



ISSN: 2230-9926

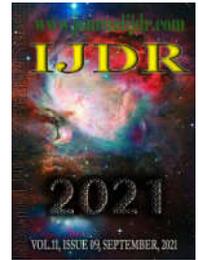
Available online at <http://www.journalijdr.com>

# IJDR

*International Journal of Development Research*

Vol. 11, Issue, 09, pp. 49997-50001, September, 2021

<https://doi.org/10.37118/ijdr.22707.09.2021>



RESEARCH ARTICLE

OPEN ACCESS

## NURSES' ATTITUDES TOWARDS BURN PATIENTS IN THE EMERGENCY DEPARTMENT

Nabilia Abreu da Silva<sup>1,\*</sup>, Rosane da Silva Santana<sup>2</sup>, Cristiane dos Santos Machado<sup>3</sup>, Vanessa Nawany Chaves Carvalho<sup>4</sup>, Hidelane Maria Rodrigues Pereira<sup>4</sup>, Valéria Moreno Oliveira<sup>4</sup>, Enilda Costa Dias Souza<sup>1</sup>, Aglaisio Lira Ribeiro<sup>5</sup>, Eliete Carneiro dos Santos<sup>6</sup>, Francisco Ricardo de Alcântara<sup>5</sup>, Maria da Conceição Silva<sup>6</sup>, Dolores Helena Silva<sup>7</sup>, Wildilene Leite Carvalho<sup>8</sup>, Nivia Cristiane Ferreira Brandão Soares<sup>8</sup> and Carla Danielle Araújo Feitosa<sup>9</sup>

<sup>1</sup>Associação de Ensino Superior do Piauí – AESPI, <sup>2</sup>Universidade Federal do Ceará – UFC, <sup>3</sup>Faculdade do Médico Parnaíba-FAMEP, <sup>4</sup>Instituto de Ensino Superior Múltiplo, <sup>5</sup>Faculdade Maurício de Nassau, <sup>6</sup>Centro Universitário UNINOVAFAPI, <sup>7</sup>Instituto Florence de Ensino Superior, <sup>8</sup>Universidade Federal do Maranhão, <sup>9</sup>Universidade Federal do Piauí

### ARTICLE INFO

#### Article History:

Received 14<sup>th</sup> June, 2021

Received in revised form

06<sup>th</sup> July, 2021

Accepted 08<sup>th</sup> August, 2021

Published online 27<sup>th</sup> September, 2021

#### Key Words:

Nurses,  
Emergencies,  
Patients, Burns.

#### \*Corresponding author:

Nabilia Abreu da Silva

### ABSTRACT

**Introduction:** A burn is a tissue injury caused by heat in any of its forms. It is one of the most invasive and devastating traumas that can affect human beings. In some situations, it can evolve with certain frequency to more serious situations or even cause death. **Objective:** To identify in the literature the care provided by nurses to burn patients in hospital emergency services. **Methodology:** This is an integrative literature review. As inclusion criteria, papers published from 2008 to 2018 were selected, and theses, dissertations, reviews and publications that did not address the topic were excluded. Descriptors were used that, applied to online databases, such as Scientific and Technical Literature of Latin America and the Caribbean (LILACS), the Online System for Search and Analysis of Medical Literature (MEDLINE) and the electronic libraries Scientific Electronic Library Online (SCIELO) and Virtual Health (BVS), 125 articles were obtained, of which only 12 remained in the final sample. **Results:** The nursing care provided during the emergency phase has the control of vital signs; elevation of the burned extremities in order to reduce edema; insertion of large-caliber venous catheters; bladder probing; monitoring of fluid balance with annotation of urine output every hour; evaluation of body temperature, body weight, pre-burn weight and history of allergies, immunization against tetanus, previous clinical and surgical problems, current illnesses and use of medications; performing a complete physical examination; nasogastric probing; hygiene of burn patients; preparation of a complete patient history, describing the burn mechanism, how it occurred, time. **Conclusion:** The care provided by nurses in the care of burn patients in the hospital emergency service is effective in relieving pain and restoring the health of these patients.

Copyright © 2021, Cristiane Araújo de Brito et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Cristiane Araújo de Brito, Rosane da Silva Santana, Erica Jorgiana dos Santos de Moraes, João Hericlys Veras Pinheiro et al. "Nurses' attitudes towards burn patients in the emergency department", *International Journal of Development Research*, 11, (09), 49997-50001.

## INTRODUCTION

A burn is tissue injury caused by heat in any of its forms. The injury can affect different layers of the skin, and other structures of the human body such as hair, eyes, by direct contact of hot, incandescent objects, chemicals such as caustic soda, acids or even radioactive emanations by infrared and ultraviolet rays (FERNANDES *et al.*, 2012).

It is one of the most invasive and devastating traumas that can affect human beings. In some situations it can evolve with certain frequency to more serious situations or even cause death. In Brazil, the record of deaths in the zero to 19-year-old age group due to burns reaches 57%, which corresponds to 38% of the main clinical interventions in the Unified Health System (SUS). Burn deaths occur due to complications caused by infections, and one of the main determinants

of the evolution of complications is the length of hospitalization (FARIAS; MEJIA, 2014). Emergency services have as inherent characteristics the unrestricted access; the excessive number of patients; the extreme diversity in severity in the initial picture, having critical patients alongside more stable patients. Emergency units are appropriate places for the care of patients with specific acute conditions where there is specialized teamwork and can be divided into emergency care, emergency room and emergency (ROCHA, 2012). The care offered by nurses cannot only be focused on hospital methodologies, but should observe a broader approach, which contemplates the individual and also his or her family members. Through this ideal, it allows to establish interventions directed to the patient and his family, in order to obtain positive results in an attempt to preserve their lives (NISHI; COSTA, 2013). The initial care of patients with burns is performed in an emergency manner, starting immediately by treating conditions that may complicate the patient's risks and vital signs, and then evaluate the burned area. It requires, therefore, the work of multidisciplinary, with the performance of nurses, who must provide the necessary care in the 24 hours of service, aiming to reduce the physical and emotional pain, fears and anxieties, participating in all their assistance, technical and administrative procedures (LIMA *et al.*, 2013). The performance and care of nurses for burn patients is a systematic work, which requires technical training and especially emotional awareness for acting directly with victims and families with severe pain, which generates a strong impact on the professional, because it is physical and emotional pain. Thus, the most common and stressful procedures are the bath and dressing change (PEREIRA *et al.*, 2013). Thus, the objective of this study was to identify in the literature the care provided by nurses to burn patients in the hospital emergency department.

## METHODOLOGY

This is an integrative literature review. This method made it possible to summarize the published research and obtain conclusions from the guiding question. A well performed integrative review requires the same standards of rigor, clarity and replication used in primary studies (MENDES; SILVEIRA; GALVÃO, 2008). The integrative literature review was developed from already prepared and published material, consisting mainly of scientific journals and articles. Its purpose was to put the researcher in contact with what has been produced about the research topic (SOUZA and SILVA, 2010). The bibliographic survey was carried out using data from the Latin American and Caribbean Scientific and Technical Literature (LILACS), Online System for Medical Literature Search and Analysis (MEDLINE) and the electronic libraries Scientific Electronic Library Online (SCIELO) and Virtual Health Library (VHL), using the following descriptors: Nurses Emergency. Patients. Burns. The search included free articles available in full, from January 2008 to January 2018. Repeated articles, monographs, and master's dissertations were excluded. In processing the data for the selection of articles, some characteristics of the studies were observed, through a form containing article identification (authors, outlines, objectives, study population, and results). The synthesis of the data extracted from the articles was presented descriptively in tables, bringing together the knowledge produced about the theme investigated in the bibliographic research. A total of 125 articles were found, of which 100 were selected for analysis, and of these, 88 did not meet the inclusion criteria. The final sample was 12 articles. The data analysis and organization were organized in analytical categories, as follows Care of nurses to burn victims in the emergency department and Quality of nursing care in the recovery of the patient with burns in the emergency department.

## RESULTS AND DISCUSSION

The results presented below come from the sampling of 12 articles. For a better understanding, the findings were distributed according to Chart 1.

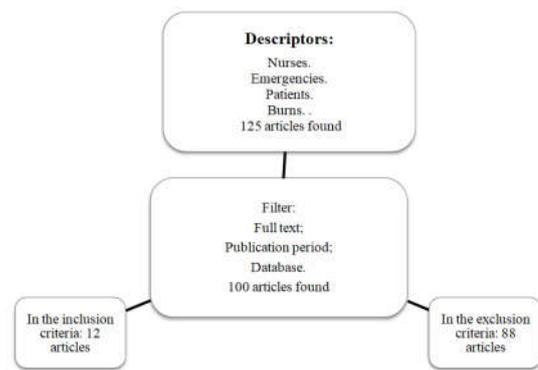


Figure 1. Flowchart of the selection of articles for the study  
Teresina, Piauí, Brazil, 2021

Chart 1. Distribution of articles according to year of publication, database, periodicals of publication, approaches and titles of authors Teresina, Piauí, Brazil, 2021

Variable specification	Absolute Number	Percentage (%)
Year of publication		
2008	1	8,3
2010	1	8,3
2011	1	8,3
2012	1	8,3
2014	2	16,6
2015	2	16,6
2016	2	16,6
2017	2	16,6
Subtotal	12	100
Databases		
LILACS	4	33,2
MEDLINE	6	49,8
SCIELO	2	8,3
Subtotal	12	100
Journals		
Acta paul. Enferm.	1	8,2
Esc. Anna Nery	1	8,2
. Invest Educ Enferm.	1	8,2
Journal Health NPEPS	2	16,4
Rev. Latino-Am. Enfermagem	2	16,4
Revista Lume digital	1	8,2
Rev Bras Enferm	4	33,2
Subtotal	12	100
Type of methodology		
Qualitative	10	83,6
Quantitative	2	16,4
Subtotal	12	100
Authors Titles		
Graduate	2	16,4
Specialist	2	16,4
Master	1	8,2
Doctor	2	16,4
Post-Doctorate	1	8,2
Unspecified	1	8,2
	3	25,2
Subtotal	12	100

In the years 2008, 2010, 2012 and 2016 only one publication (25.2%) was observed, whereas in the time periods 2011, 2014, 2015 and 2017 there were two publications with a percentage of 74.8% of the selected sample. Regarding the databases, there was a greater predominance of articles in MEDLINE (49.8%). Regarding the journals, 33.2% of the articles were published in the Brazilian nurse Journal. As to the approach of the studies, 83.6% were qualitative. When approaching the authors' titles, a greater quantity was obtained for masters, specialists and graduates. In Chart 2, it was possible to verify that there was a predominance of the descriptive and exploratory approach, which did not occur with the nationally published studies that showed no specific preference for a single study approach.

**Chart 2. Distribution of articles according to author/year, objective, methodology and results. Teresina, Piauí, Brazil, 2021**

Autor/ano	Objective	Methodology	Results
MENEGHETTI <i>et al.</i> (2008)	To identify the nursing diagnoses of adult patients admitted to a Burn Unit.	Qualitative study.	The results showed a wide range of conducts performed by nurses with 12 conducts.
OLIVEIRA; SILVA; CORPORES (2010)	Describe the protocol of care for burn victims, as well as verify the nursing conduct in the emergency care of these patients.	Qualitative descriptive study.	The studies showed that nurses perform accurate conducts, besides clarifying the care after discharge with burn wounds.
MONTES; BARBOSA; SOUSA NETO, (2011)	Characterize burn patients according to epidemiological and clinical variables	Retrospective, descriptive and quantitative study.	The results observed that the most used conduct in burn patients is the use of silver sulfadiazine.
SOUZA (2011)	and clinical variables and identify treatments, invasive procedures and complications.	Qualitative descriptive study.	The results showed that quality of life related to the domains physical aspect, emotional aspect and pain as the most compromised during hospitalization.
DUARTE <i>et al.</i> , (2012)	Verify the quality of life of burn patients hospitalized in a Burn Unit.	Study with a qualitative approach.	The studies showed that the work developed by nurses is challenging and different, because it requires dedication and emotional control, since the patients are very victimized.
CHAGAS; LEAL; TEXEIRA, (2014).	Analyze the perception of nursing professionals about their work in a Burned Unit of a public hospital in Rio Grande do Sul.	Research with qualitative approach.	The results observed the importance of knowledge of effective conducts for the treatment of burn patients.
ZAMBERLAN; MARTINS; MOURA, (2014)	Analyze the nursing assistance to the patient with major burns.	Cross-sectional, qualitative study.	The results showed that the initial care given to burn patients was effective.
CORTÈS <i>et al.</i> (2015)	Investigate if there are new forms of interventions or suggestions in the pre-hospital care of patients with burns.	Descriptive, quantitative study.	The results observed that the more years of work the nurses have, the fewer mistakes they make. Thus, it was evident the correct procedures regarding asepsis and other techniques used in the care of burn patients.
NOGARIO <i>et al.</i> (2015)	Characterize the sociodemographic and professional profile, identify the nursing staff knowledge about the dressing of burned patients and compare the knowledge with the time of work in health area, function and age of the nursing staff members of a 24-hour Emergency Care Unit.	Single-case, descriptive study.	The studies showed that nurses' knowledge improves the quality of life of burn victims.
OLSZEWSKI <i>et al.</i> (2016)	To understand nursing actions in advocacy practice for inpatients in a burn unit.	Quantitative exploratory-descriptive study.	Results showed that the nurses' level of knowledge on care of burn patients meets the expected standards, providing quality care to the patients assisted.
MELO; LIMA, (2017)	To evaluate nursing knowledge in an academic medical center, verifying the quality of care.	Single exploratory-descriptive quantitative study.	The studies showed that the monitoring of vital signs contributes to the quality of life of patients.
SILVA (2017)	Identify the most frequent procedures performed by nursing professionals on severely burned patients in an Intensive Care Unit.	Convergent Care Research	The results prepared a standard instrument for identification of burned patients, with the most appropriate procedures for treatment.

**Nurses' care provided to burn victims in the emergency department:** According to Meneghetti *et al.* (2008), nurses' actions should be based on comprehensive knowledge, which is essential to assess the patient's health status through accurate diagnoses, so as to assist in the pain resulting from 1st and 2nd degree burns. According to Montes; Barbosa; Sousa Neto, (2011), the nurses' conduct is significant and diverse with medication application, topical use of silver sulfadiazine, besides indwelling urinary catheterization, orotracheal intubation, central venous catheterization and nasogastric probing were procedures performed during the study.

The perceptions of the nursing staff about the work in a burn unit are important, because these professionals have a great challenge every shift, which requires dedication and especially emotional control to care for very victimized patients (DUARTE *et al.*, (2012). Chagas; Leal; Teixeira, (2014) evidenced that the conduct employed by nurses is directly related to the knowledge acquired by professionals. Thus, nursing care should be performed in the 24 hours of service to minimize physical and emotional pain, fears and anxieties by participating in all their assistance and performing technical procedures. And for Zamberlan; Martins; Moura, (2014) nursing conducts are important to minimize the pain and trauma of burned patients. It is noteworthy that the importance of the first care until the patient arrives at the hospital is paramount to the initial treatment of the burn injury.

The care provided by nurses cannot be reduced to technical assistance, a multidimensional approach is required in a holistic manner, not only viewing the individual, but also his family. This allows establishing interventions directed to the patient and his family in order to obtain positive results in an attempt to preserve their lives (COELHO and ARAÚJO, 2010). Among the nursing care provided during the emergency phase are the control of vital signs; elevation of the burned extremities in order to reduce edema; insertion of large-caliber venous catheters; bladder probing; monitoring of fluid balance with annotation of urine output every hour; evaluation of body temperature, body weight, pre-burn weight and history of allergies, tetanus immunization, previous clinical and surgical problems, current illnesses and use of medications; complete physical examination; nasogastric probing; hygiene of burn patients; preparation of a complete patient history, describing the burn mechanism, how it occurred, time, etc (CONCEIÇÃO, OLIVEIRA, RODRIGUES, 2008). This work also highlights the initial conducts to the burned patient, with nothing to add in the initial approach to the burned patient. It is up to the nurse to gather the necessary information, through anamnesis, in order to establish nursing care that meets the needs of the burned patient and thus continue the therapeutic treatment started at the first moment. The nursing team must provide assistance in the emergency phase, monitoring the patient's physical and psychological stabilization, in addition to intervening in the psychological needs also of the family, because

burns generate variable emotional responses (SILVA, CASTILHOS, 2010). Also according to the authors, nursing professionals should list the priorities of actions to the patient, planning an appropriate assistance according to the affected needs of the burned, should analyze and monitor the tests periodically. Also maintain effective communication with the patient and his family and with the health team. The physical examination is essential in the evaluation of burned patients, taking into account their limitations, due to the injuries suffered, must be performed carefully, paying close attention to vital signs, emphasizing the peripheral pulses in which, in turn, it may be unfeasible to check, due to the presence of edema. The evaluation of these parameters allows the nurse a broad knowledge of the evolution of the patient's clinical picture, because only then will it be possible to state whether the treatment is having an effective response (BARICHELLO *et al.*, 2010). The main characteristic of nursing care is the care and in this context the team of nurse must be prepared and qualified to deal with burn patients. These patients require assistance that involves physical, emotional and family aspects, that is, holistic care. The care with airway maintenance, fluid replacement, pain control, observation of the patient's updated vaccination schedule is of extreme importance. In addition, care with dressings, tissue preservation, prevention and control of infections, aiming to heal the injury in the shortest possible time in order to avoid complications, are some of the attributions of the nursing team to the burned patient (COSTA; SILVA; SANTOS, 2016). The planning of nursing care is part of a process to identify inferences and determine necessary interventions for each type of patient, whether small, mild and large burned, always seeking to achieve results desired and established by nursing, according to the therapeutic treatment. For the implementation of the nursing care plan, daily priorities must be established, making necessary changes according to changes in the patient's condition, always performing the daily record of all actions and complications with the patient assisted, in addition to seeking to maintain effective communication with the team (JARDIM *et al.* 2009).

According to the authors above, the nursing team care is essential for the recovery of the hospitalized patient, avoiding complications from the burn. Making care with routine procedures from the most complex to the most basic such as hygiene, feeding, hydration, positioning in bed and dressings, among others. To establish both general and specific interventions is to direct nursing care, always aiming at the well-being and improvement of the patient who suffered some kind of burn, whether small, medium or large burns. The interventions raised in this study are in accordance with problems commonly identified in burned patients, stressing that, therefore, it is necessary to evaluate each clinical case, since each one has its peculiarities and requires specific and even complex care. In the initial care, nurses need to be alert for signs of hypoxemia, tachycardia, sweating, and cyanosis. When controlling respiratory responses and pain, the nurse must be alert to signs of hypovolemic shock, and intervene immediately with fluid and electrolyte replacement, according to the therapeutic indication adopted by the physician (NISHI and COSTA, 2013).

**Importance of the quality of nursing actions in the recovery of patients with burns:** This category grouped authors who highlighted the quality provided by nurses in the recovery of patients with burns in the emergency room. According to Costa, Silva, and Santos (2015), the quality of nursing care is configured by caring. The nursing team, as well as the multiprofessional team, must be prepared and qualified to deal with burn patients. Patients need assistance that involves physical and emotional aspects and attention to the family, that is, for the quality of care, it is essential the holistic practice of essential and specific care in order to enable an organized and resolute assistance (COSTA, SILVA and SANTOS, 2015). Melo *et al.* (2015) emphasize that the use of the holistic view in nursing care in patient recovery is essential and should be performed through the integrality of care, and the nurse is responsible for identifying the physical and psychological changes of these patients during treatment, and not only pay attention to the clinical picture, observing patients and their families with their needs (MELO *et al.*, 2015). Also according to the authors, to ensure the comprehensive care of patients with burns, it is important to

improve care actions for the quality of care. Therefore, nurses should draw intervention measures based on the five steps of the nursing process (NP) and systematization of nursing care (SAE), and alternative measures such as health education, both to improve patient acceptance to treatment, as to explain the procedures and even questions that may arise. Emphasizing again the importance of scientific knowledge related to professional attitude and development of nursing interventions. The essence of nursing is to care for the human being, and to provide a safe recovery, besides being responsible for the execution of preventive measures such as health education. It is believed that the nurse must remain attentive to the patient, in order to clarify doubts and also stimulate him/her to talk about what he/she is feeling. Thus, he maintains effective communication not only with the client, but also with his family members, emphasizing that support and contact with the family are important in the emotional assistance to the patient (OLIVEIRA *et al.*, 2012). In the studies by Cortês *et al.* (2015), it was possible to observe that the quality and technique in nursing care are acquired over time, which provides burn victims with a significant improvement through correct procedures regarding asepsis, hydration and dressings. The authors suggest that continuing education be prioritized, in order to increase the level of knowledge of the nursing staff, consequently reducing sequelae from burns. Corroborating this understanding, the findings of Nogario *et al.* (2015), understand that nursing actions defend the patient who is hospitalized in burn units, when they provide quality care and promote the physical, emotional and psychological well-being of these patients. The studies of Olszewski *et al.* (2016) found that the level of knowledge of nurses about care for burn victims corresponds to the standards expected of these professionals, which improves the quality of life of burn victims who are already weakened. In order to provide quality care, it is necessary to use the nursing process, which implies the performance of nursing practice by nursing professionals in a systematic manner through deliberate, logical and rational activity. It is considered that the nursing process comprises five interrelated steps: data collection, nursing diagnosis, planning, implementation and evaluation. And to show consistency between care planning and its execution, records must be prepared in a clear and objective manner.

## CONCLUSION

The present study was important for addressing the care provided by nurses in the care of burn patients in the hospital emergency department. Thus, some procedures are effective in relieving pain and restoring health, such as the application of standard protocols, checking vital signs, hydration and asepsis, which promote cauterization of diseases. It is necessary to seek new means of intervention, going beyond the barriers of clinical care where the main focus is the injury and not the patient as a whole. The contribution of this study stimulates reflection on professional performance, and the relationship between scientific knowledge and humanized care can positively affect the recovery of these patients and the way they will face the consequences of the injury. Through this study it was also possible to observe that nurses' assistance to burn victims is complex, requiring from these professionals agility, initiative and, above all, adequate technical and scientific knowledge, which must be acquired through continuous training in order to reduce burn sequelae and mortality rates. Thus, it is observed that there are several nursing activities in the emergency unit.

## REFERENCES

- Barichello E, Vieira SMC, Barbosa MH, Hemiko IH. 2010. Diagnósticos de enfermagem em pacientes internados por queimadura. *Enferm Glob*; 20.
- Chagas, D. C. *et al.* 2014. Assistência de enfermagem ao paciente com grandes queimaduras. *R. Interd.*, 7(4): pp. 50-60.
- Coelho JAB, Araújo STC. 2010. Desgaste da equipe de enfermagem no centro de tratamento de queimados. *Acta Paul Enferm.* 23(1):60-4.

- Conceição MDGI, Oliveira, ARA, Rodrigues FDA. 2008. Trauma pediátrico: assistência de enfermagem a crianças vítimas de queimaduras. In: X encontro de extensão; XI encontro de iniciação à docência; Abr 9-11; Joao Pessoa, PB, Brasil.
- Cortês, R.M. *et al.* 2015. O conhecimento da equipe de enfermagem acerca do cuidado em pacientes vítimas de queimadura. *JCBS*, 1(1): pp: 40-47.
- Costa, G.O.P., Silva, J.A., Santos, A.G. 2015. Perfil clínico e epidemiológico das queimaduras: evidências para o cuidado de enfermagem. *Ciência e Saúde*, 8(3): pp. 146-155.
- Duarte, M.L.C. *et al.* 2012. Percepções da equipe de enfermagem sobre seu trabalho em uma unidade de queimados. *Rev. Gaúcha Enferm.*, 33(1).
- Farias, C.E., Mejia, D.P.M. 2014. Laser terapêutico de baixa intensidade na fase de cicatrização em queimaduras de 3º grau. *FAIPE*. 14 pp.
- Fernandes, F.M.F.A *et al.* 2012. Queimaduras em crianças e adolescentes: caracterização clínica e epidemiológica. *Revista Gaúcha de Enfermagem*. v. 33, n. 4, p.2.
- Jardim DER, Baia EC, Souza KPT, Ferraz OG. 2009. Cuidado de enfermagem ao paciente grande queimado no ambiente hospitalar [Projeto de pesquisa]. Belo Horizonte: Centro Universitário UNA, Faculdade de Ciências Biológicas e da Saúde; 13p.
- Lima, O. B. A. *et al.* 2013. A enfermagem e o cuidado à vítima de queimaduras: uma revisão integrativa. *Rev enferm UFPE*, 7(3): pp. 44-50.
- Melo, W. F., Grangeiro, R. E. T., & Saldanha, H. G. A. C. 2015. Atendimento de enfermagem aos grandes e pequenos queimados. *Revista Brasileira de Educação e Saúde*, 5(4), 07-10
- Mendes, K.S., Silveira, R.C.C.P., Galvão, C.M. 2008. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto contexto - enferm.*, 17(4): pp.758-764.
- Meneghetti, R.A.S. *et al.* 2008. Planning care for burn victims: relation between registered problems and the care prescribed. *Rev Esc Enferm USP*, 39(3): pp. 268-279.
- MONTES, S.F.; BARBOSA, M.H.; SOUSA NETO, A.L.de. Aspectos clínicos e epidemiológicos de pacientes queimados internados em um Hospital de Ensino. *Rev. esc. enferm. USP*, São Paulo, v. 45, n. 2, 2011.
- Nishi, P.K., Costa, E.C.N.F. 2013. Cuidados de enfermagem a pacientes vítimas de queimaduras: identificação e características clínicas. *Revista UNINGÁ*, 36: pp. 181-192.
- Nogario, A.C.D. *et al.* (2015). Ações dos enfermeiros no exercício da advocacia do paciente internado em um centro de queimados. *Rev Esc Enferm USP*, 49(4): pp. 580-8.
- Oliveira, T. S., Moreira, K. F. A., & Gonçalves, T. A. 2012. Assistência de enfermagem com pacientes queimados. *Revista Brasileira de Queimaduras*, 11(1), 31-37.
- Pereira, M.S. *et al.* 2013. Assistência hospitalar ao paciente portador de queimaduras na perspectiva do controle de infecção: um estudo de caso. *Rev eletrônica enferm.*, 28(1): pp. 40-50.
- Rocha, E.C.A. 2012. Atuação da enfermagem em urgências e emergências. *Rev. Pública*, 36(5): pp. 584-589.
- Silva RMA, Castilhos APL. A identificação de diagnósticos de enfermagem em paciente considerado grande queimado: um facilitador para implementação das ações de enfermagem. *Rev Bras Queimaduras*. 2010;9(2):60-5.
- Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. *einstein*. 2010; 8(1 Pt 1):102-6
- Zamberlan, C., Martins, E.S., Moura, L.N. 2014. A importância do enfermeiro no primeiro atendimento à pacientes queimados em serviço de atendimento móvel. *Rev Bras Queimaduras*. 13(3): pp.185-218.

\*\*\*\*\*