The role of nurses in dealing with patients with sepsis in emergency care Brazil: a literature review

Nurses' performance towards patients with sepsis in emergency care in Brazil: a literature review

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SUMMARY

Nurses' role in sepsis management in emergency and urgent care settings in Brazil faces critical structural and operational challenges. Infrastructure shortages, overcrowding, and staff turnover compromise protocol adherence, leading to improvisation and therapeutic risks. Therefore, the overall objective of this research is to understand the challenges and potential of nurses' role in managing patients with sepsis in emergency and urgent care settings in Brazil. The research was conducted through an integrative qualitative literature review using the SciELO, BVS, and PubMed databases. The inclusion criteria prioritized primary studies of an experimental or observational nature, published between 2020 and 2025, and required full texts available in open access and written in Portuguese. After applying the selection criteria, the 22 articles that met the requirements were critically analyzed and organized into five thematic categories. According to the research findings, the authors emphasize that, although ICUs offer more robust infrastructure for sepsis management, emergency services critically depend on nurses' agility and prioritization skills. The main difference lies in the nature of the challenges: while in emergency services, the need for rapid triage and management of limited resources predominates, in ICUs, technical complexity and intensive monitoring require specialized expertise. Implementing protocols and investing in training thus emerge as cross-cutting strategies to improve outcomes in both settings.

Keywords: Sepsis. Nursing. ICU.

ABSTRACT

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turnover compromise protocol adherence, leading to improvisation and therapeutic risks.

Therefore, the overall objective of this research is to understand the challenges and potential

of nurses' role in managing patients with sepsis in emergency and urgent care settings in

Brazil. The research was conducted through an integrative, qualitative literature review using

the SciELO, VHL, and PubMed databases. The inclusion criteria prioritized primary studies

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full-text, open-access, and Portuguese-language versions. After applying the selection criteria,

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ICUs offer more robust infrastructure for sepsis management, emergency services critically

depend on nurses' agility and prioritization skills. The main difference lies in the nature of the

challenges: while in emergency services, the need for rapid triage and management of limited

resources predominate, in ICUs, technical complexity and intensive monitoring require

specialized expertise. Implementing protocols and investing in training thus emerges as cross-

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1. INTRODUCTION

Sepsis is a critical organic dysfunction, triggered by a response

exacerbated susceptibility of the organism to infectious processes, increasing the risk of shock and demanding

immediate interventions in highly complex scenarios (Antunes *et al.,* 2021). According to

definition of the Ministry of Health (MS), which refers to a systemic condition, often

associated with agents such as bacteria, fungi or viruses, whose inadequate management can evolve into

fatal complications (Maia *et al.,* 2023).

The epidemiological magnitude is alarming, according to estimates by the World Health Organization.

Health (WHO) indicate that 49 million annual cases result in 11 million deaths,

representing 20% of global deaths, with challenges magnified by clinical variability and

late diagnosis in emergency services (Junior *et al.,* 2024).

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In this Brazilian context, healthcare disparities exacerbate this scenario. Data from Latin American Institute of Sepsis (ILAS) reveals mortality rates of 23.4% for sepsis and 56.2% for septic shock in private hospitals, while in public units these rates rise to 44.2% and 72.9%, respectively, totaling around 240 thousand deaths annual (Cardoso *et al.,* 2023).

These numbers not only reflect structural inequalities, but also highlight the urgency to improve nursing performance, especially in emergency services, where early detection and administration of antibiotics within the first hour reduces the mortality of up to 80% (Melo Silva *et al.,* 2024).

Nurses act as essential agents in reconciling clinical protocols rigorous and adverse operational realities, such as demand overload, shortages infrastructure and overcrowding. These conditions force improvised practices, in addition to being aggravated by the high turnover of teams in needy regions, which compromises the continuity of care and adherence to pre-established care flows. Such challenges increase inconsistencies in care, increasing the risk of negative outcomes, especially in contexts of limited resources.

Thus, gaps in technical training and application of protocols are associated, such as the lack of specific training for complex emergencies, outdated guidelines and resistance to change on the part of teams. These deficiencies result in practical errors, such as the inappropriate use of risk assessment scales due to lack of knowledge of updates, in addition to limiting the integration of scientific evidence into routine care. The fragility of collaborative networks, which could facilitate the exchange of experiences and the standardization of practices, perpetuates care models disconnected from the best recommendations.

Thus, this research is justified by the urgency of mapping strategies that integrate education permanent, resource management and strengthening of collaborative networks, aiming to reduce disparity between theory and practice. Understanding these gaps is essential to propose interventions that ensure the effective implementation of protocols, the continuous qualification of teams and resource optimization, thus ensuring agile, accurate and equitable assistance to critically ill patients, such as those with sepsis, in emergency services.

Given this scenario, the study consists of understanding the challenges and potential of nurses' performance in managing patients with sepsis in emergency and urgent care settings in Brazil.

2 THEORETICAL FRAMEWORK

2.1. SEPSIS IN EMERGENCY CARE

Sepsis is characterized by a generalized inflammatory response of the body,

triggered by infections in different locations, such as the lungs, urinary tract, or abdomen

(Pereira, 2020). Although little recognized by the general population, sepsis has a high

lethality, with rapid progression and risk of multiple organ failure when left untreated

adequately (Maia *et al.,* 2023).

It is estimated that between 20 and 30 million people are affected globally each year, with

mortality associated with delays in diagnosis and initial intervention, a challenge that persists

even in advanced health systems (Da Costa Silva *et al.,* 2020). Late identification of

sepsis is a critical obstacle, influenced both by the patient's hesitancy to seek

care and due to failures in clinical suspicion on the part of professionals. This reality

is aggravated in emergency contexts, where the overload of demand and the complexity of

cases require quick and precise decisions (Santos; Rufino, 2024).

Effective management depends on interventions within the first six hours, including antibiotic therapy.

early treatment and hemodynamic stabilization, practices that can reduce mortality by up to 16%

when applied within this period (Silva; De Souza, 2020). In the ICU, sepsis represents

an additional challenge due to its unpredictable evolution, marked by organic dysfunctions

progressive and need for vasopressor support in cases of septic shock. Hypotension

refractory and tissue hypoperfusion require continuous monitoring and therapeutic adjustments

immediate (Melo Silva *et al.,* 2024).

 In emergency services, standardized protocols are essential, with an emphasis on

fluid administration, blood pressure control and collection of laboratory tests to guide the

therapeutic. Goal-directed fluid resuscitation, such as mean arterial pressure ÿ65

mmHg, and the rational use of antimicrobials are pillars to optimize outcomes (Junior *et al.,*

2024).

In this context, the nurse plays a central role in screening and implementing

initial actions. The Latin American Sepsis Institute (ILAS) reinforces the importance of

ongoing training for early recognition of signs such as tachycardia, hypotension and

changes in peripheral perfusion, allowing rapid activation of the medical team and the

prioritization of care (Oliveira *et* al., 2010). Integration between clinical protocols,

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continuing education and agile resource management emerge as a fundamental strategy for

reduce mortality associated with this critical condition.

2.2. NURSES' PERFORMANCE TOWARDS PATIENTS WITH SEPSIS

The nurse assumes a central role in the management of sepsis, acting not only in the identification

early detection of clinical signs, but also in the coordination of agile interventions, integrating

technical knowledge and team leadership to optimize care outcomes (Da Costa

Silva *et al.,* 2020). Immediate detection of changes such as tachycardia, hypotension or

hypoperfusion, followed by actions in the first hours, is crucial to prevent the progression of

disease, and it is essential that the professional develops specialized skills to

respond to the complexities of the framework (Melo Silva *et al.,* 2024).

Preparing accurate nursing diagnoses allows for directing care plans

individualized, especially in critically ill patients. These assessments, combined with

continuous monitoring of vital and laboratory parameters, facilitate timely interventions,

such as adjustments in therapy or prioritization of resources, contributing to more accurate prognoses

favorable (Melo Silva *et al.,* 2024). The adoption of standardized protocols, such as

recommended by the Latin American Institute of Sepsis (ILAS), optimizes care for

establish clear flows for antibiotic administration, fluid resuscitation and support

hemodynamic. However, the effectiveness of these guidelines depends on the ongoing training of

team, given that gaps in technical knowledge and the underutilization of specific training

are still recurring challenges (Santos; Rufino, 2024).

The administration of antimicrobials, for example, requires strict attention to doses, times and

drug interactions, especially due to the risk of nephrotoxicity and

hepatotoxicity associated with some medications. The nurse, when supervising this

process, ensures not only therapeutic adherence, but also the prevention of events

adverse effects (Melo Silva *et al.,* 2024).

At the same time, procedures such as offering oxygen therapy, blood pressure control with vasopressors

and prompt communication with the medical team are essential. Studies show that notification

immediate reporting of clinical changes to the physician, a practice reported by 70% of nurses, is crucial

to avoid delays in treatment (Junior *et al.,* 2024).

These actions reinforce the need for investment in continuing education and structuring

environments that favor the application of scientific evidence. The synergy between competence

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technique, professional updating and collaborative management emerge as a fundamental strategy to transform the reality of sepsis on the national scene.
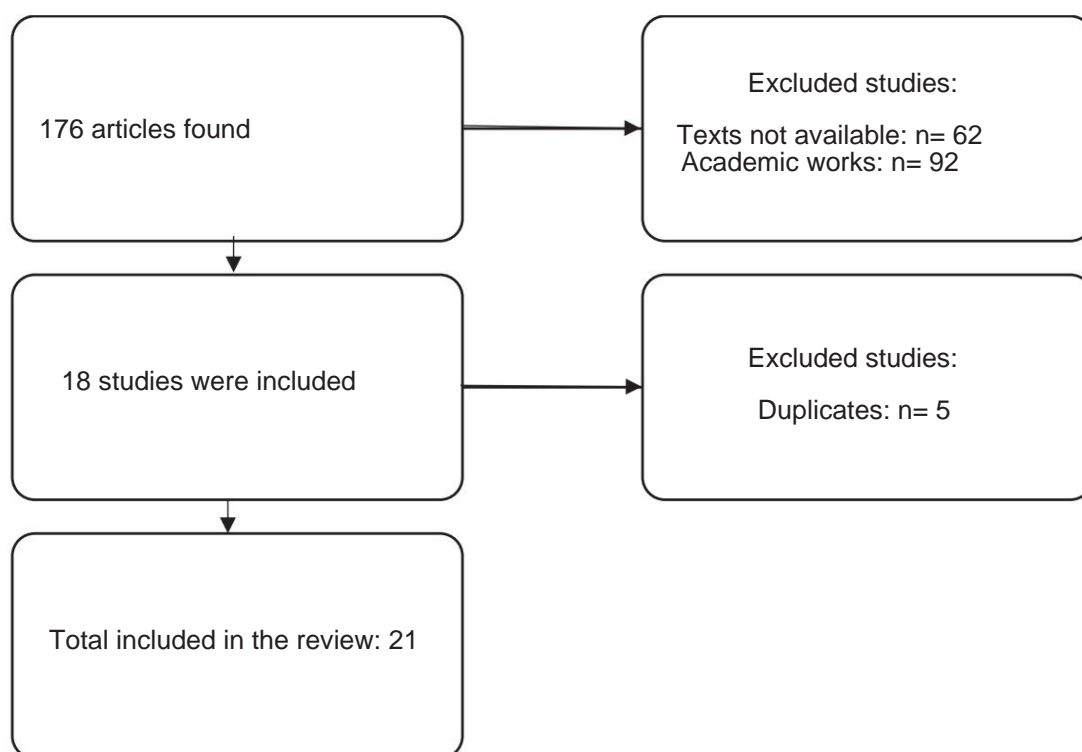
2. MATERIAL AND METHODS

This study consists of an integrative literature review of a qualitative nature, on pro-
ductions about the nurse's role in dealing with patients with sepsis in emergency care
in Brazil in *the Scientific Electronic Library Online* (SciELO) databases , Virtual Library
in Health (BVS) and PubMed, using the descriptors "sepsis", "nursing" and "emergency".
After screening, the analysis phase was conducted with the help of a data extraction form
carried out in a table made in Word 365 program, designed to standardize the collection
of essential information about articles such as author, year, title, publication journal, objectives,
methodology, summary and main results.

The selection and analysis process was carried out by three researchers trained in the area, working
independently in the screening, abstract evaluation and full reading phases. To
mitigate possible misunderstandings, doubts about the eligibility or relevance of studies were
resolved through consultation with a professor and research advisor with experience and
knowledge in the area, following predefined criteria in the methodology. Finally, the findings
were interpreted in light of the research question and the objectives previously established in the
research, organizing the evidence in a structured format to summarize the results of the
revision.

The criteria established for inclusion in the analysis prioritized primary studies of a
experimental or observational, published between 2020 and 2025, that addressed the intersection
between sepsis and nursing practices. Full texts available in access were required
open and written in Portuguese. As exclusion criteria, productions that were not
scientific (such as editorials, manuals or interviews), non-indexed academic works (the-
ses, dissertations or monographs), duplicate articles, with no direct relation to the topic or
restriction of access to full content.

Therefore, the selection criteria for this review for inclusion and exclusion are presented in
Figure 1.

Figure 1 – Article selection flowchart

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┌─────────────────────────┐              ┌─────────────────────────┐
│                         │              │  Excluded studies:      │
│   176 articles found    │─────────────▶│                         │
│                         │              │  Texts not available:   │
│                         │              │  n= 62                  │
│                         │              │  Academic works: n= 92  │
└─────────────────────────┘              └─────────────────────────┘
              │
              ▼
┌─────────────────────────┐              ┌─────────────────────────┐
│                         │              │  Excluded studies:      │
│  18 studies were        │─────────────▶│                         │
│  included               │              │  Duplicates: n= 5       │
│                         │              │                         │
└─────────────────────────┘              └─────────────────────────┘
              │
              ▼
┌─────────────────────────┐
│                         │
│  Total included in the  │
│  review: 21             │
│                         │
└─────────────────────────┘
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Source: Authors themselves (2025)

The established criteria that met the criteria were read in full and analyzed

critically. They were separated into thematic categories: Nursing in

Urgency/Emergency and Sepsis (practices in acute contexts); Nursing in Therapy

Intensive Care and Sepsis (critical care in the ICU); Nursing Protocols and Guidelines for Sepsis

(standardization of conduct); Education and Knowledge of the Nursing Team about Sepsis

(training and qualification); and Clinical and Epidemiological Aspects of Sepsis (analysis

interdisciplinary and risks).

3. RESULTS AND DISCUSSION

176 studies were selected, of which 21 were included and 155 were excluded. The table

1 presents the studies included in the research separated by authors, title, journal or book

published and categories of these publications.

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Table 1 – Review of studies included in the research

Author(s) No.	Year	Title	Magazine/Book	Category
1 Angels *et al.*	2024	Nurses' performance in dealing with people with sepsis in emergency services	Mosaic Magazine	Nursing in Urgency/Emergency and Sepsis
2 Antune. *et al.*	2021	Early detection of sepsis in emergency services: an integrative review	Nursing Journal UERJ	Nursing in Urgency/Emergency and Sepsis
3 Asbeque *et al.*	2022	The importance of prevention and early recognition of sepsis for the healthcare team Nursing with the help of protocols	Nursing: contextualizing health education (Scientific Publisher Digital)	Protocols and Guidelines Sepsis Nursing
4 Brandão *et al.*	2022	The role of the nurse in dealing with patients with signs and symptoms of sepsis	Brazilian Magazine Interdisciplinary of Health – ReBIS	Nursing in Urgency/Emergency and Sepsis
5 Cardoso *et al.*	2023	Nursing care for septic patients in an intensive care unit: an integrative review	*Open Science Research*	Nursing in Therapy Intensive Care and Sepsis
6 Cesarino, Castro, Restini	2023	Sepsis, atrial fibrillation, and aging: a dangerous association	Brazilian Archives of Cardiology	Clinical Aspects and Epidemiological Studies of Sepsis
7 Da Costa *et al.*	2023	Care for critically ill patients with sepsis	Ibero-Magazine American of Humanities, Science and Education	Nursing in Therapy Intensive Care and Sepsis
8 Da Costa Silva *et al.*	2020	Nurse's role in the intensive care unit: identification of signs and symptoms of sepsis	Research, Society and Development	Nursing in Therapy Intensive Care and Sepsis
9 Gonçalves *et al.*	2023	Knowledge of the nursing team about guidelines for the management of sepsis	Brazilian Magazine Multidisciplinary	Nursing Team Education and Knowledge about Sepsis
10 Júnio *et al.*	2024	Impact of Recognition and Early Treatment of Sepsis in Health Services Urgency	Scientific Journal of Tocantins	Nursing in Urgency/Emergency and Sepsis
11 Maia *et al.*	2023	Analysis of nursing students' perspectives regarding patient care for suspected sepsis	Research, Society and Development	Nursing Team Education and Knowledge about Sepsis
12 Massambani; Silveira	2021	Nurses' role in the diagnosis of sepsis	Published Magazines FIJ	Protocols and Guidelines Sepsis Nursing
13 Melo Silva *et al.*	2024	Intensive nursing care for patients with sepsis: an integrative review	Nursing Brazil	Nursing in Therapy Intensive Care and Sepsis
14 Nanah *et al.*	2024	Readmission of sepsis survivors within 30 days: outcomes of a retrospective study	Critical Care Science, v. 36	Clinical Aspects and Epidemiological Studies of Sepsis

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15	Oliveira *et al.* 2020		The nurse in the detection of signs and symptoms that precede sepsis in patients in the ward	Journal of Research: Fundamental Care Online, vol. 11, no. 5	Nursing in Urgency/Emergency and Sepsis
16 Salles *et al*		2021	Nurses' knowledge of sepsis alert parameters in early screening in intensive care	Nursing: challenges and perspectives for comprehensive care (Publisher Digital Scientific)	Nursing Team Education and Knowledge about Sepsis
17	Santos; Rufino	2024	Nursing performance in relation to the protocol sepsis	Magazine Multidisciplinary of Backlands	Protocols and Guidelines Sepsis Nursing
18	Santos *et al.*	2021	Early identification and treatment of sepsis: an integrative review	Magazine Multidisciplinary in Health	Protocols and Guidelines Sepsis Nursing
19 Silva *et al.*		2020	Sepsis: importance of early identification by nursing	Pro- Magazine UniverSUS	Protocols and Guidelines Sepsis Nursing
20 Silva *et al.*		2024	Nursing care for the patient with sepsis	JRG Magazine of Academic Studies	Protocols and Guidelines Sepsis Nursing
22	Silva Alvim *et al.*	2020	Knowledge of the nursing team regarding the signs and symptoms of sepsis	Nursing in Focus	Nursing Team Education and Knowledge about Sepsis

Source: Authors (2025)

The information evidenced by the 21 studies listed in table 1 showed that with

in relation to the findings on Nursing in Urgency/Emergency and Sepsis, gathered five

studies that highlighted professional performance in these contexts, addressing everything from detection

early diagnosis of sepsis to intervention strategies in highly complex situations. These

studies reinforced the importance of agility in recognizing clinical signs and in

implementation of initial therapeutic measures, aiming to improve patient outcomes.

The findings on Intensive Care Nursing and Sepsis included four articles, which

explored the specific challenges of ICU care, such as identifying signs of

alert, management of critically ill patients and reduction of mortality through practices based on

in evidence. At the same time, research regarding Protocols and Guidelines

Nursing in Sepsis, brought together five studies, which discussed the standardization of conduct, the

implementation of international guidelines and the optimization of assistance flows, highlighting

how the adoption of structured protocols positively impacts the quality of care.

Data on Nursing Team Education and Knowledge about Sepsis included

four articles, which highlighted gaps in technical knowledge and the need for

continuous training, in addition to proposing educational strategies to improve the preparation of

professionals and students. Information on the Clinical and Epidemiological Aspects of

Sepsis, with two studies, addressed interdisciplinary analyses, such as the relationship between sepsis,

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comorbidities and readmissions, expanding understanding of risk factors and impacts

social aspects of this condition.

Analysis of nursing practices in emergency/urgent care and ICU in detecting

early and intervention of sepsis, proposed as the first objective, reveals information

significant differences between these contexts. In this context, Maia *et al.* (2023) highlight that the

nursing students' perception of septic patient care is closely related

linked to time pressure and fragmentation of clinical information, factors that can

compromise early suspicion.

According to Massambani and Silveira (2021), the nurse's role is more specialized, with

greater access to technologies and continuous monitoring, allowing for more agile identification

of signs such as hypoperfusion or laboratory alterations. Asbeque *et al.* (2022) reinforce that the

standardization of protocols is an essential common point between the two contexts. In both

environments, the application of structured care flows reduces variability in practice

clinical and optimizes the time between suspicion and treatment.

However, in the emergency, the implementation of these protocols faces unique challenges, such as

high patient turnover and the need for priority triage, while in ICUs, the

complexity of cases requires frequent adjustments in conduct, as highlighted by

Brandão *et al.* (2022). Another critical similarity is the dependence on the decision-making capacity of the

nurse. In emergencies, early identification often depends on the initial assessment

performed by the nurse, who must integrate dispersed clinical data under operational pressure.

In ICUs, even with advanced resources, the complexity of clinical conditions demands a

more refined interpretation of parameters such as lactate and urinary output, requiring

specific technical skills. Both contexts, therefore, reinforce the need for

continuing education, a topic addressed by Maia *et al.* (2023), which points out gaps in training

initial training of nurses to deal with sepsis, especially in dynamic scenarios.

The evaluation of the implementation of clinical protocols and guidelines in sepsis care,

as proposed in the second objective, reveals heterogeneous challenges and opportunities among the

care scenarios, as evidenced by the authors analyzed. Nanah *et al.* (2024), when

investigating readmissions of post-sepsis patients, they highlight that inconsistent adherence to

protocols contribute to negative outcomes, such as recurrence of infections and complications

organic. This finding reinforces the need for standardization of conduct, especially in

services where staff turnover and demand overload weaken the

continuity of care.

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In nursing environments, Oliveira *et al.* (2020) identify that the lack of training
specific and underutilization of checklists are critical barriers to early detection of signs
of sepsis. The authors emphasize that, even in non-critical contexts, the absence of flows
clear notification of clinical changes (such as tachycardia or hypotension) delays the
intervention, increasing the risk of progression to septic shock.

On the other hand, in emergency services, Anjos *et al.* (2024) point out that
existence of institutional protocols and multidisciplinary integration act as facilitators,
allowing for agile actions such as fluid administration and early antibiotic therapy. However,
even in these scenarios, work overload and limited availability of inputs
compromise the full application of the guidelines.

The integrative review by Antunes *et al.* (2021) summarizes these disparities, highlighting that
heterogeneity in technical training and fragmented organizational culture are obstacles
cross-sectional. While private hospitals tend to adopt evidence-based protocols
more frequently, public units face challenges such as staff turnover and
poor infrastructure, factors that hinder standardization.

This divergence is corroborated by Nanah *et al.* (2024), who associate the high rate of
readmissions to public hospitals to discontinuity in post-discharge follow-up, often
resulting from the absence of structured flows for monitoring recovered patients.
As common facilitators, the authors converge in highlighting continuing education and
nurse leadership in implementing protocols.

Oliveira *et al.* (2020) observe that training in recognizing signs of sepsis
increases team confidence, while Anjos *et al.* (2024) emphasize that proactive action
of the nurse in coordinating actions reduces the time between suspicion and treatment. However,
effectiveness of these strategies depends on contextual adaptations: in ICUs, the complexity
of cases requires more dynamic protocols, while in wards, the simplification of flows
and triage prioritization are essential.

Identifying gaps in the nursing team's technical knowledge about sepsis,
as proposed in the third objective, reveals structural challenges in training and updating
professional, in addition to opportunities for contextualized educational interventions.

Gonçalves *et al.* (2023) highlight that, although most nurses recognize the
importance of protocols such as the Sepsis Bundle, only 35% demonstrate familiarity
with its practical steps, such as timing of antibiotic administration or goals of
fluid resuscitation. This discrepancy between theory and practice is exacerbated in regions with
less access to continuing education programs, as pointed out by Junior *et al.* (2024),

who associate low adherence to clinical guidelines in public services with the scarcity of
specific training.

Studies such as that of Maia *et al.* (2023), focused on nursing students, show that
initial training is still insufficient to prepare professionals for the complexity of the
sepsis management. Students report insecurity in identifying signs such as hypoperfusion
or changes in lactate, critical skills in emergency settings. This fragility is
corroborated by Massambani and Silveira (2021), who identify frequent errors in diagnosis
differential diagnosis of sepsis in ICUs, especially in patients with comorbidities, where symptoms
can be masked.

As educational strategies, Junior *et al.* (2024) suggest the implementation of
hybrid training, adapted to regional epidemiological realities. For example, in areas
with a high incidence of urinary infections, training can focus on the association between
dysuria and risk of sepsis.

Maia *et al.* (2023) reinforce the need for integration between theory and practice in undergraduate studies,
with an emphasis on case studies and supervised internships in ICUs. Gonçalves *et al.* (2023)
propose the creation of in-hospital sepsis committees, led by nurses, to
promote case audits and continuous feedback to the team.

The experience of Massambani and Silveira (2021) in ICUs adds that mentoring between
experienced and novice professionals can reduce errors in the diagnostic phase, especially in
elderly or immunosuppressed patients, groups in which sepsis presents particularities
clinics. In addition, the use of technologies (such as applications with alerts for signs of
alert) emerges as a facilitator, especially in settings with limited resources.

FINAL CONSIDERATIONS

According to the research findings, the authors highlight that, although ICUs offer
infrastructure for sepsis management, emergency services depend on
critically of the nurse's agility and prioritization ability. The main difference
lies in the nature of the challenges: while in emergencies the need for triage predominates
rapid and management of limited resources, in ICUs, technical complexity and monitoring
intensive care require specialized expertise. The implementation of protocols and investment in
training thus emerge as cross-cutting strategies to improve outcomes in
both contexts.

Furthermore, the information states that the standardization of procedures for sepsis faces

multifactorial barriers, from gaps in training to structural limitations. Overcoming

these challenges demands integrated institutional strategies, such as the creation of committees

sepsis, regular audits, and investment in clinical decision support technologies.

The authors' experience reinforces that the implementation of protocols is not an end in itself,

but an ongoing process that requires collective engagement and adaptation to local realities.

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