

Nurses and care management in clinical emergencies: Bibliographic review

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Keywords—Patient-Centered Care. Emergency Assistance. Nursing care.

Abstract—Objective: This study aims to gather, characterize, evaluate and integrate studies that investigated the management of nursing care in the main clinical emergencies. Method: This is a review of national and international literature, which includes the analysis of research results that offer support to nurses in relation to conduct in the main clinical emergencies. Results: Among the most cited clinical emergencies in the articles, the management of nursing care in hypertensive crisis, hyperglycemic crisis, upper and lower gastrointestinal bleeding, acute pulmonary edema, burn patients and sepsis stand out. Final considerations: The study had limitations regarding the number of scientific articles specifically related to urgency and nursing care. Furthermore, it is concluded that nurses play a fundamental role in the prevention, diagnosis, treatment, evolution and stabilization of the clinical picture.

I. INTRODUCTION

As nursing has developed as a profession, there has been a continuous evolution in the scope of nurses' work. In the experience of nursing in clinics, it is common for urgent cases to occur, which are those that need rapid intervention, because if they are not properly corrected, they can become emergency cases, that is, covering more severe symptoms, such as hyperthermia, hypertensive crises, hyperglycemic crises and emesis. [1]

Nurses are daily exposed to stress, exhaustion, emotional pressure, physical and mental effort, this is because there is an accumulation of functions, care and bureaucratic activities. Therefore, it is of paramount importance that the professional working in the area of the urgency and emergency sector is qualified and that this sector becomes increasingly humanized and with higher

quality, as the work environments impose an extreme effort on these professionals. [2]

Nursing work in relation to clinical emergencies is involved in the non-clinical dimensions of organizational and interdepartmental management. The role of emergency nursing in clinics is considered crucial to improve the quality of emergency care services for society and nursing as a profession. [1]

It is worth mentioning that in addition to the care functions, the nurse performs administrative functions, such as coordinating the nursing team, solving problems related to medical care, staffing and requesting necessary materials, monthly team schedule, updating protocols, among others. [2]

The presence of a nurse is mandatory where there is nursing care, it is up to him to perform assistance, plan, execute and evaluate it. Nursing care occurs in two

aspects, the management of the unit, in which the nurse is responsible for the forecast and provision of materials, equipment and human resources, and the management of care, which ranges from the reception to the prescription of care. nursing in the development of the Systematization of Nursing Care (SAE).[3]

The nurse provides care to patients and helps manage their physical needs, prevent illness and treat health problems. For this, within the clinic it is necessary to observe and monitor the patient, recording all relevant information to assist in the treatment decision making. Throughout the treatment process, the nurse follows the patient's evolution and acts according to the patient's needs.[2]

The nursing team is directly involved in the decision-making process for the treatment of patients, it is important that they are able to think critically when evaluating the patient's signs and identifying potential problems, so that they can make recommendations and appropriate actions. Nurses are more familiar with the individual patient's situation as they monitor their signs and symptoms on an ongoing basis and must collaborate with other members of the medical team to promote the best patient health outcomes.[3]

The definition of Urgency, according to Resolution 1451/95 of the Federal Council of Medicine, is the "unforeseen occurrence of a health problem with or without potential risk to life, whose patient needs immediate medical assistance", the state of urgency is characterized as any change in their healthy state, they seek immediate care.[4]

In this sense, this study aims to gather, characterize, evaluate and integrate studies that investigated the management of nursing care in the main clinical emergencies, in order to expand knowledge and the best scientific basis for the practice of nursing care.

II. METHOD

Eligibility criteria

This is a review of national and international literature, which includes the analysis of research results that can offer support to nurses in relation to conduct in the main clinical emergencies. In this context, the review is like a method that provides the integration of knowledge and the applicability of important research results in practice, allowing to gather and summarize several published studies, bringing conclusions about the topic addressed in the study.[5]

For the selection of suitable works for the objectives proposed by our review, we determined criteria capable of

selecting and filtering studies to improve the collection of information and direct our search. The criteria adopted were: (1) Having been published in the last 10 years; (2) Be registered in one of the PubMed, SciELO or Google Scholar search databases; (3) Contain the keywords: "Patient-Centered Care"; "Emergency Relief" and "Nursing Care" in the search and (4) Be in agreement with the objective proposed by the review.

Sources of information and selection of studies

A standardized data extraction model was used. Such information was extracted from the title and abstract (abstract) of the researched studies. According to these reports, the articles used in the construction of the review were selected, following the aforementioned eligibility criteria.

With no filters applied, 628 articles were found in all databases, divided into 615 in Google Scholar, 2 in Scielo and 11 in Pubmed. After applying the year of publication filter, 504 were found, 2 in Scielo, 496 in Google Scholar and 11 in PubMed.

Of these, 8 articles were selected that met the requirements established in the eligibility criteria and were in accordance with the objectives proposed by this work. In the searches in the databases, it was difficult to find works that dealt specifically with clinical emergencies and nursing care.

III. RESULTS AND DISCUSSION

Nursing care management in hypertensive crisis

Hypertension is a chronic disease, according to the literature, the nurse's roles in the management of hypertension involve all aspects of care, including detection of the pathology, referral, patient follow-up as well as diagnosis and medication management. Therefore, the nurse's role in the treatment of hypertension consists of educating, advising and measuring blood pressure.[6]

The hypertension is the term used to describe high blood pressure that exceeds 140 by 90 mmHg. A hypertensive crisis is an acute, sharp rise in blood pressure associated with signs of end-organ damage. Several stimulant events can cause hypertensive emergencies, such as non-adherence to antihypertensive medications and the use of sympathomimetics are two of the most common causes. This causes a rapid rise in blood pressure, in addition to the body's innate ability to self-regulate.[7]

In patients who have markedly elevated blood pressure, a careful history and examination are necessary to determine which of these patients is experiencing a true hypertensive emergency. Symptoms such as headache,

dizziness, altered mental status, shortness of breath, chest pain, decreased urine output, vomiting, or vision changes require further evaluation. The origin of the abrupt onset of hypertension should also be investigated for direct treatment.[6]

The transition from hypertension and mild normotension to a hypertensive crisis is usually precipitated by an event that causes an abrupt increase in blood pressure. Situations associated with this event may include discontinuation of hypertensive medications with potential rebound effects, consumption of illicit drugs and severe pain, as well as various clinical syndromes.[8]

The management of hypertensive crisis, the main objectives of nursing care are to monitor the administration of intravenous drugs and the patient's response to treatment. In addition, education and monitoring by nurses are essential for stabilizing the condition, such as explaining to the patient the importance of taking the medication daily and at the right time.[9]

Nursing care for the patient with hypertensive crisis consists of analyzing the risk as observed in related factors and individuals with conditions that stress the heart. Thus, it is essential to verify laboratory data, such as cardiac markers, blood count, electrolytes, among others. Another important factor is cardiac monitoring and blood pressure measurement.[9]

The measurement of color, humidity, temperature and capillary refill time. The goals of nursing care planning for hypertension include reduction or control of blood pressure, adherence to the therapeutic regimen, changes in lifestyle and prevention of complications.[6]

Nursing care management in the hyperglycemic crisis

Diabetes is a major health problem with many social and economic consequences for the general population. It is characterized by the body's inability to produce or process insulin effectively. This can be a condition called chronic hyperglycemic state, which is defined as an excessive concentration of glucose in circulating blood plasma.[10]

If uncontrolled and untreated, patients with diabetes are at risk for hyperglycemic crises, such as diabetic ketoacidosis or a hyperosmolar hyperglycemic state. [11] Nurses often care for patients diagnosed with diabetes in various clinical settings, so it is essential that they are aware of the prevention and treatment of hyperglycemia and hyperglycemic crises.[12]

If unchecked and untreated, patients with diabetes are at risk of developing potentially life-threatening short-term hyperglycemic crises such as diabetic ketoacidosis or a hyperosmolar hyperglycemic state. Given this, nurses

often care for patients diagnosed with diabetes in various clinical settings, it is essential that they are aware of the prevention and treatment of hyperglycemia and hyperglycemic crises.[13]

Symptoms of hyperglycemia include: increased thirst and dry mouth, frequent urination, tiredness, blurred vision and recurrent infections such as canker sores, bladder infections (cystitis) and skin infections. The precipitating factors for a hyperglycemic crisis include: infection, surgery or periods of acute illness. In this situation, the body releases hormones like adrenaline as part of the body's stress response. During the stress response, blood pressure and heart rate are elevated and blood glucose levels are maximized in preparation for increased activity.[14]

For Araújo et al. (2018) provide effective care for patients in a hyperglycemic crisis, it is important for nurses to guide and provide care in the clinical management of diabetic ketoacidosis and hyperosmolar hyperglycemic state. Blood glucose monitoring is also necessary in patients with diabetes who are at risk for a hyperglycemic crisis. All patients in a hyperglycemic crisis require regular monitoring of vital signs, 24-hour cardiac monitoring, and measurement of oxygen saturations via pulse oximetry, as well as ongoing assessment.[13]

Nursing care management in upper and lower digestive hemorrhage

Acute upper gastrointestinal bleeding (ADH) is such an early emergency that recognition is essential. It may present with hematemesis, coffee powder vomiting, melena, or as an unexplained drop in hemoglobin levels. Recent rectal bleeding may also occur, particularly when accompanied by hemodynamic instability.[15]

Upper gastrointestinal bleeding is characterized by the sudden onset of bleeding from the gastrointestinal tract at a site (or sites) proximal to the ligament of Treitz. Most upper GI bleeds are a direct result of peptic ulcer erosion, a stress-related disease of the mucosa, which may present as erosive gastric lesion superficial to frank ulcerations, erosive gastritis (secondary to the use or abuse of NSAIDs, oral corticosteroids, or alcohol or esophageal varices (secondary to liver failure). [16]

Several risk factors that complicate upper gastrointestinal bleeding, such as advanced age, comorbidities (especially heart or liver disease or bleeding disorders), certain medications (NSAIDs, aspirin, warfarin and possibly channel blockers) calcium and alcohol abuse. Leaving these complicating factors aside, failure to treat these patients puts them at risk for additional complications related to ongoing bleeding.[16]

Nursing care for a patient with ADH consists of monitoring the patient, and it is important to obtain pulmonary artery pressure, central venous pressure and blood pressure every 15 minutes during acute episodes to assess fluid needs, as well as that there is monitoring of the fluid volume and the patient's response to therapy. [17]

Monitoring of the Electrocardiogram (ECG) is necessary to detect arrhythmias and myocardial ischemia, and to assess the patient for increased restlessness, apprehension or altered consciousness, which may indicate decreased cerebral perfusion. Other care that the nursing team must perform are: assessment of hydration status, and assessment of recurrent bleeding.[15]

Nursing care management in acute lung edema

Nursing care for patients with acute pulmonary edema (APE) is vital, as is its timely diagnosis and treatment. The nurse, through the corresponding assessment, diagnoses and accelerates the treatment, preventing the patient's death, detecting the event properly and providing treatment to stabilize the patient.[18]

The presence of APE represents a serious emergency condition that requires immediate and effective treatment, otherwise, the patient's imminent death occurs. Nursing interventions in APE consist of monitoring the respiratory pattern, observing the respiratory rate, duration and depth of the accessory muscles of breathing, as well as analyzing respiratory sounds during auscultation, such as rales, wheezes, etc.[19]

In addition, the nursing team must perform pulmonary auscultation to determine the presence of secretions in the airways and, if there are secretions, investigate the characteristics of secretions, quantity, color, odor and consistency. In addition, it is necessary to position the patient in the ideal position to improve the breathing pattern (fowler or semifowler) and perform nursing records.[18]

Management of nursing care for burned out

The nursing team caring for a burn patient must have knowledge about the physiological changes that occur after a burn, as well as astute assessment skills to detect subtle changes in the patient's condition. A burn is the result of heat transfer from one place to another. Burns break the skin, which increases fluid loss, infection, hypothermia, scarring; compromised immunity; and changes in function, appearance, and body image.[20]

Changes that can occur in burns include: hypovolemia, decreased cardiac output, edema, decreased circulating blood volume, hyponatremia, hyperkalemia, and hypothermia. There are many consequences involved in burns that can progress without treatment, the main

symptoms being: ischemia, as edema increases, pressure on small blood vessels and nerves in the distal extremities causes an obstruction of blood flow, and tissue hypoxia, which is the result of inhaling carbon monoxide. In addition, respiratory arrest can occur, and pulmonary complications are secondary to inhalation injuries.[21]

Nursing care focuses on key priorities such as: monitoring vital signs frequently, cardiac monitoring and monitoring of fluid intake. Other nursing care for the burn patient is: assessment of body temperature, body weight, history of pre-burned weight, allergies, tetanus immunization, previous medical surgical problems, current illnesses and medication use.[21]

Nurses play an important role in the general management of the burn patient, management involves not only medical care, but also a psychological assessment of the victim and the family. It also encompasses evaluating the patient to obtain a diagnosis and then determining the patient's goals. Upon this, an action plan is implemented and evaluated in the context of the patient's response.[22]

It is important for the nurse to frequently assess the extent of the burn, as well as assess the depth of the wound and identify areas of full- and partial-thickness injury. In addition, it is essential to carry out an assessment of the neurological status such as: level of consciousness, psychological status, levels of pain and anxiety and behavior.[22]

Nursing care management in sepsis

Sepsis is a systemic response to infection. Hospitalized patients with sepsis are eight times more likely to die during hospitalization.[23] One of the consequences of sepsis, if not corrected, is septic shock that is associated with sepsis. In this, microorganisms invade body tissues and, in turn, patients exhibit an immune response. This immune response causes the activation of cytokines and biochemical mediators associated with an inflammatory response. Then, increased capillary permeability and vasodilation interrupt the body's ability to deliver adequate perfusion, oxygen, and nutrients to tissues and cells.

Nurses are in a position to directly impact sepsis-related morbidity and mortality. Early identification and treatment are the cornerstone of sepsis management. In this way, nursing professionals are on the front line in hospitalized patient care. Therefore, being aware of subtle clinical changes indicative of impending clinical decline is critical for timely interventions and avoiding poor clinical outcomes.[24]

Nurses should keep in mind the risks of sepsis and the high mortality rate associated with sepsis, severe sepsis and septic shock. Assessment is one of the main

responsibilities of the nurse and must be done with precision and diligence. It is important for the nurse to assess whether the patient has a positive blood culture, is taking antibiotics, has had a chest examination or radiography, or is suspected of having an infected wound.[25]

In addition, it is crucial to assess for the presence of hypotension, tachypnea, tachycardia, decreased urine output, clotting disorder, and liver abnormalities. Other interventions for the management and control of sepsis are infection surveillance, so all invasive procedures should be performed with aseptic technique, including hand washing and fever control, also monitoring the patient closely to observe the presence of tremors. [23]

IV. FINAL CONSIDERATIONS

The present study brought important reflections about the role of nurses as an essential element for improving the quality of nursing care. It highlights the need for clinically competent nurses, collaborative working relationships, autonomous nursing practice, adoption of adequate staff, control over nursing practice, managerial support and a patient-centered culture.

Thus, nurses work in a health context in which they need to balance cost-effectiveness and responsibility with their desire to provide nursing care based on the patient's needs and preferences, and they experience a conflict between these two approaches. Nurses must gain autonomy over their own practice in order to improve the patient experience.

Faced with numerous situations of clinical emergencies that have the potential to become emergencies, nursing has a fundamental role in the prevention of these possible future emergencies, the nursing performance begins in the anamnesis and goes through the diagnosis, treatment, evolution of the patient's condition and stabilization. from the board. The study carried out had limitations regarding the number of scientific articles specifically related to urgency and nursing care.

REFERENCES

- [1] HOEVE, Yvonne ten; JANSEN, Gerard; ROODBOL, Petrie. The nursing profession: public image, self-concept and professional identity. A discussion paper. *Informing Practice and Policy Worldwide Through Research and Scholarship*, [s. l.], 27 abr. 2013. DOI <https://doi.org/10.1111/jan.12177>. Available: <https://onlinelibrary.wiley.com/doi/10.1111/jan.12177>. Acesso em: 27 dez. 2021.
- [2] OLIVEIRA, Djenyfe. A atuação do enfermeiro em atendimento de urgência. *Pebmed*, [s. l.], 12 jul. 2021. Available: <https://pebmed.com.br/a-atuacao-do-enfermeiro-em-atendimento-de-urgencia/>. Acesso em: 27 dez. 2021.
- [3] SANTOS, José Luís Guedes dos et al. Práticas de enfermeiros na gerência do cuidado em enfermagem e saúde: revisão integrativa. *Revista Brasileira de Enfermagem*, [s. l.], v. 60, n. 2, 2013. DOI <https://doi.org/10.1590/S0034-71672013000200016>. Available: <https://www.scielo.br/j/reben/a/zpPkwjwD6CkNvKnXvRWmXQv/?lang=pt>. Acesso em: 27 dez. 2021.
- [4] CONSELHO FEDERAL DE MEDICINA. Resolução CFM n. 1451/95 [online]. 1995.
- [5] SOUZA, M. T. D., SILVA, M. D. D., CARVALHO, R. D. (2010). Revisão integrativa: o que é e como fazer. *Einstein (São Paulo)*, 8, 102-106.
- [6] HERMAN, Andrew. Hypertension The pressure's on. *Nursing*, [s. l.], 2010. DOI [10.1097/01.NME.0000382951.83263.37](https://doi.org/10.1097/01.NME.0000382951.83263.37). Available: https://journals.lww.com/nursingmadeincrediblyeasy/fulltext/2010/07000/hypertension_the_pressure_s_on.11.aspx. Acesso em: 26 dez. 2021.
- [7] HIMMELFARB, Cheryl R Dennison; MENSAH, Yvonne Commodore; HILL, Martha N. Expanding the Role of Nurses to Improve Hypertension Care and Control Globally. *Ann Glob Health*, [s. l.], 2016. DOI <https://doi.org/10.1016/j.aogh.2016.02.003>. Available: <https://pubmed.ncbi.nlm.nih.gov/27372529/>. Access: 26 dez. 2021.
- [8] YIP, Benjamin HonKei et al. Nurse-led hypertension management was well accepted and non-inferior to physician consultation in a Chinese population: a randomized controlled trial. *Scientific Reports* volume, [s. l.], 9 jul. 2018. DOI <https://doi.org/10.1038/s41598-018-28721-2>. Available: <https://www.nature.com/articles/s41598-018-28721-2>. Acesso em: 26 dez. 2021.
- [9] DAVIS, Leslie L. et al. Hypertension update: Implications for nursing practice. *American Nurse*, [s. l.], 23 nov. 2021. Available: <https://www.myamericannurse.com/htn-hypertension-update-nursing-practice/>. Acesso em: 26 dez. 2021.
- [10] NIKITARA, Monica et al. The Role of Nurses and the Facilitators and Barriers in Diabetes Care: A Mixed Methods Systematic Literature Review. *Behav Sci (Basel)*, [s. l.], v. 9, n. 6, 2019. DOI <https://dx.doi.org/10.3390/2Fbs9060061>. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6616628/>. Acesso em: 26 dez. 2021.
- [11] BROADLEY, Lisa; CLARK, Kerry; RITCHIE, Georgina. Prevention and management of hyperglycaemic crisis. *Nurs Stand*, [s. l.], 5 jun. 2019. DOI [10.7748/ns.2019.e11387](https://doi.org/10.7748/ns.2019.e11387). Available: <https://pubmed.ncbi.nlm.nih.gov/31468825/>. Acesso em: 27 dez. 2021.
- [12] FUNNELL, Martha et al. Keeping up-to-date with diabetes care and education. *Nursing* 2020, [s. l.], 2018. DOI [10.1097/01.NURSE.0000545015.98790.27](https://doi.org/10.1097/01.NURSE.0000545015.98790.27).

- Available:
https://journals.lww.com/nursing/Fulltext/2018/10000/Keeping_up_to_date_with_diabetes_care_and.8.aspx. Acesso em: 26 dez. 2021.
- [13] ARAÚJO, Eline Saraiva Silveira et al. Nursingcaretopatientswith diabetes basedonKing'sTheory. Revista Brasileira de Enfermagem, [s. l.], v. 71, n. 3, 2018. DOI <https://doi.org/10.1590/0034-7167-2016-0268>. Available: <https://www.scielo.br/j/reben/a/ncZvYbRhgpJZYgPpN3LNhNL/?lang=en>. Acesso em: 26 dez. 2021.
- [14] HACKEL, Jennifer. A case of a patientwithhyperosmolarhyperglycemicstate: implications for nurse practitioners in primarycare. J AmAssoc Nurse Pract., [s. l.], 19 jan. 2014. DOI <https://doi.org/10.1002/2327-6924.12098>. Available: <https://pubmed.ncbi.nlm.nih.gov/24443422/>. Acesso em: 26 dez. 2021.
- [15] SIAU, K et al. Management ofacuteupper gastrointestinal bleeding: anupdate for the general physician. J R Coll PhysiciansEdinb, [s. l.], 2017. DOI <https://doi.org/10.4997/jrcpe.2017.303>. Available: <https://pubmed.ncbi.nlm.nih.gov/29465096/>. Acesso em: 27 dez. 2021.
- [16] MARTINS, AngelicaArêa Leão et al. Hemorragia digestiva alta diagnóstico e tratamento: uma revisão de literatura. Pará Research Medical Journal, [s. l.], v. 3, n. 2, 2019. DOI <http://dx.doi.org/10.4322/prmj.2019.007>. Available: <https://www.prmjournal.org/article/doi/10.4322/prmj.2019.007>. Acesso em: 27 dez. 2021.
- [17] COELHO, Fabricio Ferreira et al. Tratamento da hemorragia digestiva alta por varizes esofágicas: conceitos atuais. ABCD ArqBrasCirDig, [s. l.], 2014. Available: <https://www.prmjournal.org/article/doi/10.4322/prmj.2019.007>. Acesso em: 27 dez. 2021.
- [18] BARROS, Maria das Neves Dantas da Silveira et al. ACUTE PULMONARY EDEMA AND ELEVATED TROPONIN: WHAT IS THEIR SIGNIFICANCE? CLINICAL REVIEW. BrazilianJournalof Medicine andHuman Health, [s. l.], 2016. DOI <https://doi.org/10.17267/2317-3386bjmh.v4i2.923>. Available: <https://www5.bahiana.edu.br/index.php/medicine/article/view/923>. Acesso em: 27 dez. 2021.
- [19] PURVEY, Megan; ALLEN, George. Managingacutepulmonaryoedema. AustPrescr., [s. l.], 2017. DOI <https://dx.doi.org/10.18773%2Faustprescr.2017.013>.
- [20] BELLEZA, Marianne. BurnInjury: Nursingcare management. Nursinglabs, [s. l.], 20 fev. 2021. Available: <https://nurseslabs.com/burn-injury/>. Acesso em: 27 dez. 2021.
- [21] NOGARIO, Aline Carniato Dalle et al. NursingActions in practicinginpatientadvocacy in a Burn Unit*. Revista da Escola de Enfermagem da USP, [s. l.], v. 49, n. 4, 2015. DOI <https://doi.org/10.1590/S0080-623420150000400007>.
- [22] HALL, Margaret Jean et al. Inpatientcare for septicemia orsepsis: a challenge for patientsandhospitals. NationalAcademyof Medicine, [s. l.], 2011. Available: <https://pubmed.ncbi.nlm.nih.gov/22142805/>. Acesso em: 27 dez. 2021.
- [23] ANGUS, Derek C.; POLL, Tom van der. SevereSepsisandSepticShock. The New EnglandJournal o Medicine, [s. l.], 2013. DOI [10.1056/NEJMra1208623](https://doi.org/10.1056/NEJMra1208623). Available: <https://www.nejm.org/doi/full/10.1056/nejmra1208623>. Access: 27 out. 2022.
- [24] DOBLE, Megan. Sepsis: What nurses needtoknow. Nursing Center, [s. l.], 13 set. 2017. Available: <https://www.nursingcenter.com/ncblog/september-2017/sepsis-what-nurses-need-to-know>. Access: 26 out. 2022