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REVIEW ARTICLE

Pediatric emergency in Brazil: the consolidation of an area in the pediatric field☆

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KEYWORDS
Emergency;
Pediatrics;
Medical residency;
Teaching program

Abstract

Objective: The aim of this study was to present a review on the evolution, development, and consolidation of the pediatric emergency abroad and in Brazil, as well as to discuss the residency program in this key area for pediatricians.

Data sources: This was a narrative review, in which the authors used pre-selected documents utilized as the minimum requirements for the Residency Program in Pediatric Emergency Medicine and articles selected by interest for the theme development, at the SciELO and Medline databases, between 2000 and 2017.

Data synthesis: The historical antecedents and the initial evolution of pediatric emergency in Brazil, as well as several challenges were described, regarding the organization, the size, the training of professionals, and also the regulation of the professional practice in this new specialty. Additionally, a new pediatric emergency residency program to be implemented in Brazil is described.

Conclusions: Pediatric emergency training will be a powerful stimulus to attract talented individuals, to establish them in this key area of medicine, where they can exercise their leadership by promoting care qualification, research, and teaching, as well as acting decisively in their management.

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PALAVRAS-CHAVE
Emergência;
Pediatria;
Residência médica;
Programa de ensino

Emergência pediátrica no Brasil: a consolidação da área de atuação para o Pediatra

Resumo
Objetivo: O estudo teve como objetivo apresentar uma revisão sobre a evolução, desenvolvimento e consolidação da Emergência Pediátrica no exterior e no Brasil assim como discutir o programa de residência nesta importante área de atuação para o Pediatra.
Fontes dos dados: Trata-se de uma revisão do tipo narrativa, em que os autores utilizaram documentos pré-selecionados empregados nos requisitos mínimos para o programa em Residência de Medicina de Emergência Pediátrica e artigos selecionando por interesse para desenvolvimento do tema utilizaram as bases de dados SciELO e Medline entre 2000 e 2017.
Síntese dos dados: Foram descritos os antecedentes históricos e a evolução inicial da Emergência Pediátrica no Brasil e diversos desafios, na organização, no dimensionamento, na formação de profissionais e, também, na regulamentação do exercício profissional desta nova especialidade. Também se descreve um novo programa de residência em Emergência Pediátrica a ser implementado no Brasil.
Conclusões: A formação em emergência pediátrica será um poderoso estímulo para atrair indivíduos talentosos, fixá-los nesta importante área da medicina, onde poderão exercer sua liderança promovendo qualificação na assistência, na pesquisa e no ensino, assim como atuando decisivamente no seu gerenciamento.
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Introduction

Starting in the second half of the last century, emergency services in most countries have experienced a substantial increase in their volume of care. The reasons for this increase in demand include rapid access to diagnostic and therapeutic resources; the complexity and resolutiveness of the sector, being an alternative and facilitated route for hospital admission; and, in some cases, access to medical care without costs to the user.

It is estimated that in the United States, over 115 million visits to emergency services are made annually; 10%–12% of them are transported by ambulance. Of this total, 18% are intended for the care of children and adolescents under 15 years of age, and 75% of these services are provided in emergency services located in general hospitals. It is also estimated that 40% of hospital admissions of pediatric patients occur through emergency services.[1,2] In Brazil, there is little data available, but according to the portal of the Ministry of Health, over 300,000 calls were received from patients with some type of urgency between January 2016 and March 2015, during which 72,000 patients were treated in specialized emergency units and 81,000 in emergency units. Around 10% of the total number of visits (approximately 30,000 visits) required observation for more than 24 h in a specialized unit. The heterogeneity of prehospital care in Brazil is also noteworthy, as in 6900 cases the care was provided through boats.[3]

Obviously, this complex system, which has become increasingly overloaded, has brought several challenges: organization, size, training of professionals, as well as the regulation of professional practice.

The development of the emergency specialty is very recent in most countries, with a very similar history of development and recognition among them. In 1968, in the United States, the American College of Emergency Physicians (ACEP) was founded; the specialty was recognized in 1979 and issued its first certificate in 1980. After 1982, the minimum requirements for the Residency Program in Emergency Medicine were approved, followed by the first annual fellowship program in 1989. After 2000, emergency medical residency training and the certificate issued by ACEP became prerequisites for clinical practice in emergency services. Even with this recent history, emergency is now one of the largest medical specialties in the United States, with over 25,000 active professionals.[1,4]

From the recognition of the specialty, the search for emergency care standardization directed to the pediatric range was natural and obligatory. The death of an 18-year-old adolescent in New York attributed to the lack of adequate emergency care was the trigger for the creation, in 1984, of the Emergency Medical Services for children, aiming to ensure treatment for children and adolescents with severe diseases or victims of trauma, reduce their dysfunctions, prevent death, and promote rehabilitation.[5] In the first decade of its implementation, operating norms were defined, funding was allocated to specific projects, and epidemiological knowledge and information were distributed to the entire system. At the end of the first decade, pediatric emergency training programs aimed at medical and non-medical professionals were instituted, including pediatric basic and advanced life support (PALS). In the second decade, protocols for prehospital care were developed, minimum pediatric equipment in the emergency services were defined, and the emergency care was regionalized, with patient referral and transfer, following a logical pattern of increasing complexity.[4]

In Canada, the pediatric emergency field was acknowledged in 1980, while in the United States the training of these professionals became regular and frequent in the 1980s, but it was only defined, regulated, and certified as subspecialty in 1991.[5,6]

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