# Nursing Team's Role in Urgency and Emergency in Primary Care

Atuação da Equipe de Enfermagem em Urgência e Emergência na Atenção Primária
Actuación del Equipo de Enfermería en Urgencias y Emergencias en la Atención Primaria

**RESUMO**
**Objetivo:** Compreender a atuação da equipe de enfermagem diante das situações de urgência e emergência na Atenção Primária à Saúde, identificando os tipos de agravos mais frequentes, as condutas adotadas pelos profissionais no atendimento inicial e as principais dificuldades e limitações enfrentadas no manejo desses casos. **Método:** Estudo exploratório, descritivo, com abordagem qualitativa, realizado com 19 profissionais da equipe de enfermagem atuantes na Atenção Primária à Saúde de um município do Centro-Oeste Paulista. Os dados foram coletados por meio de entrevistas semiestruturadas e questionário sociodemográfico, sendo submetidos à Análise de Conteúdo proposta por Bardin. **Resultados:** Emergiram quatro categorias temáticas relacionadas ao manejo assistencial, ao perfil das situações de urgência e emergência atendidas, aos fatores que influenciam a assistência de enfermagem e às estratégias para seu aprimoramento. Os resultados evidenciaram a importância da avaliação inicial, da classificação de risco, do trabalho em equipe e da educação permanente, além de apontarem dificuldades relacionadas à disponibilidade de recursos e às capacitações periódicas. **Conclusão:** A equipe de enfermagem desempenha papel fundamental na assistência às situações de urgência e emergência na Atenção Primária à Saúde. Investimentos em qualificação profissional, protocolos assistenciais e recursos materiais podem fortalecer a organização dos serviços e contribuir para uma assistência mais segura e resolutiva.
**DESCRITORES:** Atenção Primária à Saúde; Enfermagem; Emergências; Urgências; Assistência de Enfermagem.

**ABSTRACT**
**Objective:** To understand the performance of the nursing team in urgent and emergency situations in Primary Health Care, identifying the most frequent conditions, the procedures adopted during initial care, and the main difficulties and limitations faced in managing these cases. **Method:** Exploratory, descriptive study with a qualitative approach, conducted with 19 nursing professionals working in Primary Health Care in a municipality in the Central-West region of São Paulo State, Brazil. Data were collected through semi-structured interviews and a sociodemographic questionnaire and analyzed using Bardin's Content Analysis. **Results:** Four thematic categories emerged related to the management of urgent and emergency situations, the profile of the cases attended, factors influencing nursing care, and strategies for improving care. The findings highlighted the importance of initial assessment, risk classification, teamwork, continuing education, and adequate material resources. **Conclusion:** The nursing team plays an essential role in the care of urgent and emergency situations in Primary Health Care. Investments in professional qualification, care protocols, and material resources may contribute to safer and more effective care.
**DESCRIPTORS:** Primary Health Care; Nursing; Emergencies; Nursing Care; Family Health Strategy.

**RESUMEN**
**Objetivo:** Comprender la actuación del equipo de enfermería frente a las situaciones de urgencia y emergencia en la Atención Primaria de Salud, identificando los tipos de eventos más frecuentes, las conductas adoptadas durante la atención inicial y las principales dificultades y limitaciones enfrentadas en el manejo de estos casos. **Método:** Estudio exploratorio, descriptivo, con enfoque cualitativo, realizado con 19 profesionales del equipo de enfermería que actúan en la Atención Primaria de Salud de un municipio de la región Centro-Oeste del estado de São Paulo, Brasil. Los datos fueron recolectados mediante entrevistas semiestructuradas y un cuestionario sociodemográfico, y analizados según el Análisis de Contenido propuesto por Bardin. **Resultados:** Surgieron cuatro categorías temáticas relacionadas con el manejo asistencial de las urgencias y emergencias, el perfil de las situaciones atendidas, los factores que influyen en la atención de enfermería y las estrategias para mejorar la asistencia. Los resultados evidenciaron la importancia de la evaluación inicial, la clasificación de riesgo, el trabajo en equipo, la educación permanente y la disponibilidad de recursos materiales. **Conclusión:** El equipo de enfermería desempeña un papel fundamental en la atención de las situaciones de urgencia y emergencia en la Atención Primaria de Salud. Las inversiones en capacitación profesional, protocolos asistenciales y recursos materiales pueden contribuir a una atención más segura, resolutiva y de mayor calidad.
**DESCRIPTORES:** Atención Primaria de Salud; Enfermería; Urgencias Médicas; Atención de Enfermería; Estrategia de Salud Familiar.


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## INTRODUCTION

Primary Health Care (PHC) is recognized as the main gateway to the Unified Health System (SUS) and serves as the organizing pillar of the Health Care Network (RAS), accounting for the majority of care provided within the Brazilian public health system.[1] Although the management of acute and critical cases is traditionally carried out in medium- and high-complexity facilities, urgent and emergency situations have frequently been addressed at Basic Health Units (UBS), especially in regions with limited access to other levels of the Health Care Network. In this context, nursing professionals play a fundamental role in the initial assessment, stabilization, and referral of patients, requiring technical expertise, clinical reasoning, and ongoing professional development to ensure safe and high-quality care.[2]

An urgent condition is defined as any clinical or surgical condition that requires prompt care to prevent complications, without an immediate risk of death, while an emergency refers to situations with an imminent risk to life that require immediate intervention and specific care protocols.[3] Given this scenario, it is essential that the nursing team be prepared to recognize these conditions early and perform initial interventions safely and effectively.

Data from the National Health Survey indicate that a significant portion of the Brazilian population initially seeks care at Primary Health Care Units, highlighting the central role of the Family Health Strategy in comprehensive care.[4] However, studies point to limitations related to a lack of care protocols, insufficient material resources, and inadequate training of professionals in the management of urgent and emergency cases in Primary Health Care.[5,6] In addition, chronic conditions, such as hypertension and diabetes mellitus, account for a significant portion of urgent and emergency care visits at this level of care, requiring a rapid and qualified response.[7] Although Primary Health Care plays a strategic role in the organization of the Health Care Network, there are still gaps in knowledge regarding the nursing team's response to urgent and emergency situations, which justifies the development of this study.[8]

Given this context, the following research question was formulated: How do nursing staff experience urgent and emergency situations in primary health care? Thus, the objective of this study was to understand the nursing team's response to urgent and emergency situations in Primary Health Care, identifying the most frequent types of conditions, describing the approaches adopted by professionals during initial care, and recognizing the main difficulties and limitations encountered in managing these cases.

## METHOD

This is an exploratory, descriptive study with a qualitative approach, conducted with nursing staff working in Primary Health Care in a municipality in the Central-Western region of São Paulo State, from April to June 2026.

The study population consisted of nursing professionals working within the municipality's Family Health Strategies program. Initially, 40 participants were planned to be included. However, data collection was terminated after 19 interviews were conducted—eight with nurses and eleven with nursing assistants/technicians—due to data saturation, characterized by the repetition of information and the absence of new elements relevant to the research objectives.

The study included nurses, nursing assistants, and nursing technicians with at least six months of experience in primary health care who voluntarily agreed to participate in the study by signing the Informed Consent Form. Professionals who were absent from their duties during the data collection period due to vacation, leave, or any other reason were excluded.

Data collection was conducted through semistructured interviews and a sociodemographic questionnaire. Initially, the researcher visited the participating units in person, presenting the project to the nurse in charge and scheduling the interviews based on the professionals' availability. After acceptance, participants completed the sociodemographic questionnaire and participated in the semi-structured interview,

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which was guided by the following question: "How do you experience urgent and emergency situations in your work?" The interview also addressed issues related to professional experiences, factors that facilitate and hinder care, available material resources, professional training, the role of the multidisciplinary team, differences between urgent and emergency care, referral processes, and strategies for improving care. The interviews were audio-recorded with the participants' consent, ensuring the privacy, anonymity, and confidentiality of the information.

The data were transcribed in full and analyzed using the content analysis method proposed by Bardin[9], which was carried out in the following stages: pre-analysis, exploration of the material and processing of the results, inference, and interpretation. Based on this process, core meanings were identified and thematic categories were organized to support the presentation of the results. To ensure anonymity, participants were identified by the codes E1 through E8, corresponding to nurses, and A1 through A11, corresponding to nursing assistants and technicians.

The study was approved by the Research Ethics Committee under Opinion No. 8,316,613, CAAE No. 96000826.1.0000.8547, and was conducted in accordance with the ethical principles of Resolution No. 466/2012 of the National Health Council.

## RESULTS

A total of 19 interviews were conducted with nursing professionals working in Primary Health Care (PHC) in a municipality in the Central-West region of São Paulo State, including eight nurses (42.1%) and 11 nursing assistants/technicians (57.9%), affiliated with nine Family Health Strategy (ESF) units. Regarding gender, 18 participants (94.7%) were female and one (5.3%) was male, with ages ranging from 29 to 60 years. Regarding self-reported skin color, 14 participants (73.7%) identified as white, three (15.8%) as Black, one (5.3%) as mixed-race, and one (5.3%) as Asian. Regarding marital status, seven participants (36.8%) were married, seven (36.8%) were single, two (10.5%) were in a common-law marriage, two (10.5%) were divorced, and one (5.3%) was separated.

As for the length of service in primary health care, six participants (31.6%) had been working for between one and five years, and six (31.6%) for more than 15 years. Among the remaining participants, four (21.1%) had been working for between 11 and 15 years, two (10.5%) for between six and ten years, and one (5.3%) for less than one year.

Analysis of the data allowed for the identification of four thematic categories: Management of urgent and emergency situations in primary care; Profile of urgent and emergency situations addressed in primary care; Factors influencing nursing care in urgent and emergency situations; and Strategies for improving care for urgent and emergency situations at the primary care level, presented in Table 1

**Table 1 - List of meaning clusters categorized using Bardin's thematic content analysis. Assis, São Paulo, Brazil, 2026.**

| Code | Meaning Unit | Thematic Category |
|---|---|---|
| Risk classification; triage; clinical assessment; initial care; first aid; referral; activation of SAMU; initial support; prioritization of care. | Management of emergencies in PHC. | Care management of urgent and emergency situations in PHC. |
| Hypertension; diabetes; dyspnea; asthma; myocardial infarction; stroke; seizures; syncope; falls; accidents; cuts; adverse reactions. | Types of emergencies treated in PHC. | Profile of urgent and emergency situations treated in PHC. |
| Professional experience; teamwork; communication; professional development; training; physical infrastructure; equipment; medications; material resources; protocols. | Factors that facilitate and hinder care. | Factors influencing nursing care in urgent and emergency situations. |
| Continuing education; periodic training; simulations; protocols; material resources; physical infrastructure; equipment; professional qualification. | Strategies for improving care. | Strategies for improving care in urgent and emergency situations in PHC. |

Source: Prepared by the authors, 2026.

### Management of urgent and emergency situations in primary health care

In this category, the professionals described the management of urgent and emergency situations in primary health care, including aspects related to initial care, risk assessment, team organization during care, and referral to other services when necessary.

*Look, they [emergencies] don't happen that often, but when they do, we try to handle them here. Whatever is necessary, I perform a risk assessment, and if needed, I refer the patient to another [level of the healthcare system] […].* (E1).

*I perform the risk assessment. The risk assessment is done by the nurse. I perform the risk assessment and refer the patient to the doctor. In some cases, I make the decision, and in others, the doctor makes the decision.* (E2).

*Sometimes we have, for example, patients who arrive with suspected heart attacks, or cases of hypertension. There are some procedures we perform at the facility, and for others we refer the patient, but we provide initial care.* (E3).

*In urgent situations, we provide initial care to the best of our ability, which involves checking vital signs*


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*and immediately arranging for an ambulance to transport the patient to an urgent care or emergency department.* (E7).

The reports showed that the management of urgent and emergency situations in PHC involves the initial assessment of the patient, risk classification, the provision of initial care, and integrated team action. When the patient's needs exceed the facility's capacity to address them, coordination with other services in the network occurs to ensure continuity of care.

Profile of urgent and emergency situations addressed in PHC

The reports showed that, although these cases do not occur very frequently at the facilities, healthcare professionals encounter various types of medical emergencies, primarily involving clinical conditions such as high blood pressure, blood sugar fluctuations, breathing difficulties, and seizures, as well as situations related to trauma, accidents, falls, cuts, and adverse reactions.

*Oh, it's mostly dog bites—sometimes people come in with that. Sometimes high blood pressure. Sometimes shortness of breath—we see a lot of patients with COPD—when they get hurt, have an accident at home, fall, or get a cut. [...] So these are the situations we deal with most often, the ones that come up more frequently.* (A5).

*We've had patients come in feeling unwell due to high blood pressure. We also have medication on hand for when blood pressure is very high. There have been instances where patients felt unwell during blood draws. We have to provide first aid, administer an IV, things like that.* (A7).

*The incidents we've had mostly involved patients with seizures. Then the doctor provided support. We check their vital signs, the doctor provides support, and if necessary, we establish an IV line, call the emergency medical services (SAMU), and transfer the patient.* (A11).

The reports demonstrated that urgent and emergency situations present different characteristics and levels of severity, including clinical changes, complications related to chronic conditions, accidents, and other complications that require initial assessment and care by the team.

**Factors Influencing Nursing Care in Urgent and Emergency Situations**

The accounts showed that the professionals' prior experience in urgent and emergency care, the team's integrated approach, and the support provided by the physician are factors that enhance care. Knowledge acquired through professional experience contributes to greater confidence in performing procedures, while communication and collaboration among team members facilitate the organization and efficiency of care.

*I think it makes things easier because here at this facility there are quite a few people with experience in emergency care—like the nurse; I also work at a hospital; and the doctor is very responsive, too—and that makes things easier.* (A7).

*The team here works very well together, too. Even though it's a small team, there's good communication with the doctor and the nursing assistant as well.* (E6).

On the other hand, participants pointed to the lack of periodic training and education, the low frequency of urgent and emergency situations, and the limited availability of supplies, equipment, and medications as factors that hinder care.

*I think we're unprepared because it's something that hardly ever happens, and when it does, I think we lack training—something like that—which I think we should have more of.* (A4).

*Now, what makes it difficult is that sometimes we don't have many supplies for this, not many resources. [...] We don't have much support.* (A7).

The results demonstrated that care is related both to the team's preparedness and integration and to the conditions available for providing care. While professional experience and teamwork facilitate appropriate responses, a lack of training and resources can limit professionals' ability to act.

**Strategies for Improving Care for Urgent and Emergency Cases at the Primary Care Level**

In this category, we identified the need for investments in periodic training, professional development, improved availability of material resources and medications, as well as strengthening the organization of services and the structure of the facilities.

*I think it really would be training—more frequent training. At least every six months, I don't know, get the team together, and actually do some training.* (A6).

*I think training comes first. And the supplies themselves, the medications. [...] So I think what's missing most is exactly that—training.* (A4).

*Oh, I think we need to improve our emergency equipment, right?* (A9).

*First, continuing education for us professionals. I think that's extremely important. [...] And second, providing us with the necessary supplies.* (E1).

The measures identified by the participants included continuing education, periodic training, improved equipment, and expanded material resources, with the aim of enhancing staff safety, the effectiveness of responses, and the quality of care provided.

## DISCUSSION

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The findings of this study show that the management of urgent and emergency situations in Primary Health Care involves clinical assessment, identification of severity, risk classification, provision of initial care, and coordination with other points in the Health Care Network. In this process, the nursing team plays a key role in the early recognition of signs of deterioration and in the initial organization of care.

Similar results were reported by Sampaio et al.[10], who highlighted

the central role of nurses in the clinical assessment of patients, the identification of health needs, and the determination of care priorities during triage. The Federal Nursing Council also establishes that risk classification is an activity exclusive to nurses, based on skilled listening, clinical assessment, and professional judgment, in accordance with institutional protocols.[11]

The need to refer patients to other services underscores the importance of integration between Primary Health Care and the other components of the Emergency Care Network. The Mobile Emergency Care Service is part of this network and provides mobile prehospital care and directs patients to the appropriate services based on the severity of their condition. Thus, coordination among the different care points promotes continuity of care initiated at the health facility.[12-13]

Regarding the profile of the cases attended, the findings demonstrate a significant proportion of acute exacerbations of chronic conditions, particularly hypertension and diabetes mellitus. Ferreira et al.[14] also identified these conditions as major causes of visits to urgent and emergency care services, highlighting the importance of continuous monitoring and adequate management of these diseases in Primary Health Care to reduce acute complications and hospitalizations.

In addition to chronic conditions, the diversity of complications identified demonstrates that, although Primary Health Care is strongly linked to health promotion, disease prevention, and longitudinal follow-up, its facilities also receive patients with acute conditions that require evaluation and initial care. Benedet and Soratto[2] emphasize that Family Health Strategy units handle urgent and emergency cases, making it necessary for professionals to be prepared to recognize signs of severity and provide initial care until referral, when necessary.

Professional training and experience proved to be important for patient care, especially given the low frequency of more serious situations in some facilities. Limited exposure to such incidents can make it difficult to maintain the skills necessary for safe practice, underscoring the importance of periodic training and education. A study conducted with primary care nurses identified that a lack of practical skills and adequate materials constitutes one of the main difficulties perceived by professionals when responding to emergency situations, highlighting the need for theoretical and practical preparation to ensure a rapid and safe response.[15] Benedet and Soratto[2] identified a perception of insufficient preparedness among nurses in the Family Health Strategy for handling urgent and emergency cases, related primarily to the lack of continuing education, training, and care protocols.

Another relevant aspect concerns the availability of supplies, equipment, and medications, which can affect the teams' response capacity. Costa, Ceretta, and Soratto[5] identified the following as challenges for urgent and emergency care within the Family Health Strategy: inadequate physical infrastructure, insufficient supplies, equipment, and medications, and, in certain situations, the absence of a medical professional. The authors highlight staff training, the implementation of protocols, and the organization of care pathways as strategies to improve the quality of care.

Conversely, professional experience, effective communication, the presence of a physician, and integrated work among team members are elements that can promote greater organization and safety during care. Thus, urgent and emergency care in Primary Health Care depends on the interaction between professional, structural, and organizational factors, demonstrating that individual preparedness must be coupled with adequate working conditions and the organization of services.

In this context, continuing education, practical training, and simulations emerge as important strategies for improving care. Benedet and Soratto[2] emphasize that updating knowledge and engaging in practical activities can contribute to the development of skills and increase professionals' confidence during patient care. In addition to professional qualifications, improving and standardizing the resources available at healthcare facilities are important for ensuring adequate conditions for initial care.

The implementation of protocols and care pathways can also help guide decision-making and organize professionals' actions in urgent and emergency situations. Defining the responsibilities of team members promotes organization, communication, and efficiency during patient care. In this regard, the literature emphasizes the importance of developing protocols and flowcharts in conjunction with professional training, as well as ensuring adequate availability of facilities, supplies, and medications.[2,5] A recent study on the development and validation of a protocol for managing urgent and emergency care in Primary Health Care reinforced the importance of standardizing procedures to guide


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professionals' actions and improve the quality of care in these situations.[16]

In terms of practical implications, the findings reinforce the need for investments in continuing education, periodic training, the organization of work processes, care protocols, and improvements in structural conditions and available resources. These actions can help enhance professionals' preparedness and safety and strengthen Primary Health Care's capacity to respond to urgent and emergency situations.

Among the limitations, it is worth noting that the study was conducted with nursing staff from a single municipality, which limits the generalizability of the findings to other contexts. Furthermore, the low frequency of urgent and emergency situations reported by some participants may have limited the diversity of experiences shared during the interviews. Despite these limitations, the study provided insight into the professionals' experiences and perceptions, identified factors influencing care, and recognized strategies considered necessary for its improvement.

## CONCLUSION

The results showed that the nursing team plays a fundamental role in urgent and emergency situations in Primary Health Care, working to recognize the conditions presented by patients, conduct initial assessment and care, perform risk classification, and refer patients to other levels of care when necessary. Care was found to be influenced by the professionals' experience and training, the team's integrated approach, and the availability of facilities, supplies, equipment, and medications.

There is a clear need for investment in continuing education, periodic training sessions, practical exercises, and simulations, as well as in improving and standardizing available resources and implementing care protocols and workflows. These strategies can help enhance the safety and preparedness of healthcare professionals and improve the quality of care provided in such situations.

Given that the study was conducted with nursing professionals from a single municipality, gaps remain in our understanding of this reality in different Primary Health Care contexts. It is recommended that further studies be conducted in different municipalities and regions, involving other care settings, in order to expand knowledge about the nursing team's role in urgent and emergency situations and to inform strategies for improving care.

## References

1. Brasil. Ministério da Saúde. Sistema Único de Saúde (SUS). Brasília: Ministério da Saúde; 2025.

2. Benedet MR, Soratto MT. A percepção dos enfermeiros frente aos atendimentos de urgência e emergência na Estratégia Saúde da Família. Inova Saúde. 2021;11(1). doi:10.18616/inova.v11i1.3094. Essa referência está confirmada no periódico, inclusive com autores, volume, ano e DOI.

3. Giglio-Jacquemot A. Urgências e emergências em saúde: perspectivas de profissionais e usuários. Rio de Janeiro: Fiocruz; 2009.

4. Instituto Brasileiro de Geografia e Estatística. Pesquisa Nacional de Saúde – PNS 2019: sete em cada dez pessoas que procuram serviço de saúde vão à rede pública. Rio de Janeiro: IBGE; 2020.

5. Costa MO, Ceretta LB, Soratto MT. Urgência e emergência na Estratégia Saúde da Família: dificuldades e desafios para a atuação do enfermeiro. Inova Saúde. 2016;5(2).

6. Souza R, Oliveira T, Lima S. Limitações estruturais na APS: impacto no atendimento de urgência e emergência. Saúde Debate. 2022;46(130):201-213.

7. Souza L, Costa F, Martins A. Condições crônicas e atendimentos emergenciais na APS: estudo regional. Rev Bras Med Fam Comunidade. 2019;14(41):1-10.

8. Machado R. A percepção da população sobre a atenção primária em situações de urgência e emergência. Cad Saúde Pública. 2024;40(2):1-12.

9. Bardin L. Análise de conteúdo. 3a ed. São Paulo: Edições 70; 2016.

10. Sampaio RA, Rodrigues AM, Nunes FC, Naghettini AV. Desafios no acolhimento com classificação de risco sob a ótica dos enfermeiros. Cogitare Enferm. 2022;27:e80194. doi:10.5380/ce.v27i0.80194. Esta também está confirmada no periódico e no SciELO.

11. Conselho Federal de Enfermagem. Parecer de Conselheiro Federal nº 44/2023/COFEN. Encaminhamento de paciente sintomático, sem avaliação médica: classificação de risco. Brasília: COFEN; 2023.

12. Brasil. Ministério da Saúde. Portaria nº 1.600, de 7 de julho de 2011. Reformula a Política Nacional de Atenção às Urgências e institui a Rede de Atenção às Urgências no Sistema Único de Saúde. Brasília: Ministério da Saúde; 2011.

13. Brasil. Ministério da Saúde. Serviço de Atendimento Móvel de Urgência (SAMU 192). Brasília: Ministério da Saúde; 2025.

14. Ferreira PC, Teston EF, Marquete VF, Santos RMS, Rossi RM, Marcon SS. Utilização de serviços de urgência e emergência por complicações agudas da hipertensão e/ou diabetes. Esc Anna Nery. 2021;25(5):e20210003. doi:10.1590/2177-9465-EAN-2021-0003.

15. Cernuda Martínez JA, Castro Delgado R, Arcos González P. Difficulties of Spanish Primary Health Care nurses to assist emergencies: a cross-sectional study. Int Emerg Nurs. 2024;74:101442. doi:10.1016/j.ienj.2024.101442.

16. Guimarães MC, Costa DRR dos S, Nascimento MKA, Braz JM, Fernandes FECV, Melo RA de. Construção e validação de protocolo de atendimento às urgências e emergências na Atenção Primária à Saúde. Caderno Pedagógico. 2025;22(5):e14786. doi:10.54033/cadpedv22n5-113.

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