NURSES' PERFORMANCE IN CARE FOR CRITICAL PATIENTS: INTEGRATIVE REVIEW

https://doi.org/10.56238/sevened2025.011-016

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ABSTRACT

Introduction: The role of nurses in the care of critical patients who need transfer is of marked relevance for students and professionals who seek to improve their knowledge in the health area, with regard to patient safety in intra- and inter-hospital transport. **General Objective:** To describe Nursing Care to critically ill patients who need transfer. **Specific Objectives:** To analyze nursing care for critically ill patients who need transfer; to ascertain the risks that may occur in critically ill patients during and after transfer; to discuss the clinical status of critically ill patients before intra-hospital transfer; to elucidate the implications of intra- and inter-hospital transport on patient safety in the transfer process. **Methodology:** This was an Integrative Literature Review. The survey of scientific articles was carried out in the electronic address of the Virtual Health Library (VHL), in the Nursing Database (BDENF) and in the repositories of Nursing Journals, using the following descriptors: Nurse. Critically ill patients. Intra and inter-hospital transfer; Patient safety. From this process, 11 scientific articles were selected to make up this review. **Results and Discussion:** The requirements necessary for nursing professionals to efficiently and safely perform the transfer of critical patients include careful planning, professional training, selection of the multiprofessional team and appropriate equipment, and effective communication with the entire working team. **Final considerations:** It was concluded with this study that for the success of intra- and inter-hospital transport of critically ill patients, it is essential to plan the multiprofessional team, as well as the choice of appropriate equipment. The quality of care in accordance with legal procedures implies prioritizing patient safety.

Keywords: Nurse. Critically ill patients. Intra and inter-hospital transfer. Patient safety.

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INTRODUCTION

The transfer of critical patients who need to be transferred in the hospital environment is a topic that is rarely addressed among health professionals and is extremely relevant to patient health and safety. The Systematization of Nursing Care (NCS) integrates a practice that must be carried out efficiently and safely, from idealization to transfer, in order to avoid worsening the patient's clinical condition.

This health modality is classified as intra-hospital transport and inter-hospital transport. Intra-hospital transport is defined as transfers that take place in the same place where the patient is hospitalized between sectors, according to their need for better care. (MENEGUIN S, et al, 2014). Inter-hospital transport is defined by Ordinance No. 2048, of November 5, 2002, as transfers that occur between health equipment, whether from less to more complex service and specialty provision or in the opposite situation. (MARTINS and PADUA, 2019).

The transfer of critical patients occurs frequently and can result in incidents or adverse events, which requires competence of the professionals involved in this procedure, due to the risks of more common complications, such as hemodynamic and respiratory changes, and even more serious damage to the patient.

Given the importance of the conduct and participation of the nursing team for the safety of critical patients when submitted to intra- and/or inter-hospital transport, the following problem was chosen as the guiding question of this research: "What has the scientific literature discussed in relation to nursing care aimed at critical patients who need transfer"?

The multidisciplinary team is essential and responsible for a good assessment of the clinical condition of critically ill patients, during and after their transfer within a hospital or to another health environment. From this perspective, this study is justified, which seeks to focus on the importance of care for critically ill patients and risks adhered to during their transport.

Thus, the motivation for the choice of this theme is due to the need for a greater discussion on the creation of protocols and a routine in the technical and scientific skills of professionals committed to the transport and the evaluation and provision of materials and equipment necessary for clinical support of the patient, in the maintenance of their hemodynamic status and monitoring of their vital parameters,minimizing unexpected complications and ensuring excellence in patient care. This theme is of marked relevance for academics and professionals who seek to improve their knowledge in the health area, with regard to patient safety in intra- and inter-hospital transfer.

In view of the above, the general objective of this study was to describe nursing care for critically ill patients who need transfer. It was also sought, through the specific objectives, to analyze the nursing care of critical patients who need transfer; ascertain the risks that may occur in the critically ill patient during and after transfer; discuss the clinical status of the critically ill patient before intra-hospital transfer; elucidate the implications of intra- and inter-hospital transport on patient safety in the transfer process.

METHODOLOGY

It was an Integrative Literature Review. This research method allows the analysis of various types of research designs on a given theme and follows the stages of investigating the problem, collecting and evaluating data, analyzing and interpreting the collected data, and presenting the results. (SOUZA; SILVA; CARVALHO, 2010). For Gil (2019), bibliographic research is based on material that has already been published.

To achieve the general objective of this research, which consisted of answering the guiding question: What has the scientific literature discussed in relation to Nursing Care aimed at critical patients who need transfer?

The survey of scientific articles was carried out at the electronic address of the Virtual Health Library (VHL), in the Nursing Database (BDENF); in the repositories of Nursing Journals; in the Digital Library of Monographs of the Federal University of Maranhão (UFMA), and publications of competent bodies and authors on the subject, using the following descriptors: Nurse; Critically ill patients; Intra and inter-hospital transfer; Patient safety.

The process of inclusion of the articles included the following criteria: article available in full, with the online and free version of national and international productions, directly related to the proposed theme, published between the years 2015 and 2020. The exclusion criteria included articles that were not available in full, published between 2015 and 2020, and that do not address the role of nurses in the care of critically ill patients who need transfer.

For the analysis and discussion of the results, the content analysis technique was applied, which is a method widely used in scientific research in the field of health.According to Bardin (2011), the phases of analysis of the material contain three stages: the search for the content; The analysis of the results; And interpretation.

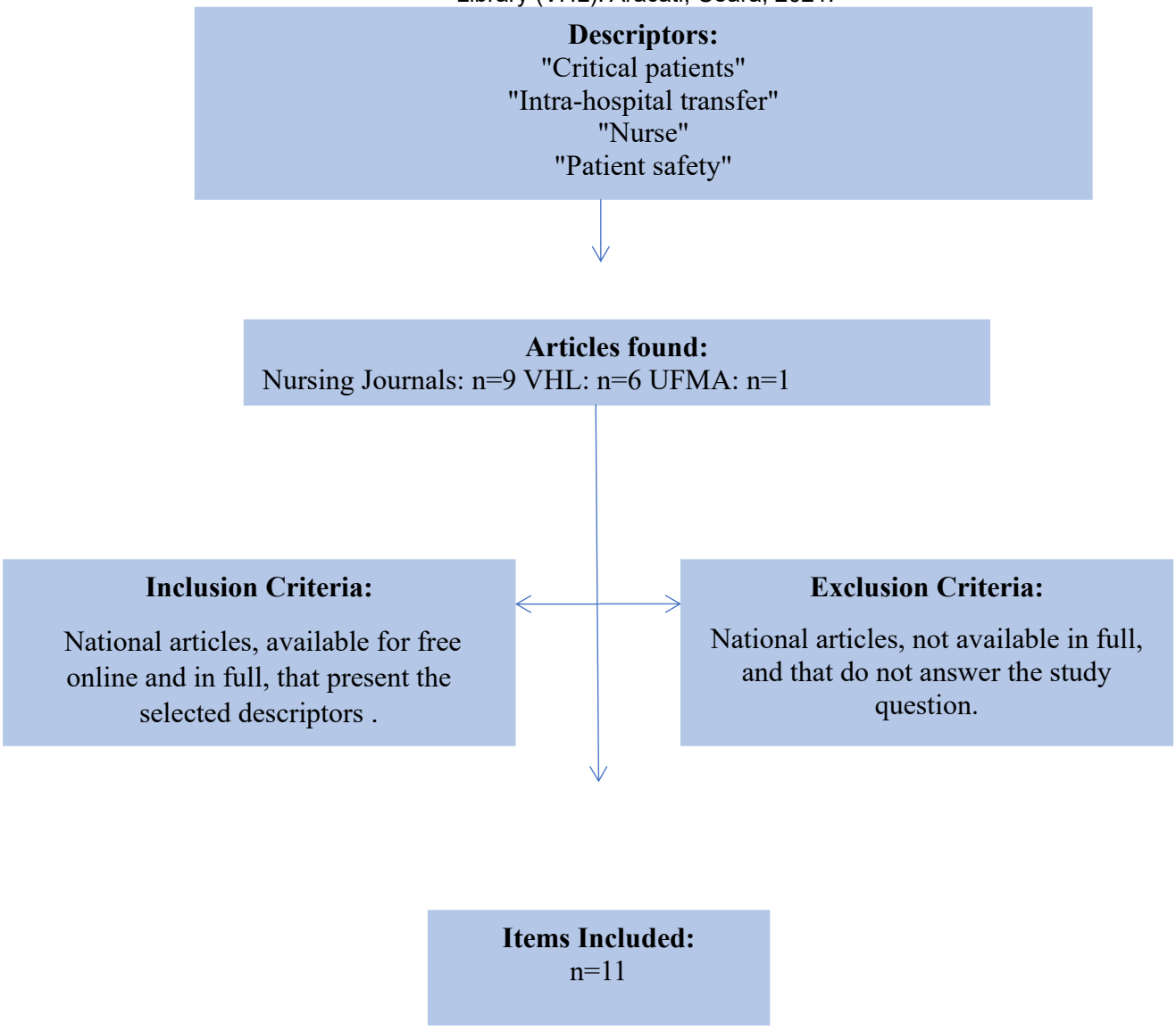
The pre-analysis is the moment where you gather all the material, with the purpose of structuring the initial ideas. It is at this stage where a survey of all the search material is

carried out. In the content exploration phase, it is the phase in which a reading is done in order to select which ones are within the theme in a significant way.

In the second phase, it is sought to order into themes or groups that help in the understanding of the discourses treated. The third phase concerns the interpretation of the results. This phase will mainly have the theoretical knowledge, understanding and experience of the researcher. It is the moment of impression, of reflective and critical analysis.

After selecting the articles, the titles and abstracts were read, selecting 16 articles that contemplated the guiding question of the research. The final sample was composed of 11 scientific articles, which make up this Review, according to the established inclusion criteria, as indicated in the flowchart shown in Figure 01.

Figure 01 – Flowchart of the research process of the articles in the Electronic Databases Virtual Health Library (VHL). Aracati, Ceará, 2021.



Source: Survey data (2015 – 2020).

RESULTS AND DISCUSSION

For a better understanding of the study in focus, the main results obtained were discussed in three important thematic categories: 1. Intra- and inter-hospital transfer of critically ill patients; 2. Incidents and adverse events in the transfer of critical patients; 3. The role of the nurse in the care of the transferred patient.

The articles included in this Integrative Literature Review indicate author, year, source, title, objective and main considerations, as shown in Chart 1.

Chart 1 – Characterization of the articles included according to author, year, source, title, objective and main considerations. Aracati, Ceará, Brazil, 2021.

Author/Year/ Source	Securities	Objectives	Key Considerations
Pires et al, 2015. Health Care Network Magazine	Safe transport of critical patients	Update information on the transport of critical patients in the intra-hospital environment for health professionals.	Success in intra-hospital transport depends directly on the planning and organized action of the multiprofessional team, as well as on the choice of appropriate equipment.
Carneiro et al, 2017. BDENF	Critical Patient Transport: A Challenge of the 21st Century	To describe the factors that interfere with the intra-hospital transport (HIT) of patients admitted to the intensive care unit (ICU).	There are still infrastructure-related barriers that represent limitations to a secure TIH.
Fernandes; Haddad, 2017. Revista Enfermagem Brasil	Meanings and procedures adopted in the intra-hospital transport of critically ill patients: the discourse of the collective subject	To identify the meaning of intra-hospital transport of critically ill patients and to verify how it is performed, from the perspective of nurses.	The procedures adopted to carry out the transport were identified by the presence of human resources and equipment.
Silva et al, 2018. Journal of Nursing of the Midwest of Minas Gerais (RECOM).	Incidents and adverse events in intrahospital transport in intensive care	Identify incidents and adverse events in intrahospital transport in intensive care	Complications in intra-hospital transport can be minimized with the development of institutional protocols and team training to perform safe transport.
Teles et al, 2018. Rev. Med UFC.	Protocol for intra-hospital transport of patients from the Intensive Care Unit of the Walter Cantídio University Hospital	Organize and propose a protocol for inter-hospital transport of patients from the ICU of the Walter Cantídio University Hospital.	The proposed protocol encourages the acquisition of knowledge by the team, improved communication between members, care coordination and monitoring of results.
Martins; Padua (2019). Electronic Journal Health Collection.	Transport of critically ill patients in the in-hospital environment: a literature review	To review the scientific literature on the correct ways of transporting critically ill patients in the intra-hospital environment, investigating the factors that interfere in this process.	The factors that interfere with intra-hospital transport are the incomplete participation of the multiprofessional team, equipment failure, difficulty in communication between the origin and destination teams, and problems related to infrastructure.

Oliveira et al, 2019. Revista Ciência Plural.	The Implications of Intrahospital Transport on Patient Safety: Integrative Review	To elucidate the implications of intra-hospital transport on patient safety.	It is recommended to standardize the actions of the professionals involved in the transport and to provide the necessary equipment for clinical monitoring of the patient.
Muniz, 2020. Digital Library of Monographs at UFMA	Management process of inter-hospital transport of patients in the municipal health network of the city of São Luís	Investigate what actions can be developed in order to better manage the flow of inter-hospital transport in this municipality.	The importance of adequate management is emphasized to make all internal and external elements compatible, in order to carry out a safe transport, without complications during the procedure.
Petry; Diniz, 2020. LILACS BDENF	Communication between teams and the transfer of care to critically ill patients	To understand the communication process between health professionals during the transfer of in-hospital care to critically ill patients.	This is afragile communication process, with gaps resulting from the lack of a protocol and little recognition of its importance by professionals.
Silva Filho et al, 2020**.** Electronic Journal Nursing Collection (REAEnf)	Transport of critical patients: the nurse's view	Describe the nurse's view of patient transport Critical.	Improvement actions for the safe transport of all critical patients need to be created, standardizing actions and processes through protocols so that all professionals follow the same line of care.

Source: Prepared by the author of the research.

INTRA- AND INTER-HOSPITAL TRANSFER OF CRITICALLY ILL PATIENTS

One of the main reasons for intra- and inter-hospital transfer of critically ill patients is the need for additional care related to the use of technological equipment as well as the assistance of experienced specialists not offered in the health service where the patient is.

Intra- and/or inter-hospital transfer is a complex procedure, which requires prior planning in order to minimize risks. It is essential that these transfers are systematized, carried out in mobile intensive care units, with adequate material resources and qualified teams. In this context, the work of propaedeutic professionals should be avoided, as they are not always sufficiently prepared to receive unstable patients. (SILVA et al, 2018).

For a better understanding of the need to transport patients at risk of death, the Ministry of Health (MS), through Ordinance No. 2,338, of October 3, 2011, which establishes guidelines and creates mechanisms for the implementation of the Stabilization Room (SE) component of the Emergency Care Network, defines critical-severe patients as follows:in paragraph 1 of Article 2:

> Critical/serious patients are those who are at imminent risk of losing the life or function of an organ/system of the human body, as well as those in a fragile clinical condition resulting from trauma or other conditions related to processes that require immediate clinical, surgical, gynecological-obstetric or mental health care.

Once the patient's clinical situation has been identified, studies carried out by Silva et al (2018) clarify that some procedures and exams required by the patient cannot be performed in wards or are not offered in the health unit. In these cases, intra-hospital transport becomes necessary, with an extension of the care provided, for patient safety regarding the risks of accidents and adverse events to the patient.

In line with this proposition, Pires et al (2015) reinforce that one of the important aspects in patient transfer is the effective intercommunication in the exchange of knowledge about the patient between the team that is in the process of transferring the patient and the one that will admit him, so that there is no risk to his safety and ensuring the sequence of health care in a continuous and integral way.

The transport of critical patients must be monitored by nurses and doctors, in collaboration with the other sectors involved. It is important that an evaluation and registration of possible complications that occur is carried out, according to theinstitution's clinical protocols and bureaucratic procedures already established and/or already applied by the manager responsible for the health equipment.

> The activities that involve the logistical process of inter-hospital transport require, on the part of the manager, attributes such as: planning, supervision, delegation of powers, strategic thinking, conflict management, anticipation, decision-making power, leadership, communication, permanent education with in-service capacity, financial management, creativity. (MUNIZ, 2020, p. 15).

In order for intra-hospital transport to occur safely, minimizing complications, it is necessary to train health teams, build care protocols, fully participate in the multidisciplinary team, have appropriate infrastructure and equipment, as well as carry out adequate planning, including indication for transport and stabilization of the patient after transfer. (MARTINS; PÁDUA, 2019).

According to Resolution No. 588, of July 12, 2018, of the Federal Nursing Council (COFEN), the process of transferring patients within the scope of health equipment comprises three phases: preparatory phase, transfer phase and post-transport stabilization phase.

The preparatory phase refers to the partnership and communication between the units, that is, the origin and final destination; evaluation of the patient's physiological and hemodynamic status; choice of professionals who will accompany the patient; Survey of equipment necessary for the transfer. At this stage, before transferring the patient from the unit of origin, it is very important to communicate between the sectors, which must be very cautious about the patient's clinical status, ensuring the continuity of care, release and

availability of the bed vacancy in the sector from which the transported patient will be admitted.

The transfer phase comprises the transport itself. The objective of this procedure is to ensure the continued care of the patient safely, promoting clinical stability of the patient from his place of origin to his final destination. It is understood from the removal of the patient from the bed of the unit of origin to the means of transport, to its relocation from transport to the bed of the receiving hospital.

The post-transport stabilization phase deals with the continuous observation and maintenance of the hemodynamic and respiratory stability of the transferred patient, considering from 30 minutes to 1 hour after their transfer, hemodynamic instabilities may occur. (COFEN, 2018).

All complications, eventualities and interventions performed during the transfer process should be described in the patient's medical record. The elaboration of a *checklist,*a document designed to check data in a more orderly and systematic manner and that enables the identification of potential risks, isa tool that contributes to ensuring the quality of patient care.

It is worth mentioning that when very careful planning is carried out, the risks of intra- and/or inter-hospital transfer of critically ill patients are minimized. In this sense, it is of fundamental importance that all the phases mentioned above by the Federal Nursing Council are strictly complied with.

Inter-hospital patient transports can be air, water or land. In any of these modalities, according to the need and place of care, paying particular attention to the clinical situation of the patient to be removed, transport must be carried out in specific vehicles and equipped in accordance with the provisions of Chapter IV, of Ordinance No. 2048, of November 5, 2002, which deals with Mobile Pre-Hospital Care.

Resolution No. 1,672, of July 9, 2003, of the Federal Council of Medicine (CFM) determines that the inter-hospital transport of patients must be carried out in accordance with the provisions of items II and III of Article 1, transcribed below:

> II Life-threatening patients cannot be removed without a prior medical diagnosis, with mandatory evaluation and basic respiratory and hemodynamic care, in addition to other urgent and specific measures for each case.
>
> III Serious or at-risk patients must be removed accompanied by a team composed of a minimum crew of a doctor, a nursing professional and a driver, in an advanced support ambulance. In situations where it is technically impossible to comply with this standard, the potential risk of transport in relation to the patient's stay at the place of origin must be assessed.

The multidisciplinary team – doctor, nurse and driver – is responsible for analyzing and executing all the procedures necessary for the inter-hospital transport of patients at risk of life, as indicated in the Resolution of the Federal Council of Medicine. The competence of these professionals in complying with the steps before transport, during and after transport, in the selection of the correct materials, equipment and medications, implies the efficiency of the safe transport of critical patients.

INCIDENTS AND ADVERSE EVENTS IN THE TRANSFER OF CRITICALLY ILL PATIENTS

The transfer of critical patients in the hospital environment without the occurrence of unforeseen events and unexpected events is an obstacle that should be desired by all professionals who participate in this process.

Incidents are events or unforeseen events arising from health care that can result in unnecessary harm to the patient. Adverse events, defined as unplanned events that can aggravate the patient's clinical condition, are related to the care provided during care. The occurrence of these can cause a long period of hospitalization and even irreversible damage, even leading to death. (ZAMBON, 2014).

Regarding the reduction of possible adverse events in the transport of patients, it is worth highlighting the support of the Resolution of the Collegiate Board (RCD) No. 7, of February 24, 2010, which provides for the minimum requirements for the operation of Intensive Care Units and provides other measures. This RCD thus recommends in its

Art. 29: "Every serious patient must be transported with the continuous accompaniment of, at least, a doctor and a nurse, both with proven ability for urgent and emergency care".

Considering this determination, intensive care patients, with imminent risk of death, subject to destabilization of vital functions, need permanent and specialized nursing and medical assistance. In this sense, it is essential to educate the team in an environment that simulates the real conditions of transporting critical patients to strengthen their experience and certify patient safety (CARNEIRO et al., 2017).

In Brazil, the Federal Council of Nursing (COFEN), in its Resolution No. 558, of October 3, 2018, determines that nursing professionals must ensure the prevention of adverse events throughout the transport, through a careful assessment of risks and complications, providing the necessary inputs for possible interventions.

According to the scientific literature, the reasons that potentiate the occurrence of errors or adverse situations are the lack of multidisciplinary planning; unqualified staff;

incomplete team of health professionals; use of materials and equipment without revision or preventive or corrective maintenance; absence of protocol and standard operational routines updated based on scientific evidence to be executed.

In the same line of reasoning, for Martins and Pádua (2019), the causes that interfere with this method are the absence of any of the members of the multiprofessional team, the failure or lack of necessary equipment, the incompatibility in the dialogue between the origin and destination teams, and problems associated with the infrastructure.

Among the adverse situations that occur in transportation due to the team's obstacles, the lack of knowledge, skill and experience of the professional stands out. In the research carried out by Pires et al (2015) on "Safe transport of critical patients", it was found that the rate of complications during the transfer of patients is lower when the multidisciplinary team has greater experience in the transport of critical patients, compared to the performance of teams with less experience.

It is thus assumed that the presence of competent and experienced physicians, equipped with adequate equipment, is of fundamental importance during the transport of critical patients, who may need acute interventions that are beyond the technical capacity of the nurse. The existence of a qualified team represents the differential for safe transport and increases patient survival.

The Ministry of Health, through Ordinance No. 1,377, of July 9, 2013, approved the Patient Safety Protocols, with the purpose of minimizing risks and standardizing adequate care. In the case of intra- and inter-hospital transport, the elaboration of a protocol is necessary to improve the dialogue between the teams, adapt the equipment that should be used for each transport, assist in the identification and resolution of complications, favoring efficiency and patient safety.

For a safe transfer of critically ill patients, Teles et al (2018) argue that the development of care protocols standardizes and systematizes the conduct of the multidisciplinary team's actions, reducing the variation in medical practice, as well as the request for unnecessary services or exams.

Similarly, Silva et al (2018) warn in their study on "Incidents and adverse events in intrahospital transport in intensive care" that safety in intrahospital transport is a simple measure, which can be achieved by verifying the functioning of devices, devices and equipment before their execution, with the elaboration of flowcharts, checklists,protocols and team training.

According to Gomes et al (2017), in order to reduce possible adverse events in the hospitalization process, which implies patient safety, it is advisable to prioritize some basic

protocols such as: safety in the prescription, use and application of various drugs, safe surgery, general and hand hygiene, minimization of the risk of falls and prevention of pressure ulcers.

When it comes to equipment failure, the main related complications are: ventilation equipment (disconnection, misconfiguration, empty oxygen cylinders, punctured bags, ruptured ventilatory circuit, ruptured sensors, altered parameters); infusion equipment (battery problems, medication completion and the impossibility of replacement, lack of adequate equipment); monitoring equipment (lack of preventive maintenance, battery problems, change in standard configuration, broken wires); intravenous access (disconnection, extravasation of interstitial medication, difficulty in administering fluids during transport, poor fixation). (PIRES et al, 2015).

The consequences on patient transport in relation to adverse events such as hemodynamic and respiratory instability, lack of trained professionals and quality and working materials, and it is essential to implement patient safety protocols through planning, efficient communication between multiprofessional teams, in addition to the use of checklists. (OLIVEIRA et al, 2019).

Experts on the subject have identified protective conditions to reduce adverse events during the intra-hospital transport of critically ill patients, such as confirmation of the functioning of equipment during transfer, patient preparation, appropriate sedation to keep the patient sedated to the destination, and a complete and experienced transport team.

For Silva et al (2018), considering the risks that intra-hospital transport represents for patients, the provision of adequate equipment and the training of teams can prevent the occurrence of adverse events.

THE ROLE OF THE NURSE IN THE CARE OF THE TRANSFERRED PATIENT

The nursing professional assumes a relevant role in the care of critical patients who need hospital transfer, an activity that offers risks and can compromise the patient's health recovery.

The transport of critical patients, in the conception of Carneiro et al (2017), constitutes a relevant challenge for nurses, due to the need to integrate technology with care, and, more especially, to appropriate the mastery of scientific principles. This professional is required to commit to the patient's treatment needs to reduce adverse events and thus emphasize safe and quality care.

Dias et al (2019) report that in order to expand qualified nursing care, the professional must have the ownership of technical-scientific knowledge, scientific research

skills, philosophies and public health policies, in addition to all the humanistic and anthropological greatness associated with the act of caring.

When it comes to the transfer of critical patients in an internal environment to health services, it is the responsibility of the nurse at the unit of origin to comply with the following requirements:

> Evaluate the patient's general condition; anticipate possible instabilities and complications in the patient's general condition; check the provision of equipment necessary for care during transport; predict the need for surveillance and therapeutic intervention during transport; evaluate the distance to be covered, possible obstacles and time to be spent to the destination; select the means of transport that meets the patient's safety needs; define the professional(s) of Nursing who will assist the patient during transport; communicate between the Unit of origin and the Unit receiving the patient. (ANNEX TO COFEN RESOLUTION No. 0588/2018, online).

Transporting critical patients safely, based on the determinations of the Federal Nursing Council, is a great adversity for health teams, especially for nurses involved in this mission, who are responsible for identifying and controlling all resources and monitoring the patient during and after the activity.

Considering the increase in new technologies in the hospital area, it is verified in the scientific literature that nurses have been improving their knowledge to perform their care with the multidisciplinary team, applying their skills and techniques to hospitalized users with more competence and efficiency. For Carneiro et al (2017), this professional also needs to improve care in a comprehensive way with regard to critical patient transfers, minimizing damage to the patient's clinical status during these stages.

Fernandes and Haddad (2017) clarify in their research that nurses and physicians are committed to maintaining the quality of care, safety and integrity of the patient, carrying out careful planning on all relevant aspects of transport, such as: estimated transport time, prediction of possible complications, evaluating the patient's clinical conditions, evaluating hemodynamic changes in the pre and post-transport,mitigate risks with prior verification of resources and equipment necessary for the inter-hospital transfer (IHT) of critical patients.

Petry and Diniz, in their article "Communication between teams and the transfer of care for critical patients (2019)" carried out a qualitative study in a large hospital in the State of Rio Grande do Sul, through interviews with 18 professionals, who were from the nursing and medical team working in the Medical Emergency Unit and the Adult Intensive Care Unit. The authors perceived in this research the evidence of weaknesses in the knowledge of these professionals regarding their roles of a verbal intercommunication established in a superficial and ineffective way. The information contained in the existing transfer instrument

was issued in an incomplete or misunderstood manner, making continuous care difficult, compromising patient safety.

In the findings of Carneiro et al (2017), nurses actively participate in all processes of transporting critically ill patients. In the planning phase, he provides the specific care of his profession, with a view to stabilizing the patient. In the effective phase, it monitors the transport so that there are no complications. At the decision stage, he advises or not to transport the patient.

FINAL CONSIDERATIONS

Professionals who work in nursing care for critical patients who need transfer must follow the current parameters established by the Federal Nursing Council, COFEN Resolution No. 0588/2018. The nurse, considered an essential element for the work of the multidisciplinary team in the transfer of critical patients, must make contacts with professionals in charge of this same action, check documents, organize the exam schedule, in short, fulfill the important role of planning and organizing Nursing Care.

The optimization of intra-hospital transport and the minimization of possible incidents and adverse events can be achieved with the application of the appropriate hemodynamic monitoring resources during the process, covering all stages of transport (before, during and after).

The multidisciplinary team should assess the clinical status of critically ill patients before intrahospital transfer. This type of precautionary procedure, which takes into account the importance given to the steps, roles and execution of all the professionals in charge, indicates the importance of special attention to minimizing unforeseen events and adverse events in the transfer of critically ill patients.

The implications of intra- and inter-hospital transport on patient safety during the transfer process are related, most of the time, to the planning phase, the full participation of the multiprofessional team, the use of modernized technological equipment, the ease of communication between the origin and destination teams, and problems related to infrastructure.

In order for intra and inter-hospital transport to occur safely, minimizing incidents and adverse events, it is necessary to train health teams, build care protocols, fully participate in the multidisciplinary team, have appropriate infrastructure and equipment, as well as carry out appropriate planning, including indication for transport and stabilization of the patient after the journey.

It was concluded with this study that for the success of intra- and inter-hospital transport of critically ill patients, it is essential to plan the multiprofessional team, as well as the choice of appropriate equipment. The quality of care in accordance with legal procedures implies prioritizing patient safety.

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