



REVIEW / UPDATE ARTICLE

The systematization nursing care and work of nurses to patients with myocardial infarction**Janáina Leite Frigini¹; Braulio Luna Filho²; Rita Simone Moreira³; Bruno Henrique Fiorin⁴**

Submitted in 06/06/2016

Approved in 17/02/2017

KeywordsMyocardial
Infarction;
Nursing Care;
Coronary
Artery
Disease**Abstract**

Objective: To describe the role of nurses in the care of patients in AMI, to point out their role in the care of patients in emergencies and to identify the main nursing diagnoses. **Method:** This is a bibliographical review carried out through literature search in the main electronic means of scientific dissemination, considering works published between the years 2011 to 2015, and official site queries for updated data collection and legal basis. **Results:** The trained nurse with theoretical and practical knowledge can be the differential in the assistance to infarcted patients. With a differential look to interpret the signs and symptoms, the nurse acts with focus to anticipate and prevent complications. The primary nurse in the care of the infarcted has in the Systematization of Nursing Assistance an instrument that legitimizes their performance and favors their communication with the multi and interdisciplinary team, besides allowing an individualized service that meets the human needs, and contributes to a resolute assistance. **Conclusion:** The nurse's role is fundamental both in the initial approach to the patient with AMI and in the follow-up process and guidelines that stimulate care.

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1 INTRODUCTION

Among Cardiovascular Diseases (CVD), acute myocardial infarction (AMI) is considered a public health problem, for the high mortality rate in Brazil has a significant socioeconomic impact, since it reaches individuals at the peak of their productive capacity¹. Based on DATASUS, AMI is the single largest cause of death in Brazil, with around 100 thousand deaths annually. In 2012 the **death rates at ages 30–69 years** were 123 / 100,000. AMI has a sudden onset and rapid evolution and, hence, presents a death occurrence of 40 to 65% in the first hour, and up to 80% in the first 24 hours. For this reason, time plays a fundamental role in the prognosis^{2,3}.

As reported by the Brazilian Society of Cardiology (SBC)³, acute myocardial infarction should be identified when there is evidence of myocardial ischemia in a characteristic clinical ischemic context accompanied by elevations of myocardial necrosis markers. Furthermore, AMI occurs when there is ischemic injury to the heart muscle, due to inadequate supply of oxygen, considering the reduction of blood flow in coronary arteries, caused by occlusion of the artery by a thrombus formed by atherosclerotic or embolic plaques⁴.

The various, and sometimes nonspecific, symptoms of AMI may explain the delay in specialized medical care. Among the most common signs and symptoms are chest pain, sweating, jaw pain, upset stomach, shortness of breath and tingling in the arms. The time elapsed between onset of symptoms and care may determine the prognosis, reduce mortality and cost in the treatment of ischemic insufficiency and its sequelae¹.

Accordingly, one of the factors to reduce mortality in AMI is the rapid care. When the patient enters the hospital unit, the nurse

practitioner is often his first contact. This way, this professional should be responsible for offering a service with technical, scientific, ethical and humanistic competence, in a pre-established and synchronic way, aiming at efficiency, speed, priority, high quality and cost containment⁵

Studies point out to nursing care for the AMI victim as paramount in the emergency unit. Nevertheless, for this to occur, the professional nursing must be aware of the cardiovascular pathologies, in order to distinguish the symptomatology of the infarction, as to offer a qualified assistance, for the first effective care given to patients with AMI can provide a better prognosis, thus reducing future complications.⁴

In such a way, any study aimed at improving and expediting infarct care may help reduce today's shocking numbers and contribute to a better post-infarction quality of life in the affected population. Therefore, the current study is based on the problematic: Can the Systematization of Nursing Assistance collaborate to improve nursing care for the AMI victim?

As follows, describing the role of nurses in the care of patient with AMI is the general objective of this study and, for this, the specific objectives are: to briefly describe the dynamic process of AMI; to point out the nurse's role in assisting the infarcted patient in the emergency; and to identify the main Nursing Diagnoses, according to studies already published.

2 METHOD

This study is a bibliographical research, for it is based on the collection and analysis of information already published within a predetermined period, leading the researcher to direct contact with the subject studied⁶.

A bibliographic review was achieved in the months of January to May / 2016. It were used articles published since 2011 in the Portuguese language, published in the Scientific Electronic Library Online (SciELO), in Latin American Literature (Lilacs), in the Ministry of Health, the Virtual Health Library (VHL), the Nursing Database (DBENF) and the Brazilian Society of Cardiology, in addition to consulting the official websites of the Ministry of Health (DATASUS) and the Federal Nursing Council, where data and legal basis were collected.

The selected subjects for the study were: Concepts of acute myocardial infarction, Systematization of Nursing Assistance to patient myocardio infarction, and Quality of Nursing Care for patients with acute myocardio infarction. The descriptors used were: Myocardial infarction, nursing care, emergency and emergency nursing. The articles were separated by line of research, tabulated and carefully analyzed.

3 RESULTS

Throughout the search for literature in the electronic means of disseminating scientific papers, using the proposed descriptors within the inclusion criteria, the results were as follows: in the Latin American Literature (Lilacs), 13 articles were located in the Scientific Electronic Library Online (SciELO) , 13, in the Nursing Database (DBENF), 14. From this one, disregarding those published in more than one periodical, a total of 11 articles were analyzed.

Table 1 shows the articles that fulfilled the inclusion criteria. Among the 11 articles found, analyzed and presented, 5 present as their research line cardiac emergency care, 3 approach the Systematization of Nursing Assistance to the victim of AMI, 2 deal with the role of the nurse in the time of seeking assistance of the AMI emergency and 1 clarifies the concept of pain, which was

used to understand the effect of pain in acute myocardio infarction patient.

publicados em mais de um periódico foram analisados um total de 11 artigos.

No quadro 01 observa-se a apresentação dos artigos que cumpriram os critérios de inclusão. Dentre os 11 artigos encontrados, analisados e apresentados, cinco apresenta como sua linha de pesquisa o atendimento na emergência cardíaca, três abordam a Sistematização da Assistência de Enfermagem a vítima do IAM, dois tratam sobre o papel do enfermeiro no tempo de busca da assistência diante da emergência IAM, e um esclarece o conceito da dor que foi utilizado para melhor compreensão do efeito da dor no paciente infartado.

Table 1: Main results of the literature review focusing on nursing care for patients with acute myocardial infarction

NURSING DIAGNOSES	NURSING INTERVENTIONS
Acute pain related to infarction, that is, the reduced supply of oxygen to the cardiac tissue, evidenced by the patient's report and expression of pain.	<ul style="list-style-type: none"> - Assess the intensity by means of a scale, radiation and duration of pain; - Ensure that the client receives care for analgesia; - Guiding you about the importance of bed rest.
Decreased cardiac output related to cardiac ischemia and vasoactive drugs, evidenced by hypotension, dyspnea and pallor.	<ul style="list-style-type: none"> - Keep high headboard and quiet environment for better patient comfort. - Install oxygen for comfort.
Inherent peripheral tissue perfusion related to AMI, evidenced by peripheral pulse reduction and cyanosis of the extremities.	<ul style="list-style-type: none"> - Install continuous pulse oximetry. - Continuous cardiac monitoring.
Ineffective respiratory pattern related to chest pain, decreased cardiac output evidenced by decreased HR and dyspnea.	<ul style="list-style-type: none"> - Installing oxygen for comfort - Install continuous pulse oximetry. - Keep head high. - Watch for signs of cyanosis.
Impaired gas exchange related to cardiac hypoxia evidenced by dyspnea and or tachypnea.	<ul style="list-style-type: none"> - Install oxygen therapy 2-4l / min. to 100%; - Install continuous pulse oximetry.
Anxiety and / or fear related to pain and the imminent risk of death evidenced by patient agitation and verbalization.	<ul style="list-style-type: none"> - Ensure that the client receives care for analgesia; - maintain a calm and quiet environment; - provide comfort to the patient; - build a bond between nurse and patient
Impaired physical mobility related to the need for absolute bed rest and evidenced by bed restriction	<ul style="list-style-type: none"> - Guide the patient on the need of bed rest;
Intolerance to the activity related to the damage of the cardiac tissue evidenced by respiratory discomfort and report of fatigue and palpitation.	<ul style="list-style-type: none"> - Guide on prescription drugs; - Guide the limits on weight management and efforts; - Refer the patient to other health professionals to assist in their rehabilitation as a physiotherapist and nutritionist.

Source: Author

Built on the scientific technical descriptions of AMI, on the previous studies described, as well as on the Nursing Diagnostic Classification of the North American Association of Nursing Diagnoses (NANDA), in table 02 are presented the main Nursing Diagnoses identified in the studies and in the interventions.

Table 02: Nursing diagnoses for the victim of AMI and some of their respective interventions.

NURSING DIAGNOSES	NURSING INTERVENTIONS
Acute pain related to infarction, that is, the reduced supply of oxygen to the cardiac tissue, evidenced by the patient's report and expression of pain.	<ul style="list-style-type: none"> - Assess the intensity by means of a scale, radiation and duration of pain; - Ensure that the client receives care for analgesia; - Guiding you about the importance of bed rest.
Decreased cardiac output related to cardiac ischemia and vasoactive drugs, evidenced by hypotension, dyspnea and pallor.	<ul style="list-style-type: none"> - Keep high headboard and quiet environment for better patient comfort. - Install oxygen for comfort.
Inherent peripheral tissue perfusion related to AMI, evidenced by peripheral pulse reduction and cyanosis of the extremities.	<ul style="list-style-type: none"> - Install continuous pulse oximetry. - Continuous cardiac monitoring.
Ineffective respiratory pattern related to chest pain, decreased cardiac output evidenced by decreased HR and dyspnea.	<ul style="list-style-type: none"> - Installing oxygen for comfort - Install continuous pulse oximetry. - Keep head high. - Watch for signs of cyanosis.
Impaired gas exchange related to cardiac hypoxia evidenced by dyspnea and or tachypnea.	<ul style="list-style-type: none"> - Install oxygen therapy 2-4l / min. to 100%; - Install continuous pulse oximetry.
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Impaired physical mobility related to the need for absolute bed rest and evidenced by bed restriction	<ul style="list-style-type: none"> - Guide the patient on the need of bed rest;
Intolerance to the activity related to the damage of the cardiac tissue evidenced by respiratory discomfort and report of fatigue and palpitation.	<ul style="list-style-type: none"> - Guide on prescription drugs; - Guide the limits on weight management and efforts; - Refer the patient to other health professionals to assist in their rehabilitation as a physiotherapist and nutritionist.

Source: Author

4 DISCUSSION

Conforming to the code of ethics approved by Resolution COFEN 311/2007, in art. 12 to 14, it is incumbent upon the nursing professional the responsibility in providing assistance with technical, scientific and ethical competence, free from harm to the individual, due to malpractice, negligence or recklessness, as well as to improve their knowledge for the benefit of the individual and for the development of the profession⁷. Thereby, reflecting the dynamics of AMI allows the elaboration and planning of

nursing care, which must be provided for the patient, thus making the procedure dynamic and efficient.

4.1 CONTEXTUALIZING THE ACUTE MYOCARDIO INFARCTION

Cardiovascular diseases are estimated to account for 40% of deaths by 2020. AMI accounts for 80% of ischemic heart diseases, and is also the most lethal. The rapid care contributes significantly to the reduction of mortality, considering that

most of the deaths occur in the first 24 hours⁸.

Alves et al.⁹ describe AMI as the destruction of the cardiac musculature, through necrosis, as a consequence of reduced blood flow, leading to an imbalance between supply and demand of oxygen and nutrients, as a result of the obstruction of the coronary artery, usually due to abnormal accumulation of lipids, which causes an inflammatory response in the artery, favoring the formation of atheroma plaque, or obstruction by means of the thrombus of atherosclerotic origin.

Several factors contribute to the occurrence of AMI, among them are: age, heredity and gender, and among the non-modifiable ones are physical inactivity, smoking, eating habits, systemic arterial hypertension (HBV), diabetes mellitus (DM), obesity, stress and untreated diseases¹⁰.

Regarding the symptoms related to AMI, even characteristic features such as chest pain, tingling of the left limb, dyspnoea, nausea, vomiting, sweating, pallor in women, the elderly and diabetics, may be non-specific¹⁰.

Mendes and Miranda¹⁰ also observed that patients in 75% to 85% of the time describe their pain with irradiation to the left limb lasting more than 20 minutes. According to the studies, the pain in AMI has sudden onset, is intermittent, of great intensity, is prolonged and has no relief at rest. Patients describe it as being constrictive and oppressive, with a crushing sensation in the chest^{5,8}.

Facing this disease, time is a determinant factor of the prognosis and the post-infarction consequence. Thus, care is extremely important in changing the mortality and impact on the patient's life. However, researches point out that the search for assistance, or its delay, depends on the victim himself who does not value

the symptoms, does not recognize them as cardiac origin, acting inappropriately. In this way, the importance of education is reinforced to reduce the time between the appearance of symptoms and the search for specialized help¹².

4.2 THE ROLE OF THE NURSE THROUGH IAM

The Nurse covers his assistance in the most varied environments such as outpatient, hospital and domicile contemplated since the promotion, prevention and rehabilitation of the individual. Within this line of work, Souza et al.,⁴ in agreement with the recommendations of the V Guideline of the Brazilian Society of Cardiology on the Treatment of Acute Myocardial Infarction with ST-segment elevation, cite that studies highlight the importance of pre-hospital care in the improvement in the prognosis in the situation where the infarction is present, since research shows that 25 to 35% of the victims die before receiving medical attention.

In this respect, trained nurses with theoretical and practical knowledge can be the differential in the assistance to infarcted patients, provided they are attentive and prepared to act in these emergency situations⁴. However, it should be noted here that most Brazilian cities are devoid of intermediate relief teams such as SAMU. Aforementioned, studies have shown that nurses can contribute to reduce the time for the search for medical assistance in the face of symptoms suggestive of AMI, when they act as educators, guiding the population at risk, their relatives and friends, about the symptomatology, when to seek help, and even to train them for the situation that requires a resuscitation maneuver¹.

Mussi et al.¹, Sampaio et al.¹² had already observed that, in the understanding of the reasons for the delay in the search for specialized help in the presence of signs and

symptoms of AMI, nurses should not only guide their clientele about the symptoms, but also on the risks of inappropriate procedures such as self-medication, use of teas and other liquids, pain tolerance, and persistence in undue physical exertion. It also emphasizes that education should encompass not only family members, but the whole community at large, including schools and private companies.

The nurse is almost always the first professional to make contact with the infarcted patient in the context of the emergency of the installed pathology. His performance occurs as soon as the patient is admitted to a hospital unit, initiating care immediately. Consequently, this professional should be able to recognize the symptoms of AMI in order to properly target his emergency care, increasing the chances of survival of the infarcted patient¹³.

As stated by Bezerra et al.⁸ and Carvalho, Pareja and Maia,¹³ hemodynamic interventions have been shown to be effective in reducing AMI mortality, however these should be performed as soon as possible. In this context, the nurse should have a differential look to interpret the signs and symptoms in order to anticipate and prevent complications.

Among the interventions that fit the nurse, parallel to or awaiting medical care, are: bed rest, which tends to reduce cardiac overload, oxygen therapy by nasal catheter, continuous cardiac monitoring, venous access, pulse oximetry or arterial blood gases. The electrocardiogram (ECG) should be performed on admission (up to 10 min) and repeated after 6 hours. It is also up to the nurse to speed up the laboratory collection to follow the biochemical markers of cardiac injury, also at admission and with repetition after 6 to 9 hours¹⁰.

Nevertheless, when initiating care the nurse must evaluate the vital signs, which

contributes to the distinction between AMI and other pathologies, added to the interventions already mentioned above. He should also be attentive and prioritize the evaluation of chest pain⁴. Such intervention is justifiable, since the literature is related to other manifestations such as dyspnea, sweating, agitation, and hypertension¹¹.

Studies also indicate that not every patient has the characteristic symptoms of AMI, which is sometimes non-specific, such as in pregnant women, the elderly and diabetics⁴. Hence, the nurse should be able to interpret the exams, especially the ECG, that help in the diagnostic definition, in order to institute the therapy as soon as possible. Therefore, given the pathology and its emergency predominance, the nurse must also be equipped with skill, agility and rapid decision-making, must be free of malice and intuition that would be a barrier in the institution of adequate and effective care¹⁰.

After the first care, the patient with AMI should be carefully monitored, as he can progress to important vital changes, including hypotension, respiratory depression and changes in heart rate. It is also emphasized the need for the nurse to know the drug actions, as the risk to the patient depends on the therapy, such as thrombolytic agents can trigger hemorrhage, whereas morphine sulfate tends to respiratory depression⁹.

Consequently, the infarcted patient is successive in the first 12 hours, thus keeping an eye on the occurrence of arrhythmias, persistence and intensity of pain, as well as vital signs, water balance and the individual's state of consciousness. of the nursing professional. The nurse must have a calm action in front of the patient, so as to reassure him, orienting about the procedures, providing conditions for the patient's emotional restoration, showing an interest in his problems. In due time, by having greater contact, can dispense health

education, clarifying doubts and also conveying tranquility to the family¹⁰.

4.3 SYSTEMATIZATION OF NURSING ASSISTANCE

The Nursing Assistance Systematization (SAE) is governed by Federal Nursing Council Resolution 358/2009, which provides for its institution in every public and private health institution, and it is exclusive to the Nurse's execution and evaluation in accordance with the Law 7,498 / 86¹⁴. Nursing care is a process that demands supervision and it should be interactive and systematized. The nurse addresses and analyzes the patient holistically, assisting him in all demands physical, psychological, social as well as spiritual¹⁵. Thus, it is required from him aptitude to make clinical judgments and to diagnose possible nursing intervention problems in order to achieve better results.

The SAE allows an organization and systematization in nursing care, by subsidizing the preparation of care plans, implementation of interventions and evaluation in accordance with the client's need, since its basis is in the scientific method, which the objective is to identifying the health- disease and the needs of nursing care¹³. Through the diagnosis of AMI, SAE becomes an essential tool, for the Nursing Diagnosis (DE) allows a standardization of the language used by the team, besides being useful to determine clarity and assertiveness in nursing behavior, by associating predisposing and evident factors. The SAE structure favors the communication of the nurse with the other members of the team, as well as multi and interdisciplinary action¹⁶.

Carvalho, Pareja and Maia,¹³ claim that nursing diagnoses contribute to the direct and indirect responses of the patient to AMI, which, respecting the five stages of SAE (investigation, diagnosis, prescription, intervention and evaluation), tend to meet

the patient's basic human needs. They highlight the responsibility of nurses to have a differentiated look that allows them to anticipate complications. They also emphasize that communication among the professionals of the multidisciplinary team is essential for the science of what happens to the patient.

Thus, analyzing the nursing diagnoses with a focus on AMI, based on holistic investigation and on scientific evidence, provides a qualified assistance. Research indicates the most common diagnoses during hospitalization and post-infarction recovery, with the objective of improving care and contributing to harm reduction, besides helping to increase the quality of life of the acute myocardio infarction victim.

Among the articles searched on nursing assistance to the infarcted, only 03 approach the SAE. Carvalho, Pareja and Maia¹³ have the research specifically aimed at diagnosis in AMI, in the emergency phase; Pereira et al.¹⁶ describe diagnoses in the case of cardiovascular diseases, and in their group, 33.3% were victims of AMI; and Pereira, Dias and Santos¹⁵ attend IAM, however, after discharge in the adaptation and recovery phase, aiming at the construction of the protocol for the standardization of care.

Pereira et al.¹⁶ observed pain in 70.7% of the patients and their verbalization was present in 100% of the diagnoses elaborated, whereas in the study by Sampaio et al.¹² only 9% of the patients did not present pain and, among the other patients, the pain was related to sweating (51%), vomiting (34%), dyspnea (18%) and, to a lesser extent, dizziness, nausea, fatigue, syncope and palpitation. Pereira, Dias and Santos¹⁵ emphasize that the context of pain differs from gender and that the lack of knowledge about the characteristics of pain in AMI is one of the causes of prehospital mortality.

Identifying the Nursing Diagnosis (ED) "Acute pain" and immediately initiate the intervention in order to reduce its intensity, contributes to the hemodynamic stabilization of the AMI victim, since the pain, besides limiting, triggers innumerable reactions of the organism that characterize physiological and psychological alterations. In this degree, pain ceases to be only a symptom and becomes a reason for other EDs, such as Anxiety and Fear, which consequently contribute to cardiac overload.

Cardiac output is defined as the heart's ability to pump blood, which aims to supply all of the organic tissues with oxygen and substances necessary for their vital activities¹⁵. When there is a decrease in this rate, signs such as dyspnea and pallor are frequent, but during the service the "Decreased Cardiac Output" can be related not only to AMI, but also to the administration of vasoactive drugs, which requires the nurse a double attention, who must check the arterial pressure (BP) and ensure the absence of hypotension before administering such drugs¹³.

It is notorious that the decreased cardiac output is consequently associated with the DEs "Ineffective respiratory pattern", "Ineffective peripheral tissue perfusion" and "Gas exchange impairs", since both are dependent on the effective blood ejection and adequate transport of oxygen. Hence, the interventions of these diagnoses do not vary much. They are: absolute bed rest in the first few hours of treatment, bedside elevation, installation of 'oxygen therapy', according to patient need and prescription, constant monitoring of blood pressure and pulse oximetry, recurrent evaluation of perfusion and peripheral pulse, besides the continual attention of the pulmonary sounds and cardiac sounds, and monitoring the response to the drug treatment as to the therapeutic, adverse or toxic effects of the drugs¹⁷.

Nevertheless, the decreased cardiac output is an ED that, depending on the severity of the infarction, tends to accompany the patient for some time and / or lifetime. Therefore, it is recommended that the client be advised about self-care after hospital discharge, so that he can respect his limits, moderate his efforts - also directing the family on restriction and progression of activities - to learn to monitor dyspnea, fatigue and tachycardia and. In addition, to advise the patient on the importance of reporting any chest discomfort¹⁵.

"Anxiety" in the study by Pereira et al.¹⁶ was present in 76.7%. Parallel studies, reviewed by them, revealed that the manifestation of 'anxiety' (in 93% of patients) was superior to that of 'acute pain' (in 70.7% of patients). This is because, according to numerous studies, cardiovascular diseases produce emotional signs and symptoms due to fear of death and pain. The studies also showed that anxiety is related to the ignorance of self-care and the progression of the disease, which demonstrates the importance of nursing intervention in order to guide the patient about these issues.

Therefore, pain control, bed rest and anxiety reduction tend to be beneficial to the patient's well-being, since such interventions minimize patient agitation and, consequently, cardiac overload. The author also emphasizes the importance of the interaction between the team and the patient, in an attempt to calm him and to alleviate the impact of anxiety⁹.

"Physical mobility is impaired", although it is of a provisional nature. If not clarified for the patient, it can be triggering anxiety and distress, for having a synonym for dependence. But even though it is related to the need for absolute rest and present in 100% of the AMI treatments, the studies researched do not address the issue, which demonstrates a lack of sensitivity in the representation of the emotional impact for

the patient, which is most often active and independent person.

Pereira et al.¹⁵ noted "intolerance to activity", common in heart failure, in 36.7% of the patients, who presented fatigue, respiratory discomfort and palpitation, since such intolerance is related to the reduction of the heart's capacity to maintain cardiac output, making it difficult to perform of daily life activities. Thus, in AMI there is a reduction in heart rate variability, depending on the severity of the injury. Thus, such reduction is directly related to decreased cardiac output, and the same interventions can be adopted, with emphasis on post-discharge guidelines¹⁵.

In addition to the DEs discussed above, nurses should be aware of the attendant diagnoses of the care, such as "risk of infection" related to venous access, "aspiration risk" related to mechanical ventilation and sedatives, and "Self-care impaired" related to bed rest, in addition to "Risk for acute confusion" related to cerebral hypoxia¹³. Therefore, the elaboration of the interventions will subsidize the promotion and prevention, recovery and rehabilitation of the individual, considering the human needs of this individual.

However, the Systematization of Nursing Care has in its essence to consider the individual in a holistic way, physical-psychosocial. Thereby, the nurse, as an educator, must weigh from basic diseases and concomitant to AMI, to the emotions and frustrations of this individual, offering him a holistic and humanized assistance beyond the hospitalization, preparing him to return to his environment and home.

SAE also provides comprehensive assistance to the infarcted patient, which, in view of the description of the EDs, allows the elaboration of necessary and organized interventions, in order to reach the desired

result, contributing to a resolute, systemic and continuous nursing care.

5. CONCLUSION

Despite the advances in research, and even with its pathophysiology well known, AMI is still a challenge regarding the search for the reduction of case numbers, as well as the impact of the disease on the infarcted patient and their quality of life.

The nurse plays a fundamental role in all phases of infarcted patient care, from the promotion, prevention, recovery and rehabilitation of the affected population. In the promotion and prevention, the nurse should act as an educator, in guiding the population at risk on how to prevent AMI, how to recognize its signs and symptoms, when and where to seek care, training not only the patient, but also the family and the community.

At the emergency, the nurse must be able to recognize and differentiate the infarct from the other pathologies, in addition to needing skill, agility and being able to make quick decisions for effective and adequate care, being responsible for his team, from the arrival of the patient to the hospital until his discharge.

The Systematization of Nursing Assistance gives legitimacy to the nurses' performance, facilitates the multi and interdisciplinary team communication and standardizes care based on the evidence. It allows the elaboration of an individual care plan, attending the human needs, contributing for the rehabilitation of the infarcted, considering the person cared as the center of the assistance process.

The limitation of the current study is the low number of studies aimed at describing the benefits of SAE as a facilitating tool in emergency care for the infarcted patient, even though Resolution 358/2009 is mandatory in all establishments with a

nursing team. Therefore, new studies may contribute to the construction of a dynamic and legitimate SAE that favors qualified assistance to the infarcted patient.

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