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THE ROLE OF THE NURSE IN CARDIORESPIRATORY ARREST AND ITS REFLECTIONS ON THE NURSING TEAM

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Abstract: CRA is the main cause of morbidity and mortality, and to avoid further damage to the patient, it is important that the CPR maneuvers are of good quality. This study aims to identify the Nurse's role in the face of CRP and its effects on the nursing team, through a bibliographic review and articles collected in the LATINDEX, Google Scholar and SCIELO databases, physical literature and periodical publications. The studies demonstrated a lack of knowledge of professional nurses in relation to CPR techniques, with difficulties such as leadership in face of CPR, lack of resources, emotional instability and lack of provision of continuing education, thus interfering with the quality of care. assistance provided by the team. The conclusions of the study's lead to the inference that the role of the nurse in relation to patient care in CRA directly and indirectly interferes with the care provided by the team and the patient's prognosis.
Keywords: nurse; PCR; team.

INTRODUCTION

According to the Brazilian Society of Cardiology (2013), CA consists of an event that affects about 200,000 victims per year both in the extra-hospital and in-hospital settings, data that refer only to cases in Brazil. Still, CRP is characterized as the absence of pulmonary and cardiac functions.

Vieira (2009 apud Lima, 2014), emphasizes that the nursing team plays an extremely important role in CRA care, as it is these professionals who trigger the team, initiate CPR maneuvers and provide continuous assistance to the patient.

> Nurses must have technical training to face unexpected events, they must also be trained and updated to carry out intervention and early diagnosis. It is the nurse's responsibility to update themselves and be prepared to train and guide their team in the face of a CRA, providing effective and quality care (SILVA and MACHADO, 2013).

To know the importance of quality Nursing care to patients in CRA, the following problem was raised for the research: "What are the difficulties experienced by nurses to act in the face of cardiac arrest in adults and how does this reflect on the nursing team? "

DEVELOPMENT

PATHOPHYSIOLOGY OF CRP

According to Zago et al (2021), CPA consists of an emergency condition, in which the individual has a sudden and unexpected interruption of arterial pulse and breathing, vital conditions for human beings.

For Marques et al (2019), CRP can be defined as the interruption of blood circulation, which occurs as a consequence of the sudden or inefficient interruption of heartbeats and ventricular contraction to perform its function of pumping blood.

> After the abrupt interruption of blood circulation and oxygenation, cellular damage can become irreversible in a short time, followed by severe brain damage, which cannot be repaired five minutes after the occurrence of CPA, constituting a serious threat to the patient's life, especially those who are in critical condition (Mascarenhas and Costa, 2014).

CAUSES OF CARDIO-RESPIRATORY ARREST

According to Ribeiro Júnior et al (2007 apud VALE, 2016) the causes of CRA are divided into primary and secondary, and the conduct can be defined only after the cause is identified. In the causes of primary CRP, there are problems that affect the heart, with cardiac ischemia being the most common cause, which will consequently cause cardiac arrhythmias. Secondary causes are commonly caused by poor oxygenation, a condition that mostly affects trauma victims and children due to airway obstruction, also affects patients with

lung diseases, carbon monoxide poisoning, in addition to external factors. such as drugs and electrical discharges.

> Regarding the signs and symptoms, the main ones that precede a CA are chest pain, sweating, precordial palpitations, dizziness, visual dimming, loss of consciousness, neurological changes, signs of low cardiac output and previous bleeding stop (ROCHA, 2012).

TYPES OF RHYTHM

Tallo et al (2012), describe that CRP can occur with 4 types of different rhythms, namely: Pulseless Ventricular Fibrillation (VF), Pulseless Ventricular Tachycardia (VT), asystole and PEA, which are specified below:

VF is identified by the disorganized electrical activity, with the complexes being distributed disorderly in various amplitudes, such a condition provides disordered and ineffective contraction of the myocardium, causing the heart not to maintain adequate blood ejection. Pulseless VT is characterized by a rapid sequence of ventricular ectopic beats that exceed one hundred beats per minute, and there may be an absence of a palpable arterial pulse caused by hemodynamic deterioration.

Asystole is the most common modality in PCRIH and is related to the absence of electrical and ventricular contractile activity in at least two leads. PEA is the absence of a pulse in the presence of organized electrical activity, which makes diagnosis difficult, as the ECG may show several rhythms.

REVERSIBLE CAUSES OF CRP - 5H/5T

According to Martins et al (2016 apud Lodi et al 2018), the 5H/5T is a method that consists of dividing the ten arrest mechanisms with pulseless electrical activity (PEA). Below is a table with a description of the causes and treatments:

Cause	Treatment
Hypovolemia	Volemic replacement, blood products and rescue measures to contain bleeding
Hypoxia	Ensure airway patency, administer oxygen, treat pneumothorax, if present.
Hipo/ Hiperpotassemia	Hyperkalemia is more frequent: treat with sodium and calcium bicarbonate.
H+ (metabolic acidosis)	Sodium bicarbonate.
Hypothermia	Rewarming with extracorporeal cardiopulmonary resuscitation; if not available, internal and external rewarming.
Cardiac tamponade	Pericardiocentesis.
Pulmonary Thromboembolism	Consider fibrinolytic, percutaneous or surgical thrombectomy.
Coronary thrombosis	Cardiopulmonary resuscitation with cardiopulmonary bypass and percutaneous coronary intervention
Chest (hypertensive pneumothorax))	Relief puncture followed by chest drainage.
Toxcis	specific antagonist

Table 1: 5H/5T: Cause and Treatments

Source: LODI *et al* (2018 *apud* Martins et al 2016).

NURSING CARE FOR PATIENTS IN CRA IN THE IN-HOSPITAL ENVIRONMENT

Santana et al (2020), state that the nursing team needs to be effectively prepared to care for a patient in CRA, and it is extremely important that the team knows how to recognize the signs of a CRA, so that the CPR maneuvers are initiated as soon as possible. as soon as possible, thus increasing the patient's chances of survival and a good prognosis considerably.

> The nursing team is the one who spends the most time with the patient and is usually the one who identifies that the patient is in CPA, the nurse, when faced with the patient in CPA, must know the correct sequence of care, mastering the maneuvers of ventilation that compete with you, knowing how to recognize the essential instruments for your

> team, performing the service with agility and theoretical/practical mastery remaining calm, and also keeping your team calm and organized when faced with this emergency situation (Guedes et al, 2021).

According to Reis (2020), all nursing care needs training and specific legislation so that the functions of the nursing professional are carried out properly. With regard to the nursing team, it is important that they have full knowledge about their functions and roles in CRA care, thus making the care agile and effective.

IMPORTANCE OF EARLY IDENTIFICATION OF THE VICTIM IN CRA

According to ANDRADE et al (2021), during CPA, time is an extremely important factor, since 10% of the probability of life is lost every minute of CPA, therefore, the patient needs fast and effective care, performing action with technical skill and scientific knowledge.

> In the face of an episode of CA, as provided for in the recommendations of the American Heart Association (AHA), as it is an unexpected event, health professionals need agile actions that also promote the circulation of oxygenated blood to the vital organs, until that the Return of Spontaneous Circulation (ROSC) is reestablished, being of paramount importance for the minimization of sequelae and relief of suffering and preservation of life, so that the patient's chances of survival can double and even triple, when these resuscitation maneuvers are carried out cardiopulmonary are well performed. According to the sequence of actions to initially assess the signs of cardiac arrest, they are the patient's lack of response or total lowering of the level of consciousness, absence of spontaneous breathing, absence of a pulse or any other sign of circulation, breathing with effective chest expansion, cough and movement of the patient (Reis, 2020).

APPLICATION OF CHEST COMPRESSIONS

According to Guedes et al (2021) the maneuvers consist of applying cardiac massage and patient oxygenation, the main factor being early detection. Therefore, CPR's function is to ensure circulation and oxygenation in the bloodstream, with emphasis on the heart and brain.

> For a high-quality CPR, it is necessary to compress hard, at least five centimeters deep and from one hundred to one hundred and twenty compressions per minute, remembering that you must always respect the total return of the chest with each compression, it being extremely important to minimize interruptions during chest compressions, avoid excessive ventilation and that the professional who performs the compressions must be changed every two minutes, or sooner, if he is tired. If the patient does not have an advanced airway, the maneuvers must be performed with thirty compressions for two ventilations (AHA, 2020).

Braga et al (2018), describe that when applying compressions, the hands must be placed in the center of the chest, on the lower half of the sternum, supporting themselves with the region of the thenar and hypothenar eminences of one of the hands, placing a hand over the other, avoiding touching the fingers to the chest, the rescuer's arms must be kept extended, at a 90º angle, maintaining perpendicular pressure on the patient's chest, taking care to minimize the interruption time between compressions.

AIRWAY OPENING

According to the cardiopulmonary resuscitation and emergency cardiovascular care guidelines of the Brazilian Society of Cardiology (2013), chest compressions must not be delayed and airway opening must be

performed after the first 30 chest compressions for two ventilations. It is necessary to emphasize that hyperventilation is not recommended, as it can lead to increased intra-thoracic pressure, decreased cardiac output and patient survival, and may increase the chances of gastric insufflation, regurgitation and, consequently, bronchoaspiration.

The cardiopulmonary resuscitation and emergency cardiovascular care guidelines of the Brazilian Society of Cardiology (2013) provide guidance on the forms and techniques of ventilation, which in the in-hospital environment include:

Ventilation with a bag-valve-mask (Ambú): Ventilation with a bag-valve-mask must be used with two professionals in the care of patients in CRA, one being responsible for applying compressions, and the other for applying ventilations, being it is necessary to make the letter "C" with one hand, with the thumb and index finger and position it above the mask, and press against the victim's face including mouth and nose, in order to seal the mask and facilitate the passage of air, being necessary to keep the other three fingers on the patient's jaw forming the letter "E", to open the airway and stabilize it (BRAZILIAN SOCIETY OF CARDIOLOGY, 2013).

Oropharyngeal cannula: used to facilitate ventilation with the bag-valve-mask (ambu), in order to prevent obstruction of the airway by dropping the tongue, emphasizing that the size of the cannula must be chosen according to height of the patient. Then, a 180º rotation movement is performed on itself, positioning it on the tongue (BRAZILIAN SOCIETY OF CARDIOLOGY, 2013).

Ventilation with an advanced airway: When the patient has an advanced airway, for example, endotracheal intubation, combitube or laryngeal mask, the professional will deliver a ventilation every six to eight seconds, about eight to ten breaths per minute, in victims of any age. Interruption of chest compressions due to orotracheal intubation must be minimized to the extreme, and intubation must only be performed at an opportune time, and must not interfere with other resuscitation maneuvers, with the interruption of compressions being acceptable for up to 10 seconds (BRAZILIAN SOCIETY OF CARDIOLOGY, 2013).

ETHICS AND BIOETHICS DURING AND AFTER CA

Rangel and Oliveira (2010 apud Reis 2020), address that the assistance provided during CPR must occur in a quiet environment, without turmoil, in a way that everyone can hear the leader's command clearly, thus providing safe and clear assistance. Besides, the ethical and moral posture and the following of the laws of professional practice must remain during all nursing actions in emergency care.

> Actions in the health professional's care must be humanized and inseparable from what is called the scope of "sensitivity", which is deeper than the sphere of thought and action, justified by the extent to which caring for a sick person has an existential purpose. the question that the caregiver sees himself or feels "viscerally affected" by the situation, which the contact itself provides, which, in turn, relates to the patient in his body and his vulnerable and wounded flesh. With this, sensitivity dominates all caregiver actions, because it is linked to their contact with the sick person while they have a body, and their body and as such is their flesh (PESSINI, BERTACHINI and BARCHIFONTAINE, 2014).

MATERIALS AND METHODS

This research is an integrative literature review characterized as descriptive, quantitative and qualitative, which was based on the analysis of data exposed in articles available in online scientific databases such as: LATINDEX, Google Scholar and SCIELO,

physical literature and periodical publications, being researched between March and June of the year 2022, not having involvement with human beings in any stage of its construction, thus not requiring approval by the Research Ethics Committee.

In order to start the research, inclusion and exclusion criteria were defined for bibliographic research, including: all in Portuguese, original scientific articles, bibliographic reviews, books, dissertations and theses, whose theme is directly related to the theme proposed. This research had as exclusion criteria: brochures, news, articles with publication date over 10 years, publications outside the proposed subject or publications with fees.

RESULTS AND DISCUSSION

In all, 36 publications were found in the databases, which were then read for proper selection, of these only 20 articles met the inclusion and exclusion criteria for carrying out the research, and later they were grouped into four categories: Genre and age of the nursing professionals most involved in CRA patient care, level of knowledge and frequency of qualifications/training carried out by professional nurses in the in-hospital environment to provide CRA patient care, main difficulties encountered by nursing professionals in the care provided to the patient in CRA and the importance of nurses in the management and leadership of CRA and how this reflects on their team.

GENDER AND AGE OF NURSING PROFESSIONALS WHO MOST WORK WITH PATIENT CARE IN CRA

A gender survey was carried out and its predominance in relation to patient care in CRA, and, in the study by Guskuma et al (2019), it was observed that the female gender made up 74.6% of the nursing professionals interviewed and that 25.4% of professionals are male, with an average age of 36.4 years. Corroborating the subject Assis et al (2021), brings in their study that 66% of the nursing professionals interviewed were female and 33% of the professionals were male, where the average age of these professionals was 32.78 years.

Through observation of the aforementioned data, it is demonstrated that nursing is a profession composed mostly of females and showing a class with a large number of relatively young professionals in charge of patient care in CRA.

LEVEL OF KNOWLEDGE AND FREQUENCY OF QUALIFICATIONS/ TRAINING CARRIED OUT BY PROFESSIONAL NURSES IN THE IN-HOSPITAL ENVIRONMENT TO PROVIDE ASSISTANCE TO PATIENTS IN CRA

Regarding the knowledge of professionals regarding the BLS algorithm for CRA care, in the study carried out by Carneiro et al (2018), 52.1% of professional nurses answered the correct sequence of care. In the study by Oliveira et al (2018), 55.88% correctly pointed out the sequence. In contrast, in the study by Aguiar and Andrade (2018), only 25% of nurses stated the correct sequence.

It is observed that less than half of the nurses interviewed know the correct sequence of care regarding the BLS algorithm, as recommended by the new AHA care guidelines, where the "C" corresponds to Compression, the "A" to Opening the airways, o "B" Good ventilation and o "D" Defibrillation.

Regarding the level of knowledge of professional nurses working in the in-hospital environment about the evaluation of clinical signs/CRP detection, in the study by Oliveira et al (2018), 45.59% of professionals answered correctly when asked about the topic. In the

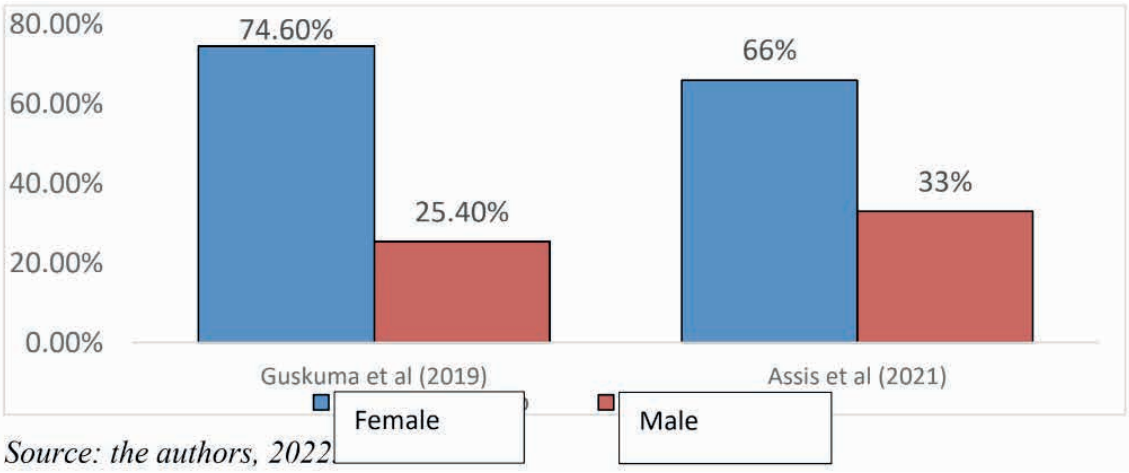

Figure 1: Gender and its predominance in relation to patient care in CRA.

Source: the authors, 2022.

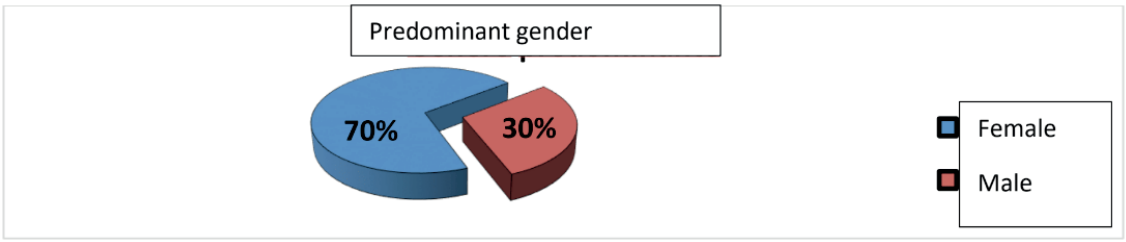

Figure 2: Mean of the predominant gender regarding assistance to patients in CRA according to surveyed studies.

Source: the authors, 2022.

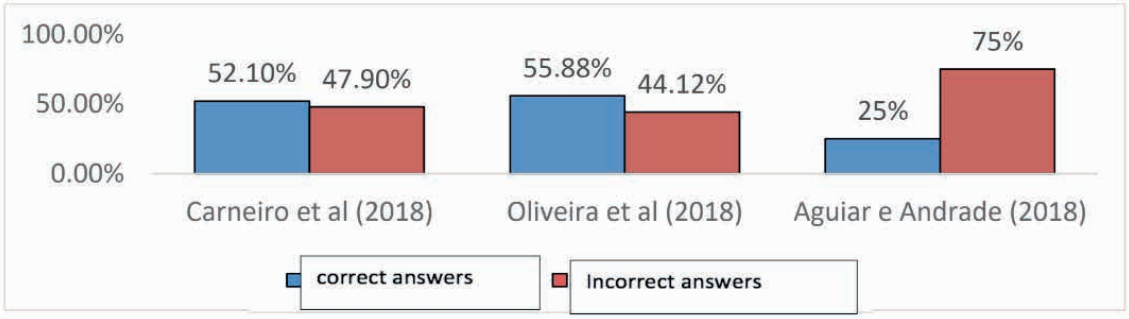

Figure 3: Knowledge of professionals regarding the BLS algorithm for CRA care

Source: the authors, 2022.

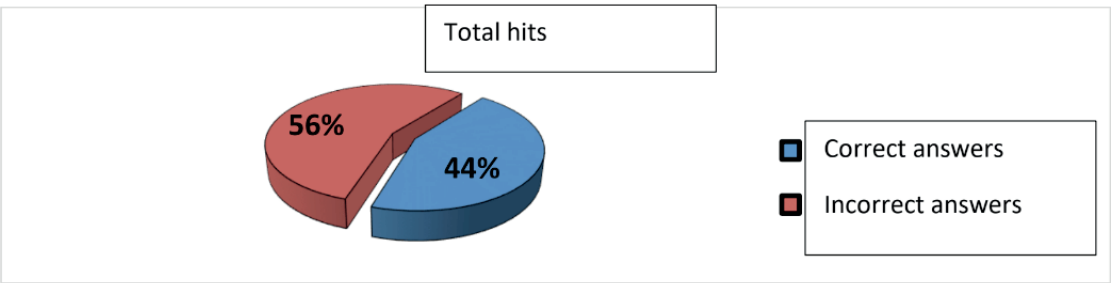

Figure 4: Average knowledge of professionals regarding the BLS algorithm for CRA care according to surveyed studies.

Source: the authors, 2022

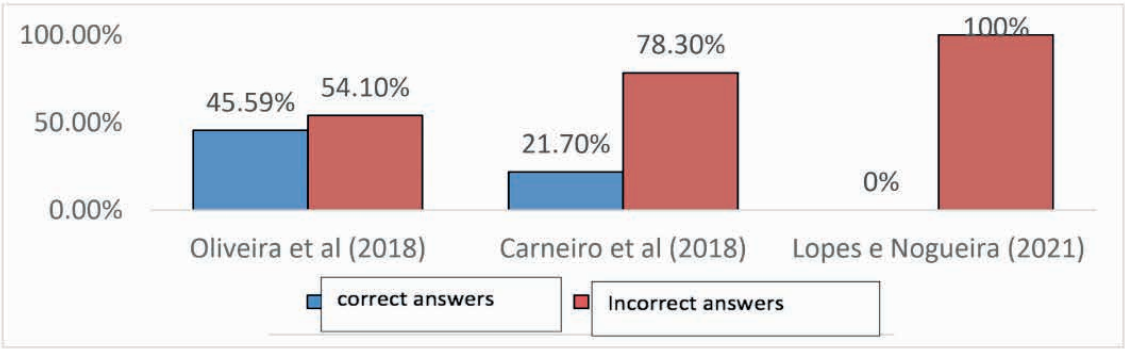

Figure 5: Knowledge of nursing professionals about the evaluation of clinical signs/CRP detection.

Source: the authors, 2022.

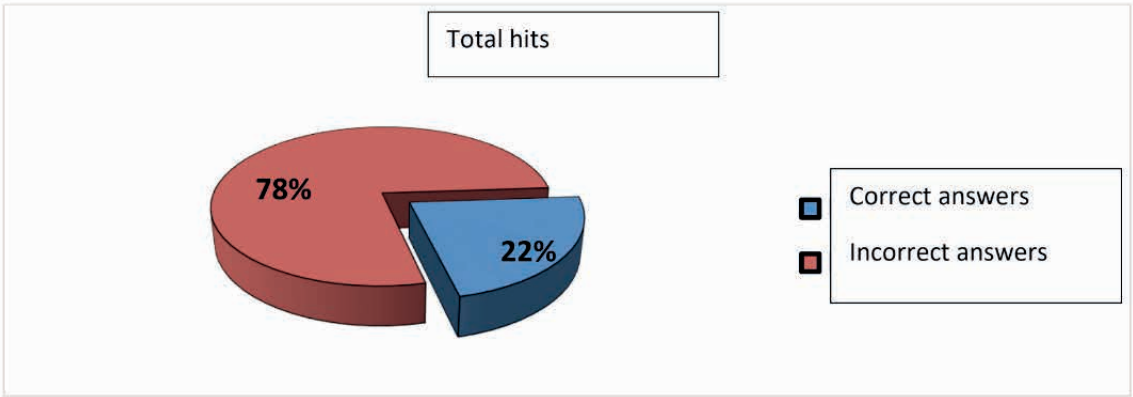

Figure 6: Average knowledge of professional nurses about the evaluation of clinical signs/CRP detection according to surveyed studies.

Source: the authors, 2022.

study carried out by Carneiro et al (2018), the hit rate by these professionals on the topic in question was 21.7%. In the study by Lopes and Nogueira (2021), where the authors also applied questionnaires to nurses in the intra-hospital environment, no professional correctly answered the questioned topic.

It is observed that most of the professionals did not know how to correctly assess the clinical signs/detection of a patient in CRA, being fundamental the professionals' knowledge about them.

Regarding the knowledge of nursing professionals regarding chest compressions without advanced airway in the questionnaire carried out by Oliveira et al (2018), 52.94% of professionals answered correctly when asked about the subject. In the study carried out by Carneiro et al (2018), 65.2% of the nursing professionals were able to answer the correct conduct to be carried out on the subject in question. Corroborating the theme in question in the study by Lopes and Nogueira (2021), 53.33% of the nursing professionals correctly answered the correct conduct to be carried out on the theme in question.

Regarding the frequency of chest compressions in the study by Oliveira et al (2018), 45.59% responded on the topic in question. In the study carried out by Carneiro et al (2018), only 26% of professional nurses answered correctly when asked about the subject. In the study by Lopes and Nogueira (2021), only 26.67% of professionals answered correctly when asked about the frequency of compressions.

Regarding the depth of chest compressions, in the study by Oliveira et al (2018), 66.18% answered correctly when asked about the subject. In the study by Carneiro et al (2018), 30.4% answered correctly. In the study by Lopes and Nogueira (2021), only 13.33% of professionals answered correctly when asked about the topic in question.

It is observed with the aforementioned studies that more than half of the professional nurses were able to answer what conduct to perform in compressions without an advanced airway, but on the other hand, there was a low rate of correct answers regarding the frequency and depth of chest compressions.

Regarding the knowledge of nursing professionals about the shockable VF and VT rhythms, in the study carried out by Lopes and Nogueira (2021), 10% answered correctly when asked about the subject. In the study by Silva and Machado (2013), only 17% answered correctly when asked about the rhythms subject to defibrillation.

COFEN Resolution No. 704/2022 regulates the use of defibrillation equipment by nurses in the care of individuals in CRA, as long as they are qualified to do so, since there is a 7 to 10% reduction in patient survival patient every minute that defibrillation is not performed. In this sense, nurses will be able to use the multiparameter manual device.

Regarding the knowledge of nursing professionals about the correct frequency of ventilations with advanced airway, in the study carried out by Oliveira et al (2021), 33.82% of professionals answered correctly on the topic in question. In the study carried out by Carneiro et al (2018), 43.4% of nurses answered correctly when asked about the subject. In the study by Lopes and Nogueira (2021), 50% of professionals answered correctly on the topic in question.

With this, it is observed with the data above that less than half of th e professional nurses answered correctly on the subject. In the AHA journal (2015), it states that ventilations must be administered to patients with an advanced airway, one ventilation every six seconds, promoting ten ventilations per minute.

Regarding the knowledge of nursing professionals regarding drug administration routes during CA, in the study carried out by

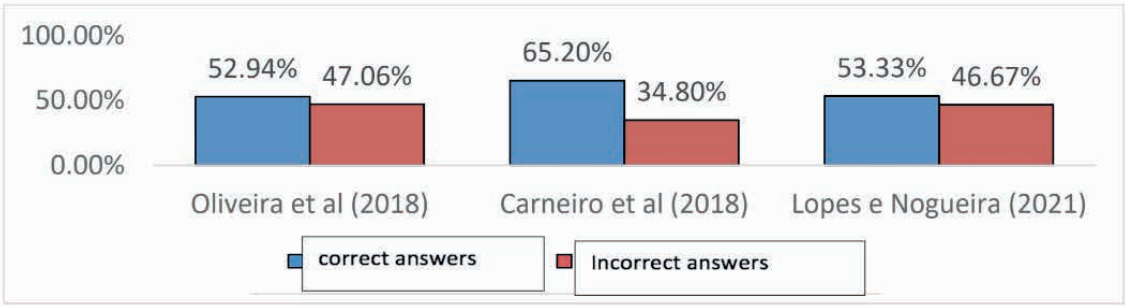

Figure 7: Knowledge of nursing professionals regarding chest compressions without advanced airway.

Source: the authors, 2022.

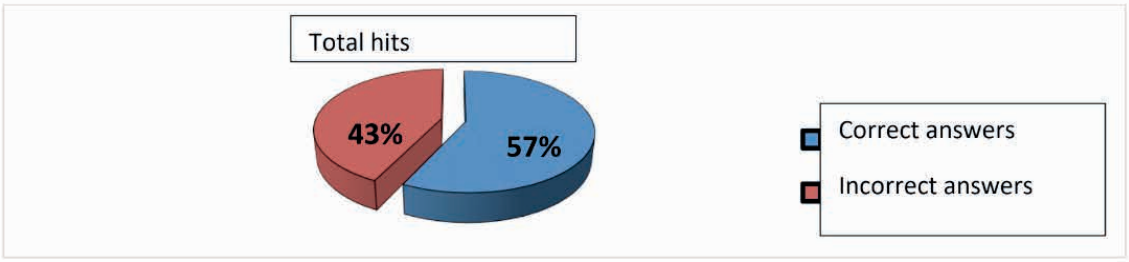

Figure 8: Average knowledge of nursing professionals regarding chest compressions without advanced airway according to surveyed studies.

Source: the authors, 2022.

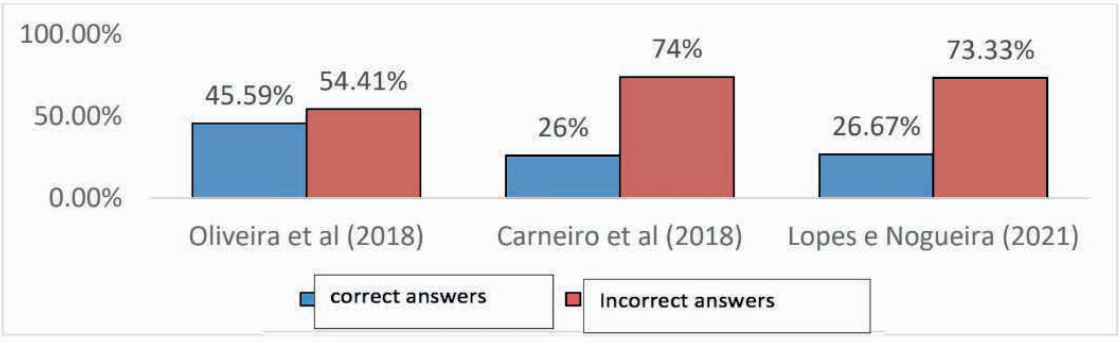

Figure 9: Knowledge of nursing professionals about the frequency of chest compressions.

Source: the authors, 2022.

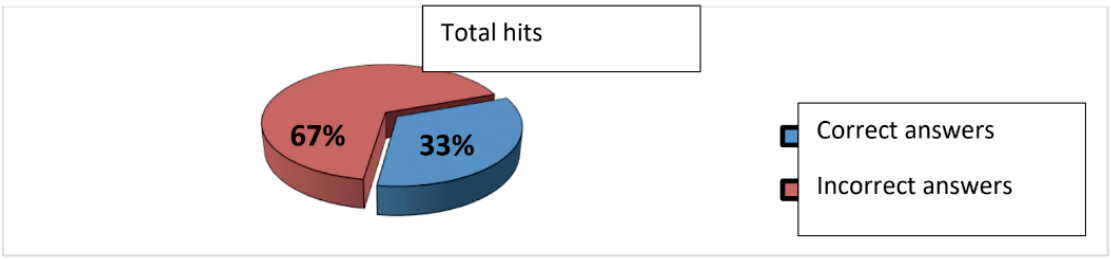

Figure 10: Average knowledge of nursing professionals about the frequency of chest compressions according to surveyed studies.

Source: the authors, 2022.

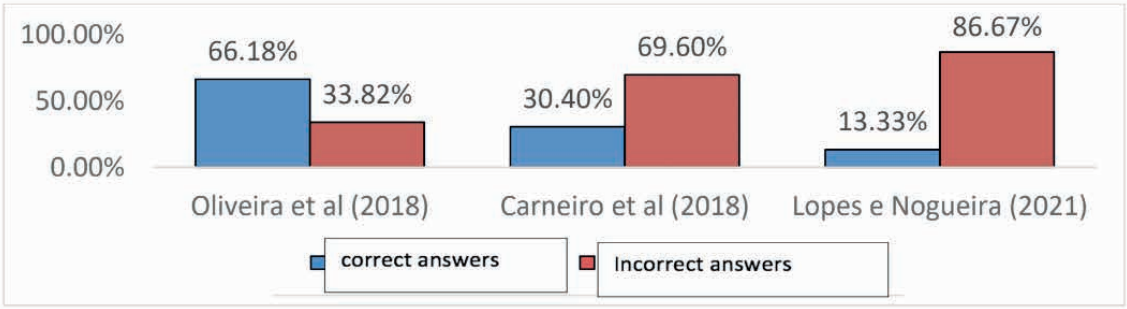

Figure 11: Knowledge of nursing professionals about the depth of chest compressions.

Source: the authors, 2022.

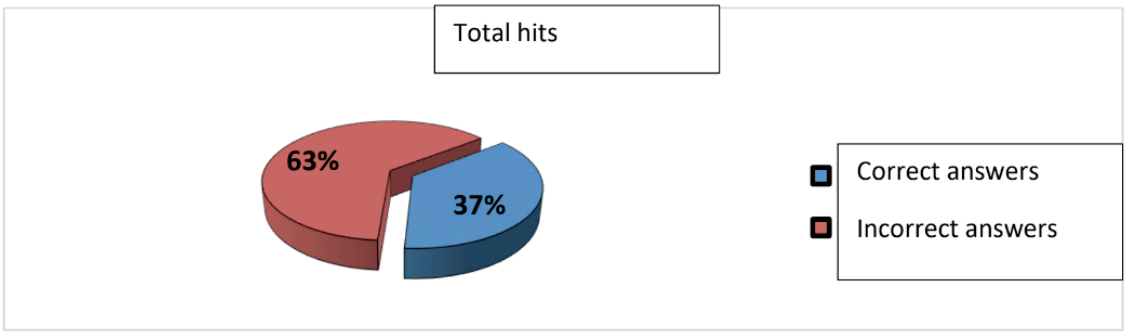

Figure 12: Average knowledge of professional nurses about the depth of chest compressions according to surveyed studies.

Source: the authors, 2022.

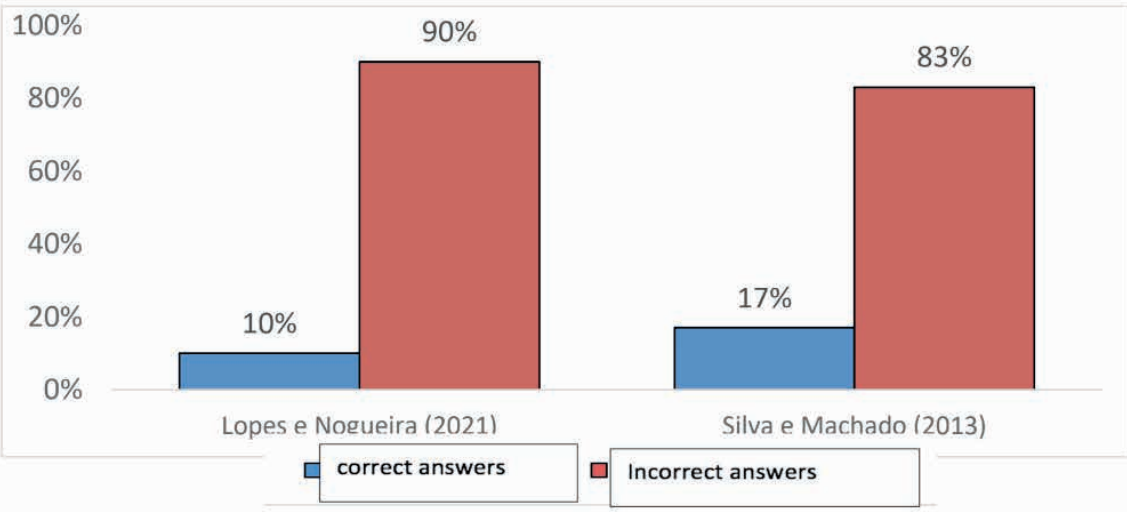

Figure 13: Knowledge of nursing professionals about shockable VF and VT rhythms.

Source: the authors, 2022.

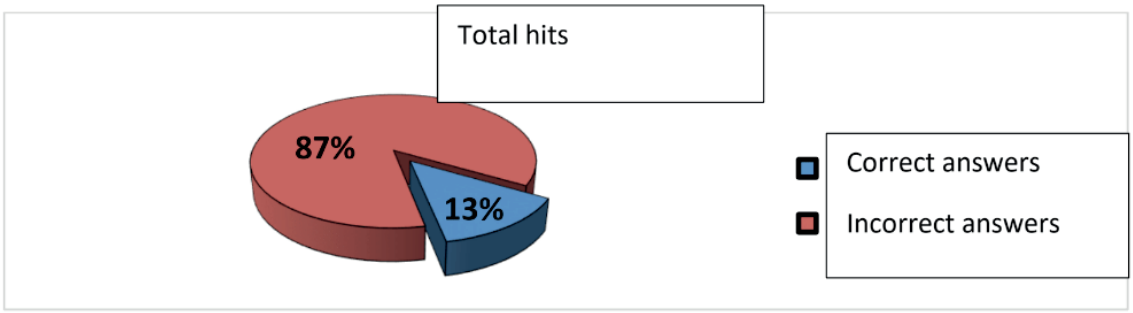

Figure 14: Average knowledge of nursing professionals about the shockable VF and VT rhythms according to surveyed studies.

Source: the authors, 2022.

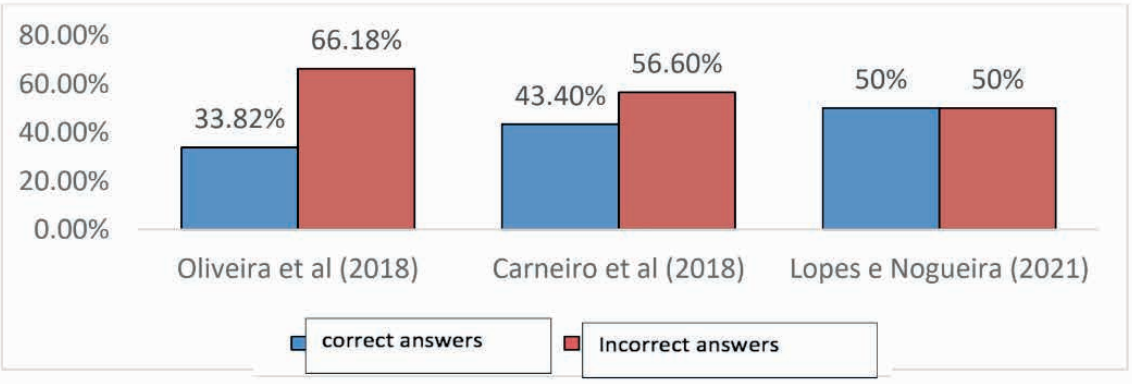

Figure 15: Knowledge of nursing professionals about the correct frequency of ventilations with advanced airway.

Source: the authors, 2022.

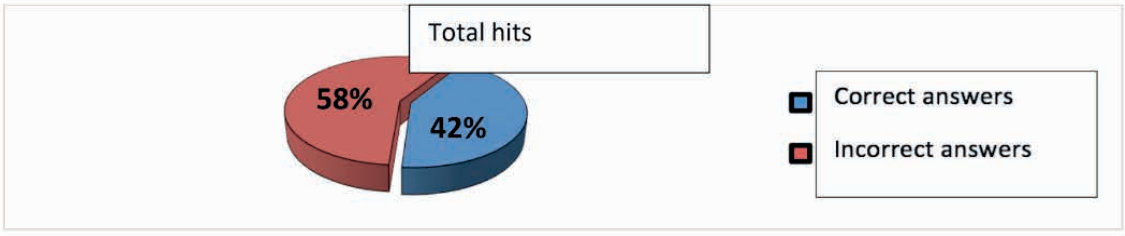

Figure 16: Average knowledge of nursing professionals about the correct frequency of ventilations with advanced airway according to surveyed studies.

Source: the authors, 2022.

Assis et al (2021), 64.29% of nurses answered correctly when asked about the topic. In the study by Silva and Machado (2013), 78% of professional nurses answered correctly in relation to the subject in question.

On this mat, there is a satisfactory number of correct answers by nursing professionals regarding drug administration routes during CPA.

In the study carried out by Lopes and Nogueira (2021), when questioning professional nurses working in the intra-hospital environment if they had taken any theoretical/practical courses with ACLS content after completing their nursing graduation, 66.67% answered yes. Regarding the professionals' responses regarding the AHA-specific ACLS refresher course, most nursing professionals, 83.33%, responded that they had not taken refresher courses in the last two years and only 16.67% had taken some refresher course in the last two years. years. Then the authors questioned the nursing professionals if the hospital where they worked offered continuing/permanent education on the topic CRP and ACLS to the nursing professionals and 93.33% of the professionals stated that the institution had never offered it and only 6.67% stated that there was the offer of the same.

In the study carried out by Carneiro et al (2018), where he approached professional nurses from a public institution about taking courses/updates in CPR, revealing that 47.8% of professional nurses had already taken a course in CPR but did not took no refresher course on the subject, and only 13% of the interviewed nursing professionals took courses and updates on CRP, and that 39.1% professional nurses never took training courses on BLS or CPR.

With the aforementioned data, there is a low number of courses/updates by nursing professionals and a great deficiency in the provision of courses/updates on CRP to professionals by hospital institutions, considering that the provision of continuing education in CRA to nursing professionals is of paramount importance, and the journals are constantly updated, so there may be a decrease in the knowledge of these professionals over time.

MAIN DIFFICULTIES ENCOUNTERED BY NURSING PROFESSIONALS IN THE CARE PROVIDED TO PATIENTS WITH CRA IN THE IN-HOSPITAL ENVIRONMENT

In the study carried out by Menezes and Rocha (2013), where they questioned the professionals of the nursing team regarding the main difficulties they face in caring for the CRA victim, where it was reported by these professionals the lack of qualification and training of the team; lack of incentive from the institution for the development of theoretical and practical courses; insecurity and lack of skills in applying the CRA care protocol; lack of leadership at the time of CPR intervention; lack of material resources and emotional instability of the team.

With this, Reis (2020), reveals factors that hinder the action of nurses during CPR, among which are: lack of professional training, lack of institutional incentives in the development of theoretical/practical skills, professional insecurity, lack of ability to applying CPR according to protocol, lack of material resources, emotional instability of the team, among other less frequent ones.

It is important to emphasize that both the nurse and the nursing team are dissatisfied and with difficulties in relation to the human and material resources offered by the institution in which they work, and these factors are often determinants of stressful care, directly affecting the quality of care provided by the

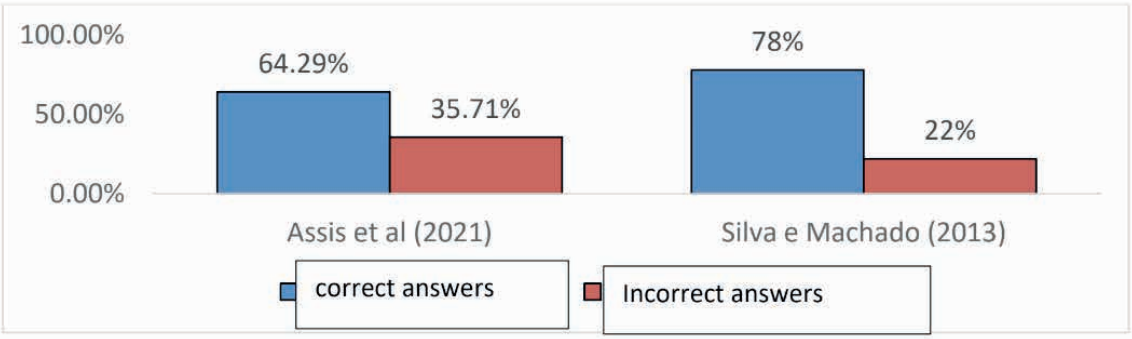

Figure 17: Knowledge of nursing professionals regarding drug administration routes during CA.

Source: the authors, 2022.

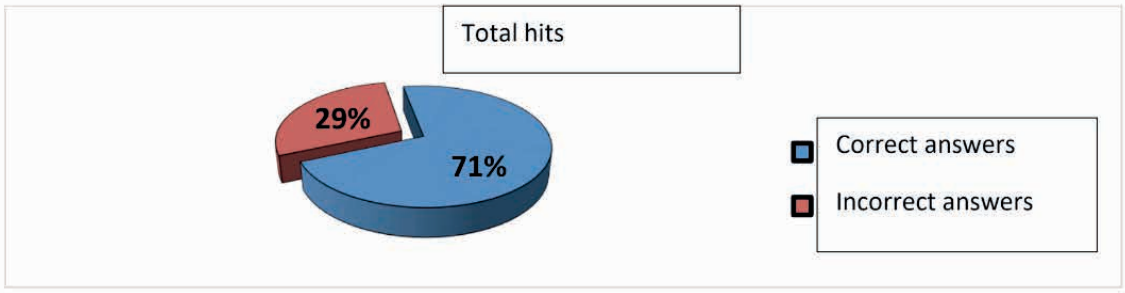

Figure 18: Average knowledge of professional nurses regarding drug administration routes during CPA according to surveyed studies.

Source: the authors, 2022.

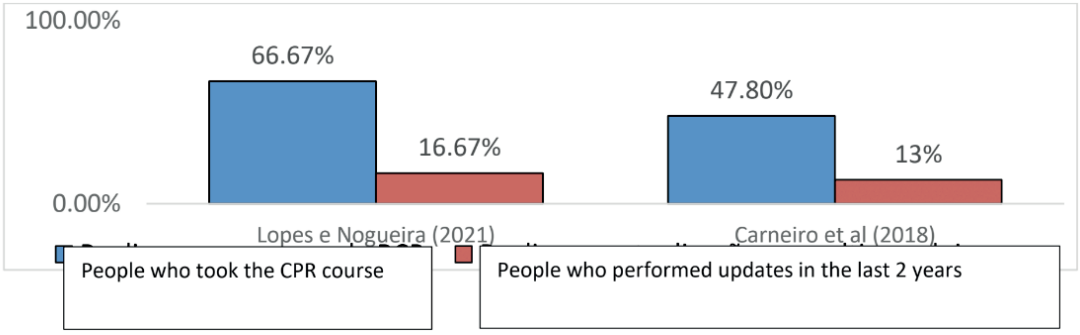

Figure 19: Conducting courses/updates in CRP by professional nurses according to studies surveyed.

Source: the authors, 2022.

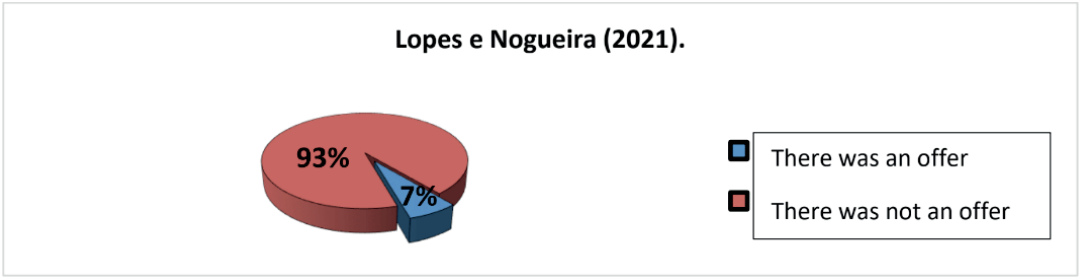

Figure 20: Offer of courses/updates by the hospital institution.

Source: the authors, 2022.

institution. nursing staff and often resulting in treatment failures.

Knowing the importance of nurses having theoretical/practical mastery of CPR, their leadership role being fundamental at the time of CPA, and also their feedback to the team after CPR, it is extremely important to highlight that it is the responsibility of nurses also train or make feasible with the institution the training of its team if it finds the need and also demand from the institution the provision of sufficient human and material resources to carry out the CPR.

IMPORTANCE OF NURSES IN THE MANAGEMENT AND LEADERSHIP OF CPA AND HOW THIS REFLECTS ON THEIR TEAM

Guilherme et al (2013), states that within the care entrusted to nurses, there is mainly the organization of environments during and after CPA, organization/request of materials used in CPR, definition of resuscitation conducts, being essential that they know trigger, direct and guide the nursing team, also performing the continuous follow-up of this patient after CPA, in case there is a return of spontaneous circulation.

It is extremely important for nurses to always be up-to-date to provide assistance to patients in CRA, as this assistance defines the future health situation of the patient, which can cause recurrent damage to the same case, if the conducts are not anticipated and performed correctly. and effective in reversing the condition. It is also important to emphasize the importance of the nurse and the team to always keep up-to-date to provide fast, organized and quality care to this patient, with the nurse being responsible for seeking updates and verifying the assistance provided by the team and, if necessary, seeking to update them as well. (SANTOS et al, 2016).

With this, it is worth mentioning that the role of nurses is extremely important for quality CPR, since it is essential that they keep up to date with CPR guidelines so that they can perform their role as leaders, coordinating and providing feedback to the team after the procedure. PCR, however, it is known that it is essential for the nurse to request sufficient human and material resources from the institution for these services, to enable the institution to promote continuing education so that adequate and quality nursing care is provided, thus avoiding factors stressors during and after assistance to the patient victim of CRA, providing him with a satisfactory prognosis.

CONCLUSION

The main objective of this study was to identify the role of nurses in the face of CRA and its effects on the nursing team, based on the justification that there is a deficiency in the quality of care provided by nurses during a CPA and that such deficiency directly reflects on the nursing team and in the quality of care provided to the patient, which was carried out based on a literature review research characterized as descriptive, quantitative and qualitative.

With the hypothesis of the work that, the theoretical and practical foundation of the nurse about CRP, during the academy is superficial and the provision of training for this professional is still deficient in many hospital institutions, and that, the lack of knowledge and training of this professional reflects directly on the assistance provided by the nursing team to the patient in CRA, so it was evidenced by the study that there is a deficit of theoretical/practical knowledge of the nurse regarding the assistance to the patient in CRA according to the protocols, and that many nurses they still have difficulties in providing the assistance they are entrusted with, directly interfering with the nursing team so that they

are often left unattended by a leader during the CPA, they work with a lack of material and human resources necessary to provide a quality CPR and with a lack of training and updates on the subject, such factors often being responsible for troubled and disharmonious care among team members, thus enabling the research hypothesis.

With the completion of the research, the need to provide training and updates to the entire nursing team is evident, since it is fundamental for nurses to provide feedback after CPR to their team, and, if necessary, to train or charge the institution to carry out of theoretical/practical training for all professionals, thus providing an improvement in the quality of care provided during CPR.

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