services is promoted. Such improvement occurs through the proper measurement and interpretation of vital parameters, at the time when the patient, after medical care, is under observation, awaiting hospitalization or improvement. Thus, a faster and more precise intervention is possible, capable of interrupting the patient's clinical worsening chain.

Thus, the NEWS Protocol, applied in Emergency and Urgency Units, has an impact on the early identification of patients who are at risk of clinical deterioration, providing a quick and immediate intervention, intervening in clinical worsening. In addition, it contributes to the improvement of communication and coordination between doctors, nurses and other health professionals, since it is a standardized scale.

APPLICABILITY

This study has high applicability, as the NEWS protocol is recognized as an alert scale aimed at the previous identification of the patient's risk of clinical deterioration.

The application of the NEWS protocol enables more effective communication, offering nurses greater professional autonomy in decision-making within the systematization of nursing care, which results in improvements in patient care.

In addition, the use of the NEWS protocol can contribute to the reduction of mortality and morbidity rates, by ensuring that patients at risk are identified and treated more quickly.

INNOVATION

The innovation of the NEWS protocol and the training on the protocol in Emergency Care Units can represent a significant advance in the quality of urgent/emergency care. Through the integration of new technologies, hands-on simulations, modern training methods, and protocol customization to meet different needs, patient outcomes and care efficiency can be improved. Thus, it is possible to ensure that health professionals are more prepared to identify signs of clinical deterioration early, improving patient outcomes and saving lives.

COMPLEXITY

Training for the NEWS protocol can present some complexities, especially in urgent and emergency environments, among which the following stand out: a) Theoretical/practical understanding of the NEWS parameters; b) Accuracy of the measurement and recording of the results of vital parameters; c) Present challenges such as integrating the NEWS protocol into existing health systems, especially the recording and communication of scores; d) Training of the nursing team to respond quickly and correctly to the different NEWS scores, which requires knowledge of the actions necessary for each score range.

Training in the NEWS protocol, although complex, is essential for the early identification of patients at risk of clinical deterioration. Addressing these complexities by adopting well-planned strategies and adequate resources can ensure that nursing staff are well-prepared to use NEWS effectively, driving significant improvements in patients' clinical outcomes.

BUILDING THE RESULTS AND DISCUSSIONS

LITERATURE REVIEW

As for the first phase, a literature review was carried out, which aimed to provide the theoretical basis necessary for the development of training. The search was conducted between August and October 2022 in the *PubMed, Scielo,* and *Lilacs databases*. Combinations of descriptors in English were used to perform the search: *Humanization of Assistance*, *Primary Care* and *Nursing*. Data collection was carried out independently by researchers, and the extracted data included information on the characteristics of the

publications, such as the authors, the year of publication, the type of study, the objectives, as well as the main results and conclusions.

Studies that met the following criteria were considered for analysis: articles whose main theme was the implementation of humanization and welcoming practices in primary health care, indexed in the selected databases; and publications in English or Portuguese, with a publication date between 2012 and 2022, corresponding to the last 10 (ten) years.

The following types of materials were excluded: articles that did not address the theme of humanization in the context of primary care and book chapters.

In all, 78 (seventy-eight) articles were found, distributed among the databases as follows: 52 (fifty-two) articles in *PubMed*, 22 (twenty-two) in *Lilacs* and 4 (four) in *Scielo*. After applying the inclusion and exclusion criteria, 10 (ten) studies were selected for analysis.

One of these literature reviews resulted in a new article, published as a book chapter by the publisher e-Publicar in June 2023, in the Health *Sciences and Well-Being edition: Interdisciplinary Perspectives*, Volume 1 (ANNEX V).

CHARACTERIZATION OF EMERGENCY AND URGENT SERVICES

The municipality of Guarapuava, according to IBGE data from 2022, has a population of 182,093 (one hundred and eighty-two thousand and ninety-three) inhabitants, of which 51% (fifty-one percent) are female, totaling 93,025 (ninety-three thousand and twenty-five) inhabitants, and 49% (forty-nine percent) are male, corresponding to 89,068 (eighty-nine thousand and sixty-eight) inhabitants. Administratively, Guarapuava is part of the 5th Regional Health Region of the state of Paraná.

Since May 2007, according to the Municipal Management Commitment Term (TCGM), the municipality has been qualified as a Full Manager of Primary Care in the national health system. This adherence to the Pact for Health, according to Ordinance GM 399/2006[16], returned the management of Medium and High Complexity to the State and the Union (SMS/G, 2021).

The Municipal Health Department (SMS) of Guarapuava has an Urgency and Emergency Department (DUE), responsible for managing emergency services. The municipality's Emergency Care Network (RAU) is composed of actions and services aimed at health needs in emergency situations, integrating various levels of care, from Primary Care to SAMU. This network is supported by other essential components, such as the

[16] https://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/prt0399_22_02_2006.html

Emergency Regulation Center (CRU) and the Permanent Education Center (NEP) (SMS/G, 2021).

SAMU in Guarapuava plays a crucial role in urgent and emergency care. Its main objective is to reach the victim early in urgent or emergency situations (clinical, surgical, traumatic, obstetric, pediatric, psychiatric, among others). The service is pre-hospital, free and available 24 (twenty-four) hours a day, ensuring the connection of victims to the necessary resources in the most agile way possible.

The SAMU is accessed by the number "192" (one hundred and ninety-two) and activated by an Emergency Regulation Center. The service provides care in different locations, such as homes, workplaces, and public roads, with teams composed of doctors, nurses, nursing assistants or technicians, and first aid drivers (SMS/G, 2021).

The SAMU of Guarapuava is composed of 3 (three) teams, distributed as follows: 2 (two) basic life support teams, formed by 1 (one) nursing technician and 1 (one) first aid driver; and 1 (one) advanced life support team, composed of 1 (one) nurse, 1 (one) doctor and 1 (one) rescuer driver (SMS/G, 2021).

The 5th Regional Health Region is in the process of implementing SAMU, with the Regional Action Plan already configured to cover the Care Networks. This plan provides for the distribution of advanced and basic support units as follows: 2 (two) in the municipality of Guarapuava, 1 (one) in Prudentópolis, Laranjeiras do Sul and Pitanga. The municipalities of Rio Bonito do Iguaçu, Nova Laranjeiras, Cantagalo, Palmital, Candói, Pinhão and Turvo, will have Basic Support Units. Currently, the assistance and ground transport service is carried out by municipal teams. Sometimes, air transport is made available through the Bed Regulation Center by the SAMU teams of Ponta Grossa and Cascavel (SMS/G, 2021).

The Emergency Care Units (UPAs) of Guarapuava occupy a position of intermediate complexity between the Basic Health Units (UBS) and the hospitals. These units offer 24 (twenty-four) hours a day to users who have acute or acute clinical conditions, in addition to providing assistance in surgical or traumatic cases. In this way, the UPAs play a fundamental role in the hospital support of the UBS, ensuring the efficient continuity of care.

In addition, in relation to the units, the Batel Emergency Care Unit is equipped to deal with a wide range of emergencies, providing quick and effective care to patients. The Primavera Emergency Care Service, located in a strategic area, is prepared to attend to clinical and surgical emergencies and trauma cases. The Trianon Emergency Care Service complements the emergency care network in Guarapuava, offering continuous support to the UBS and SAMU "192" (one hundred and ninety-two) (SMS/G, 2021).

This characterization of health services allows us to understand the local reality, identifying the specific demands of the population and the particularities of the services offered. This includes the volume of care, the characterization of emergency, the hours of service, among other causes of seeking care. This diagnosis is essential to plan and adapt the available resources to the needs of the population (Stanfield, 2002).

To understand the functioning of the urgent and emergency units and how they care for patients, data were collected from the files of the FASTIMEDIC System of the Municipal Health Department. From the platform, the records were consulted and transcribed, and the relevant information to characterize the care of the 3 (three) Urgent and Emergency Care Units in the municipality of Guarapuava in 2023 were: a) number of emergency or urgent care; b) shift of occurrence; c) emergency or urgent care (yes or no).

The sample consisted of the number of attendances of the 3 (three) emergency service units in the municipality of Guarapuava in 2023, namely: the UPA Batel, the Emergency Care of the Primavera Mixed Unit and the Trianon Emergency Care.

For the analysis, tables were prepared based on the model of spreadsheets generated in FASTIMEDIC. These charts were created using Excel's "pivot tables" feature.

The study was authorized by the Municipal Health Department of the Municipality of Guarapuava – Paraná (ANNEX III) and approved by the Research Ethics Committee, opinion: 69536423.000.0106 (ANNEX IV) of the State University of the Midwest (UNICENTRO), in accordance with Resolution No. 466/2012 of the National Health Council - CNS/MS, which regulates research with human beings. The rights of the customers were saved/saved throughout the process of this study, since no elements that would allow the identification of the customers were used.

The data were organized through descriptive statistics for analysis and interpretation, using Microsoft Excel for the construction of tables and graphs.

The following table shows the total count of procedures of the three Emergency and Urgency units in 2023.

Table 3 - Number of procedures classified as yes or no of Emergency and Urgency in the three units in 2023.

	PROCEDURE COUNT			
Urgent/Emergent Care	**UPA- Trianon**	**UPA-Primavera**	**Upa 24h Batel**	**Grand Total**
NO	60733	63980	96455	221168
YES	63818	71818	108991	244627
Grand Total	**124551**	**135798**	**205446**	**465795**

Source: Prepared by the author. (2024)

From the data, it is possible to observe that the unit that presented the highest number of attendances classified as emergency was the UPA Batel, with 108,991 (one

hundred and eight thousand nine hundred and ninety-one) procedures, while the Trianon Unit recorded 63,818 (sixty-three thousand eight hundred and eighteen) procedures in 2023. In total, the three emergency and urgency units totaled 244,627 (two hundred and forty-four thousand six hundred and twenty-seven) attendances classified as emergency and urgent procedures.

For Rinaldi, "there are several challenges to be overcome in urgent and emergency care: overcrowding, fragmented work process, conflicts and power asymmetries, patients at the front door, among others" (Rinaldi, 2019, p.38).

Chart 4 shows the total number of attendances in the three Emergency and Urgency Units, which totaled 465,795 (four hundred and sixty-five thousand, seven hundred and ninety-five) procedures. The month of May 2023 recorded the highest number of attendances, with a total of 46,334 (forty-six thousand three hundred and thirty-four) procedures in the three units.

Table 4- Number of procedures classified as Emergency and Urgent per month in the three units in 2023

	PROCEDURE COUNT			
DATE	**UPA- TRIANON**	**UPA- SPRING**	**UPA- BATEL**	**Grand Total**
01/2023	6658	9393	13403	29454
02/2023	7383	8507	12349	28239
03/2023	12233	13449	18089	43771
04/2023	12161	12843	19272	44276
05/2023	13309	13606	19419	46334
06/2023	10925	11805	16610	39340
07/2023	9866	10639	15810	36315
08/2023	11115	12068	18423	41606
09/2023	12136	8426	18467	39029
10/2023	11375	12475	18805	42655
11/2023	10376	11422	17492	39290
12/2023	7014	11165	17307	35486
Grand Total	**124551**	**135798**	**205446**	**465795**

Source: Prepared by the author (2024)

The high demand for urgent and emergency services has significant implications for public health, since the increase in waiting time compromises efficiency, wears out health teams, causes inadequate use of health resources, and can aggravate the health status of patients. Studies such as that of Stanfield (2002) show that the adequate characterization of these services and the analysis of the volume of care are essential to understand the specific needs of the population and adjust public health policies, allowing a more balanced distribution of resources and better management of demand.

Table 5 - number of procedures classified as yes or no of Emergency and Urgent, per month, of the three units in the year 2023.

	PROCEDURE COUNT			
EMERGENCY/ URGENCY	**UPA- TRIANON**	**UPA-PRIMAVERA**	**UPA- BATEL**	**Grand Total**
NO	**60733**	**63980**	**96455**	**221168**
01/2023	3093	4243	5899	13235
02/2023	3522	3914	5684	13120
03/2023	6070	6481	8506	21057
04/2023	6341	6265	9697	22303
05/2023	6419	6265	8797	21481
06/2023	5081	5431	7559	18071
07/2023	4631	4913	7250	16794
08/2023	5504	5713	8886	20103
09/2023	6082	4035	9012	19129
10/2023	5553	6042	9054	20649
11/2023	4964	5382	8094	18440
12/2023	3473	5296	8017	16786
YES	**63818**	**71818**	**108991**	**244627**
01/2023	3565	5150	7504	16219
02/2023	3861	4593	6665	15119
03/2023	6163	6968	9583	22714
04/2023	5820	6578	9575	21973
05/2023	6890	7341	10622	24853
06/2023	5844	6374	9051	21269
07/2023	5235	5726	8560	19521
08/2023	5611	6355	9537	21503
09/2023	6054	4391	9455	19900
10/2023	5822	6433	9751	22006
11/2023	5412	6040	9398	20850
12/2023	3541	5869	9290	18700
Grand Total	**124551**	**135798**	**205446**	**465795**

Source: Prepared by the author (2024).

Chart 5 shows that the Batel UPA was the unit that recorded the highest number of procedures classified as non-Emergency/Urgent, totaling 96,455 (ninety-six thousand, four hundred and fifty-five) procedures. The same unit recorded 10,899 (ten thousand eight hundred and ninety-nine) procedures classified as Emergency/Urgent.

Table 6 - Count of care classified by shift, as yes or no of emergency and urgent, by month, of the three units in the year 2023, according to the period of service.

EMERGÊNCIA / URGÊNCIA	UPA TRIANON	Contagem de Turnos	UPA PRIMAVERA	Contagem de Turnos	UPA BATEL	Contagem de Turnos	Total	Total Contagem de Turnos
NÃO	**60733**	**60733**	**63980**	**63980**	**96455**	**96455**	**221168**	**221168**
07h às 18h59 – DIURNO	35432	35432	35346	35346	56171	56171	126949	126949
19h às 06h59 - NOTURNO	25301	25301	28634	28634	40284	40284	94219	94219
SIM	**63818**	**63818**	**71818**	**71818**	**108991**	**108991**	**244627**	**244627**
07h às 18h59 – DIURNO	41571	41571	44744	44744	69868	69868	156183	156183
19h às 06h59 - NOTURNO	22247	22247	27074	27074	39123	39123	88444	88444
Total Geral	**124551**	**124551**	**135798**	**135798**	**205446**	**205446**	**465795**	**465795**

Source: Prepared by the author. (2024)

In Brazil, findings related to the profile of care in emergency units indicate that many people use these services for problems that are not urgent. This may be a reflection of insufficient PHC, unable to guarantee regular and continuous access to the population's health needs. PHC, as the preferred gateway to the health system, plays a fundamental role in solving less complex issues and promoting preventive actions (Rinaldi, 2019).

The finding that many patients who seek emergency units have complaints that can be solved in PHC reflects a recurring problem in Brazil. This highlights the urgent need for investments in guidance and education of the population, as well as in the strengthening of PHC itself (Rinaldi, 2019).

TRAINING

Considering that one of the objectives of the study is to propose training for urgent and emergency nursing professionals, a training strategy for these professionals was developed as follows: preparation of the lesson plan, construction of didactics (presentation of the work plan: methodology and *feedback*), based on analyses of the Brazilian production from the period 2021-2024, in addition to a dialogued expository class.

In the three emergency services, UPA Batel, Primavera Urgency and Trianon Urgency, in the municipality of Guarapuava, 47 (forty-seven) professionals were trained in all categories involved in the process (nurses, technicians and nursing assistants). Only 15 (fifteen) professionals were excluded: 2 (two) were off duty and 13 (thirteen) chose not to participate.

The training took place in 12 (twelve) sessions, with the objective of reaching all professionals. As the activities took place during the employees' work period, the team was

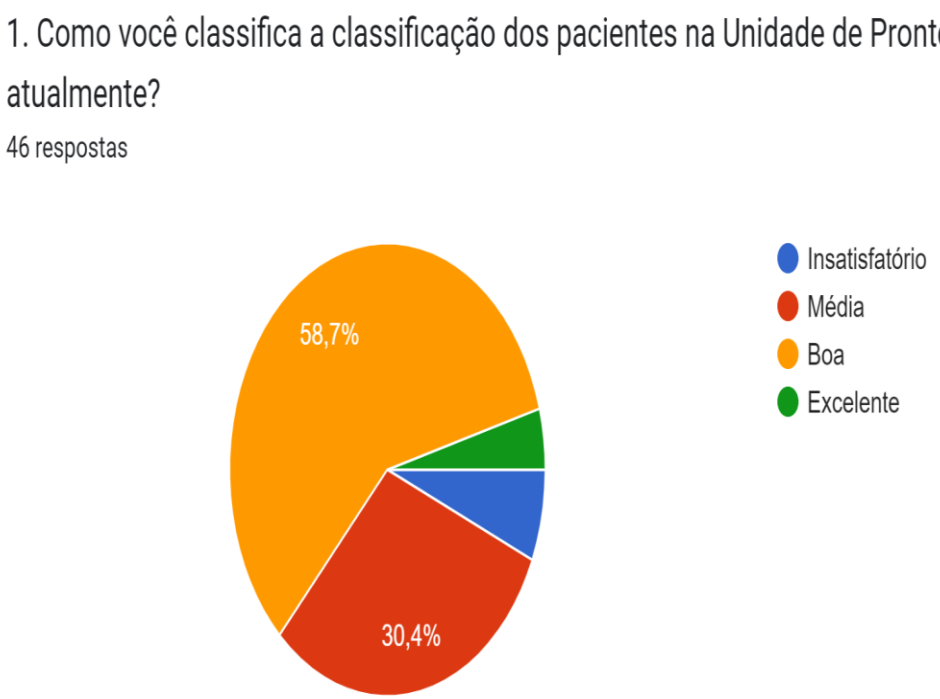
divided into two groups for each training shift (morning and afternoon), with an average of 6 (six) people per group.

Before the beginning of the training, a questionnaire prepared by the author on Google Forms was applied, in order to assess the level of understanding of the 47 (forty-seven) professionals about the protocol. The questionnaire consisted of 10 (ten) multiple-choice questions, with questions about the health unit and the NEWS protocol.

The results of the pre-test, the expository class and the post-test of the training carried out in the 3 (three) Urgency and Emergency units of the municipality of Guarapuava are presented below. The results of the pre-test, with the participation of 47 (forty-seven) employees (nurses and nursing technicians), were as follows:

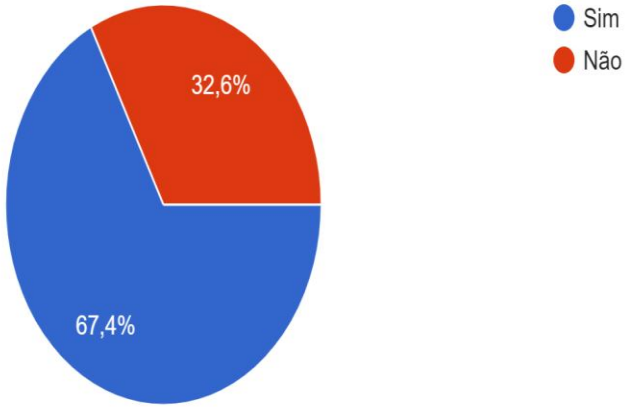
a) PRETEST

Figure 3 - Questions applied in the pre-test



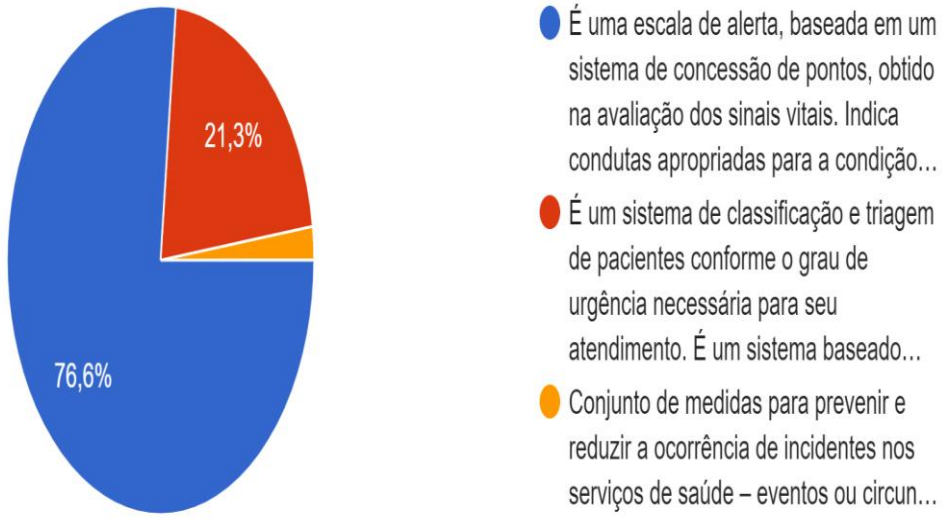
2. Você conhece o protocolo de Score de News?

46 respostas



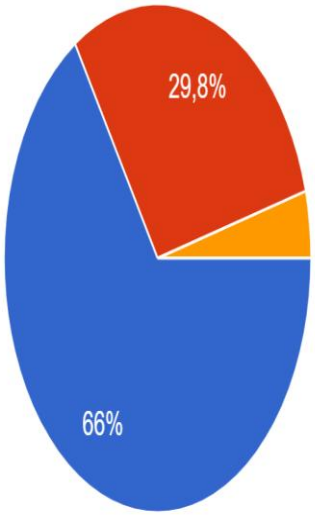
3. O que é o protocolo de Score de News?

47 respostas



4. Qual a finalidade do protocolo de Score de News?

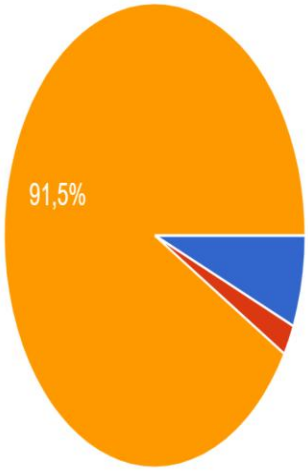
47 respostas



- Identificação prévia do risco de deterioração do paciente.
- Avaliação rápida em incidentes com múltiplas vítimas, categorizando-as em quatro categorias de cores que informam o nível de urgência necessária de atendimento.
- Minimização de lesões cerebrais, tratando complicações e movendo-se para descobrir a base fisiopatológica dos sintomas do paciente.

5. Quais são os parâmetros fisiológicos da Escala de News?

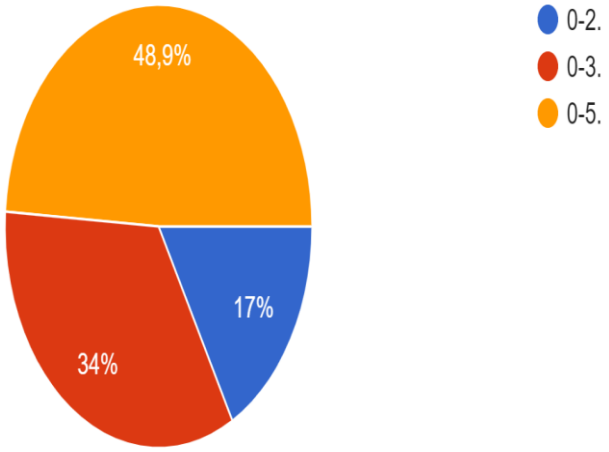
47 respostas



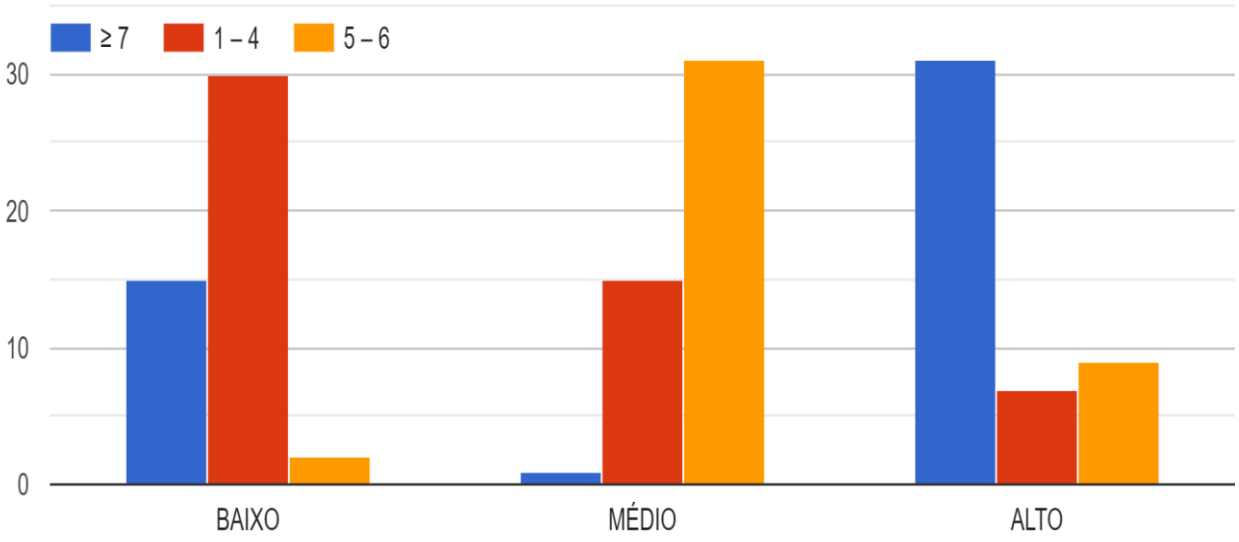
- Idade, Pressão Arterial, Sintomas Clínicos, Desvio de Rima, Temperatura.
- Peso, Frequência Respiratória, Pulso, Sudorese, Palidez, Temperatura.
- FR, Saturação O2, Pressão Arterial, Frequência cardíaca, Temperatura

6. O NEWS avalia seis parâmetros fisiológicos, de acordo com critérios estabelecidos para as variações aceitáveis, cada parâmetro recebe uma pontuação que varia de:

47 respostas

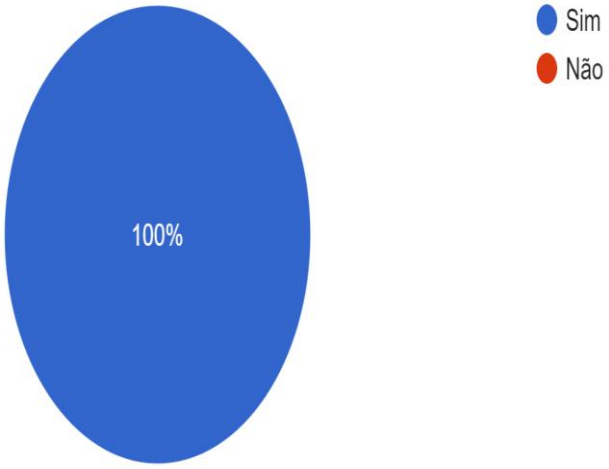


7. Relacione cada nível de Risco Clínico com a pontuação da Escala de News:



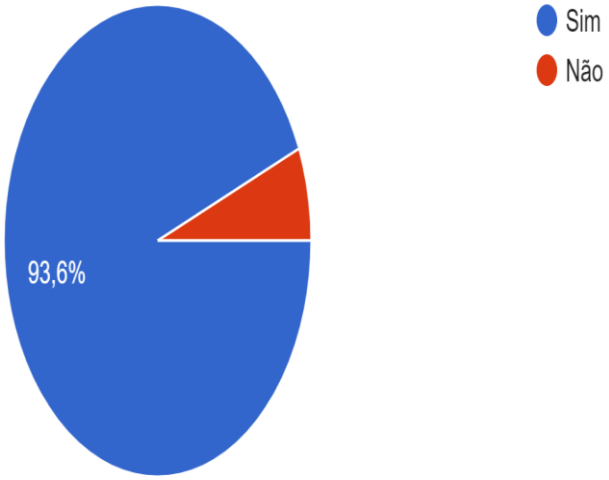
8. Você acha importante a implantação de um protocolo de atendimento dentro da unidade?

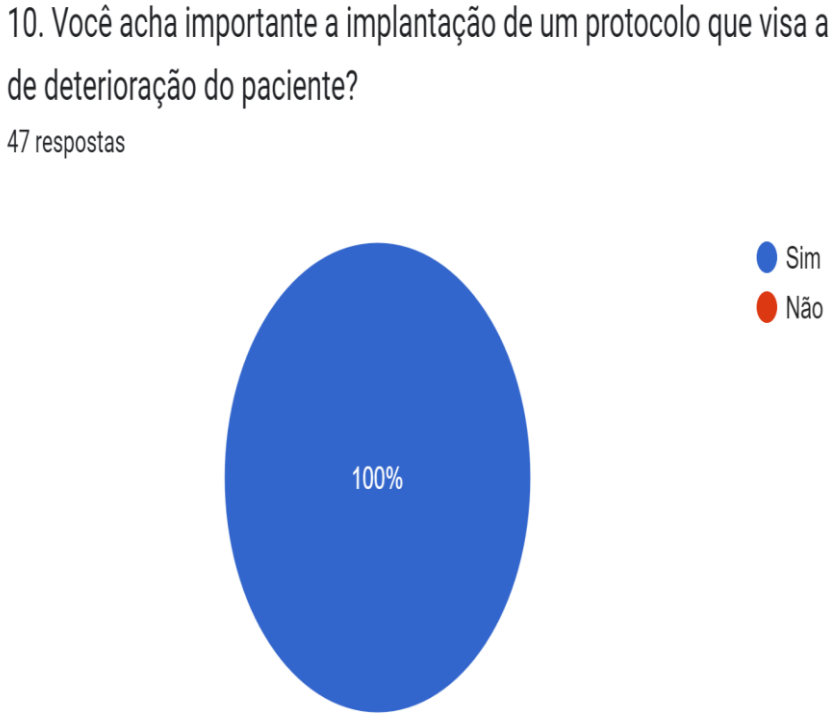
47 respostas



9. Você acha que com a implantação de um protocolo pode melhorar o fluxo de pacientes dentro da unidade?

47 respostas



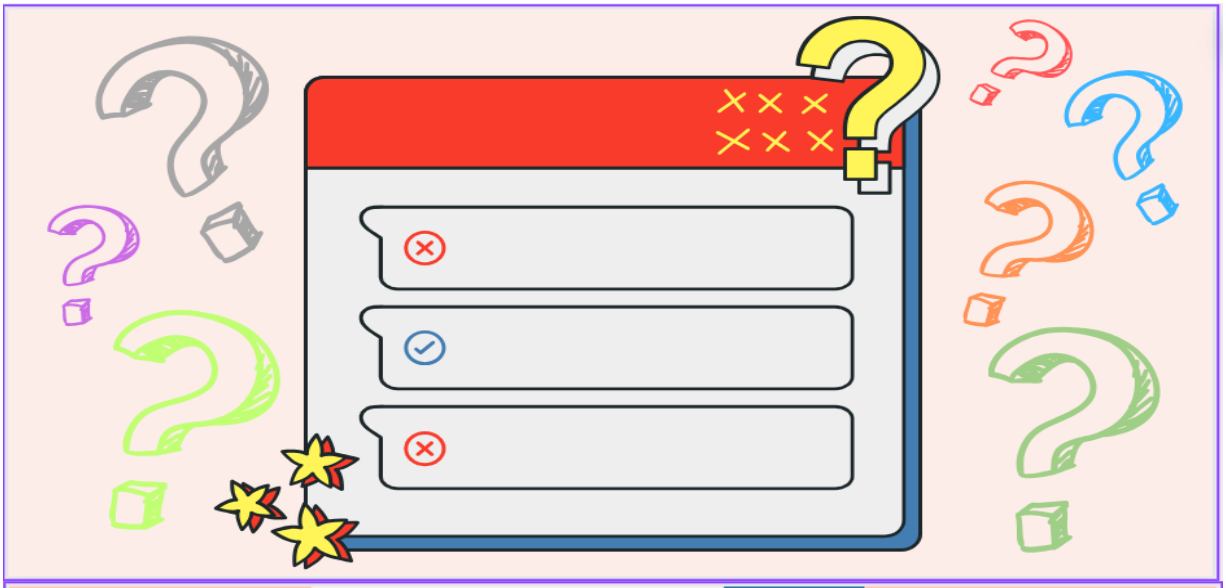


Source: Prepared by the authors based on the prints of the question form.

b) TRAINING OF HEALTH PROFESSIONALS

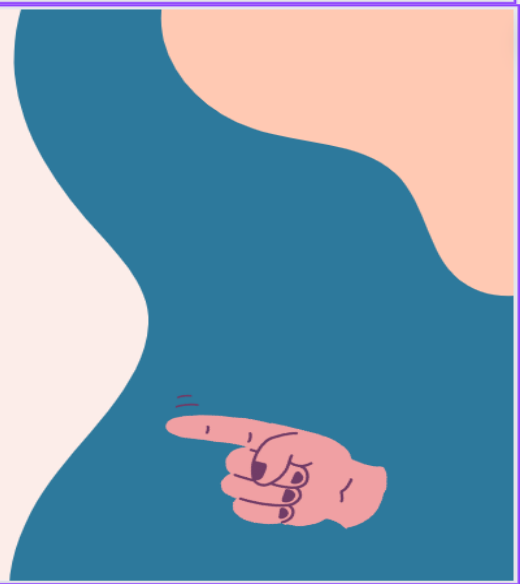
After the application of the questionnaire, the professionals were trained. Each Emergency Care Unit was divided into four groups: two in the morning and two in the afternoon. To carry out the training, a dialogued expository class was elaborated, using the multimedia projector. Below is the material used:

Figure 4- Slides



PORQUE UTILIZAR O PROTOCOLO DE NEWS?

Detecção precoce da deterioração clínica da pessoa e a redução da mortalidade.



Em unidades de urgência e emergência, como as UPA's, a utilização do protocolo de Score de NEWS pode ser muito importante na orientação do intervalo de tempo do controle de sinais vitais baseado nos escores obtidos da avaliação dos parâmetros fisiológicos de cada paciente.

O SCORE DE NEWS É UMA ESCALA DE ALERTA, COM BASE EM UM SISTEMA DE CONCESSÃO DE PONTOS (ESCORES) AOS PADRÕES VITAIS. TENDO POR PRINCIPAL FINALIDADE A IDENTIFICAÇÃO PRÉVIA DO RISCO DE DETERIORAÇÃO DO PACIENTE.

No Brasil, ainda não existe normativa que oriente a equipe de saúde na frequência de controle de sinais vitais enquanto o paciente permanece na unidade de pronto atendimento, sendo que, essa frequência seja definida predominantemente pela rotina da unidade.

O NEWS AVALIA SEIS PARÂMETROS FISIOLÓGICOS: FR, SPO2, FC, PA, T°, NÍVEL DE CONSCIÊNCIA (NC) E USO DE OXIGÊNIO

Cada parâmetro recebe uma pontuação que varia de zero a três.

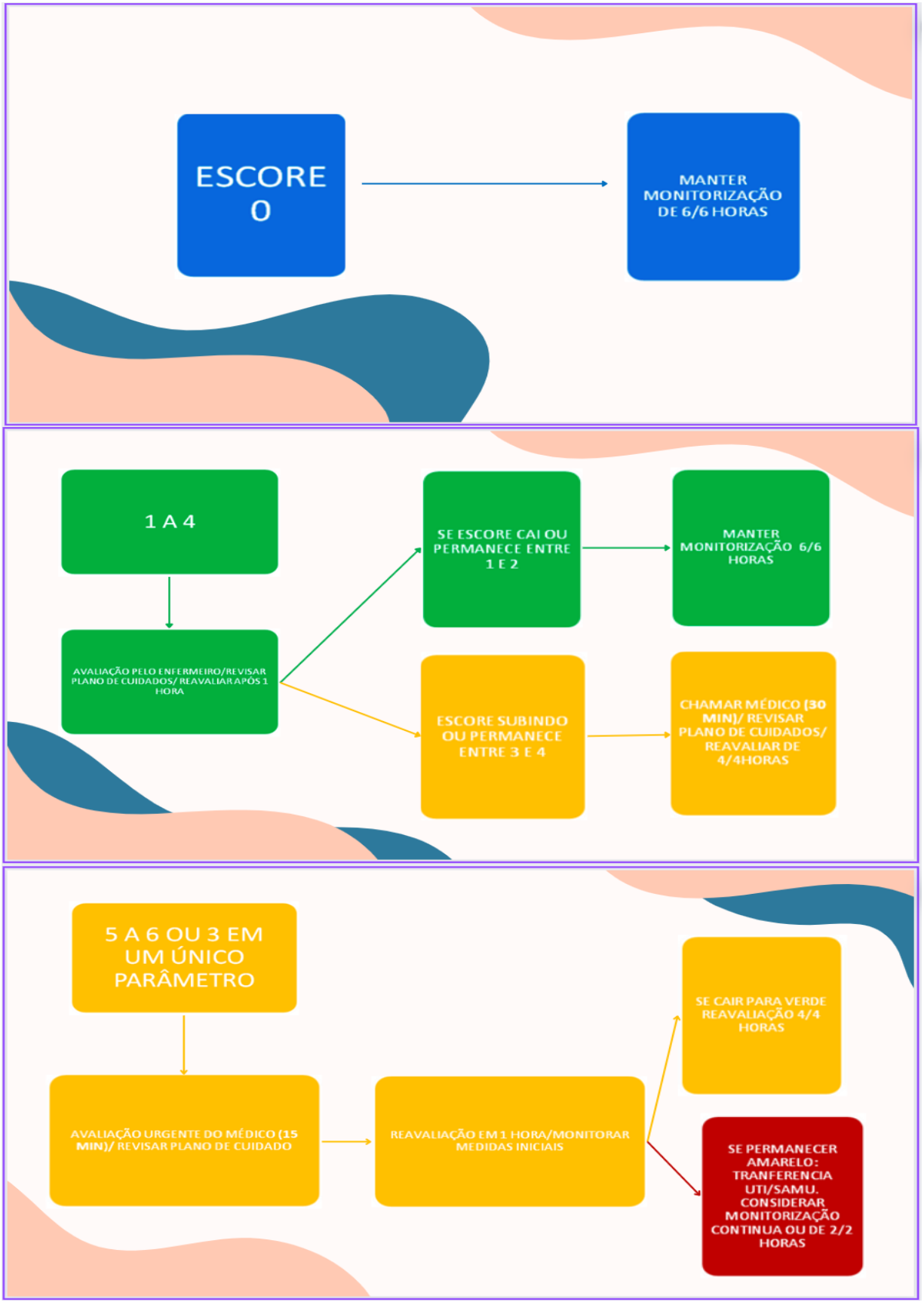
A soma das pontuações é categorizada em cinco categorias e cada uma oferece uma recomendação de intervalo de tempo para o monitoramento de sinais vitais e as condutas clínicas indicadas.

Parâmetros fisiológicos	3	2	1	0	1	2	3
Freqüência respiratória	≤ 8 irm		9 a 11 irm	12 a 20 irm		21 a 24 irm	≥ 25 irm
Saturação de oxigênio	≤ 91%*	92 a 93 %	94 a 95 %	≥ 96			
Uso de o2 suplementar		Sim		Não			
Temperatura	≤ 35°C		35,1 a 36,0 °C	36,1 a 38 °C	38,1 a 39 °C	≥39,1 °C	
Pressão arterial sistólica	≤ 90 mmhg	91 a 100 mmhg	101 a 110 mmhg	111 a 219 mmhg			≥ 220 mmhg
Freqüência cardíaca	≤ a 40 bpm		41 a 50 bpm	51 a 90 bpm	91 a 110 bpm	111 a 130 bpm	≥ 130 bpm
Nível de consciência				ALERTA (A)			TORPOR OU INSCONCIENCIA**

NEWS	RISCO CLINICO
0 1 - 4	BAIXO
ESCORE 3 CODIGO VERMELHO 5 - 6	MÉDIO
≥ 7	ALTO

Critérios de exclusão News:
Crianças abaixo de 16 anos, gestantes e pacientes em cuidados paliativos.

Quanto maior a pontuação atingida nos parâmetros fisiológicos, maior será o valor alcançada no Escore


ESCORE 0
MANTER MONITORIZAÇÃO DE 6/6 HORAS
1 A 4
AVALIAÇÃO PELO ENFERMEIRO/REVISAR PLANO DE CUIDADOS/ REAVALIAR APÓS 1 HORA
SE ESCORE CAI OU PERMANECE ENTRE 1 E 2
MANTER MONITORIZAÇÃO 6/6 HORAS
ESCORE SUBINDO OU PERMANECE ENTRE 3 E 4
CHAMAR MÉDICO (30 MIN)/ REVISAR PLANO DE CUIDADOS/ REAVALIAR DE 4/4HORAS
5 A 6 OU 3 EM UM ÚNICO PARÂMETRO
AVALIAÇÃO URGENTE DO MÉDICO (15 MIN)/ REVISAR PLANO DE CUIDADO
REAVALIAÇÃO EM 1 HORA/MONITORAR MEDIDAS INICIAIS
SE CAIR PARA VERDE REAVALIAÇÃO 4/4 HORAS
SE PERMANECER AMARELO: TRANFERENCIA UTI/SAMU. CONSIDERAR MONITORIZAÇÃO CONTINUA OU DE 2/2 HORAS

Source: Prepared by the author (2024).

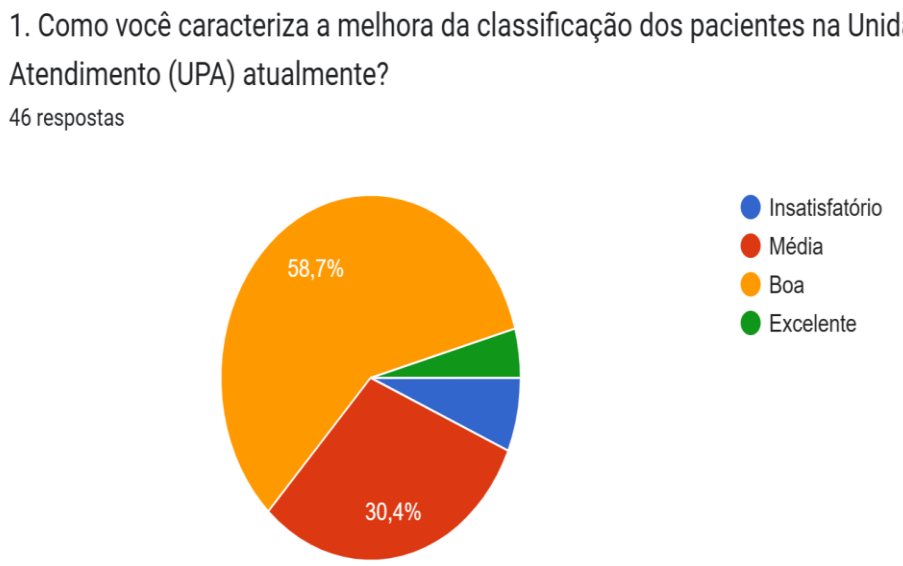
During the presentation of the slides, it was clear, through the questions asked and the conversations that took place during the explanation, that most of the employees were unaware of the protocol. Many were interested in the topic, cleared their doubts about how

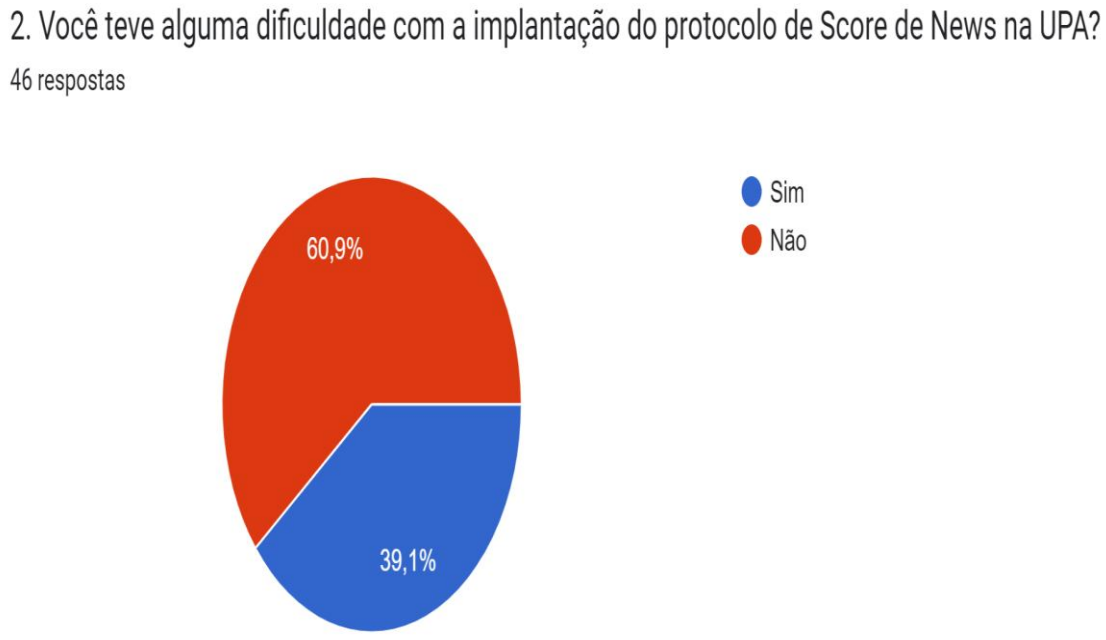
it worked and better understood the importance of recording vital signs in the program system used in the Emergency Care Units.

c) TEST

Finally, another questionnaire was applied, with another 10 (ten) multiple-choice questions, which aimed to evaluate the effectiveness of the training. The results were:

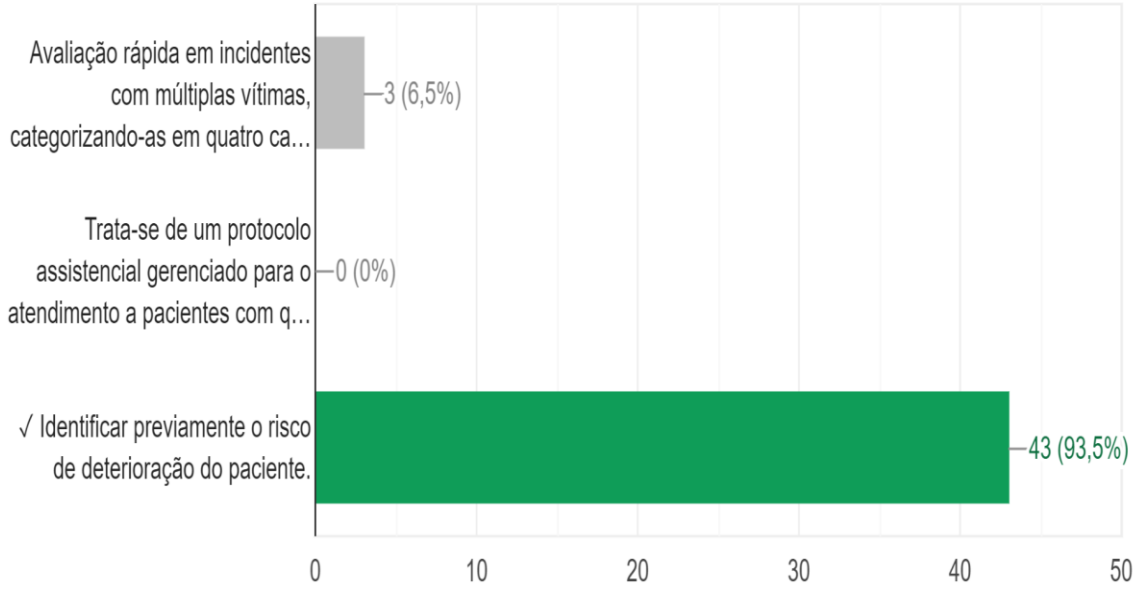
Figure 5 - Questions applied in the post-test





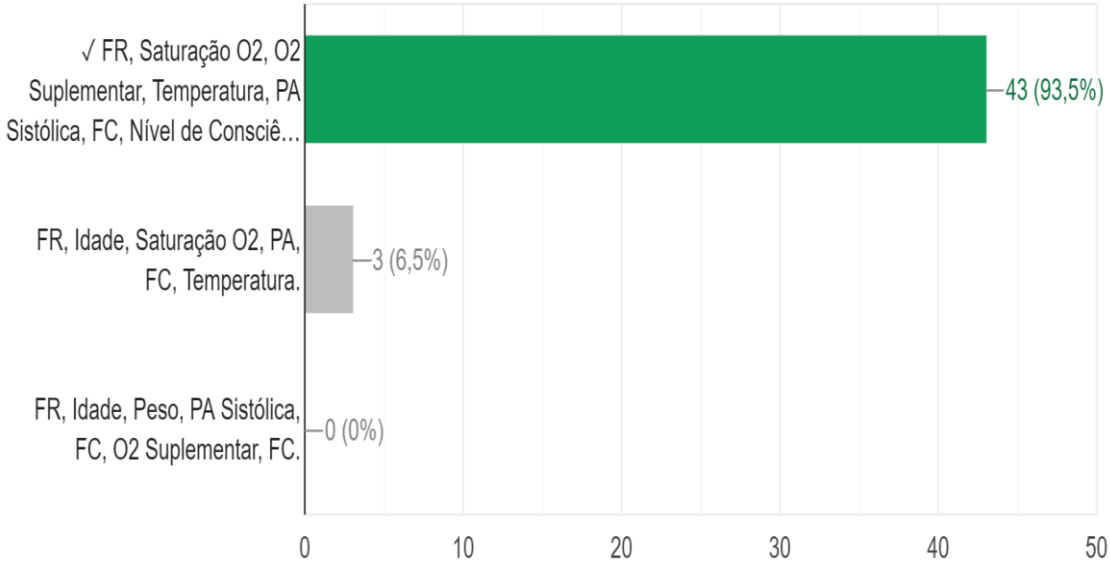
3. Para que serve o protocolo de Score de News?

43 / 46 respostas corretas



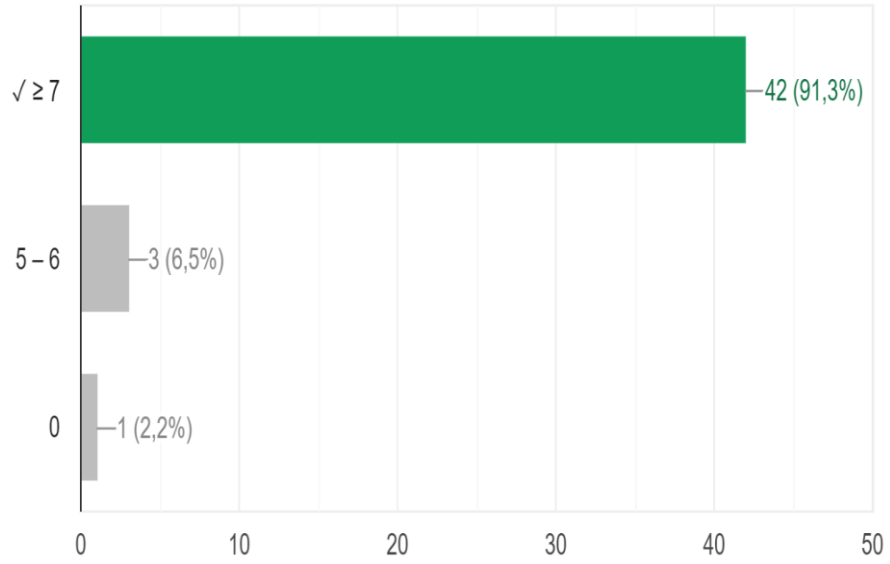
4. Quais os parâmetros fisiológicos avaliados pelo News?

43 / 46 respostas corretas



5. Relacione cada nível de Risco Clínico com a pontuação da Escala de News:

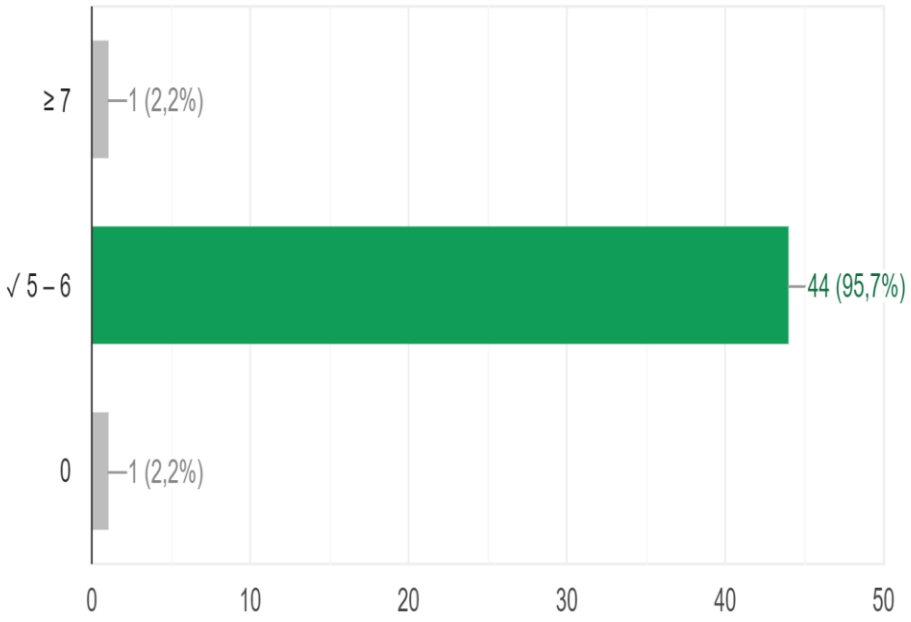
42 / 46 respostas corretas



Risk: High

5. Relacione cada nível de Risco Clínico com a pontuação da Escala de News:

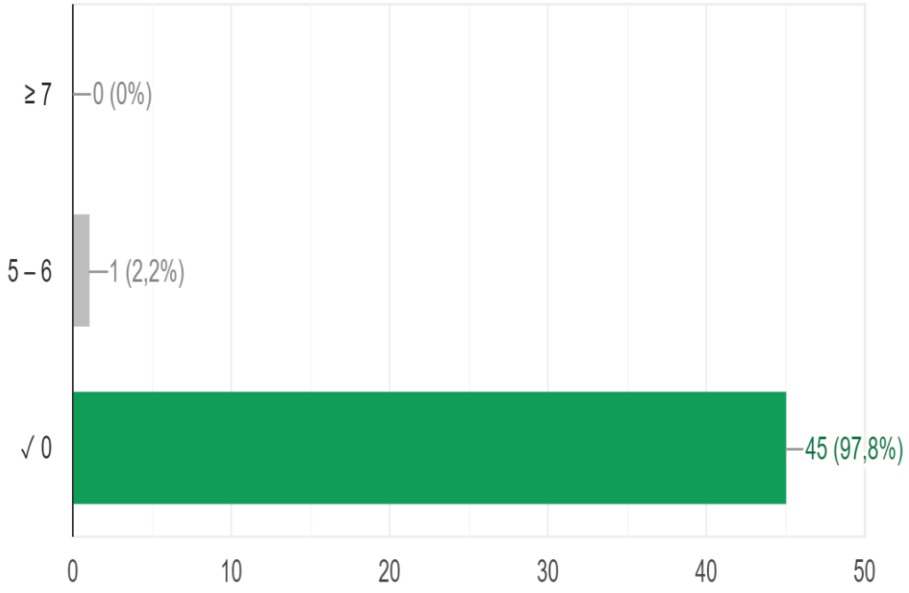
44 / 46 respostas corretas



Risk: Medium

5. Relacione cada nível de Risco Clínico com a pontuação da Escala de News:

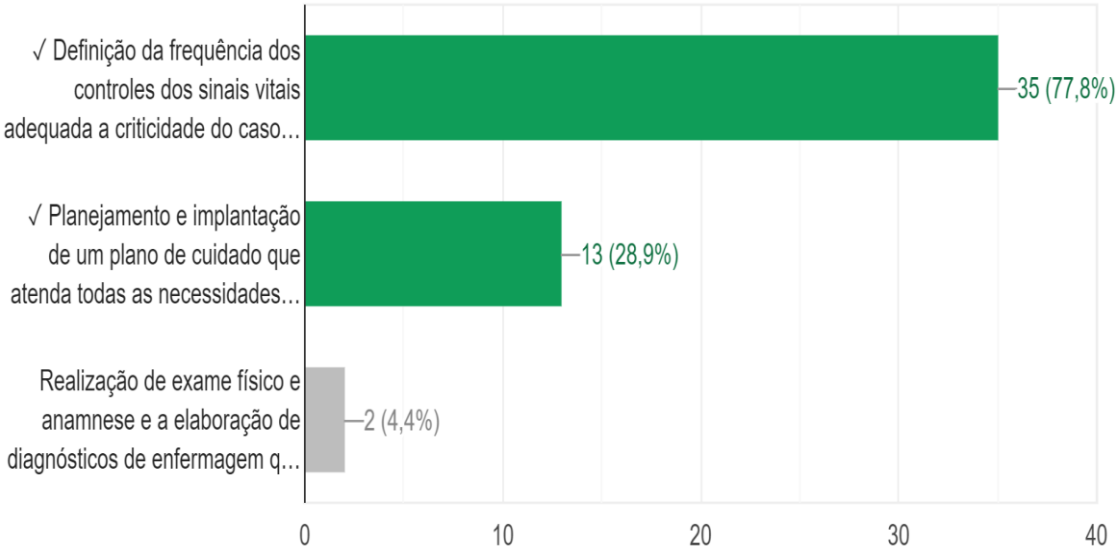
45 / 46 respostas corretas



Risk: Low

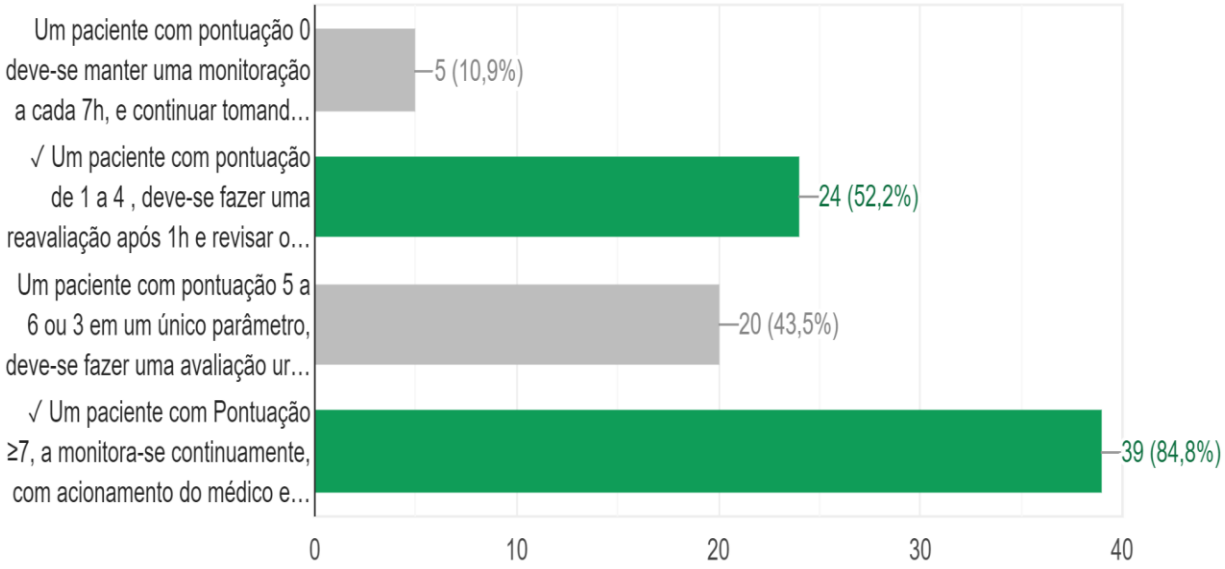
6. Quanto maior a pontuação atingida nos parâmetros fisiológicos, maior será o valor alcançada no Escore. De acordo com a pontuação encontrada, duas ações são tomadas. Quais são elas?

4 / 45 respostas corretas



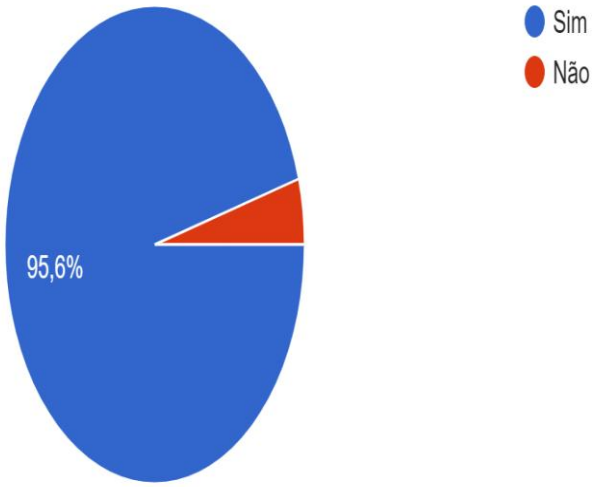
7. Assinale apenas as alternativas verdadeiras para as ações de planejamentos do protocolo de News a seguir:

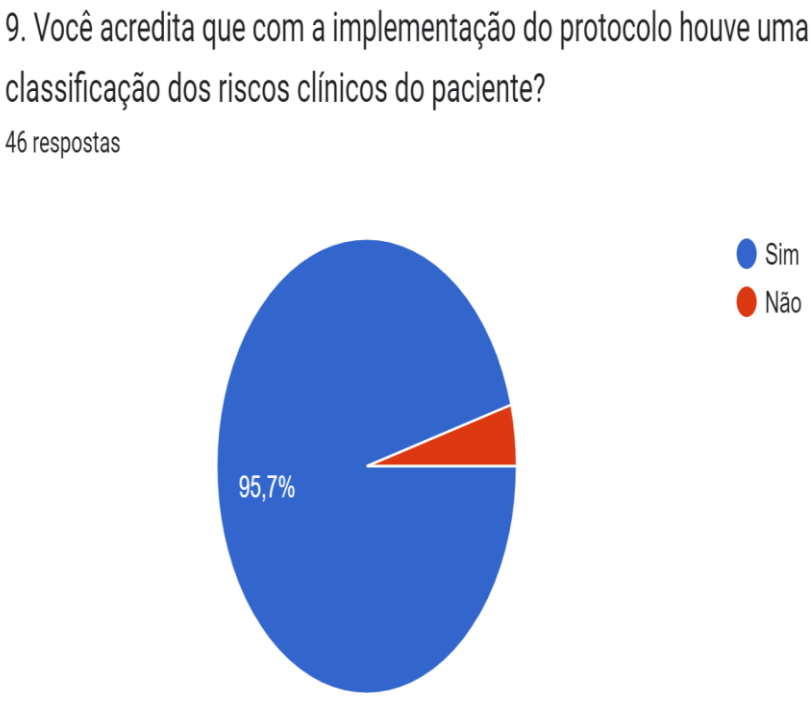
9 / 46 respostas corretas

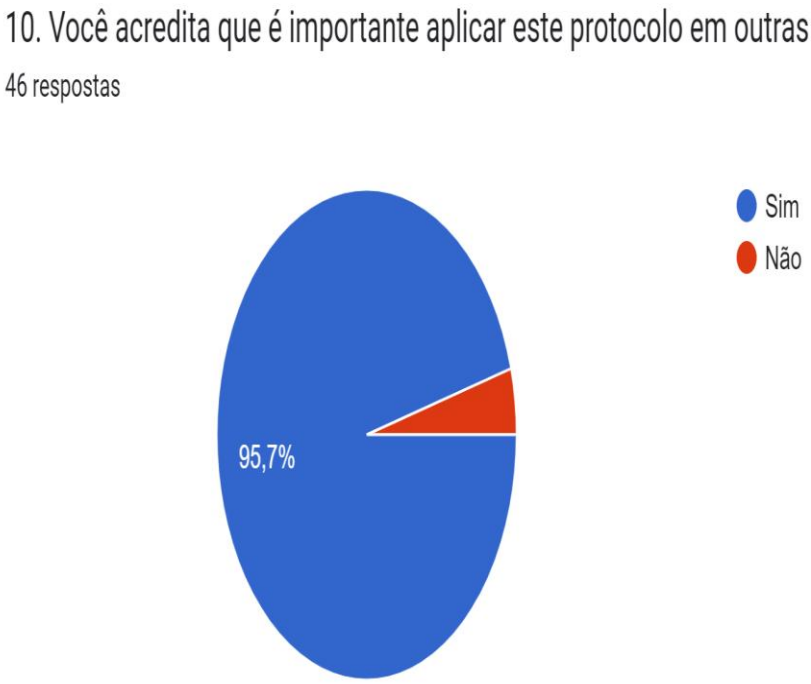


8. Você acha que com a implementação do protocolo de News a identificação de sinais precoces de deterioração clínica melhorou?

45 respostas







Source: Prepared by the authors based on the prints of the question form.

During the training, it was possible to notice, through interaction and conversations with the trained patients, that some members of the nursing team already knew the NEWS protocol. However, this knowledge was not deepened, being a more superficial

understanding. This can be seen in graphs 1 (one) and 2 (two) of the pre-test, in which 58.7% (fifty-eight point seven percent) considered the classification of the protocol as "GOOD" and 67.4% (sixty-seven point four percent) stated that they knew the NEWS protocol.

Many knew what the protocol was for and what its classification parameters were, but they did not know the levels of Clinical Risks or the score assigned to each parameter. This was evidenced in questions 6 (six) and 7 (seven), in which 65.9% (sixty-five point nine percent) of the participants made a mistake in the score received from each parameter of the NEWS protocol, and 30.66% (thirty point sixty-six percent) made a mistake when they had to relate each of the protocol's Clinical Risk levels with the score of the News Scale.

In the training, the pre-test and post-test were used to compare the results and demonstrate the improvement in knowledge obtained by the participants about the levels of Clinical Risk and the NEWS score, which was evidenced when comparing questions 7 (seven) of the pre-test and 5 (five) of the post-test. In the first, there was an error of 30.66% (thirty point sixty-six percent) in the answers, while in the second, the error was only 4.37% (four point thirty-seven percent). However, some are still confused with the time of the protocol's planning actions. In itself, the training had a satisfactory and pleasant result.

In the pre-test, 6.5% (six point five percent) classified the old classification (the one used before the implementation of the NEWS protocol) as "UNSATISFACTORY", 30.4% (thirty point four percent) classified it as "AVERAGE", 58.7% (fifty-eight point seven percent) as "GOOD" and 4.3% (four point three percent) as "EXCELLENT". In the post-test, only 2.2% (two point two percent) believe that the classification, after the implementation of the NEWS protocol, is "UNSATISFACTORY", 15.2% (fifteen point two percent) "AVERAGE", 60.9% (sixty point nine percent) believe that there was a "GOOD" improvement in the classification after implementation and 21.7% (twenty-one point seven percent) that it was an "EXCELLENT" improvement.

In the pre-test, it was clear that 67.4% (sixty-seven point four percent) of the participants already knew the NEWS protocol before the training, while 32.6% (thirty-two point six percent) did not know it. When asked in the pre-test "WHAT WAS THE NEWS PROTOCOL?", 76.6% (seventy-six point six percent) answered that: "It is an alert scale, based on a system of awarding points, obtained in the evaluation of vital signs. It indicates appropriate conducts for the patient's condition and guides the time interval with which a new evaluation of these signs should be performed. Thus, the frequency of checking vital signs is determined by the clinical situation of the patients, and not by routines standardized by the services", thus getting the answer right.

However, 21.3% (twenty-one point three percent) believed that it: "It is a system of classification and triage of patients according to the degree of urgency necessary for their care. It's a colour-based system", which corresponds to what is generally known as the Manchester triage system. On the other hand, 2.1% (two point one percent) believed that it was: "A set of measures to prevent and reduce the occurrence of incidents in health services – events or circumstances that could result or resulted in unnecessary harm to the patient. For example, a patient falling from the bed, misapplying medication, failures during surgery, etc.", which is more related to patient safety and risk management.

The result suggested that there is still confusion between protocols, such as NEWS's and Manchester's triage. In addition, a small portion still confuses patient safety practices with the triage system. This scenario indicates the need for clearer communication and greater dissemination about these terms and their differences.

In the question "WHAT IS THE PURPOSE OF THE NEWS SCORE PROTOCOL?", in the pre-test, only 66% (sixty-six percent) answered the correct alternative: "Previous identification of the patient's risk of deterioration". In the post-test, this number rose to 93.5% (ninety-three point five percent). However, 6.5% (six point five percent) made mistakes in the post-test, answering that the purpose would be: "Rapid assessment of incidents with multiple victims, categorizing them into four color categories that inform the level of urgency needed for care". In the pre-test, 29.8% (twenty-nine point eight percent) of the participants had chosen this alternative. In the same test, 4.3% (four point three percent) marked what would be: "Minimizing brain injuries, treating complications, and moving to discover the pathophysiological basis of the patient's symptoms." In the post-test, no one checked this option, thus demonstrating an improvement in the understanding of the protocol's purpose.

When asked about "WHAT ARE THE PHYSIOLOGICAL PARAMETERS OF THE NEWS SCALE?", in the pre-test, 2.1% (two point one percent) marked the alternative "Weight, Respiratory Rate, Pulse, Sweating, Pallor, Temperature", 6.4% (six point four percent) marked "Age, Blood Pressure, Clinical Symptoms, Rhyme Deviation, Temperature" and 91.5% (ninety-one point five percent) marked "FR, O2 saturation, blood pressure, heart rate, temperature". In the post-test, the alternative "RR, Age, O2 Saturation, BP, HR, Temperature" was marked by 6.5% (six point five percent) of the employees, while "RR, O2 Saturation, Supplementary O2, Temperature, Systolic BP, HR, Level of Consciousness" was chosen by 93.5% (ninety-three point five percent). It is noted that, despite errors in the answers, 2% (two percent) more of the employees answered the correct alternative in the second questionnaire.

In question 6 (six) of the pre-test, "THE NEWS EVALUATES SIX PHYSIOLOGICAL PARAMETERS, ACCORDING TO CRITERIA ESTABLISHED FOR ACCEPTABLE VARIATIONS, EACH PARAMETER RECEIVES A SCORE RANGING FROM:", only 34% (thirty-four percent) got the answer "0-3 (zero-three)" right. The other 66% (sixty-six percent) marked the alternatives "0-2 (zero-two)" and "0-5 (zero-five)".

The low percentage of correct answers, corresponding to 34% (thirty-four percent), shows that most respondents did not demonstrate familiarity with the correct score of the NEWS system, possibly indicating a limited understanding of the protocol.

In question 7 (seven) of the pre-test, "RELATE EACH LEVEL OF CLINICAL RISK TO THE SCORE OF THE NEWS: SCALE", 30.66% (thirty point sixty-six percent) of the participants made a mistake in relating each clinical level to the score of the scale. However, in the post-test, in question 5 (five), the total number of errors in this question was only 5.1% (five point one percent). An improvement of 25.56% (twenty-five point fifty-six percent) can be observed in the participants' understanding of the subject.

In the post-test, in question 6 (six) "THE HIGHER THE SCORE ACHIEVED IN THE PHYSIOLOGICAL PARAMETERS, THE HIGHER THE VALUE ACHIEVED IN THE SCORE. ACCORDING TO THE SCORE FOUND, TWO ACTIONS ARE TAKEN. WHAT ARE THEY?", 96.01% (ninety-six point zero one percent) correctly marked the following alternatives: "Definition of the frequency of vital sign controls appropriate to the criticality of the case and communication to the professionals involved in the patient's care for evaluation and definition of the patient's conduct" and "Planning and implementation of a care plan that meets all the needs presented by the patient and development of an interactional and transdisciplinary process that favors the planning, implementation and evaluation of nursing". On the other hand, 3.99% (three point ninety-nine percent) got the answer wrong.

In question 7 (seven) of the post-test, "MARK ONLY THE TRUE ALTERNATIVES FOR THE PLANNING ACTIONS OF THE NEWS PROTOCOL BELOW:", there is a certain doubt about the planning actions of the protocol. Although 71.58% (seventy-one point fifty-eight percent) correctly marked the alternatives, 28.42% (twenty-eight point forty-two percent) still marked incorrect alternatives.

Although, in the pre-test, 100% (one hundred percent) of the participants indicated that they "thought" it was important to implement a care protocol within the unit (question 8) and all of them believed that the implementation of a protocol aimed at the prior identification of the patient's risk of deterioration is important (question 10), 6.4% (six point four percent) did not believe that the implementation of a protocol could improve the flow of

patients within the unit (question 9). However, after the training, in the post-test answers, in question 8, it can be observed that a small percentage, 4.4% (four point four percent), thought that the implementation of the NEWS protocol did not improve the identification of early signs of clinical deterioration. However, there is a change of 2% (two percent) in the belief in this idea.

Therefore, 4.3% (four point three percent) marked that they still do not believe that there was greater safety in the classification of the patient's clinical risks with the implementation of the protocol. This same percentage does not believe that it is important to apply the protocol in other units.

DISCUSSION

The characterization of the Urgency and Emergency units in the municipality of Guarapuava-PR shows a consolidated and robust infrastructure, especially with the presence of SAMU and UPAs. However, the data presented on the volume of care and the distribution of resources raise important reflections on the efficiency of the system and the challenges faced.

The numbers presented in Chart 3 show a high demand for emergency and urgent services, with UPA Batel leading in the number of attendances classified as emergency, with 108,991 (one hundred and eight thousand nine hundred and ninety-one) procedures. The total of 244,627 (two hundred and forty-four thousand, six hundred and twenty-seven) attendances classified as Emergency/Urgency in the three units reflects the significant demand for this type of service in the city. This high volume of care confirms the importance of these units in the local health system, but also raises concerns related to the response capacity of the teams and the possibility of overcrowding.

As Rinaldi (2019) points out, overcrowding, associated with the fragmented work process, is one of the main challenges of Urgency and Emergency Units in Brazil. This reality is evidenced by the data from Guarapuava, where a considerable part of the care could have been solved in Primary Health Care (PHC), as shown in Chart 5. The inadequate use of Emergency Services for non-emergency conditions points to insufficient PHC or with difficulties to ensure regular access to the population. PHC should be the preferred gateway to the system, solving cases of less complexity and relieving the burden on emergency services. However, the high number of procedures classified as "non-emergency" suggests that many patients turn to the UPAs and other emergency units due to the lack of alternatives or adequate guidance.

Another relevant point is the distribution of services per shift. Chart 6 shows that a significant part of the care occurs at night, which may reflect the lack of coverage or adequate care during the daytime in the UBS or PHC. This scenario can also overwhelm night teams, which deal with a critical demand in a period when the number of professionals may be reduced. In addition, health professionals face difficulties related to physical and emotional exhaustion, as observed in the challenges mentioned by *Stanfield* (2002).

Training healthcare professionals, especially in emergency protocols such as NEWS, is crucial to improving the quality of care and patient safety. The training offered to professionals in the UPAs and emergency units of Guarapuava was an essential step to ensure that care is carried out more assertively and based on well-established clinical parameters. The increase in knowledge about the NEWS Protocol among professionals, as shown by the results of the post-test, indicates that the training was effective.

The high demand for urgent and emergency services, combined with the lack of knowledge of protocols on the part of some professionals, highlights the importance of continuous investments in continuing education and the qualification of health teams. These investments can contribute significantly to reducing errors, improving the quality of care, and reducing waiting times for patients who need emergency care. In addition, it is necessary to strengthen Primary Health Care (PHC) to reduce the misuse of emergency services and ensure that resources are directed more efficiently, avoiding the overload of more complex services.

The training on the NEWS protocol carried out with nursing professionals from Guarapuava revealed a heterogeneous scenario in terms of prior knowledge. Although 67.4% (sixty-seven point four percent) of the participants already knew the protocol before the training, the data indicate that this knowledge was superficial and limited, especially about practical application and technical details. These professionals knew that the NEWS was an alert scale for clinical deterioration, but they were unaware of essential aspects, such as the score of physiological parameters and the correct interpretation of clinical risk levels.

The results of the pre-tests and post-tests showed a significant evolution in the understanding of the protocol. In the pre-test, 30.66% (thirty point sixty-six percent) of the participants made errors when relating the levels of clinical risk with the scores of the NEWS Protocol, while in the post-test, this number decreased to 4.37% (four point thirty-seven percent). This data reflects the effectiveness of the training, especially in correcting misconceptions about the physiological parameters evaluated by the NEWS Protocol, such as respiratory rate, oxygen saturation, pulse, and temperature. The reduction in errors when

relating the score to risk levels demonstrates a greater understanding of the importance of each parameter and how they translate into clinical actions.

Thus, the pre-test showed that, although 76.6% (seventy-six point six percent) of the professionals knew how to correctly define what the NEWS Protocol was, 21.3% (twenty-one point three percent) confused NEWS with color-based screening systems, such as the Manchester Protocol[17]. This reveals the need to reinforce the continuous training of professionals on the various classification systems in urgencies and emergencies, ensuring that they understand the specificities and purposes of each one.

Another relevant data was the improvement in the professionals' perception of risk classification after the implementation of the NEWS protocol. In the pre-test, 58.7% (fifty-eight point seven percent) classified the previous system as "GOOD" and only 4.3% (four point three percent) as "EXCELLENT". After the training and application of NEWS, 60.9% (sixty point nine percent) considered the classification "GOOD" and 21.7% (twenty-one point seven percent) as "EXCELLENT". These results suggest that, with the proper use of the NEWS protocol, professionals acquired greater security and clarity in the clinical decision-making process, which contributed to an improved perception of the quality of care provided.

Despite the general evolution, some challenges persist, such as the confusion of 6.5% (six point five percent) of the professionals regarding the purpose of the protocol, believing that it would be intended for triage in incidents with multiple victims, and the difficulty in correctly relating the reassessment times and the planning of actions according to the levels of risk. These points reinforce the need for continuous training and simulated practices, so that all team members become familiar with the nuances of the protocol and can apply it in an agile and accurate way in daily life

In addition, the training highlighted the importance of a practical and interactive approach, using pre-tests and post-tests to compare the evolution of the participants' knowledge. The reduction in the percentage of errors in questions related to the score and physiological parameters of the NEWS was one of the clearest indicators of the effectiveness of the methodology adopted. However, to ensure the correct application of the protocol in the long term, it is recommended to carry out periodic retraining and the inclusion of clinical simulations, which can reinforce the use of NEWS in real situations.

[17]The Manchester Protocol is a method of classification in emergency services, which organizes the care of patients based on the severity of symptoms. The colors (red, orange, yellow, green and blue) indicate urgency, prioritizing critical cases for faster care.

The results of the training on the NEWS protocol in Guarapuava reveal both significant advances and persistent challenges. Initially, many nursing professionals demonstrated a superficial knowledge of the protocol, with difficulties in understanding essential aspects, such as scoring and interpretation of clinical risk levels. This reality was evidenced in the pre-tests, in which a considerable portion of the participants presented errors in the questions related to the practical application of the NEWS, especially about the score of physiological parameters and the correct classification of risks.

In addition, the training, through a practical and interactive approach, which included lectures and dialogues between the research participants, was able to significantly reduce these mistakes, as demonstrated by the comparison between the pre-tests and post-tests. The error in identifying the risk levels decreased from 30.66% (thirty point sixty-six percent) to only 4.37% (four point thirty-seven percent), indicating a significant improvement in the professionals' understanding of the protocol. In addition, there was an increase in the perception of quality of care after the implementation of NEWS, with 21.7% of professionals rating the new approach as "EXCELLENT", in contrast to the 4.3% who evaluated the previous system in this way. These results suggest that, by better understanding the protocol, professionals feel safer and more qualified to perform rapid and appropriate interventions in each clinical situation.

However, the training highlighted areas that "still" need attention. Some professionals continued to show confusion as to the purpose of the protocol and the action times required after patient evaluation. Although this difficulty has decreased, she emphasizes the need for continuous training and simulated practices, which strengthen the correct application of the protocol in emergencies. Such measures are essential to ensure that all team members can perform accurately, especially at critical moments when response time is crucial to patient survival.

In general, the training was successful, expanding the technical knowledge of the team and promoting an improvement in the quality of care in the urgent and emergency units of the municipality. The appropriate use of the NEWS protocol has the potential to reduce mortality and improve patient outcomes, especially due to its ability to detect clinical deterioration early and guide conducts based on objective data.

Therefore, to consolidate these results, it is recommended that regular training be carried out, accompanied by a continuous effort of continuing education in health units. In this way, knowledge about the NEWS protocol can be constantly improved, ensuring the efficiency and safety of the service provided to the population.

CONCLUSION

The characterization of the Urgency and Emergency Units in the municipality of Guarapuava reveals a well-structured health system, which plays a crucial role in the care of the population in critical situations. With the integration of the Mobile Emergency Care System (SAMU), the Emergency Care Units (UPAs) and other emergency care units, the municipality can offer 24-hour assistance, ensuring that patients in emergency and urgent situations have quick and efficient access to the necessary care. However, the high volume of care, especially in non-emergency cases, highlights the need to strengthen Primary Health Care (PHC) and to educate the population about the appropriate use of health services.

The study highlighted the importance of continuous training of health professionals, especially in clinical monitoring protocols, such as the NEWS (National Early Warning Score). The training carried out demonstrated effectiveness by increasing the knowledge of professionals about the protocol, which can result in improvements in the quality and safety of the care provided.

However, overcrowding and inappropriate use of emergency services remain significant challenges. This highlights the need for a strategic approach, with investments in PHC, to ensure that less complex cases are resolved at more appropriate levels of care, avoiding overloading emergency units.

Therefore, it is considered that, to achieve more efficient and humanized health care, it is necessary to continue investing in continuing education, in the implementation of clinical protocols, and in the strengthening of Primary Health Care (PHC). These actions, when coordinated, can contribute to a more agile, accessible, and effective health system, better meeting the demands of the population and ensuring the appropriate use of available resources.

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APPENDAGES

OLENIK, Lourdes de Fátima. IMPLEMENTATION OF HUMANIZED ACTIONS IN PRIMARY CARE: A LITERATURE REVIEW. Health sciences and well-being: Interdisciplinary views - Volume 1. Rio de Janeiro: e-Publicar, v.1, n.1, p.179-187, 2023. Available at: https://editorapublicar.com.br/ojs/index.php/publicacoes/issue/view/71/80

Pre-Test:
https://docs.google.com/forms/d/e/1FAIpQLSfy7Hv1sZQWSGx8r0Zyn0W1pKtlj_D6yzSA0cPw1G-ItcSsCQ/viewform

Post-test:
https://docs.google.com/forms/d/e/1FAIpQLSdsWH9PjyS99l1YivBfZAGF51vKmHKv878RiAd8CPeUv8RI4g/viewform

ATTACHMENTS

ANNEX I (TCLE)

Dear Employee, you are being invited to participate in the following study:
-Title of the research: News Protocol: Implementation in the Emergency Care Units in the Municipality of Guarapuava – Pr.

- Principal Investigator : Lourdes de Fátima Olenik.

-Institution to which the principal investigator belongs: Centro Universitário Guairacá – UNIGUAIRACÁ.

-Place of study/data collection: Emergency Care Units – Guarapuava-PR.

- Read the following carefully and ask the researcher about any questions you have.

- If you feel informed about the information contained in this Term and accept to be part of the study, sign at the end of this document, in two copies, one of which is yours and the other of the researcher responsible for the research.

- Know that you have the full right not to participate.

1. RESEARCH OBJECTIVE: To implement the News Score protocol in the UPA units, to improve the flow of care, making them more assertive and humanized.

2. PARTICIPATION IN THE RESEARCH: Your participation in the research will take place with training meetings that will be held through meetings on agreed dates and times. Two questionnaires will be distributed to assess the knowledge of professionals about the News Score, one before and one after training.

We would like to clarify that your participation is completely voluntary, and you have the freedom to refuse to participate, or even withdraw at any time, and demand the withdrawal of your participation from the research without this entailing any burden or prejudice to your person.

3. RESEARCH LOCATION: The research will be carried out at the Emergency Care Unit at a time established by the researcher in charge. The training of professionals to use the News Score in the units, which can take approximately 1 hour.

4. RISKS AND DISCOMFORTS: The unit's health professionals will be trained with meetings and the use of 2 questionnaires, one previously and the other after training to observe the evolution of employees' learning on the subject. The procedures described above have the risk of causing a disclosure of their partition in the search in the future. To minimize this risk, we will not use the participants' names at the end of this survey. Only

your answers will be needed. His name, as well as his participation, will be kept anonymous.

If you suffer any damage proven to be due to participation in the study, you are entitled to full, immediate and free assistance (the researcher's responsibility) and you are also entitled to claim compensation, according to the provisions of the Civil Code (Law No. 10,406 of 2002) and Resolutions 466/12 and 510/16 of the National Health Council, if you feel that there has been any type of abuse by the researchers.

5. BENEFITS: The benefits of participating in this survey will be to speed up care and provide a more humanized service from the implementation of the News Score

6. CONFIDENTIALITY: All information that you provide to us or that is obtained through evaluations or discussions will be used only for this research. Your answers, personal data will be kept secret and your name will not appear anywhere in the questionnaires. When the results of the survey are released, it will be in coded form, to preserve your name and maintain your confidentiality.

7. EXPENSES/REIMBURSEMENT: The costs of the project are the responsibility of the researcher. The collaborator/participant will not receive any amount of money for their participation and the expenses necessary to carry out the research are not their responsibility. There is no cost to the research participant of any kind, considering that data collection will be carried out at the participant's workplace and during office hours.

8. MATERIALS: The material obtained (questionnaires) will be used only for this research and will be kept on file for a legal period of 5 years, and can then be discarded.

If you have more questions or need further clarification, you can contact us at the following addresses or contact the Research Ethics Committee of UNICENTRO, whose address is included in this document.

The Ethics Committee, according to Resolution 466/2012-CNS-MS, is an interdisciplinary and independent collegiate body, of an advisory, deliberative and educational nature, created to defend the interests of research participants in their integrity and dignity and to contribute to the development of research within ethical standards. To ensure the ethical standards of research, the previous topics grant minimum requirements to maintain its integrity and dignity in research.

* As legal certainty, this term must be completed in **two copies** of the same content, one of which, duly completed and signed, is delivered to you.

* In addition to the **signature** in the specific fields by the researcher and by you, we request that **all the pages** of this document be initialed.

* You may contact the researcher in charge or the Research Ethics Committee (COMEP/UNICENTRO), through the information, addresses and telephone numbers contained below.

MEANS OF CONTACT

PRINCIPAL INVESTIGATOR

- If you have any questions regarding the research, we kindly ask you to contact Lourdes de Fátima Olenik , the researcher responsible for the research,

Name (Principal Investigator): Lourdes de Fátima Olenik

Address: Rua Rocha Loures, n°1019, Bonsucesso- Guarapuava- PR

Telephone: (42) 99902-2514 **Email:** lurdes.olenik@gmail.com

RESEARCH ETHICS COMMITTEE OF UNICENTRO – COMEP

Name: State University of the Midwest – UNICENTRO, CEDETEG Campus

Address: Alameda Élio Antônio Dalla Vecchia, nº 838, CEDETEG Campus (next to the laboratories of the Pharmacy course) – Vila Carli - Guarapuava – PR , Block of Departments of the Health Area

Telephone: (42) 3629-8177 **Email:** comep@unicentro.br

OPENING HOURS:

Monday to Friday, from 8 am to 11:30 am and from 1 pm to 5:30 pm

* To protect the participant, the researcher must inform means of contact that must be easily accessible and available 24 hours a day, 7 days a week, by CNS Resolution No. 466/12 and according to the guidelines contained in the 2020 Research Participant Rights Booklet.

POST-INFORMED CONSENT

I, _____, declare that I have been duly clarified and agree to VOLUNTARILY participate in the research project, as described.

I, Lourdes de Fátima Olenik, responsible researcher, declare that I have provided all the information regarding the research project described above.

_____

Signature of the research participant or legal guardian

_____

Signature of the Principal Investigator

_____, ___/___/_____

Place and date

ANNEX II (LESSON PLAN)

Lesson Plan for Training: NEWS Protocol

General Objective

- Train health professionals in Emergency Care Units (UPAs) on the use of the NEWS Protocol (National Early Warning Score) to assess and monitor patients, promoting a faster and more effective response to signs of clinical deterioration.

Target audience

- Health professionals (nurses, nursing technicians and assistants) of the 3 (three) UPAs.

Local	Mode	Workload	Method used	Methodology	Expected result	Evaluation method
UPA-BATEL TRIANON URGENCY SPRING URGENCY	Classroom	2 hour	Multimedia Projector	Expository and Interactive: Theoretical presentation with space for questions and clarification of doubts.	Training of professionals about the News Score and how to apply it daily in the unit.	Application of 2 questionnaires. One before the start of the presentation and one after it.

Program Content

1. Introduction to the NEWS Protocol

- Application of a pre-test to assess the participants' prior knowledge.
- Brief presentation about NEWS, its origin and its importance for patient safety.
- Explanation of the objectives of the protocol and the benefits of its application in the UPAs.

2. Physiological Parameters of NEWS

- Review of the six physiological parameters evaluated in NEWS:
  - Respiratory rate
  - Oxygen saturation
  -Body temperature
  - Systolic blood pressure
  - Heart rate
  - Level of awareness

- Explanation of the score ranges (0-3) for each parameter.

3. Analysis of Results and Decision Making

- Interpretation of total scores and risk classification.
- Discussion of the recommended actions according to the score: immediate interventions, continuous monitoring, need for transfer.
- Examples of clinical cases where NEWS was instrumental in the rapid response.

4. Closing and Knowledge Assessment

- Application of a post-test to assess knowledge retention.
- Group discussion about doubts and difficulties.

ANNEX III (LETTER OF AUTHORIZATION)

MUNICÍPIO DE GUARAPUAVA
Processo Digital
Relatório Analítico (Movimento)

Pág 1 / 1

Processo Nº 9562 / 2023
Código Verificador: HNLMK85X

Requerente: LOURDES DE FATIMA OLENIK
Detalhes: Implementação do protocolo de Escore de News na unidade UPA, para melhorar o fluxo de atendimentos, tornando-o mais assertivo e humanizado. Pois a utilização do protocolo de Escore de NEWS pode ser muito importante na orientação do intervalo de tempo do controle de sinais vitais baseado nos escores obtidos da avaliação dos parâmetros fisiológicos de cada paciente. A implementação de protocolos é importante para orientar a execução das ações nas quais a Enfermagem está envolvida; direciona o trabalho dos profissionais e registra oficialmente os cuidados realizados.
Assunto: SAÚDE
Subassunto: PESQUISA - SAÚDE
Previsão: 19/04/2023

Anexos

Descrição	Usuário	Data
TCLE Lourdes.doc	LOURDES DE FATIMA OLENIK	20/03/2023
PROJETO DE MESTRADO 3 correto.doc	LOURDES DE FATIMA OLENIK	20/03/2023
Comprovante de Abertura do Processo - 559110.pdf	LOURDES DE FATIMA OLENIK	20/03/2023

Complemento:
Data: 23/03/2023 11:24
Observação: Assunto: Autorização para pesquisa
Pesquisadores: Lourdes de Fátima Olenik e Evani Marques Pereira.

A Instituição Secretaria Municipal de Saúde, Inscrita No CNPJ 76178037/0001-76, Situada À Avenida Das Dálias, 200, Bairro Trianon, CEP 85012-110, autoriza a pesquisa intitulada "PROTOCOLO DE NEWS: IMPLEMENTAÇÃO NAS UNIDADES DE PRONTO ATENDIMENTO NO MUNICÍPIO DE GUARAPUAVA - PR".
Os pesquisadores somente poderão iniciar a pesquisa pretendida após aprovação pelo comitê de ética em pesquisa da UNICENTRO, respeitando a resolução 466/2012 (CNS) e complementares.
O projeto será desenvolvido nas Unidades de Urgência e Emergência sob gestão desta Secretaria. Será autorizado aos pesquisadores:
Realizar capacitação aos profissionais das unidades (UPA Batel, Urgência Municipal Perola do Oeste e Urgência Municipal Primavera) sobre a temática: Score de News;
Aplicação de questionário aos servidores das referidas unidades que manifestem concordância em participação da pesquisa, através da assinatura do Termo de Consentimento Livre Esclarecido (TCLE).
Os pesquisadores deverão entrar em contato com as coordenações das Unidades selecionadas para viabilizar a parte logística necessária.

Atenciosamente,

Nadianne Thais Gabardo Xavier Negrão
Divisão de Educação Permanente

Dr. Anderson Vinicius Kugler Fadel
Divisão de Integração Ensino-Serviço

Chayane Andrade
Secretária de Saúde
Decreto nº 9651/2022

Usuário: NADIANNE THAIS GABARDO XAVIER NEGRAO

IPM Sistemas Ltda — Identificador: WPT911101-000-NBMHUHKLKXTNBR-9 — 28/05/2023 12:16:12 -03:00

CARTA DE AUTORIZAÇÃO

Declaramos que nós do(a) UPA Batel, Primavera 24 horas, Trianon, autorizamos a pesquisadora Lourdes de Fátima Olenik, a coletar dados para a execução do Projeto de Pesquisa "Protocolo de News: Implementação nas Unidades de Pronto Atendimento no munícipio de Guarapuava - Pr".
A pesquisadora somente poderá iniciar a pesquisa pretendida quando o mesmo seja aprovado pelo Comitê de Ética em Pesquisa da Universidade Estadual do Centro-Oeste, UNICENTRO.
Para isto, serão disponibilizados a pesquisadora o uso do espaço físico da unidade para a capacitação dos profissionais de saúde. Bem como estamos cientes de que o presente trabalho deve seguir a Resolução 466/2012 (CNS) e complementares.

Guarapuava,28/04/2023

Thaisa de Brito Neitzke
Enfermeira
COREN-PR 123709
(Thaísa Neitzke / Enfermeira Coordenadora)

Jorge L. Marques Albach
Enfermeiro
COREN/PR 325237
(Jorge Albach /Enfermeiro Coordenador)

(Taís Davila Carli /Enfermeira Coordenadora)

DETALHAR PROJETO DE PESQUISA

DADOS DA VERSÃO DO PROJETO DE PESQUISA

Título da Pesquisa: PROTOCOLO DE NEWS: IMPLEMENTAÇÃO NAS UNIDADES DE PRONTO ATENDIMENTO NO MUNICÍPIO DE GUARAPUAVA - PR
Pesquisador Responsável: LOURDES DE FATIMA OLENIK
Área Temática:
Versão: 3
CAAE: 69536423.0.0000.0106
Submetido em: 12/08/2023
Instituição Proponente: SESG - SOCIEDADE DE EDUCACAO SUPERIOR GUAIRACA LTDA
Situação da Versão do Projeto: Aprovado
Localização atual da Versão do Projeto: Pesquisador Responsável
Patrocinador Principal: Financiamento Próprio

Comprovante de Recepção: PB_COMPROVANTE_RECEPCAO_2078569

DOCUMENTOS DO PROJETO DE PESQUISA

- Versão Atual Aprovada (PO) - Versão 3
- Projeto Completo

Tipo de Documento	Situação	Arquivo	Postagem	Ações

LISTA DE APRECIAÇÕES DO PROJETO

Apreciação	Pesquisador Responsável	Versão	Submissão	Modificação	Situação	Exclusiva do Centro Coord.	Ações
PO	LOURDES DE FATIMA OLENIK	3	12/08/2023	06/09/2023	Aprovado	Não	

ANNEX V

CAPÍTULO 18

IMPLEMENTAÇÃO DE AÇÕES HUMANIZADAS NA ATENÇÃO BÁSICA: UMA REVISÃO BIBLIOGRÁFICA

Lourdes de Fátima Olenik
Evani Marques Pereira
Deoclécio Rocco

RESUMO

O povo brasileiro obteve como conquista a saúde como direito de todos e dever do Estado, o que vem sendo alcançado apesar das dificuldades encontradas na área da saúde.O SUS prevê a hierarquização do cuidado. No entanto, estabelecer a hierarquia tem sido um desafio até hoje e como exemplo disso tem-se o atendimento urgente/emergencial que, na maioria dos hospitais públicos do Brasil, sofre com a superlotação. Esses problemas ocorrem devido à falta de planejamento e protocolos que facilitem o fluxo de cuidados na atenção básica. Nesse contexto, as Unidades de Pronto Atendimento (UPAs) apresentam-se como uma das estratégias da Política Nacional de Atenção às Urgências para melhor organizar o atendimento, articulando os serviços de saúde e definindo fluxos, onde presta atendimento nos casos agudos em situações de urgência e emergência. No entanto, pesquisas têm mostrado cuidados ineficazes, comportamentos e práticas inadequadas, bem como falta de recursos materiais, humanos e financeiros, fatores que impactam diretamente a segurança e o processo de trabalho diante disso, é possível citar para esse feito o acolhimento com Classificação de Risco (ACCR), dispositivo pelo qual o Ministério da Saúde, por meio da Política Nacional de Humanização (PNH), visa agilizar o atendimento, utilizando um protocolo pré-estabelecido, que visa analisar o grau de necessidade do usuário, prestando cuidados centrados no nível de complexidade, e não na ordem de chegada. O Humanizasus tem como principal objetivo a avaliação inicial, seleção e encaminhamento dos usuários para unidades específicas adequadas à assistência prestada. A triagem é mais do que classificar os pacientes, é também garantir o direito à cidadania, resgatar os princípios do SUS, acolher e orientar, por meio da escuta qualificada, avaliação e registro completo da queixa principal, também busca implementar o trabalho em equipe, estimular o pensamento crítico buscando agilizar a tomada de decisão, promovendo assim um atendimento mais assertivo.

PALAVRAS-CHAVES: Atenção Primária. Enfermagem. Humanização da Assistência. Acolhimento. Classificação.

1. INTRODUÇÃO

O povo brasileiro obteve como conquista a saúde como direito de todos e dever do Estado, que tem sido alcançada apesar das dificuldades encontradas na área da saúde. Dessa forma começou a vigorar a nova Constituição Federal em 1988, instituindo o Sistema Único de Saúde (SUS).

O SUS prevê a hierarquização do atendimento, respeitando os princípios de referência e contrarreferência nos três níveis de atenção. No entanto, estabelecer a hierarquização tem sido um desafio até os dias de hoje e como exemplo disso tem-se o atendimento de urgência/emergência que na maioria dos hospitais públicos do Brasil, sofre com a superlotação e dessa forma entrega um serviço de baixa qualidade. Esses problemas ocorrem por falta de planejamento e protocolos que facilitem o fluxo de atendimento na atenção básica.

Nota-se que a dificuldade de manejo da atenção às urgências ocorre pelo excesso de demanda que gera uma superlotação dos serviços. Como consequência dessa realidade que os usuários dos serviços e profissionais enfrentam diariamente torna-se necessária demanda por humanização da assistência frente às várias queixas dos pacientes, relatando maus-tratos e falta de atendimento adequado às necessidades humanas.

Nesse contexto as Unidades de Pronto Atendimentos (UPAs) apresentam-se como uma das estratégias da Política Nacional de Atenção às Urgências para melhor organizar a assistência, articulando os serviços de saúde e definindo fluxos, onde realiza atendimentos a casos agudos em situação de urgência e emergência.

No entanto, pesquisas têm demonstrado uma assistência ineficaz, comportamentos e práticas inadequados, além da falta de recursos materiais, humanos e financeiros, fatores que impactam diretamente na segurança e no processo do trabalho.

Diante do contexto enfrentado pelo SUS desde sua criação, segue-se a implantação da Política Nacional de Humanização (PNH), que objetiva à humanização em todos os serviços de saúde. É importante citar a necessidade dessa política nos atendimentos de urgência/emergência, pois por meio dela visa-se a redução das filas e do tempo de espera com atendimento acolhedor e resolutivo baseado em critérios que classificam o risco. Além disso, os usuários saberão quem são os profissionais que cuidam de sua saúde e os serviços de saúde se responsabilizarão por sua referência territorial; as unidades de saúde garantirão as informações ao usuário e os direitos do código dos usuários do SUS, bem como a gestão participativa aos profissionais e usuários.

A humanização no atendimento exige que haja interação entre os profissionais da saúde e usuários sobre experiências e vivências e, com isso, conduzam para ações mais assertivas, possibilitando a resolução dos problemas e utilizando meios que facilitem o trabalho em saúde, buscando sempre melhorias para o usuário.

Diante disso pode-se citar para tal feito o Acolhimento com Classificação de Risco (ACCR), um dispositivo pelo qual o Ministério da Saúde, por meio da PNH, objetiva, agilizar os atendimentos, utilizando um protocolo preestabelecido, que visa analisar o grau de necessidade do usuário, proporcionando atenção centrada no nível de complexidade, e não na ordem de chegada. Dessa maneira, realiza-se uma avaliação e uma classificação da necessidade. distanciando-se do conceito tradicional de triagem e suas práticas de exclusão, já que nesse contexto todos serão atendidos.

A principal finalidade do Humanizasus, é a avaliação inicial, a seleção e o encaminhamento dos usuários às unidades específicas adequadas ao atendimento prestado. A triagem é mais do que classificar os pacientes, é também garantir o direito à cidadania, resgatar os princípios do SUS, acolhendo e orientando, através da escuta qualificada, avaliação e registro completo da queixa principal, busca também implementar o trabalho em equipe, estimular o raciocínio crítico buscando agilizar a tomada de decisões, promovendo assim um atendimento mais assertivo.

Estudos mostram que o profissional atuando nos serviços de urgência e emergência precisa desenvolver aptidões que lhes garantam sucesso técnico-científico e postura acolhedora e humanizada com os usuários. Nota-se que dessa forma a necessidade da implementação de protocolos que melhorem o fluxo de atendimentos, tornando-os mais assertivos e humanizados.

Dessa forma o objetivo desse estudo foi analisar por meio de uma revisão bibliográfica a necessidade da implementação desses protocolos e sua importância nas práticas de humanização na atenção básica de saúde.

2. METODOLOGIA

2.1 Busca de artigos

Conduziu-se uma busca, no período de agosto a outubro de 2022, nas bases de dados: Pubmed, Scielo e Lilacs. Foram utilizados para as buscas as combinações dos seguintes descritores na língua inglesa: Humanization of Assistance; primary care; nursing.

2.2 Critérios de inclusão e exclusão

Foram incluídos na pesquisa os estudos que preencheram os seguintes critérios:

- Estudos que tinham a implementação da humanização e acolhimento como assunto principal; estudos indexados nas bases de dados citadas;
- Publicação na língua inglesa nos últimos dez anos, nos períodos de 2012 a 2022.

Os critérios de exclusão adotados foram:

- Artigos que não tratavam da humanização nos atendimentos na atenção básica;
- Capítulos de livros.

2.3 Extração dos dados

A extração dos dados foi realizada por pesquisadores independentes. Os dados extraídos incluíram informações sobre as características das publicações (nome dos autores, ano de publicação, tipo de estudo, objetivo do estudo e principais resultados e conclusões).

3. RESULTADOS

Na busca realizada de agosto a outubro, foram encontrados 78 artigos, na base de dados, Pubmed, Scielo e Lilacs; sendo 52 encontrados na Pubmed, 22 na Lilacs e 4 na Scielo.

De todos eles, 41 foram excluídos após a leitura do seu título, e logo após a leitura do resumo dos artigos restantes, 20 mais destes foram descartados. Em seguida, após uma leitura completa dos artigos mais 7 deles foram retirados, restando assim apenas 10 artigos que foram selecionados

Desses 10 artigos se enquadram nos critérios de inclusão e exclusão estabelecidos. As características dos artigos selecionados, quanto aos desfechos e os resultados serão apresentados na tabela 1.

4. DISCUSSÃO

Foram encontrados poucos estudos sobre a temática proposta neste trabalho, sendo que a maioria dos artigos selecionados estavam entre publicações feitas entre 10 e 5 anos, com poucos estudos atuais. Abaixo na tabela 1 pode-se observar de forma detalhada o ano de publicação dos estudos, bem como um resumo dos objetivos propostos e resultados encontrados.

Tabela 1: Estudos sobre a implementação da humanização na atenção básica de saúde.

Nº	AUTORES E ANO	TÍTULO DO ARTIGO	OBJETIVO	TIPO DE ESTUDO	SÍNTESE DOS RESULTADOS
1	Lislaine Aparecida Fracolli, *et al.* (2012)	Competência do enfermeiro na Atenção Básica: em foco a humanização do processo de trabalho	Discutir competências da grade de ensino que dão suporte a humanização em saúde	Pesquisa descritiva com abordagem quantitativa	Houve um consenso ao fato de que os temas trabalhados direcionam o profissional a prestar assistência e solucionar problemas sempre direcionado a humanização do cuidado.
2	Ana Helena de Lima Mendes, *et al.* (2021)	Compreensão da educação popular em saúde por uma equipe da estratégia saúde da família	Analisar o conhecimento sobre educação popular em saúde de enfermeiros e agentes comunitários na atenção primária em saúde.	Qualitativo, baseado na observação e na interpretação de fenômenos	Identificou-se falta de embasamento e protocolos que norteiam os profissionais para que possam aplicar de uma melhor forma e melhorar o fluxo de atendimentos.
3	Maria Tereza Soares	Educar para humanizar: o papel transformador da	Elaborar preceitos teóricos e práticos de Educação Permanente em Saúde;	Revisão realista	Metodologias ativas e grupalidade foram intervenções educativas relevantes para a implantação e

	Rezende Lopes, *et al.* (2017)	educação permanente na humanização da atenção básica	Utilização de dispositivos da Política Nacional de Humanização.		utilização dos dispositivos de Humanização na atenção básica em saúde.
4	Lívia Silveira Silva, *et al.* (2019)	Ser enfermeiro no quotidiano da Atenção Primária à saúde: o fazer, o aprender e o conviver	Compreender o cotidiano do enfermeiro na atenção primária à saúde.	Estudo de casos múltiplos holístico-qualitativo	O enfermeiro vivencia o protagonismo, autonomia e aplicação dos conhecimentos e habilidades profissionais com empatia, humanização e ética. Enfrenta desafios como falta de recursos, elevada demanda, além da necessidade de educação permanente.
5	Cátula Pelisoli *et al.* (2014)	Acolhimento em saúde: uma revisão sistemática em periódicos brasileiros	Revisão sobre o acolhimento em saúde, sob o ponto de vista de profissionais e usuários.	Revisão sistemática da literatura	Notou-se que a literatura ainda é relativamente escassa, e os estudos analisados mostram uma preocupação com a importância do acolhimento para a humanização do atendimento.
6	Carlise Rigon Dalla Nora, *et al.* (2013)	Política De humanização na atenção básica: revisão sistemática	Analisar as práticas de humanização na atenção básica com base nos princípios da política nacional de humanização	Revisão sistemática da literatura seguida de metassíntese	Notou-se que muitas práticas são citadas como humanizadoras, mas não conseguem produzir mudanças nos serviços de saúde por falta de uma análise mais aprofundada nos processos de trabalho e de educação permanente nos serviços
7	Regina Maria Curioletti, *et al.* (2018)	O cuidado a hipertensos e diabéticos na perspectiva da Política Nacional de Humanização	Como profissionais da equipe de saúde da família conduzem o atendimento a pacientes hipertensos e diabéticos.	Estudo exploratório descritivo de abordagem qualitativa	Os resultados demonstraram um avanço em relação a implementação da política nacional de humanização e desafios em relação à prática clínica e concluíram que ações de educação permanente são necessárias para qualificar o cuidado.
8	Aline Daiane Colaço, *et al.* (2019)	O cuidado à pessoa que vive com hiv/aids na atenção primária à saúde	Compreender o processo de cuidado à pessoa com HIV/aids na Atenção Primária à saúde.	Pesquisa qualitativa, exploratória e descritiva	Verificou-se a necessidade de implementação de um fluxo de atendimento para o manejo desses pacientes, a fim de melhorar o acolhimento e atendimento específico para esse público.
9	Sabrina Talita Teotônio Bezerra, *et al.* (2015)	Educação em saúde como compromisso para humanizar a atenção básica: compreensão de profissionais de enfermagem.	Compreender a concepção de enfermeiros acerca da prática de educação em saúde como compromisso com a humanização na atenção básica.	Estudo exploratório e descritivo, com abordagem qualitativa	Observou-se a importância não apenas da transmissão do conhecimento, mas também da troca de saberes com o objetivo de gerar mudanças nos hábitos de saúde dos indivíduos e da comunidade.
10	Carla Fernanda Batista Paula, *et al.* (2019)	Humanização da assistência: acolhimento e triagem na classificação de risco	Estabelecer relação entre humanização, acolhimento e triagem na classificação de risco pela enfermagem em serviços de emergência	Quantitativo, analítico, transversal	Os pacientes entrevistados relataram estar satisfeitos com relação ao atendimento humanizado e triagem realizados pelos enfermeiros. Concluíram que quando há insatisfação faz-se necessário identificar as situações, colocá-las em evidência propondo mudanças.

Fonte: Elaborada pela autora com base nos artigos selecionados para a pesquisa. Brasil (2022).

Nota-se nos estudos encontrados que muitas práticas são embasadas na humanização, mas não chegam a concretizar mudanças significativas nos serviços de saúde, ao serem desenvolvidas como ações desarticuladas e sem protocolos específicos para nortearem os

processos de trabalho. O estudo de Nora *et al.* (2013) corrobora com esse fato ao encontrar em sua revisão sistemática artigos que mostravam que há uma falta de análise aprofundada sobre o tema, o que dificulta o planejamento de ações eficazes.

Destaca ainda que usuários, trabalhadores e gestores são corresponsáveis pela organização e funcionamento dos serviços de saúde por meio da participação e do controle social e cita a importância de implementar o compartilhamento de saberes, compromissos e responsabilidades com o intuito de estabelecer uma nova prática que convida para o repensar ético-político do cotidiano dos serviços, na busca de entregar um trabalho mais resolutivo e humanizado aos usuários.

Em sua metanálise Nora *et al.* (2013), encontrou com maior evidência os seguintes aspectos negativos do cuidado em saúde, a precariedade no atendimento aos usuários, descontinuidade desse atendimento e a não garantia de um atendimento longitudinal nos níveis de atenção, pois quando há fragmentação da rede de atenção se torna mais difícil exercer o centro de comunicação, coordenando o cuidado. Por fim conclui citando a importância da articulação das redes de atenção e produção de saúde com gestão compartilhada, oferecendo acesso de qualidade aos usuários com mais resolubilidade

Bezerra *et al.* (2014), encontraram em seu estudo exploratório sobre a concepção do enfermeiro sobre a prática de educação em saúde como compromisso com a humanização na atenção básica e observou a importância da transmissão de conhecimento e da troca de saberes com o objetivo de gerar mudanças nos hábitos de saúde dos usuários. O estudo foi estruturado através da pergunta "o que você entende por educação em saúde" para enfermeiros que atuam na Estratégia Saúde da Família. Durante as entrevistas os enfermeiros relataram achar importante a educação em saúde transmissão de conhecimentos tornando os usuários ativos no processo saúde-doença, utilização de diferentes recursos educativos, atenção empática fundamentada no acolhimento e na escuta e oportunizar qualidade de vida e dos serviços de saúde.

Entende-se que esses profissionais devem dialogar com os usuários e buscar formas de educação em saúde, por meio de um processo de escuta, e perceber os erros das práticas já existentes, criando atividades com melhores resultados, haja vista que a educação em saúde representa uma ferramenta capaz de mudar o comportamento dos usuários em prol da promoção da saúde. Só desse modo haverá uma transformação do educar para a saúde.

Mendes *et al*. (2021) observaram através de entrevistas a enfermeiros de estratégia da família que mesmo sem protocolos específicos esses profissionais buscam utilizar ações baseadas na educação popular em saúde, mesmo que com dificuldades de aplicar no cotidiano.

Compreende-se Educação Popular em Saúde (EPS) como um modo particular de reconhecer e enfrentar os problemas de saúde, através do diálogo com as classes populares, o respeito às suas culturas, o reconhecimento dos seus saberes como válidos e como base utilizando a Educação Popular, formulada por Paulo Freire no Brasil, promovendo sempre a escuta, não apenas dos pacientes, mas também entre os profissionais.

Frente a essas questões nota-se a necessidade de implementar práticas de educação em saúde, guiando os profissionais em seus atendimentos no cotidiano, baseados nos dispositivos de Política Nacional de Humanização na atenção básica.

Em uma revisão de literatura realizada por Lopes *et al*. (2017), onde objetivou-se elaborar preceitos teóricos sobre essas práticas, analisaram estudos que norteavam questões como a implementação da educação permanente e quais práticas têm sido realizadas na busca da implantação do atendimento humanizado em saúde. Após essas análises, observaram que as metodologias ativas de aprendizagem e grupos de discussão e interação foram intervenções educativas relevantes para implantação e utilização dos dispositivos de humanização e a partir dessa evidência, identificaram duas teorias que explicitam os processos de educação permanente na atenção básica para a implantação e utilização destes dispositivos. Por fim concluíram que as práticas de Educação Permanente são importantes para a implantação e organização desses dispositivos na atenção básica e os preceitos teóricos elaborados podem tornar os trabalhadores da atenção básica permeáveis à sua implantação e facilitar esse processo.

Os estudos têm apontado como estratégia eficiente as ações educativas, bem como aplicação de metodologias ativas na aprendizagem entre os profissionais como intervenção necessária na busca da construção do conhecimento humanizado.

Processos educativos eficazes devem ser capazes de despertar nos participantes um desejo de promover uma prática que seja adequada às necessidades do usuário, impulsionados pelas abordagens pedagógicas ativas

Dessa forma pode-se observar a necessidade de implementar ações pautadas nos dispositivos de Política Nacional de Humanização na atenção básica, buscando um atendimento humanizado e mais assertivo, por meio de ações e protocolos que norteiam o fluxo de atendimentos na saúde básica.

5. CONCLUSÃO

Pode-se observar através dos estudos encontrados nas bases de dados que, as ações de importância da Educação em Saúde se mostram necessárias na busca de implementar uma rotina de atendimento cada vez mais humanizado. Se notar também que algumas ações com o foco em educação permanente em saúde, são desenvolvidas pela iniciativa dos profissionais, mesmo sem muito embasamento e direcionamento sobre as ações, e com a carência de um protocolo específico do fluxo de trabalho para a conduzir as práticas no cotidiano, além do apoio insuficiente da gestão local e municipal.

Como limitação deste estudo, cita-se o número restrito de trabalhos encontrados na literatura sobre o tema abordado, impedindo a ampliação das discussões.

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