

URGENCY REGULATION: THE CHALLENGE OF SCIENTIFICALLY-BACKED DECISION-MAKING IN PRE-HOSPITAL CARE

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The regulation of prehospital care (PHC) has been a major challenge since its inception. The adoption of new policies, the implementation of new resources, and the modernization of healthcare have contributed to the increased complexity of this regulatory workflow, managed by Emergency Regulation Centers (ERC)¹.

The act of regulating goes far beyond adhering to institutional flowcharts. Technical expertise is essential for effective performance, and basing medical practice on accurate, up-to-date evidence is the duty of every regulating healthcare professional.

PHC remains an under-researched field in Brazil. We often extrapolate evidence generated in other countries whose realities and resources differ significantly from ours, which compromises its interpretation and application to our local context. Nevertheless, protocols such as Prehospital Trauma Life Support and guidelines from the American Heart Association continue to serve as the foundation for our practice in Brazil.

Regulating requires technical knowledge, application to local conditions, geographical familiarization, and emotional competence (and resilience), among other skills. However, adequate theoretical foundation is indispensably needed to support decisions that extend beyond a simple "yes or no." Documents such as standard operating procedures exemplify the need for each service to adapt the same scientific evidence to different operational realities. The presence or absence of a specific resource can completely alter the outcome of an algorithm or a patient's disposition. Therefore, a supportive framework document is essential to guide clinicians, ensuring correct application across diverse cases. This process demands continuous training, repetition, and ongoing adjustment—which are not always easy to achieve.

The Emergency Medical Services (EMS) serves as a primary gateway to Brazil's Sistema Único de Saúde. Consequently, it must be well-structured and organized to facilitate appropriate patient routing within the network while respecting local healthcare agreements. Once again, the importance of accurate and updated scientific evidence becomes evident in decision-making processes that, in PHC, are time-sensitive and can determine a patient's survival within minutes.

The update of EMS national clinical protocol is one of the most anticipated documents by ERC and clinical teams nationwide, given that the latest edition dates back to 2016², completing a decade since its publication. Numerous clinical guidelines have been updated during this period, particularly regarding PHC management, reinforcing the urgent need for a refreshed national scientific standard. While the national protocol remains unavailable, individual emergency services seek their own solutions to resolve clinical uncertainty and support ERC operations. In this context, Ceará EMS stands out nationally through its collaboration with the Escola de Saúde Pública do Ceará in developing its own Emergency Regulation protocols. This innovative model brings together expert groups—including

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emergency physicians (a specialty officially recognized in Brazil in 2016 that must be actively involved in these public policies), renowned academics, and frontline healthcare professionals.

Undoubtedly, the protocols currently being delivered to the population of Ceará will serve not only our state's EMS, but will also assist other services in their technical and operational aspects, representing a significant advancement for the entire emergency care network.

REFERENCES

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