

# Patient safety: Evaluation of the identification in an emergency hospital service in the federal district

Segurança do paciente: Avaliação do protocolo em um serviço hospitalar de emergência do distrito federal

La visión de la población en situación callejera sobre el acceso a la atención médica

## RESUMO

Objetivo: Verificar a implementação do protocolo de identificação do paciente em um serviço adulto de urgência e emergência de um estabelecimento público de saúde do Distrito Federal. Método: Trata-se de uma pesquisa descritiva, retrospectiva, de abordagem quantitativa e procedimento documental, desenvolvido no Pronto Socorro Adulto de um hospital público do DF referente ao ano de 2019. Resultados: 417 patients were audited, 61 in the PSA BOX and 356 in the PSA ward. In the BOX, the use of an identification wristband ranged from 11% to 100%, and the use of a bed identification plate had 100% adherence. On the other hand, in the ward, the use of wristbands varied from 63% to 100% and the use of a plate between 81% to 100%. Conclusão: Conclui-se que a adesão à identificação do paciente no hospital ainda é deficitária. A correta identificação do paciente e dos dispositivos está diretamente relacionada com o comprometimento das equipes envolvidas nas ações, mas também com a qualificação dos profissionais por meio da educação permanente e com o estabelecimento de rotinas institucionais.

**DESCRIPTORES:** Segurança do paciente; Sistemas de identificação pacientes; Serviços médicos emergência; Qualidade da assistência Saúde.

## ABSTRACT

Objective: To verify the implementation of the patient identification protocol in an urgent and emergency adult service of a public health establishment in the Federal District. Method: This is a descriptive, retrospective research, with a quantitative approach and documental procedure, developed in the Adult Emergency Room of a public hospital in the DF for the year 2019. Results: 417 patients were audited, 61 in the PSA BOX and 356 in the PSA ward. In the ward, accesses were identified in 50% of cases in February and 90% of cases in August, serum/medication labels 56% in March to 85% in July. Conclusion: It is concluded that adherence to patient identification in the hospital is still deficient. The correct identification of the patient and the devices is directly related to the commitment of the teams involved in the actions, but also to the qualification of professionals through permanent education and the establishment of institutional routines.

**DESCRIPTORS:** Patient safety; Patient identification systems; emergency medical services; Quality of Health Care.

## RESUMEN

Objetivo: Verificar la implementación del protocolo de identificación de pacientes en un servicio de urgencias y emergencias de adultos del establecimiento de salud público del Distrito Federal. Método: Se trata de una investigación descriptiva, retrospectiva, con enfoque cuantitativo y procedimiento documental, desarrollada en la Sala de Emergencias de Adultos de un hospital público del DF para el año 2019. Resultados: Se auditaron 417 pacientes, 61 en el BOX de PSA y 356 en sala de PSA. En el BOX, el uso de pulsera de identificación varió de 11% a 100%, y el uso de placa de identificación de cama tuvo 100% de adherencia. Por otro lado, en la sala, el uso de muñequeras varió del 63% al 100% y el uso de placa entre el 81% al 100%. Conclusión: Se concluye que la adherencia a la identificación del paciente en el hospital es deficiente. La correcta identificación del paciente y de los dispositivos está directamente relacionada con el compromiso de los equipos involucrados en las acciones, pero también con la calificación de los profesionales a través de la educación permanente y el establecimiento de rutinas institucionales.

**DESCRIPTORES:** Seguridad Del paciente; Sistemas de identificación de pacientes; servicios médicos de emergencia; Calidad de la Atención Sanitaria.

RECEBIDO EM: 07/10/2022 APROVADO EM: 07/11/2022

## Iasmin Samya Aires de Sousa

Nurse linked to the Hospital das Clínicas of the Federal University of Triângulo Mineiro, Minas Gerais. Residency by the Multi-professional Program in Urgency and Trauma of the Higher School of Health Sciences (ESCS)  
ORCID: 0000-0002-3193-7846



## Ronaldo Carneiro Ferreira Junior

Nurse. Residency completed by the Multidisciplinary Program in Urgency and Trauma at the Higher School of Health Sciences (ESCS) and current resident by the Multidisciplinary Program in Nephrology also at the Higher School of Health Sciences (ESCS).  
ORCID: 0000-0003-1402-2799

## Rauan Sousa da Hora

Nurse. Residency by the Multiprofessional Program in Urgency and Trauma of the Higher School of Health Sciences (ESCS).  
ORCID: 0000-0002-8392-756X

## Kamila Sales Vidão Alves

Nurse. Residency by the Multiprofessional Program in Urgency and Trauma of the Higher School of Health Sciences (ESCS).  
ORCID: 0000-0001-9160-7956

## Taynara Bispo Conceição

Nurse. Residency by the Multiprofessional Program in Urgency and Trauma of the Higher School of Health Sciences (ESCS).  
ORCID: 0000-0002-6453-762X

## Samara Silva de Queiroz

Nurse. Residency by the Multiprofessional Program in Urgency and Trauma of the Higher School of Health Sciences (ESCS).  
ORCID: 0000-0001-6874-6202

## Dayanne Gomes Santos do Carmo

Nurse linked to the State Department of Health of the Federal District. She resided in the Multiprofessional Program in Urgency and Trauma at the Higher School of Health Sciences (ESCS) and was a preceptor for the same. IGESDF  
ORCID: 0000-0003-3586-8726

## Moisés Wesley

Nurse linked to the State Department of Health of the Federal District. Master in Medical Sciences from the University of Brasília (UnB). Preceptor for the Multiprofessional Residency Program in Urgency and Trauma at the Higher School of Health Sciences (ESCS). Professor of the Nursing course at the Higher School of Health Sciences (ESCS)  
ORCID: 0000-0002-8666-5702

## INTRODUCTION

Over time, establishments that provide services in the health area have undergone changes that have resulted in management innovation and service reorganization, prioritizing the assessment of the quality of care, in order to improve productivity and Patient Safety (SP). Excellence in the provision of existing assistance in health services, which was considered desirable, became an attribute of quality in health services, in addition to being a differentiating element. <sup>(1)</sup> The World Health Organization (WHO) indicates that PS means reducing a minimum acceptable risk of harm associated with health care. <sup>(2)</sup>

In 2013, the Ministry of Health (MH) established the National Patient Safety Program (PNSP - Programa Nacional de Segurança do Paciente), Ordinance No. 529 of April 1, 2013, seeking to qualify the care offered in all institutions that provide health care in the country. In addition, the Resolution of the Collegiate Board (RDC - Resolução da Diretoria Colegiada) n° 36 of 2013 established the actions for SP in health establishments. <sup>(3) (4) (5)</sup>

In view of the world scenario of improvement in the quality and safety of health care, the State Department of Health of the Federal District (SES-DF), approved the user identification protocol, which must be complied with when carrying out consultations, prescription and administration of medication, surgery, transfusions of blood and blood products, advocating double identification through wristband and identification plate on the bed. <sup>(6)</sup>

In this context, the Emergency Hospital Service (SHE) deserves to be highlighted due to the role it assumes as a means of accessing health services. According to Ordinance No. 354 of 2014, the SHE is intended to care for health problems that require immediate treatment or assistance. <sup>(7)</sup>

The SHE, in Brazil and in the world, experiences the phenomenon of overcrowding in a continuous and routine way. According to Sousa and Mendes <sup>(8)</sup>, overcrowding is associated with the occurrence of adverse events, such as: delay or inadequacy in the administration of antibiotics and analgesics, patient dissatisfaction, among others. On the other hand, Oliveira et al. <sup>(9)</sup> characterize overcrowding as the full occupation of beds, hospitalization of patients in corridors, prolonged waiting time, physical and mental exhaustion of professionals, resulting in low quality of care in the health system.

Attendances in emergency environments are more likely to occur, since in

Attendances in emergency environments are more likely to occur, since in

the face of overcrowding, professionals may not have time to provide assistance and adequate surveillance, which favors the lack of continuity of care.<sup>(10)</sup>

Considering the importance of the correct process of patient identification, its relationship with the occurrence of errors arising from the absence of this practice and that safe care should be the goal of professionals, thus, the following question emerges: how does the implementation of the patient identification protocol occur in the urgency and emergency service?

The present study aimed to verify the implementation of the patient identification protocol in an adult urgency and emergency service of a public health establishment in the Federal District, since proper identification is an important aspect for the patient safety culture.

## METHOD

### Type of study

This is a descriptive, retrospective study, with a quantitative approach, a documentary procedure, which was developed in an emergency hospital service in the Federal District, using data referring to the year 2019, during this period, 417 patients were audited, 61 in the BOX and 356 in the ward. Inclusion criteria: patients with data collected by the Patient Quality and Safety Nucleus (NQSP - Núcleo de Qualidade e Segurança do Paciente) from patients admitted to the Adult Emergency Room (PSA - Pronto Socorro Adulto); exclusion criteria: patients with incomplete data and patients hospitalized in other sectors of the hospital. The research followed resolution 510/16 and was approved by the Research Ethics Committee (CEP - Comitê de Ética em Pesquisa) of the University Center of Brasília (UNICEUB), CAAE 29786120.7.0000.0023 opinion nº 4.133.743. The quantitative approach is based on the collection and analysis of variables, allowing a real portrait of subjects, relationships and dynamic structure.<sup>(11)</sup> In turn, the documental

procedure is one in which the data have not yet been analyzed, that is, they have not been systematized.<sup>(12)</sup>

The research was carried out in the Adult Emergency Room (PSA) of a Regional Public Hospital, located in the Federal District, which offers urgent and emergency care, containing 51 inpatient beds and serving the specialties of Clinical Medicine Cardiology, about the implementation of a protocol for the identification of hospitalized patients.

This unit also has an emergency box (PSA BOX), to handle clinical and cardiological emergencies, this has beds for observation and continuity of care for patients.

### Used tools

Quantitative patients in compliance and non-compliance with the patient identification protocol were verified, considering the existence of a white identification bracelet and identification plate; the presence of two descriptors on the bracelet, such as the full name and date of birth; and the correct location of the bracelet. In adults, it is recommended to place it on the right upper limb. It is noteworthy that wristbands with illegible, incorrect data and deleted letters were considered by the core as an unidentified patient. These data were present in the NQSP control record.

It is also noteworthy that the NQSP includes processes for identifying venous accesses (date, number and type of device), serum/medication labels (patient's name) and indwelling urinary catheter or nasogastric tube as part of the patient identification process.

The data were organized in a spreadsheet designed for this purpose, using the Microsoft Office Excel 2013® program, the results are presented in descriptive statistics in percentages, indicating relative and absolute frequencies from the perspective of patient safety, the results being represented by means of tables and graphs.

## RESULTS

During this period there were 12 visits, 3 in the ward in July and one in the PSA BOX in July. There were no visits in January, September and November, due to the reduced number of human resources at the NQSP. During this period, 417 patients were audited, 61 in the PSA BOX and 356 in the PSA ward.

In the PSA BOX (graph 1), the percentage of identification of patients with plates and bracelets showed a fluctuation in adherence throughout the year (11% in July and 100% in February and October), 100% adherence to the nameplate throughout the year stands out. Thus, in February and October there was total adherence of the patient's identifying elements. In the PSA Infirmary (graph 2), there was 100% adherence of the plaque in February, March, April, June, in two visits in July and in August, in contrast to a rate of 81% in a visit in July, the use of the wristband had a participation of 55% in a visit in July and 100% in August. Thus, in August there was adherence of the identifying elements, the three visits carried out on different dates in July also show the fluctuation of adherence throughout the month.

Regarding the identification of Peripheral Venous Access (PVA) Central Venous Access (CVA), serum or medication labels and identification of Nasoenteric Tube (NET) and/or Indwelling Urinary Catheter (IUC) in the PSA BOX, accesses (graph 3) had a membership ranged from 29% in April to 80% in February. Regarding Serum/medication Identification, there was a rate of 67% in March, June and August, 100% in February and May, in turn, when present, the IUC (table 1) had a variation of 33.3% in March and July to 100% in June, in relation to the NET (table 1) % were identified in the month of April to 100% in the other months.

In the ward, attacks (graph 4) were identified in 50% of cases in February

and 90% of cases in August, serum/medication labels 56% in March to 85% in July, IUC (Table 2) from 28.6% in April to 100% in July, October and November, and NET, when present, were 100% identified.

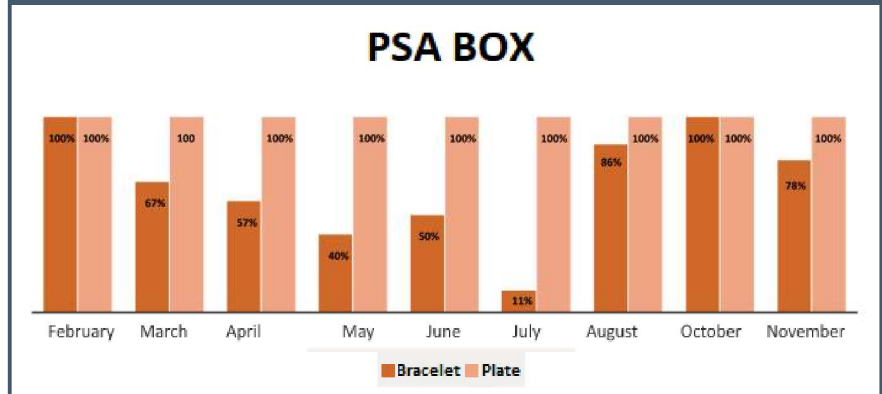
DISCUSSION

In view of the percentages presented in the results, it is possible to perceive the prevalence of identification of patients only with a plaque, and a reduction in the number of patients identified in the ward, a fact that may be related to a high number of hospitalized patients. To Silva et al (13), overload and overcrowding are harmful for patient care, as they expose patients to risks related to care.

Regarding patient identification, a study carried out in Rio de Janeiro, in which 30 patient identifications were observed in a period of 60 alternate days, pointed out that 23 had identification by bracelets, 20 by plates, 16 had double identification, 7 only wristbands, 4 only by plates and 3 did not have any type of identification exposing the same risks related to assistance. (14)

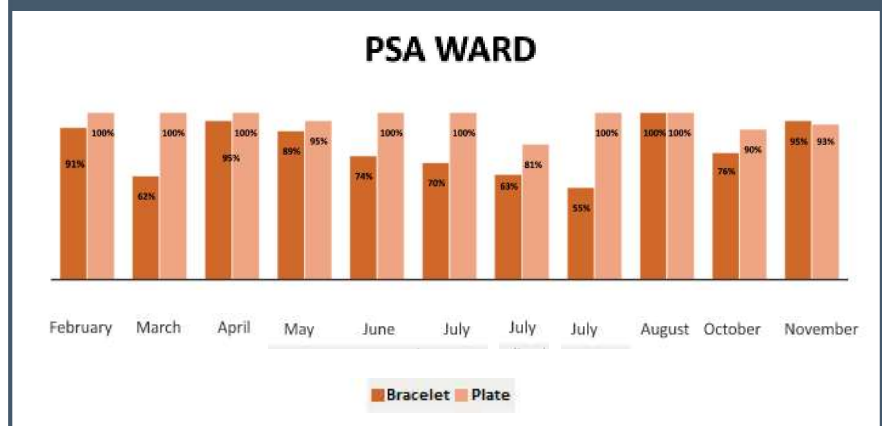
Considering that the nursing team is responsible for maintaining and implementing measures to prevent and control PVA infections, such as changing the dressing, correct handling is essential to prevent and reduce the incidence of adverse events related to health care. (15) Among the recommended nursing care, the exchange of catheters in adult patients and children stands out. According to the National Health Surveillance Agency (ANVISA) determinations, peripheral catheters should not be routinely exchanged in a period of less than 96 hours. (16) Thus, the correct and precise identification of the AVP makes it possible to accurately determine the catheter's permanence time, which is directly associated with the occurrence of phlebitis, infiltration, extravasation, disconnection and displacement of the device, putting the patient's safety and

Graph 1 - Percentage of patient identification in the PSA BOX. Brasilia, Federal District, Feb.-Nov., 2019.



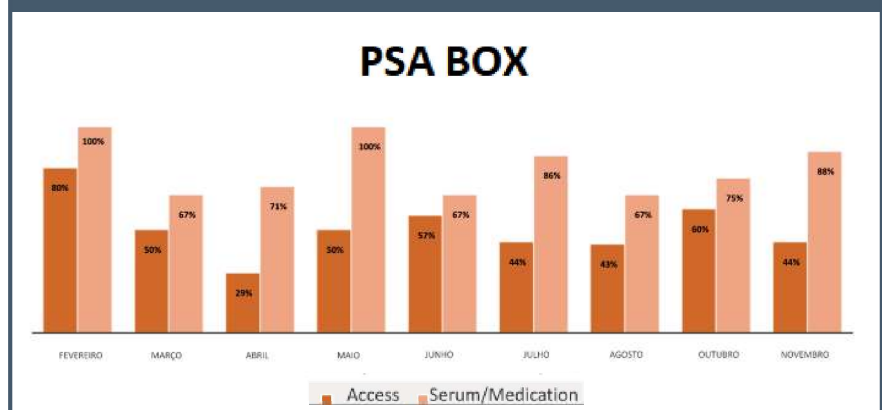
Source: QSP database, 2019.

Graph 2 - Percentage of patient identification in the PSA ward. Brasilia, Federal District, Feb.- Nov., 2019.



Source: QSP database, 2019.

Graph 3 - Percentage of Identification And Labels of serum/medication PSA BOX device. Brasília, Federal District, Feb.- Nov., 2019.



Source: QSP database, 2019.

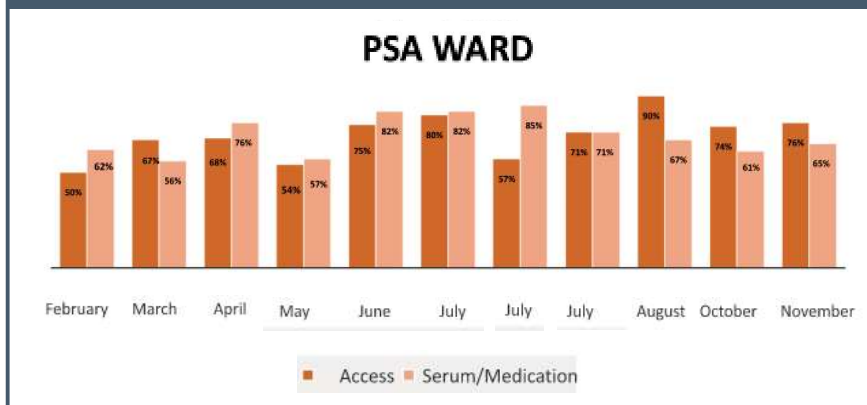
the quality of care at risk.<sup>(17)</sup>

Regarding the practice of identifying accesses, in the PSA BOX there was a variation in adherence from 29% to 80%, on the other hand, in the ward there was a variation from 50% to 90%. Similar to the findings of a study carried out in two hospital units in the city of Belo Horizonte-MG, which analyzed patients who carried a short peripheral puncture catheter. 104 patients participated, evaluating 354 devices and 604 records, which indicated that the component "date of puncture of the PVA" presented 496 (82.1%) compliant and 108 (17.9%) non-compliant.<sup>(18)</sup>

Regarding CVA/CVC and length of stay, ANVISA recommends that pre-programmed changes should not be performed, that is, catheters should not be replaced exclusively due to length of stay.<sup>(16)</sup> A study carried out in the adult and pediatric Intensive Care Unit (ICU) of a public hospital of high complexity in Minas Gerais, with patients with CVC, in which 15 dressing changes performed by 6 nurses were evaluated, concluded that of all dressings, none had the CVC puncture date described and 5 (33.3%) did not have the previous dressing date.<sup>(15)</sup>

With regard to the identification of serum labels, they must be carried out correctly and completely in order to prevent iatrogenic events, such as: omission of doses; administration in incorrect concentration; application at inappropriate times and routes; drug administration in switched patients; or even, erroneous administration of drugs.<sup>(17)</sup> Disorder flasks have an identification label with the name of the patient, bed and ward, medication, volume, time of medication and signature of the responsible professional. Thus, regarding the identification of sera/medication, in the PSA BOX there was a variation between 67% and 100%, however, in the ward the rate was from 56% to 85%. Regarding the identification of serum bottles, a research carried out in the interior of Paraná, presented worrying

Graph 4 - Percentage Identification And Label Of Serum/medication-device PSA ward. Brasília, Federal District, Feb.-Nov., 2019.



Source: QSP database, 2019.

Table 1- Percentage of identification of the indwelling bladder tube (SVD) and nasoenteric tube (SNE) in the PSA BOX, Federal District, Feb. -- Nov., 2019.

Months	Total	N(%)	N(%)
Indwelling Urinary Catheter (IUC)		Identificadas	Não Identificadas
February	4	2 (50,0%)	2 (50,0%)
March	3	1 (33,3%)	2 (66,7%)
April	3	0(0,0%)	3(100,0%)
May	2	0(0,0%)	2(100,0%)
June	2	2(100%)	0(0,0%)
July	6	2 (33,3%)	4 (66,7%)
August	5	3 (60,0%)	2 (40,0%)
October	4	3 (75,0%)	1 (25,0%)
November	5	4 (80,0%)	1 (20,0%)
Nasoenteral Tube(NET)			
February	2	2(100%)	0(0,0%)
March	4	4(100%)	0(0,0%)
April	3	0(0,0%)	3(100,0%)
May	-----	-----	-----
June	-----	-----	-----
July	-----	-----	-----
August	2	2(100%)	0(0,0%)
October	1	1(100%)	0(0,0%)
November	4	4(100%)	0(0,0%)

Source: QSP database, 2019.

results, since its calculation determined an indicator of only 2.2% of conformity.<sup>(19)</sup>

Failure to identify prepared medications is considered a risk factor for care, since failure or lack of identification fa-

vors the occurrence of errors. A survey carried out in Sergipe concluded that 49.5% (104) of professionals did not label the medication to be administered.<sup>(20)</sup>

The documentation of the activity is the professional's legal support, reflecting the quality of the work, allowing communication between professionals, ensuring the continuity of care and the completeness of the patient's information, thus enabling the tracking of information about the procedure.<sup>(21)</sup> A study carried out in a municipality in the interior of the state of São Paulo, with nine hospitals, pointed out that nursing professionals from 3 hospitals carry out identification of the device in a collection bag, while only 2 hospitals have records in the medical records and only 1 hospital has double identification. The notes must contain temporal data, of the professionals involved, reasons for the catheterization, materials used, procedures performed, patient response and possible interurrences, with reinforcement of these in the collection bag.<sup>(22)</sup>

Regarding enteral nutrition, resolution - RDC No. 63, of July 6, 2000 establishes that all prepared enteral nutrition must present a label with the following information: patient name, bed number, hospital record, qualitative and quantitative composition of all components, total volume, speed of administration, access route, date and time of manipulation, expiration date, sequential number of control and temperature conditions for conservation, name number of the professional council of the respective technician in charge of the process.<sup>(23)</sup>

Santos et al (2022), carried out a study with the objective of analyzing the quality indicators of health care based on the implementation of a patient safety center in a teaching hospital. After collecting and analyzing the data, there was a significant improvement in the health indicators, directly reflecting on the guarantee of the patient safety

Table 2- Percentage of identification of indwelling urinary catheter (IUC) and nasoenteral tube (NET) in the PSA ward, Federal District, Feb.–Nov., 2019.

Months	Total	N(%)	N(%)
Indwelling Urinary Catheter (IUC)		Identificadas	Não Identificadas
February	2	1 (50,0%)	1 (50,0%)
March	3	2 (66,7%)	1 (33,3%)
April	7	2 (28,6%)	1 (71,4%)
May	5	4 (80,0%)	1 (20,0%)
June	-	-----	-----
July	1	1(100%)	0(0,0%)
August	-	-----	-----
October	2	2(100%)	0(0,0%)
November	1	1(100%)	0(0,0%)
Nasoenteral tube(NET)			
February	2	2(100%)	0(0,0%)
March	4	4(100%)	0(0,0%)
April	-----	-----	-----
May	-----	-----	-----
June	-----	-----	-----
July	-----	-----	-----
August	2	2(100%)	0(0,0%)
October	4	4(100%)	0(0,0%)
November	-----	-----	-----

Source: QSP database, 2019.

process, as also observed in the present study.<sup>(24)</sup>

**CONCLUSION**

The findings reveal that complete adherence to the protocol is not yet a reality. The emergency BOX showed full adherence to the use of the nameplate, with fluctuation in wristband adherence. The ward had more satisfactory rates of adherence to the identification wristband compared to the BOX, but it did not have full adherence to the use of the plate throughout the year. Regarding the identification of venous accesses, medication labeling and IUC identification, it is necessary to achieve higher identification rates. Sign presented satisfactory identification in both scenarios.

Patient identification is a permanent education process requiring changes in professional behavior through institutional protocols. The correct identification of the device patient is directly related to the commitment of the teams involved in the actions, with the qualification of the professionals and with the establishment of institutional routines. For a culture that promotes the quality of care and patient safety, it is essential that health institutions encourage the involvement of professionals in these work processes with the aim of improving skills and competencies related to patient care.

Nursing care is essential to improve patient safety during health care, in addition, it is necessary to involve the patient and companions in the process of monitoring actions.

## REFERÊNCIAS

1. Bouças E. et. al. Acreditação no âmbito da assistência farmacêutica hospitalar: uma abordagem qualitativa de seus impactos. *Rev. Physis. Rio de Janeiro*, v. 28, n.3, dez.2018.
2. Brasil. Documento de referência para o Programa Nacional de Segurança do Paciente. Ministério da Saúde; Fundação Oswaldo Cruz; Agência Nacional de Vigilância Sanitária. Brasília: Ministério da Saúde, 2014.
3. \_\_\_\_\_. Portaria n. 529 de 1º de abril de 2013: institui o Programa Nacional de Segurança do Paciente (PNSP). Brasília: Ministério da Saúde, 2013a.
4. \_\_\_\_\_. Resolução da Diretoria Colegiada – RDC nº. 36, de 25 de julho de 2013. Institui ações para a segurança do paciente em serviços de saúde e de outros providências. Brasília: Ministério da Saúde, 2013b.
5. Caldana G. et. al. Rede brasileira de enfermagem e segurança do paciente: desafios e perspectivas. *Texto Contexto Enferm. Florianópolis*, v. 24, n.3, p. 906-11, Jul-Set. 2015.
6. Distrito Federal. Secretaria de Estado de Saúde do Distrito Federal. Segurança do Paciente: identificação do usuário. Brasília: SES-DF, 2019.
7. Brasil. Ministério da Saúde. Portaria nº 354, de 10 de março de 2014. Publica a proposta de Projeto de Resolução "Boas Práticas para Organização e Funcionamento de Serviços de Urgência e Emergência". Brasília: Ministério da Saúde, 2014b.
8. Sousa P, Mendes W. Segurança do paciente: conhecendo os riscos nas organizações de saúde. Rio de Janeiro: Editora FIOCRUZ, 2014.
9. Oliveira GS. et al. Superlotação das urgências e estratégias de gestão de crise: uma revisão de literatura. *Ciências Biológicas e de Saúde Unit. Aracaju*. v. 4, n. 2, p. 115-126, Out., 2017.
10. Furini ACA, Nunes AA, Dallora MELV. Notificação de eventos adversos: caracterização de eventos ocorridos em um complexo hospitalar. *Rev Gaúcha Enferm*. 2019.
11. Esperón JMT. Pesquisa Quantitativa na Ciência da Enfermagem. *Esc Anna Nery*. v.21, n. 1. 2017.
12. Kripka RML, Scheller M, Bonotto D. L. Pesquisa documental na pesquisa qualitativa: conceitos e caracterização. *Revista de investigações UNAD Bogotá-Colombia*. v.14. n.2, julio-diciembre. 2015.
13. Silva AT. et al. Segurança do paciente e a atuação do enfermeiro em hospital. *Rev. enferm UFPE online*. Recife. v. 12, n. 6, p. 1532-8, Jun., 2018.
14. Lemos CS, Cunha KCS. O uso da identificação de pacientes em uma unidade hospitalar. *Rev enferm UFPE online*. Recife. v.11, n.1, p. 130-9, jan. 2017
15. Sousa FC. et al. Avaliação dos cuidados de enfermagem com o cateter venoso central em uma unidade de terapia intensiva adulta e pediátrica. *Rev. Adm. Saúde*. v. 18. n.70, jan.–mar. 2018.
16. Ministério da Saúde-Agência Nacional de Vigilância Sanitária. Medidas de Prevenção de Infecção Relacionadas à Saúde. Brasília: Anvisa, 2017.
17. Murasaki ACY. et al. Avaliação de cuidados de terapia intravenosa. *Esc Anna Nery (impr.)*. v. 17, n 1, p. 11– 16. jan–mar. 2013.
18. Gonçalves KPO. et al. Avaliação dos cuidados de manutenção de cateteres venosos periféricos por meio de indicadores. *Rev Min Enferm*. v. 23. e- 1251. 2019.
19. Souza VS. de, et al. Indicadores de qualidade da assistência de enfermagem de terapia intravenosa periférica. *Rev enferm UFPE online*, n.11, maio, 2017.
20. Lapa REO. et al. Assistência segura ao paciente no preparo e administração de medicamentos. *Rev Gaúcha Enferm*. v.38, n.4. 2017.
21. Azevedo OA. et. al. Documentação do processo de enfermagem em instituições públicas de saúde. *Rev. esc. enferm. USP*. v..53. 2019.
22. Mazza A., et al. Cateterismo urinário de demora: prática clínica. *Revista eletrônica trimestral de enfermagem-Enfermería Global*. nº38, abril de 2015.
23. Brasil. Ministério da Saúde. Resolução da Diretoria Colegiada-RDC N° 63, de 6 de julho de 2000. Aprovar o Regulamento Técnico para fixar os requisitos mínimos exigidos para a Terapia de Nutrição Enteral. Brasília: Ministério da Saúde, 2000.
24. Santos LRO et al. Indicadores de assistência após implantação de núcleo de segurança do paciente em hospital de ensino. *Saud-Coletiv (Barueri)*;12(74):9874-85, 2022