EM DISCUSSÃO PÚBLICA

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NORMA
DA DIREÇÃO-GERAL DA SAÚDE

1899-2012 112 anos

Direção-Geral da Saúde
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Ministério da Saúde

NÚMERO:	**023/2012**
DATA:	**26/12/2012**

ASSUNTO:	**Abordagem Pré-hospitalar das Queimaduras**
PALAVRAS-CHAVE:	**Queimaduras**
PARA:	**Médicos do SNS**
CONTACTOS:	**Departamento da Qualidade na Saúde (dqs@dgs.pt)**

Nos termos da alínea a) do nº 2 do artigo 2º do Decreto Regulamentar nº 14/2012, de 26 de janeiro, a Direção-Geral da Saúde, por proposta conjunta do Departamento da Qualidade na Saúde e da Ordem dos Médicos, emite a seguinte

I – NORMA

1. A abordagem pré-hospitalar da pessoa com queimadura obriga a (vigilância primária da **ABC-DEF**) *(Nível de evidencia A, Grau de Recomendação I)* (Figura 1 do Anexo I):
    a. Manutenção da via aérea com controlo da coluna cervical (***A-****Airway maintenance with cervical spine control*)
    b. Ventilação (***B*** *- Breathing*)
    c. Circulação com controlo hemorrágico e acesso venoso ***(C*** *- Circulation with haemorrhage control*)
    d. Verificação do estado de consciência ***(D*** *- Disability: Neurological status*)
    e. Exame da vítima com despiste de lesões associadas ***(E*** *- Exposure with environmental control*)
    f. Fluidoterapia quantificada pela fórmula de Parkland (RC16) (***F -*** *Fluid resuscitation*)
2. A vigilância secundária da pessoa com queimadura obriga à identificação da **AMPLE** *(Nível de evidencia A, Grau de Recomendação I)* (Figura 1 do Anexo I):
    a. Alergias (**A** - Allergies)
    b. Medicação habitual (**M** - Medications)
    c. Antecedentes clínicos (**P** - Past medical history)
    d. Hora da última refeição ou bebida (**L** - Last meal or drink)
    e. Causa da queimadura (**E** - Events preceding injury)
3. Em todo o doente queimado a monitorização hemodinâmica dos seguintes parâmetros é obrigatória *(Nível de evidencia A, Grau de Recomendação I)* (Figura 1 do Anexo I):
    a. Débito urinário
    b. Frequência cardíaca
    c. Estado de consciência
    d. Saturação de Oxigénio

e. Pressão Arterial

4. A entubação endotraqueal deve ser considerada nas seguintes situações (Figura 2 do Anexo I) *(Nível de evidencia A, Grau de Recomendação I)* (Figura 2 do Anexo I):
    a. Doentes em coma
    b. Insuficiência respiratória
    c. Indice de Clark ≥ 2
    d. Intoxicação por monóxido de carbono
    e. Queimaduras circunferenciais do tórax
5. A transferência para uma unidade hospitalar só poderá ocorrer após a *(Nível de evidencia A, Grau de Recomendação I)*:
    a. Vigilância Primária e Secundária
    b. Acesso venoso (sempre que possível)
    c. Entubação naso-gástrica em doentes com vómitos ou em todos os doentes transportados por via aérea
    d. Restrição da via oral
    e. Informação clinica
    f. Contacto prévio com hospital
6. A todos os doentes com queimaduras extensas, deve ser dado oxigénio a 100% humidificado por máscara facial, mesmo que não apresentem sinais óbvios de dificuldade respiratória *(Nível de evidencia A, Grau de Recomendação I)*.
7. As excepções à presente Norma são fundamentadas clinicamente, com registo no processo clínico.
8. A atual versão da presente Norma poderá ser atualizada de acordo com os comentários recebidos durante a discussão pública.

II – CRITÉRIOS

A. Os profissionais de saúde devem providenciar a seguinte informação à população:
    a. Na abordagem pré-hospitalar da pessoa com queimadura antes de agir deve assegurar a sua própria segurança *(Nível de evidencia A, Grau de Recomendação I)*.
    b. Interrompa o processo de queimadura: ordenando que a pessoa “pare, deixe cair e enrole” ("Stop, Drop and Roll"), em seguida abafe com cobertor ou extinga o fogo com água *(Nível de evidencia A, Grau de Recomendação I)* (Esquema 2 do Anexo II).
    c. No caso das queimaduras elétricas não toque na vítima, proceda sim à interrupção imediata da fonte de eletricidade *(Nível de evidencia A, Grau de Recomendação I)* (Esquema 2 do Anexo II).

B. Em todas as situações deverá remover o vestuário não aderente, adereços e adornos mas não tente remover alcatrão. Se suspeitar de lesão cervical ou coluna vertebral imobilizar o doente *(Nível de evidencia A, Grau de Recomendação I).*

C. No caso de queimaduras causadas pelo frio ou escaldões recorra a irrigação imediata em água corrente (8 a 15 graus C) durante pelo menos 20 minutos *(Nível de evidencia A, Grau de Recomendação I)*.

D. Nas queimaduras químicas deve ser, igualmente, realizada a irrigação com água corrente, à exceção das queimaduras por cal viva *(Nível de evidencia A, Grau de Recomendação I)* (Esquema 2 do Anexo II).

E. Para parar o processo da queimadura considerar a utilização de água até 15 graus Celsius (morna) durante cerca de 15/20 minutos. Inicie sempre o arrefecimento com água e nunca utilize gelo.

F. Se tiver havido um atraso no início do arrefecimento, este ainda deve ser iniciado até três horas após a queimadura.

G. Cremes tópicos ou qualquer outro apósito não devem ser aplicados dado que podem interferir com a avaliação posterior.

H. Evite a hipotermia: mantenha o doente queimado normotérmico *(Nível de evidencia A, Grau de Recomendação I)*.

I. Após o arrefecimento, cubra as queimaduras com um lençol limpo ou esterilizado, compressas húmidas esterilizadas, ou uma manta isotérmica que pode ser utilizada como cobertura temporária antes da avaliação *(Nível de evidencia A, Grau de Recomendação I)*.

J. A entrada direta de calor nas vias aéreas superiores pela exposição a gases quentes e fumos, resulta na formação de edema, que pode obstruir a via aérea.

K. A obstrução da via aérea superior pode ocorrer rapidamente após a queimadura assim sendo o estado respiratório deve ser monitorizado, para avaliar a necessidade de entubação e/ou ventilação.

L. A Rouquidão progressiva é um sinal de obstrução da via aérea e a entubação endotraqueal precoce deve ser equacionada, antes da constituição do edema e alteração da anatomia da área.

M. O índice de Clark calcula-se de acordo com a seguinte tabela:

Critério	Pontuação
Espaço Fechado	**1**
Dispneia	**1**
Alteração de Consciência	**1**
Rouquidão	**1**
Queimadura Facial	**1**
Expetoração Carbonácea	**1**
Fervores/Alt. Auscultação	**1**
Total	**7**

N. Um índice de Clark ≥ 2 implica forte suspeita de lesão inalatória e deverá ser considerada a entubação endotraqueal.

O. A pressão arterial indireta é um índice pouco fiável da avaliação do estado cardiovascular num doente queimado, devido às alterações fisiopatológicas compensadoras. A medida da pressão arterial pode ser, ainda, difícil de obter, devido ao edema das extremidades.

P. Perturbações de consciência podem indicar traumatismos cranianos, intoxicações por monóxido ou dióxido de carbono, edema cerebral, hipoxémia ou hematoma cerebral.

Q. Nunca se deve retardar um transporte de uma pessoa queimada só porque não se consegue um acesso vascular e/ou outro procedimento, desde que não seja indispensável à manutenção das funções vitais.

III – AVALIAÇÃO

A. A avaliação e implementação da presente Norma é contínua, executada a nível local, regional e nacional, através de processos de auditoria interna e externa.

B. A Direcção-Geral da Saúde, através do Departamento da Qualidade na Saúde, elabora e divulga relatórios de progresso de monitorização.

C. Enquanto não estiver concluída a parametrização dos sistemas de informação para a monitorização e avaliação da implementação e impacto da presente Norma, os hospitais, ao abrigo do Despacho nº 17069/2011 do Secretário de Estado da Saúde, terão de monitorizar os seguintes indicadores de avaliação:

    a. Percentagem de doentes admitidos no serviço de urgência (SU) com diagnóstico de queimadura.

        i. Numerador: Número de doentes admitidos em SU com diagnóstico de queimadura;

        ii. Denominador: Número de doentes admitidos em SU.

IV – FUNDAMENTAÇÃO

A. A queimadura é inicialmente um traumatismo local, mas esta patologia evolui rapidamente para um fenómeno geral. É assim necessária uma abordagem inicial das queimaduras com protocolos rigorosos que tenham em conta a sua fisiopatologia, no sentido de diminuir a morbilidade e mortalidade.

B. As primeiras 8 horas pós-queimadura são as mais importantes na recuperação do edema inicial e subsequente choque hipovolémico que se forma imediatamente após a queimadura. A primeira abordagem do doente queimado condiciona desta forma fortemente a evolução e o prognóstico destes doentes.

C. Conseguidas as primeiras medidas de estabilização das funções vitais e dos cuidados locais com a queimadura, torna-se imperioso. Uma reposição volémica adequada como primeira medida a tomar.

D. Depois de uma avaliação da gravidade da queimadura, protocolos rigorosos devem ser seguidos quer para a transferência, quer para o tratamento subsequente destes doentes.

Esta Norma pretende uniformizar de forma correta os cuidados pré-hospitalares do doente queimado, diminuindo os efeitos do traumatismo local e a progressão da lesão, bem como minimizando os efeitos gerais no organismo que invariavelmente as queimaduras provocam.

V – APOIO CIENTÍFICO

A. A presente Norma foi elaborada pelo Departamento da Qualidade na Saúde da Direção-Geral da Saúde e pelo Conselho para Auditoria e Qualidade da Ordem dos Médicos, através dos seus Colégios de Especialidade, ao abrigo do protocolo entre a Direção-Geral da Saúde e a Ordem dos Médicos, no âmbito da melhoria da Qualidade no Sistema de Saúde.

B. Zinia Serafim e Celso Cruzeiro (coordenação científica), Anabela Coelho (coordenação executiva), Maria Angélica Almeida, Jorge Reis, António Bessa Monteiro, Miguel Soares de Oliveira.

C. Foram subscritas declarações de interesse de todos os peritos envolvidos na elaboração da presente Norma.

D. Durante o período de discussão pública só serão aceites comentários inscritos em formulário próprio, disponível no *site* desta Direção-Geral, acompanhados das respetivas declarações de interesse.

E. Os contributos recebidos das sociedades científicas e sociedade civil em geral, sobre o conteúdo da presente Norma, serão analisados pela Comissão Científica para as Boas Práticas Clínicas, criada por Despacho n.º 12422/2011 de 20 de setembro e atualizado por Despacho n.º 7584/2012 de 1 de junho.

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Anexo I – Algoritmos de decisão

Figura 1: Atuação geral

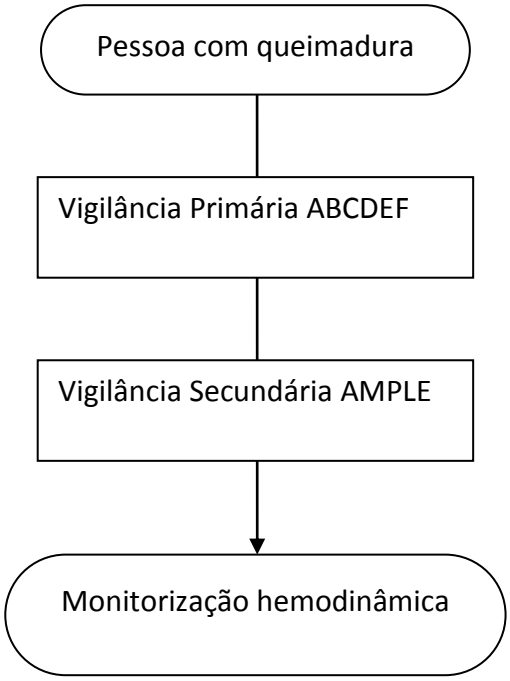
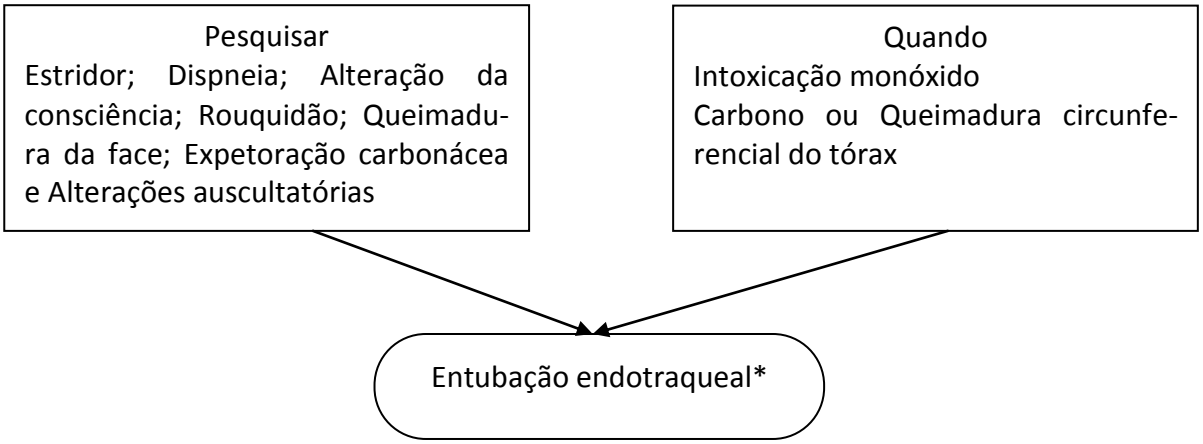


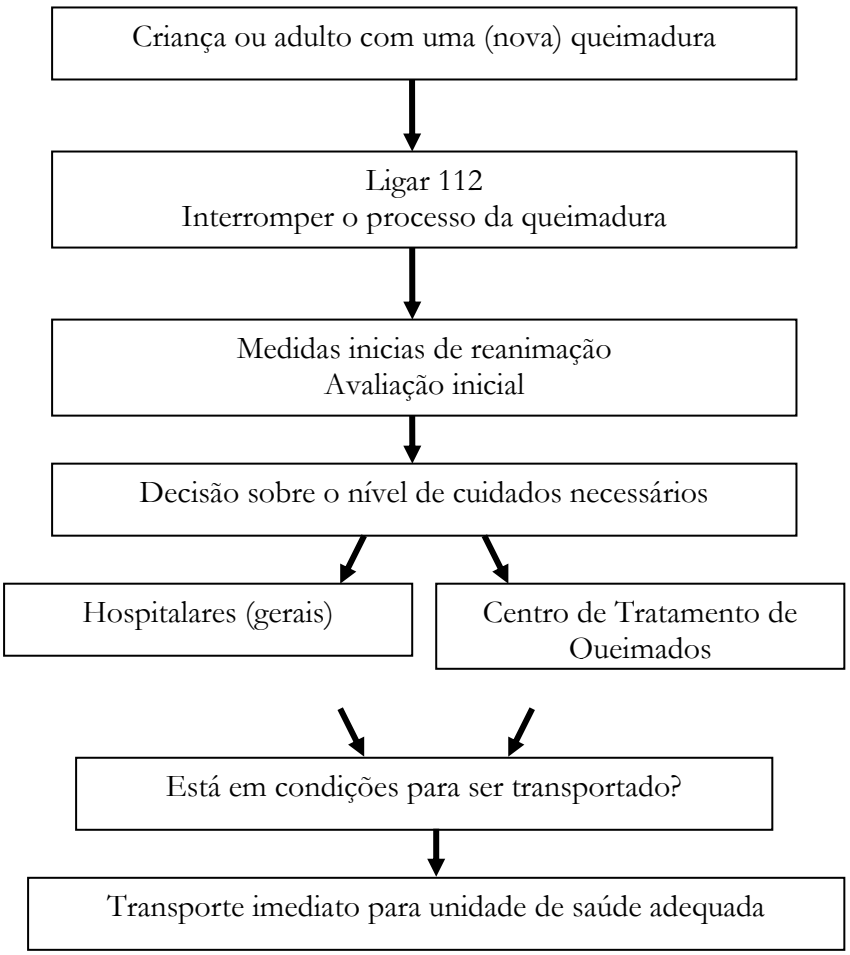
Figura 2: Entubação endotraqueal



*tendo em conta a análise de risco - benefício para o doente.

Anexo II – Esquemas

Esquema 1: Primeiro contato



Esquema 2: Parar o processo da queimadura