

## IATROGENIC INJURIES THAT CULMINATE IN CARDIORESPIRATORY ARREST IN INTENSIVE CARE UNITS

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**Abstract:** The approach during cardiac arrest (CRA) requires agility, efficiency, scientific basis and technical skill. Furthermore, it is vital an adequate installed infrastructure, promoting the adhesion of a uniform and consistent action, given that teamwork plays a key role in the recovery of patients. Iatrogenic risks associated with CRA care in the intensive care unit can be caused by inexperience of professionals, insufficient staff and issues related to materials and equipment. After stating this, the importance of teamwork is emphasized, aiming at adequate assistance, since the purpose of resuscitation is to restore the vital process and not to prolong a fatal outcome.

**Keywords:** Multidisciplinary team. Cardiopulmonary arrest. Urgency and emergency.

## INTRODUCTION

CRP, an acronym for Cardiorespiratory Arrest, is configured as an interruption of the patient's cardiac and pulmonary system, being considered of high complexity, commonly occurring in critically ill patients hospitalized in intensive care units. To address this condition, the ideal is for a multidisciplinary team to be assembled in advance, in addition to undergoing training that allows its action with agility, efficiency and medical skill in performing cardiopulmonary resuscitation -CPR. Adequate infrastructure is also paramount, mitigating the risks that may be presented to patients. Following these requirements is paramount, so that the risks, if possible, are annulled, as well as frequent iatrogenic occurrences and compromised patient safety.

Performing PCR demonstrates the level of severity in which the patient is. When this occurs, the chance of survival depends on the rapid and effective application of resuscitation maneuvers, in order to avoid serious and / or

irreversible organic damage. After stating this, time is arguably paramount in these cases.

In time, it must be noted that the resuscitation maneuvers alone do not change the survival of patients. However, its previous performance, associated with the pre - established for performing CPR, leverage the chances of immediate recovery and survival. In addition to preserving life, the maneuver is also focused on ensuring the patient's survival, as well as relieving suffering, restoring health and reducing disabilities. Thus, the delayed start of resuscitation maneuvers may allow the permanence of vital functions for a certain time, however, the serious brain injury and, sometimes, irreversible established as a result of the delay of the service will determine the quality of life due to the sequelae of the individual.

According to the American Heart Association, approximately 33% of CPR attempts are effective. In the same reality, unfortunately, 10.2% of patients manage to recover without presenting neurological sequelae or, at least, functional incapacity. As for survival, 10% of patients manage to survive after the first year of resuscitation. Of the deaths, 30% are due to neurological correlations, either directly or indirectly.

As CRA can occur anywhere and in any patient, the most indicated place to deal with this intercurrent is the Intensive Care Unit, or ICU. However, given their diversity, all specialties m and tips must be able to deal with CPR, given that its care must be carried out anywhere.

Care must, above all, value the quality of the medical service provided, as well as patient safety. That is, the occurrence of iatrogenic events must be prevented. Such measures must be adopted to prevent complications in the patient 's recovery.

Iatrogenesis is a harmful intercurrent for the patient, which may or may not be caused

by medical failure, which may compromise the safety and integrity of the patient. Failure within the ICUs, lack of human resources, financial mismanagement and poor work organization can lead to iatrogenesis. In order to avoid these interurrences, it is essential that employees have technical and scientific knowledge, as well as know the service protocols, thus standardizing the actions to be followed, facilitating the therapeutic approach.

These characteristics will enable effective care in any situation, including CRA.

In the experience of daily activities in the ICUs, CPA care is not always adequately promoted, pointing out errors that must be urgently corrected. Among them are mentioned:

- Missing or defective equipment
- Lack of attention to scientific technical issues
- professional inexperience
- Insufficient number of professionals

Before an interurrence arises with CRA, periodic maintenance of the devices must be carried out on a daily basis, as the insufficiency or failure in their operation may lead to a loss of time for the team and, consequently, damage to them, mainly in CRA situations. This maintenance must occur daily, prior to the beginning of the shift, checking the functioning of the defibrillator, ventilator, laryngoscope, ambu bag, defibrillator and aspirator, for example.

It must be noted that iatrogenic occurrences, despite the possibility of being caused by technical malfunction of the equipment, are not exclusive. Therefore, the lack of human functional capacity contributes to this occurrence. After stating this, the training of the different professionals working in CRA care is essential for better assistance, since there is no reason to have functioning equipment, however, there is no trained personnel to handle it.

In time, it is paramount, in addition to the working material and trained staff, to have CRA care protocols. Training for unanimous adherence to pre-established protocols is vitally important.

## **FINAL CONSIDERATIONS**

ICU team training for CRA management aims to shorten the procedure time and automate steps in a flexible and efficient way. In addition to basic instruction, continuous knowledge and technical training are essential for effective assistance. The presence of iatrogenic factors points to the need for trained professionals to safely manage complex patients. Investing in training and care programs can reduce the risk. Preventive measures must broadly address iatrogenic problems, intervening on the vulnerability of human, material and technological resources. This way, the purpose of restoring life in case of cardiac arrest is achieved.

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