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REVIEW ARTICLE

Urgent and emergency care for patients attempting self-extermination

Atención de urgencia y emergencia para pacientes que intentan el autoexterminio

Atendimento em urgência e emergência aos pacientes com tentativa de autoextermínio

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Abstract

The aim was to understand the nursing care provided in urgencies and emergencies to patients after attempted self-extermination. This is a narrative bibliographic review, with a critical-reflexive and descriptive nature and a quantitative-qualitative approach. For the analysis, the qualitative and quantitative aspects of the available epidemiological data were considered. For better understanding, two categories were created, such as Self-extermination in Brazil from 2010 to 2019 and Self-extermination in urgency and emergency. It is observed that Nursing deals directly with patients who are mentally shaken after what happened, and with patients at risk of reoccurring attempts. Being an opportunity for welcoming, integrated care seeking to create a relationship of trust between professional and patient, helping to prevent new attempts. Furthermore, the reality observed in most professionals, such as the lack of preparation to deal with patients with suicidal ideation, negative attitude towards care, lack of ethical and human behavioral skills, observing assistance with a more technical and clinical nature, ignoring the psychological side, causing that the restoration of biopsychosocial health is compromised.

Descriptors: Suicide; Suicide Attempt; Nursing Care; Mental Health; Emergencies.

Resumén

El objetivo fue comprender los cuidados de enfermería brindados en urgencias y emergencias a pacientes después de intento de autoexterminación. Se trata de una revisión bibliográfica narrativa, de carácter crítico-reflexivo y descriptivo y de enfoque cuantitativo-cualitativo. Para el análisis se tuvieron en cuenta los aspectos cualitativos y cuantitativos de los datos epidemiológicos disponibles. Para una mejor comprensión, se crearon dos categorías, tales como: Autoexterminio en Brasil de 2010 a 2019 y Autoexterminio en urgencia y emergencia. Se observa que Enfermería trata directamente con pacientes que están mentalmente conmocionados después de lo sucedido, y con pacientes en riesgo de reincidencia. Ser una oportunidad de atención acogedora e integrada buscando crear una relación de confianza entre profesional y paciente, ayudando a prevenir nuevos intentos. Además, se observa la realidad observada en la mayoría de los profesionales, como la falta de preparación para tratar con pacientes con ideación suicida, actitud negativa hacia el cuidado, falta de habilidades éticas y de comportamiento humano, observando asistencia con un carácter más técnico y clínico, ignorando el lado psicológico, provocando que el restablecimiento de la salud biopsicosocial se vea comprometido.

Descriptores: Suicidio; Intento de Suicidio; Cuidado de Enfermería; Salud Mental; Emergencias.

Resumo

Objetivou-se compreender a assistência de enfermagem prestada nas urgências e emergências a pacientes após tentativa de autoextermínio. Trata-se de uma revisão bibliográfica narrativa, de caráter crítico-reflexivo e descritivo e abordagem quantiqualitativa. Para a análise foram levados em consideração os aspectos qualitativos e quantitativos dos dados epidemiológicos disponíveis. Para melhor compreensão, foram elaboradas duas categorias, tais quais: Autoextermínio no Brasil de 2010 a 2019 e Autoextermínio na urgência e emergência. Observa-se que a Enfermagem lida diretamente com pacientes abalados mentalmente depois do acontecido, e com pacientes em riscos de reincidência de tentativa. Sendo, uma oportunidade de acolhimento, cuidado integrado buscando criar relacionamento de confiança entre profissional e paciente, ajudando na prevenção de novas tentativas. Ademais, a realidade observada na maioria dos profissionais, como o despreparo para lidar com pacientes com ideação suicida, atitude negativa mediante ao cuidado, carência de habilidades comportamentais éticas e humanas, constatando assistência com cunho mais técnico e clínico, ignorando o lado psicológico fazendo com que fique prejudicada a restauração da saúde biopsicossocial.

Descritores: Suicídio; Tentativa de Suicídio; Cuidados de Enfermagem; Saúde Mental; Emergências.

Introduction

Self-extermination is an act of self-annihilation associated with the perception of death as the best solution to escape unbearable psychic pain. Thus, self-extermination emerges from personal decisions but is influenced by social factors[1].

According to the World Health Organization (WHO), self-extermination is the fifteenth cause of death in the general population and the second among young people aged 15 to 29, it is responsible for 50% of all violent deaths in men and 71% in women, with a higher occurrence in low- and middle-income countries where health resources and services are scarce[2].

According to the Ministry of Health[3], the epidemiological profile in Brazil presented by the Brazilian epidemiological bulletin, in the period from 2011 to 2016, shows that 48,204 cases of attempted self-extermination were reported and from 2011 to 2015 there were 55,649 deaths, considered the third cause of death in males and the eighth among the women.

Concerning studies on suicidal attitudes and emergency services, the bibliography is precarious. It has been observed, up to this point, that studies increasingly indicate that there is a lack of clinical performance in these patients. Furthermore, the lack of professional and academic education among nurses results in and maintains conduct with a physical and clinical focus on the patient, hampering the restoration of biopsychosocial health[4].

The patient attempting self-extermination finds himself in psychological distress and, to express his anguish carries out such conduct. However, sometimes this fact may not be seen by the Nurse, leading to inadequate care, which is characterized by a conversation focused on finding reasons for the present act of self-extermination. There must be humanized and empathetic care, seeking to listen to the patient, establish dialogue, favoring the exchange of information and the application of actions that reflect positively on assistance and decision-making during an emergency[4].

Self-extermination is defined as a voluntary action, where the individual intends and promotes his death. In an attempt at self-extermination, even if there is an imminently harmful self-inflicted attitude, the outcome does not lead to death[5].

Both self-extermination and attempted self-extermination with a non-fatal outcome are complex occurrences resulting from multiple factors. They represent a broad public health problem worldwide[6].

Among the factors that lead to a voluntary action of self-extermination are, mainly: low communication with parents and friends, depression, anxiety, feelings of loneliness, having an example of an attempt at self-extermination in a close person, being female, worries, hopelessness, impaired self-esteem, having a history of sexual abuse, having a history of aggression, and using drugs[7].

Assessing a global average attempt at self-extermination is twenty times more constant than completed self-extermination. After trying once, the risk of a new attempt increases by up to a hundred times, and the frequency of attempts is increased within a period of time[8].

Given the high incidence and recurrence of attempts at self-extermination, health professionals who provide emergency services have direct contact with these patients, thus exercising a significant role in welcoming and intervening in the face of self-extermination, managing to establish relationships, bonding interpersonal relationships with the patient, providing a calm treatment with acceptance and adherence by the patient[9].

The nursing care provided to patients admitted to the emergency room due to attempted self-extermination is shown with a focus on the biological aspect, which differs from the physical and psychological aspects. The Nursing team professionals understand that this disaggregation is a barrier to care, but that some specific situations during the workday prevent the implementation of humanized and comprehensive care from becoming possible[10].

It is important to highlight that self-inflicted violence with a non-fatal outcome is generally characterized as an urgency/emergency, which requires precise, effective, and attributed interventions that are effective in the short and medium term[11].

It is believed that nursing care is lacking due to a lack of specific professional qualifications to know how to position oneself ethically and humanely towards patients attempting self-extermination, encouraging trust, and generating objective communication that favors care. Due to the overloaded routine, lack of professionals, and the tumultuous environment that is the reality of urgency and emergency units, Nursing professionals may not be able to fully assist the patient, thus creating difficulty in identifying and dealing with patients. in an attempt at self-extermination.

Given the above, the objective was to understand the nursing care provided in urgencies and emergencies to patients after attempted self-extermination.

Methodology

This is a narrative bibliographic review, with a critical-reflexive and descriptive nature and a quantitative-qualitative approach.

This review carried out a synthesis based on a search of books, documents, and articles published in periodicals indexed in the databases: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Sciences and Health (LILACS), Sistema de Información Cientifica Redalyc and CAPES Journal Portal. The search and selection of materials took place between January and March 2022.

As inclusion criteria, we used: studies in scientific article format that addressed the topic listed here, published in the selected databases between 2010 and 2019. As exclusion criteria: studies outside the Portuguese and English languages, duplicated in the indexing databases and not available free of charge and in full text.

For the analysis, the qualitative and quantitative aspects of the available epidemiological data were considered. For better understanding, two categories were

created, such as Self-extermination in Brazil from 2010 to 2019 and Self-extermination in urgency and emergency.

Results and Discussion

Self-extermination in Brazil from 2010 to 2019

Self-extermination has enormous impacts on society and is a significant problem, posing one of the biggest public health concerns today. According to the WHO[12], it is estimated that more than 700,000 people die by suicide annually in the world, making suicide the fourth leading cause of death among young people between 15 and 29 years old.

Occurrences of self-extermination have existed in society for many years, it is not a new public health problem. Attempts at self-extermination cost 10 to 20 times more than the completed act of self-extermination per year. Looking at the global index, the self-extermination rate is 10.6 per 100,000 inhabitants. This means that deaths due to self-extermination represent 1.4% of deaths worldwide. Brazil is positioned among the 10 countries with the highest absolute number of deaths due to self-extermination, even so, it is a rate seen as low, because it is a large country with an abundant population[13].

Self-extermination is a complicated occurrence with many related causes, it has a great impact both individually and collectively, individuals of different origins, sexes, cultures, social classes, and ages can be affected.

It extends etiologically across a series of factors, ranging from cultural, economic, political, sociological, psychological, and psychopathological factors to biological ones. People suffering from a mental disorder represent most people who attempt or commit suicide, and the mental disorder that most commonly leads to the act is depression[14].

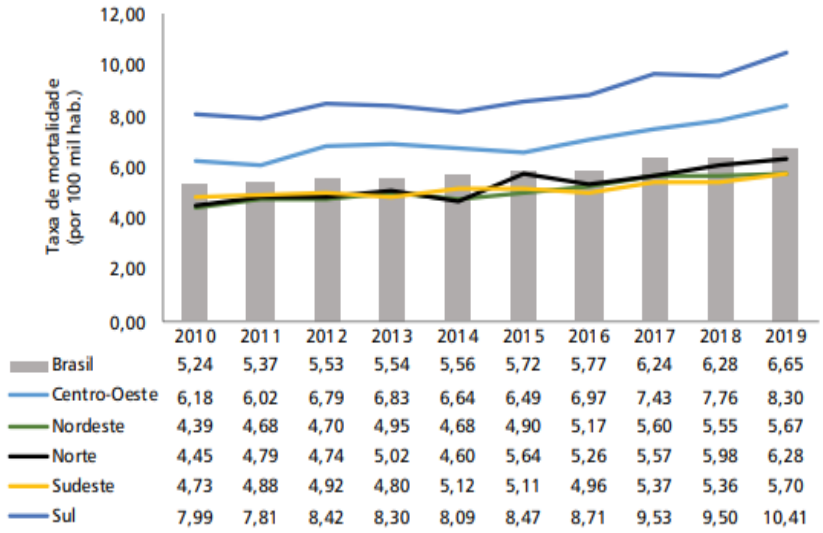
Reaffirming this fact, the WHO claims that the act of suicide is the cumulative result of factors, it is not due to a single cause or a single stressor, many risk factors cause greater vulnerability of the individual to suicidal behavior. Therefore, suicidal behavior lacks discernment and a multidimensional approach[2].

It is important to identify and fully understand cases of self-extermination in Brazil, considering research limitations. Information that assists in the development of public policies. Thus, enabling an accurate confrontation and prevention of new cases, both of attempts at self-extermination and the completed act[14].

The data used as a basis for analysis and interpretation of cases of self-extermination in Brazil, from 2010 to 2019, were extracted from studies from the Epidemiological Bulletin of Mortality due to suicide and reports of self-inflicted injuries in Brazil, published in September 2021.

It is observed that, in Brazil, in the period from 2010 to 2019, the number of deaths due to self-extermination reached 112,230. In 2010 there were a total of 9,454 cases, in 2019 there were a total of 13,523 cases. From this, we can see a 43% increase in the number of annual deaths. It is assumed that in this same time frame, the population grew from 190,732,694 to 210,147,125, causing a growth of 10.17%[14].

Graph 1. Evolution of suicide mortality rates, adjusted by age, by region. Paracatu, MG, Brazil, 2010-2019

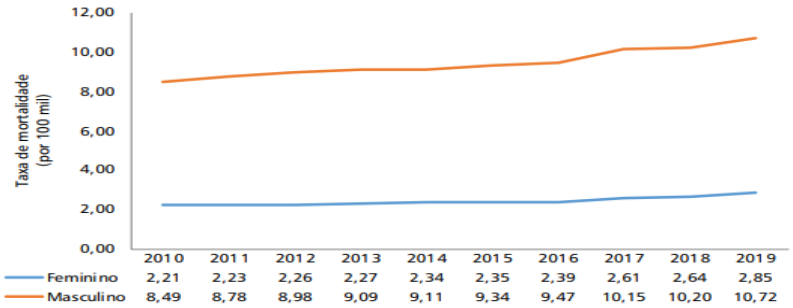


	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Brasil	5,24	5,37	5,53	5,54	5,56	5,72	5,77	6,24	6,28	6,65
Centro-Oeste	6,18	6,02	6,79	6,83	6,64	6,49	6,97	7,43	7,76	8,30
Nordeste	4,39	4,68	4,70	4,95	4,68	4,90	5,17	5,60	5,55	5,67
Norte	4,45	4,79	4,74	5,02	4,60	5,64	5,26	5,57	5,98	6,28
Sudeste	4,73	4,88	4,92	4,80	5,12	5,11	4,96	5,37	5,36	5,70
Sul	7,99	7,81	8,42	8,30	8,09	8,47	8,71	9,53	9,50	10,41

Source: Adapted from Ministry of Health[14].

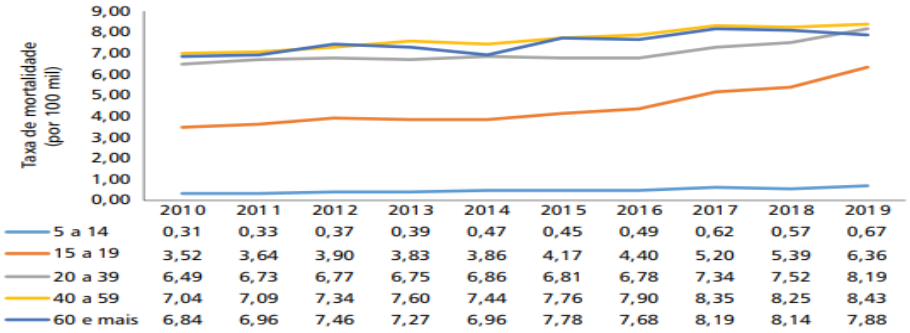
Graph 1, based on the Mortality Information System (SIM), allows a general visualization of mortality rates due to self-extermination, adjusted by age, according to region. The national rate in 2010 was 5.24 per 100 thousand inhabitants, this value evolved to 6.65 in 2019. Analyzing mortality rates by annual period, according to regions, allows us to visualize an increase in the risk of self-extermination in all Brazilian regions. The South and Central-West regions stand out, evolving from a rate of 7.99 and 6.18 respectively, to a rate of 10.41 and 8.3. Thus, occupying the position of regions with the highest rates of self-extermination in Brazil.

Graph 2. Evolution of suicide mortality rates, adjusted by age, according to sex. Paracatu, MG, Brazil, 2010-2019



Source: Adapted from Ministry of Health[14].

Graph 3. Evolution of suicide mortality rates according to age group. Paracatu, MG, Brazil, 2010-2019



Source: Adapted from Ministry of Health[14].

Table 1. Distribution of self-inflicted injuries according to sociodemographic characteristics. Paracatu, MG, Brazil, 2010-2019

	N.º	%
Sexo		
Masculino	35.709	28,6
Feminino	88.983	71,3
Faixa etária		
Menores de 14	12.314	9,8
15 a 19	29.065	23,3
20 a 39	57.746	46,3
40 a 59	21.484	17,2
60 e mais	3.691	3,0
Ignorado	409	0,3
Raça/Cor		
Branca	59.031	47,3
Negra	52.917	42,4
Amarela	927	0,7
Indígena	665	0,5
Ignorado	11.169	9,0
Escolaridade		
Sem escolaridade	610	0,5
Ensino fundamental	32.293	25,9
Ensino médio	37.836	30,3
Ensino superior	8.331	6,7
Não se aplica	969	0,8
Ignorado	44.670	35,8

Source: Adapted from Ministry of Health[14].

Graph 2, based on the Mortality Information System (SIM), allows visualization of mortality rates due to self-extermination, according to sex. It is observed that men are at a greater risk of self-extermination compared to women, an estimated risk of 3.8 times greater. In 2010, the mortality rate for men and women was 8.49 and 2.21 respectively, per 100 thousand inhabitants, in 2019, the mortality rate for men and women evolved to a rate of 10.72

and 2.85 respectively. Thus, we observed an increase in rates in both sexes, in women an increase of approximately 29%, and in men an increase of approximately 26%.

Graph 3, based on the Mortality Information System (SIM), allows visualization of mortality rates due to self-extermination, according to age group. After analyzing the evolution of rates, it appears that, at all ages, there was an increase in the incidence of self-extermination. There is a highlight when we look at the rates in teenagers, there is a clear increase, of approximately 81% from 2010 to 2019. The rate of self-extermination in teenagers increases from 3.52 per 100 thousand inhabitants to 6.36. Moving from 606 deaths to 1,022 deaths per 100 thousand inhabitants.

Between 2010 and 2019 there was an increase of approximately 116% in the mortality rate due to self-extermination in children under 14 years of age. Therefore, another important highlight to note. Deaths increase from 104 to 191 deaths per 100 thousand inhabitants and the mortality rate increases from 0.31 to 0.67 per 100 thousand inhabitants.

When looking at Table 1, most incidents of self-harm are more common in people between 20 and 39 years old, representing 46.3% of cases. People aged 15 to 19 occupy second place with 23.3% of cases. Regarding education, we can see that 1/3 had completed or incomplete secondary education and only 6.7% had higher education. When analyzing race/color, we observed a higher prevalence of self-inflicted injuries in white individuals, representing 47.3% of cases.

Table 2. Characteristics of the occurrence of cases of self-inflicted violence reported on SINAN. Paracatu, MG, Brazil, 2010-2019

	N.º	%
Aconteceu outras vezes		
Sim	51.047	40,9
Não	46.330	37,2
Ignorado	27.332	21,9
Local de ocorrência		
Residência	104.686	83,9
Escola	1.598	1,3
Habitação coletiva	717	0,6
Via pública	4.786	3,8
Outros[1]	3.924	3,1
Ignorado	8.998	7,2
Meio de agressão		
Envenenamento	83.470	60,2
Objeto cortante	22.421	16,2
Enforcamento	8.636	6,2
Objeto contundente	1.775	1,3
Substância/objeto quente	1.205	0,9
Arma de fogo	699	0,5
Outros	20.472	14,8

Source: Adapted from Ministry of Health[14].

Analyzing Table 2, it is noted that a place that stands out, being widely used to carry out self-inflicted injuries, is the individual's own home. 83.9% of cases of attempted self-extermination are carried out in one's own home. 40.9% of individuals who attempt self-extermination make new attempts. Various means of aggression are used, including poisoning, use of sharp objects, hanging, blunt objects, hot substances or objects, and firearms, among others. The most used means are poisoning and sharp objects, representing 60.2% and 16.2% of cases respectively.

In the time frame from 2010 to 2019, we observed a growing and important increase in the mortality rate due to self-extermination. It is noteworthy that, in men, the risk of self-extermination is greater compared to women. There is also an important increase in rates of self-extermination among young people. The standard profile observed in reports of self-extermination attempts includes white people, female, with a low level of education, and aged between 20 and 39 years. Home is a preferable location among individuals for the attempt, with poisoning being the widely chosen means.

The large increase in the risk of suicide in men may be related to several factors: impulsive behavior, greater intention to kill, greater ease of having lethal technologies and firearms at hand, and the fact that they have a high consumption of alcohol and other drugs[15].

When we compare men and women, we note that men have a higher risk of dying by self-extermination, and women have a higher prevalence of self-extermination attempts[16].

We observed that women have many factors that reduce the risk of lethality, highlighting the use of less lethal means, greater attention to self-care, more stable support

networks, lecss use of alcohol and other drugs when compared to men[17].

There was a high increase in self-extermination rates among young people and adolescents. Whether or not the teenager or young person has the privilege of a support network and emotional family life reflects on their interaction with their social environment. There must be family and community care and support when adolescents are exposed to difficult situations throughout development. These elements, when present, become protection against psychopathological, behavioral, and cognitive symptoms. The lack of this basis can lead to suicidal behavior[7,18].

This analysis reinforces self-extermination as a growing and important public health problem in Brazil. A thoughtful and human approach is essential for the constant improvement of healthcare networks and, the development of mental health interventions.

Self-extermination in urgency and emergency

The Nursing professional is present at the first contact of the victim of attempted self-extermination with the health system, mainly in urgent and emergency services. It is important to highlight that after a first attempt, there is a high rate of recurrence, so the Nurse deals directly with patients at risk. Opportunity to be used to show acceptance, empathy, and care in assistance, generating an interpersonal relationship between the patient and the healthcare team, and facilitating treatment, through better patient adherence to care. The combination of good professional conduct and good patient acceptance of treatment is essential to prevent future attempts at self-extermination[19].

The realities observed are unprepared professionals with negative attitudes towards caring for patients to self-exterminate. Generating inappropriate actions, a poor assessment of the patient, and a lack of skills in generating an interpersonal relationship[19].

A study carried out with nursing professionals at the University Hospital (HU) of Southern Brazil entitled Nursing care to people admitted in emergency for attempted suicide. It is observed that nursing care has a more clinical and technical nature, even though it is the intention of some professionals, the work demands, and the environment do not allow comprehensive care for each patient in an attempt at self-extermination and suicidal ideation. Nursing professionals claim that the psychiatric part of care for these patients is ignored, they report not feeling prepared to take on this care, so they do the minimum, and the support they provide is family-oriented until the professional psychologist arrives. Some Nursing professionals interviewed do not consider psychological care to be a role of Nursing, considering the existence of a psychiatric team for this role[10].

In the same study, they report on the technical care provided to patients who were victims of attempted self-extermination, including hemodynamic control, checking vital signs, patient surveillance (calling the family to be present full-time), risk classification, hygiene, the elevation of bed rails, when necessary, probes, medication administration, physical restraint, and gastric lavage when necessary[10].

There is a great demand for clinical care, so professionals leave the psychological part to psychologists, psychiatrists, and social services. Other professionals claim that they are aware of the importance of going beyond merely clinical care, however, they consider an urgent and emergency environment to be tumultuous for such care, where there are few professionals to meet patient demands, consequently, time is short for each patient. This makes qualified listening and reception difficult, both with the patient and family members, thus hindering the creation of a bond[10].

Overloaded, stressful, and busy routine, lack of professionals, inadequate physical space to care for patients who need a calm environment. This is the reality of nurses who work in the Urgency and Emergency of a hospital, causing an increasingly troubled routine[20].

They also report that the urgency and emergency environment does not have psychology professionals daily, so, that mental health care is not weakened and is humane and comprehensive care, the Nursing team needs to understand and be prepared to address a qualified assistance to these patients[10].

Health professionals need to demonstrate ethical behavior when it comes to social standards and taboos, they should not be trapped by prejudices and judgments. It is important to have a team trained to understand and respect all the multicausal aspects that lead to suicide attempts[21].

The behavior of health professionals can be influenced, based on stigma regarding self-extermination, leading to poor attitudes toward care, such as negligence and hostility, as they view suicidal ideation as optional for the patient. Stigmas can negatively affect patient treatment[22].

According to the Code of Ethics for Nursing Professionals[23], which stipulates an ethical behavioral model establishing rights, principles, prohibitions, duties, and responsibilities. In Section 01, among the duties and responsibilities regarding the relationship with the patient, family, and community, it is stated that the Nursing professional must:

> *"Art. 12 - Ensure that nursing care is free from damage resulting from malpractice, negligence or recklessness to the person, family and community.*
> *Art. 15 - Provide nursing care without discrimination of any kind.*
> *Art. 21 - Protect the person, family and community against damage resulting from malpractice, negligence or recklessness on the part of any member of the healthcare team".*

Some professionals wrongly claim that patients who attempt self-extermination disrupt the course of the hospital, and when they deem it necessary, they may reverse the priority for those patients who hypothetically value life, as they have not been admitted to a hospital environment after having attempted against her. This generates assistance full of prejudices[24].

Because they live a routine in which their assistance is aimed at avoiding death, reducing damage, suffering and prolonging the days of life of their patients, some health professionals do not deal adequately and beneficially when observing patients who are admitted because they are trying

to remove the own life, view this behavior as disrespect for life, going against their convictions[20,25].

To support the screening of all patients in an Urgency and Emergency unit, there are risk classification protocols, therefore, decision-making must be based on these protocols, so that these decisions have legal support. The Manchester Model more clearly distinguishes critical patients, used in 61.5% of Brazilian states, classifying patients into 5 priority levels, according to severity, establishing the maximum time the patient can wait for assistance[26].

Figure 1. Manchester Risk Classification. Paracatu, MG, Brazil, 2010-2019

Source: Adapted from Ministry of Health[3].

Figure 1 represents the Manchester risk classification, which divides patients into five priority levels: in red: emergency, which must receive immediate medical attention; in orange: very urgent, you must receive medical attention within 10 minutes; yellow level: urgent, medical care within 60 minutes; in green: not very urgent, medical care within 120 minutes; in blue: non-urgent and you can wait up to 240 minutes for medical care. It is organized in such a way that priority should be given to more seriously ill patients who can wait less for care[26].

Even though there are pre-established protocols for risk classification and priority of care, with the Manchester Model, to be used in decision-making, some health professionals let the decision be influenced by personal stigmas. Mainly in an Urgency and Emergency environment, where rapid decision-making is necessary, the health professional often finds himself in situations where the patient's behavior outside the hospital goes against moral convictions and personal values, causing negligence in the assistance, which results from an attempt, conscious or not, to punish[20].

In Brazil, suicide is not considered a crime, but patients with suicidal ideation suffer discriminatory judgments. He is a patient who needs help just like other pathologies, but, mistakenly, he is not seen as such by health professionals, but rather as someone who disrespects his life[20].

Ethical behavior is necessary for all people. Mainly to healthcare professionals, especially nurses. Under any circumstances, you must show respect and empathy to patients. In any profession, especially in Nursing, which deals daily and directly with fragile people, ethics must be learned and used even before professional practice and technique. Therefore, it imposes basic principles for behavior[27].

A Nursing professional who works in an Urgency and Emergency, and helps patients who have attempted suicide, must master practical knowledge and technical skills in care. However, it is necessary to have knowledge and an ethical stance. Especially when dealing with patients with sensitive mental health, they must recognize that the transition from a sick patient to a healthy one becomes smoother when the professional sees the patient, and offers all possible care, honestly and prudently, helping to healing process[27].

Regardless of their wishes, the Nurse must follow the Code of Ethics for Nursing Professionals and assume their responsibility for patient care. In addition to technical, scientific, and ethical knowledge, the Nurse must educate himself on the legal aspects of professional practice, so as not to act with malpractice, recklessness, or negligence and be penalized[27].

Final Considerations

Attempts at self-extermination have a high incidence and recurrence, it is noted that it is important to be informed about the topic, visualizing the reality of nursing care with patients attempting self-extermination, showing in data the increase in cases.

The research identified that patients attempting self-extermination are first seen in urgency and emergency units, among the health professionals who have the first contact are Nursing professionals.

By identifying cases of self-extermination in Brazil from 2010 to 2019, it was possible to verify the increase in cases in this time frame. Thus, recognizing an increase in the mortality rate, the increased risk of death in men, and a jump in suicide rates in young people. Observing a predominance of attempts on females, by white people, with a low level of education and aged between 20 and 39 years. Being the residence where most attempts occur.

Seeking to understand urgent and emergency nursing care for people who attempt self-extermination, it is

observed that nursing deals directly with patients who are mentally shaken after the incident, and with patients at risk of a repeat attempt. Being an opportunity for welcoming, integrated care seeking to create a relationship of trust between professional and patient, helping to prevent new attempts.

Furthermore, the reality observed in most professionals, such as the lack of preparation to deal with patients with suicidal ideation, negative attitude towards care, lack of ethical and human behavioral skills, observing assistance with a more technical and clinical nature, ignoring the psychological side, causing that the restoration of biopsychosocial health is compromised[28].

Other professionals demonstrate that they know the importance and demonstrate the intention of providing comprehensive and humane care, but the high demand from patients and working hours make them ignore this care. The urgency and emergency environment are not a conducive environment for quality communication, listening is made difficult due to the hectic and stressful routine. Understanding psychological aspects is also important, as psychologists and social assistance professionals are not always available daily in urgent and emergency care.

Another barrier to care is the stigma that some professionals present towards patients attempting self-extermination, not viewing these patients as worthy of the place they occupy in care. Leading them to ignore service protocols and classification of priorities. This confirms the importance of ethical knowledge and a humanized attitude. Nurses must understand and assume responsibilities in care and be informed about the ethical and legal aspects of the profession, which are: ensuring patients are carefree from damage resulting from malpractice, negligence, and imprudence; assisting without discrimination and protecting the patient and family harm by any member of the team[23].

The limitation of the study concerns the lack of breadth of data when analyzing available articles, documents, and books useful for research, there is a lot of underreporting of cases of self-extermination and attempted self-extermination.

It is important to highlight that, after carrying out this study, there is a need to implement new strategies for identifying patients hospitalized for attempted or completed acts of self-extermination, thus avoiding underreporting. Another important implementation to be analyzed is continuing education for Nursing professionals who work in urgency and emergency units, to update and train them, with strategies to reduce insecurity in these patients, thus improving nursing care.

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