

Analysis of Standardization and Management of Cars Emergency in a Municipal Hospital in Rio De Janeiro

Cavalcanti, R.G.^{1*}; Pontes, A.T.²

¹ Hospital Municipal Salgado Filho, R. Arquias Cordeiro, 370 - Méier, Rio de Janeiro, RJ, Brazil

² Universidade Federal Fluminense/Faculdade de Farmácia, R. Mário Vianna, 523, Santa Rosa, Niterói, RJ, Brazil.

*rafaela.cavalcanti.ismart@gmail.com

Introduction

The distribution of medications is a critical step in the cycle of Hospital Pharmaceutical Service, as well as the management of points of stock of medicines present in places outside the hospital pharmacy [1]. Locals like satellite pharmacies, wards and crash carts stand out. The crash cart is a famous peripheral stock, used to support cardiorespiratory arrest, and requires great reliability, so that, at the time of use, all the necessary supplies are present, organized, and valid [2,3]. The objective of this work is to analyze the standardization and management of medicines for crash carts in a hospital in the city of Rio de Janeiro.

Material and Methods

The study was carried out in a municipal hospital in the city of Rio de Janeiro. After reviewing the literature, data was collected on the unit's crash carts. A consultation was also carried out with the multiprofessional team on medications used at the time of cardiorespiratory arrest. Active search for drug requests for crash carts was also accomplished.

Based on this, a new standardization list, spreadsheets, and a standard operating procedure for the control of batches and validity of medications were prepared, together with seal control.

Results and Discussion

The analysis made it possible to observe some non-conformities in the control of the medication stock, such as the lack of seals in crash carts, the lack of stock control spreadsheets and the lack of standardization of medications for the entire hospital. These measures were designed to assist in ensuring patient safety in the hospital unit in a simple and inexpensive manner, following the guidelines of cardiopulmonary resuscitation.

Conclusion

It was observed that the standardization and management of crash carts in the studied hospital presented weaknesses that were the target of the proposals of this study, highlighting the creation of a single sealing and stock control spreadsheet for all sectors, of a standard operating procedure for crash carts opening and replacement routine and a new standardization proposal for the hospital unit in question. Actions taken despite being simple, corroborate the context of low budget and have greater chances of being successful in the future. All measures were designed to contribute to concrete form with the guarantee of patient safety and the rational use of medicines. The main limitations of the study were to propose a standardization that meets all sectors as much as possible, since it is a general hospital with several specialties; and the difficulty in bringing together representatives of teams from each sector, with the objective of listing medications according to the individual needs of the services. Future studies should be carried out in order to implement the suggested changes and assess whether the new routine improved the unit.

Acknowledgments

The authors would like to thank the sponsors for their support [Ministério da Saúde e Secretaria Municipal de Saúde do Rio de Janeiro].

Bibliographic References

- [1] Oliveira, E. C. da S.; Oliveira, R. C. de; Silva, F. P. da, et al.: 'Padronização de fármacos em carros de emergência nas unidades de terapia intensiva e emergência', , Rev. Enf. Ref., 2019, 4, (22), pp. 97-105.
- [2] Gonzalez, M. M., et al.: 'I Diretriz de ressuscitação cardiopulmonar e cuidados cardiovasculares de emergência da Sociedade Brasileira de Cardiologia: resumo executivo'. Arquivos Brasileiros de Cardiologia, 2013, 100, (2), pp. 105-113.
- [3] Luzia, M. de F.; Lucena, A. de F.: 'Parada cardiorrespiratória do paciente adulto no âmbito intra-hospitalar: subsídios para a enfermagem'. Rev Gaúcha Enferm., 2009, 30, (2), pp. 328-337.
- [4] Ministério da Saúde do Brasil. Anexo nº 03, de 1 de abril de 2013.: 'Institui o Programa Nacional de Segurança do Paciente (PNSP)'. Diário Oficial da União, 2013.