



## Emergency Nursing Care for Victims of Armed Aggression at the "Sacred Heart of Jesus" Basic Hospital

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### KEYWORDS

Nursing care, weapon wounds, emergency, hospital, violence

### ABSTRACT

In the context of the rise of violence in Ecuadorian society in recent years, care has become increasingly frequent for patients with gunshot wounds in hospital emergencies. In the Basic Hospital "Sacred Heart of Jesus" of the city of Quevedo, this has also been verified in the relevance that the number of these cases have acquired. The objective of this article was to know the nursing care practices of victims of assault by weapons in the Basic Hospital "Sacred Heart of Jesus" of the city of Quevedo, given the volume of cases attended of this type of patients, being referred, deceased or not hospitalized. A descriptive research was developed about the procedures and protocols used by nursing staff to respond to these emergencies. The data on admissions and discharges, referred, deceased and non-hospitalized of these cases in the aforementioned care center were reviewed, as well as academic material on the aforementioned topic of the last eight years. It was found that the problem of armed aggression in society has been exacerbated, manifested in the number of emergency cases for this reason in the aforementioned care center and the demands that they meant for the nursing staff, who showed a good mood and professionalism. The discussion of the results showed that the problem of violence due to crime or family violence, constitutes an important public health problem, according to data in Ecuador and other countries. There is an increase in cases of victims of violence and a willingness of professionalism in the nursing staff to deal with these situations, which require a multidisciplinary perspective.

### 1. Introduction

The personal and citizen insecurity derived from the social context of the Republic of Ecuador has led to extreme national measures such as the declaration of a state of emergency (1) and is manifested in the number of cases of victims of armed aggression, at the same time that it has become necessary to reinforce personal security measures in these institutions, due to extreme circumstances, such as threats from some individuals, as recorded by the local and national media (2).

In this context, it is relevant to know the practices of care and attention to patients who are victims of aggression by weapons, which is provided in hospitals, such as the "Sagrado Corazón de Jesús" Basic Hospital, which is located in the city of Quevedo, province of Los Ríos, Ecuador, where it provides its services to more than 390 thousand inhabitants and has internal medicine services. Pediatrics, Surgery, Gynecology, Nutrition, Psychology and Emergency.

This article aims to systematize this knowledge about nursing care for patients with gunshot wounds, as well as to reveal the number of cases treated in the aforementioned hospital and the attitudes of nursing staff in the face of the rise of these situations. Then, after the Development section, the method used to achieve these objectives will be explained, the results obtained, their discussion and, finally, some non-definitive conclusions, as is typical of this type of research, which point to the pertinent institutional responses and the invitation to new inquiries on the subject.

### DEVELOPMENT:

The Republic of Ecuador has been involved in a rise in violence associated with organized crime, drug trafficking and contract killings, as well as the problem of abuse of women and minors within families. The security crisis, according to certain sources, has been experienced since 2019 and the data indicate that in 2023 there were 7497 violent deaths, so it is estimated that its homicide rate will be higher than 40 per 100 thousand inhabitants, which makes the country the most violent in Latin America (3). which has motivated the government of the nation to declare a state of emergency (1).

This phenomenon of increased violence has been studied by academic centers in the region, which associate this situation of insecurity with the economic and social crisis, as well as with the growth of international criminal organizations (4). Although it is not a matter of explanation in this article, it is

convenient to have an overview of the social phenomenon of violence which, in its complexity, has become a problem that touches health care for the population.

According to the aforementioned "Atlas of Violence in Latin America" (4), the resurgence of violence in the last quarter of a century in our continent constitutes the most serious problem affecting social coexistence, while at the same time taking away enormous resources from daily economic luxury, hindering development and preventing the minimum conditions for the well-being and health of the population. Analyzing this problem is very complex, since its conditions and causes are of very diverse origin, in addition to depending on national and international realities.

Local. Among the conditioning factors, the culture of (il)legality, the different models of security policies, the patterns of violence, the political use of violence, transnational networks, the intrusion of drug cartels from other countries such as Colombia and Mexico, are the most common axes of explanation. In any case, we reiterate, it is not the subject of this article, although it does constitute the context of the responses of nursing staff when carrying out their care work.

The nursing care process is always, but especially in the cases of victims of assault with weapons, very important in the process of recovering the health of patients, through procedures and actions. This care is key to avoiding fatal outcomes, which is essential, given that, currently, one of the main causes of death is penetrating abdominal trauma from a firearm, which is usually associated with multiple complications at the level of organs and systems that require invasive treatments, which can increase the risk of infections. In these situations, nurses, with professionalism and an appropriate attitude, must apply a care plan aimed at improving the patient's health and, as far as possible, their quality of life (5), while overcoming the environment of tensions derived from the violence of the social environment.

Hence, the relevance of exploring the mood and temperance, considered at the same time as psychological conditions and ethical disposition, of nursing staff, when caring for this type of care of cases arising from assaults with firearms or other types of weapons. Likewise, it is interesting to review which theoretical elements of the various conceptual frameworks of nursing as a profession become relevant to the situation raised.

## **2. Methodology**

This research has a descriptive nature since it aims to detail the procedures in nursing care in general, while inquiring about the hospital records of admissions, deaths, referrals and non-hospitalizations of these cases of armed aggression in the aforementioned hospital. A documentary review (6) was then carried out, which included academic and scientific material on the subject, published in scientific journals in the last seven years. Thus, data, concepts and explanations were collected, in the light of the corresponding theories of nursing, pertinent to the topic.

## **3. Result and Discussion**

According to the National Institute of Statistics and Census (INEC) in Ecuador, in 2019, homicides are among the main causes of death among people between 30 and 65 years of age. Abdominal trauma has increased in recent decades, mainly due to the increase in violence and traffic events, which is why it is currently considered the main cause of death and disability in the country (7).

This reality is evident in the daily work of hospitals such as the "Sagrado Corazón de Jesús" Basic Hospital in the city of Quevedo where there was a total admission of 269 patients for wounds with weapons during the year 2023. The following table shows the evolution in the number of these cases.

Table 1: Assaults by firearms

MONTH	Hospitalized	Referred	Deceased	No Hospitalized	Total
Jan.	9	0	0	5	14
Feb.	13	0	1	2	16
Sea.	19	0	1	5	25
April	5	0	0	3	8
May	10	1	3	16	30



June	7	3	3	10	23
July	18	0	2	3	23
Agos	6	3	3	4	16
Sept	12	3	0	15	20
Oct	12	3	2	12	29
Nov.	11	1	1	12	25
Dec.	10	3	1	16	30
TOTAL	132	17	17	103	269

Fountain. Research database. Prepared by. Authors. Registry of the "Sagrado Corazón de Jesús" Basic Hospital, Quevedo.

As can be seen, of the total number of cases of weapon aggression treated in the health center (269), 132 (49.07%) required hospitalization, of which 17 had a fatal outcome, that is, 12.87%. Likewise, it is interesting to note that 17 injured were referred from other health centers in the city and the parish. Hospitalization did not require hospitalization in 38.29% (103 cases) of the total number of cases treated.

Another reality indicated by these figures is that cases are on the rise, especially during the last four months of the year; although the increase begins to be significant from July. One of the most frequent wounds due to the action of weapons is that of abdominal trauma, which can be described as the injury to organs and systems that is produced by an external agent in the abdomen, to all this, is added the local and general reaction that the body produces to this aggression. In most cases, polytrauma patients have injuries at a general level, which include the abdomen and the different viscera that are inside, for this reason, they should be considered as a patient with potentially serious trauma from the moment they enter the emergency area (8) (9).

There are two types of trauma, open and closed. In gunshot wounds, it is an open trauma since they are produced by sharp or transfixiating objects that, when in contact with the skin, produce discontinuity of the skin (10). These wounds affect the abdominal wall, may or may not include internal organs, among the most affected viscera we have the liver, spleen, pancreas, kidneys, hollow viscera such as the digestive tract, biliopancreatic tracts, urinary tracts, blood vessels, among others, the main risk is hemorrhages and tissue damage produced in them (11).

But there can also be minor injuries such as ecchymoses, seromas, bruises, ruptures of aponeuroses, muscle tissue, which if not treated can become complicated, leading to strong infections. Wounds with or without contusions that are accompanied by skin discontinuity require usually surgical actions in order to evacuate, drain, repair, etc., the affected area (12). According to the scientific literature, it is recommended to apply the concepts and orientations of Marjory Gordon's theory in these cases, since the functional patterns mentioned within it are beneficial to identify and integrate aspects of the person that must be in balance for the recovery and preservation of health. Nursing Care Process (PAE) is a system of interventions carried out by nursing personnel for the restoration of the health of an individual, family or community, it includes 5 stages that are divided into Assessment, diagnosis, planning, execution and evaluation (13).

Gordon's functional patterns, which should be observed, reviewed and cared for by the nursing staff in case of gunshot wounds, are as follows: the following altered patterns are evident: 1. Nutritional/metabolic pattern:

2. Elimination pattern; 3. Activity/exercise pattern. The care plan would be developed according to these patterns, after a nursing diagnostic evaluation using specific tools to diagnose, classify and evaluate nursing actions: the NANDA - NIC - NOC taxonomy, which consists of domains and fields each according to the functional patterns of the human being. Likewise, the classification of nursing diagnoses (NANDA), which organizes evidence-based nursing diagnoses (14).

The classification of nursing outcomes (NOC) would also be used, which allows describing the results and objectives that are to be achieved with the patient according to the prioritized diagnosis, it is also in charge of evaluating the effects of nursing care.



Nursing staff must take into account a series of specific characteristics of wounds in their care performance. Among them we have that the skin and mucous membranes harbor microorganisms. In this sense, any microorganism should be considered pathogenic depending on the site where it is found. It is necessary to pay attention to the humid conditions of the surfaces, as microorganisms can reproduce there. Humidity facilitates the reproduction and movement of microorganisms (15).

On the other hand, to perform a wound healing, the principles of asepsis must be applied, which indicate: a) A sterile object is contaminated when it touches another that is not; (b) Sterile materials become contaminated when wetted; (c) no talking, coughing or sneezing or running your hand over the sterile field; d) the barren field should not be turned away; e) The 2.5 centimeters of the edge inward from the field is considered contaminated.

Another possible source of contamination is air currents, as they carry microorganisms.

Clean surgical wounds heal by themselves, within two weeks; although the physical condition, age of the user, the size and location of the wound affect the healing time. On the other hand, wounds on the face and head heal faster than those on the abdomen and legs. Nursing staff, when applying dressings, must be careful not to affect circulation or sensitivity.

It is necessary for nursing staff to be aware of the risks associated with the surgical procedures necessary to treat a serious wound, since failure to apply the principles of the technique can lead to wound infection. In wound healing, waste substances are removed from it, in order to prevent infections and promote healing. The objectives that must be sought at that time are:

a) promote tissue healing, b) prevent local and generalized infection in the user, c) stimulate healing and achieve it in the shortest possible time, d) avoid sequelae and optimize aesthetic results.

Nursing staff must carry out the following activities in cases of weapon wounds: a) review the user's health file; b) verify the indication of medications to be applied to the wound; c) prepare the equipment and transfer it to the user's unit; d) identify the user, inform him/her and ask for consent; e) give privacy to the user with screens, curtains or closing the door; f) Discover the area to be healed.

Nurses should also be aware of using a cotton swab with alcohol to soften adhesive bandages and loosen dressings, in addition to placing a small "treatment" sheet around the uncovered area. Nurses should put on personal protective equipment. Also, it is responsible for loosening the lids of the containers with the solutions it will use, opening the it covers the curing package and with this form the sterile field on the tray, place the tweezers, dressings and others in the sterile field as the case may be, order the tweezers making contact only with the handles; Use a forceps to remove the dressing and discard it in the kidney with disinfectant solution.

To heal wounds, proceed as follows: a) Open the dressing package and with it form the sterile field on the tray and place forceps and dressings in order on them; b) Proceed to heal the wound as follows: Vertical wounds: Pass a swab with soap over the wound from top to bottom, then continue with the sides, first the distal and then proximal from top to bottom. As many times as you deem necessary. Repeat the previous step using water and then with dry swabs. As for horizontal wounds, the nurse passes a swab with soap over the wound from the center outwards (from the cleanest to the dirtiest), continues with the edges first the distal and then the proximal, use the swabs that she considers necessary. The previous step is repeated using water and then with dry swabs. As for wounds with irregular edges or in a circular shape, it must be healed from the center to the periphery, in a single movement. You have to use the swabs that you consider necessary. A gauze swab must be clamped, soap applied, before a small portion has been discarded (if the wound is infected or contains organic remains); Slide the swab with soap over the wound in an up-and-down motion. Then, use another forceps to transfer the swab from the field to the forceps that go to the wound; apply soap and continue healing on the side distal. Finish on the proximal side, always with a dragging movement from top to bottom.

It is good to consider that working in a team saves energy and time. In addition, the task of identification is important to prevent errors and information favors collaboration and reduces user anxiety.

On the other hand, other details must be taken care of, such as the following: a) Privacy, which gives user confidence and security; b) take care of the technical details, which allow a safe procedure to be carried out. You have to be aware that the tips of the tweezers are always kept downwards because gravity causes bacteria, liquids and particles to move downwards. Another fundamental aspect is the cleaning of the wound that promotes well-being to the user and avoids complications associated with sepsis.

## **DISCUSSION**

Nursing activities, which are part of the care process in general, and which are also applied in the care of patients for gunshot wounds, have the following steps:

- a) Identify the need for care: This task must take into account the individual, group and cultural particularities of the individuals who are the object of care.
- b) Identify the type of care required: According to each situation, the nursing professional must give a specific response for each need detected.
- c) Identify the subject's capacity to carry out such care: When the care is applied, it is it must respect the scope of autonomy of the subjects.
- d) Identify the way in which we will be able to satisfy this care: that is, determine the way in which the professional will carry out his or her care initiative and practice.
- e) Decide and organize the delegation of actions: To move forward in this way, it is necessary to establish which of the necessary actions should be assumed by the professional and which can be delegated to the patient himself. In addition, this delegation can commit and transfer some of the programmed actions to the technical staff and informal caregivers (relatives, people close to the patient), who together make up the care team.
- f) Consider the ethical nature of the care process: To carry out all these care actions, one must be aware of the humanistic values that promote the commitment and responsibility involved in the care process.
- g) Execute specific care actions: execution is the key moment in any profession. In Nursing, in addition, the work of care requires the performance of a wide variety of processes and the application of certain techniques that accompany the care process.
- h) Evaluate the results: As it is an endless activity, and subject to revision and improvement, the care process contemplates the evaluation of the results according to the proposed purposes (16).

To carry out these evaluations, the nursing professional has the NANDA, NIC and NOC as tools. For more than three decades, the development of nursing diagnoses has been formalized by the North American Association of Nursing Diagnostics, in English North American Nursing Association (NANDA). A comprehensive review of nursing interventions was also developed, resulting in a Nursing Interventions Classification (NIC) and the Nursing Outcomes Classification (NOC) (17). In trying to standardize nursing results, an attempt is made to consolidate a common language that allows the identification and measurement of nursing care outcomes, but without depersonalizing the patient. Taxonomies and classification systems are fundamental vocabularies that define the nursing profession and the scope of its professional practice.

The axes of the NANDA II taxonomy correspond to the dimensions of the human response in the diagnostic process. Such an answer can be positive or negative. Depending on the diagnosis, the axes may be implicit, explicit or not present. The seven axes described are as follows:

- Diagnostic concept: this is the root of the diagnosis. It is the main element in the formulation of the diagnosis, for example, pain, nutrition. The diagnostic concepts contained in the NANDA II taxonomy are 244.
- Time: refers to the identification in diagnoses of the duration of their presence. It can be acute,





chronic, intermittent, continuous.

- Care unit: defines the population as the that the diagnosis is directed, individual, family, group, community.
- Developmental stages: indicates the state of development of the individual to whom the diagnosis is directed: fetus, newborn, infant, preschooler, young adult, elderly.
- Potentiality: indicates the state of health that is to be identified from the problem on which we act. Values can be: well-being, risk, real.
- Descriptor: Called also modifier, with which it is intended to specify the diagnoses with judgments that specify the identified responses. Some of the values described within this axis are: anticipated, increased, deficient, unbalanced, deteriorated, dysfunctional, diminished, functional, disabling, delayed, organized, among others.
- Topology: indicates the body areas to which the diagnosis refers. The values included, among others, are: cardiopulmonary, auditory, cerebral, cutaneous, renal, urinary, visual.

On the other hand, the NOC Classification is structured in five levels:

- Mastery: it is the most abstract level of the classification. The domains attempt to identify and describe the results of the person's behavior and/or conduct, linked to their health, from a comprehensive, individual or collective perspective. They are quantified in seven. They are represented with numbers from 1 to 7.
- Class: represents an intermediate level of organization and describes greater specificity of the results contained in the domains. They are quantified at 29. They are represented with uppercase letters of the alphabet (A-Z) and lowercase letters for classes that appear throughout new research.
- Results: this is the most specific level of the classification. It reveals the changes or maintenance of the person's state of health, while referring to the objectives that are intended to be achieved with nursing care. It has been possible to globalize and standardize 385 patient outcomes. It includes individual, family, and community outcomes. They are represented by groups of 4 digits, between (0001), a result belonging to class (A), "Energy maintenance", and (2880), a result included in class (c) "Community health protection".
- Indicators: these are criteria for assessing the patient's condition in relation to the results.
- Scales: allow the patient's condition to be measured with each of the indicators.

Now, there are as many models of the Nursing Care Process as there are theories of the profession, but four general or common aspects can be established:

- Person
- Bless you
- Environment and
- Care.

Nursing theories have been influenced by more general conceptualizations, such as systems theory, psychological explanations of human needs and interculturality, as well as openness to other disciplines such as sociology, psychology and anthropology. These general features are seen in the most well-known and recognized nursing theories of Dr. Virginia Henderson, Dr. Dorotea Orem, Dr. Myra Levine, Dr. Calista Roy, Dr. Betty Neuman, Dr. Madeleine Leininger, Dr. Hildegard Peplau.

A large part of those injured with sharp firearms can be admitted to the ICUs. In this sense, it must be considered that the person who is admitted to intensive care must place control of himself in the professionals who care for him, people who are unknown to him, so that a wide variety of negative emotional reactions may appear, from anxiety, fear and hostility, to agitation.

Therefore, one of the first tasks to be carried out by the nursing staff is to reassure the patient, giving the patient an adequate explanation regarding where they are and why they are there, as well as being oriented with respect to time and people. Many patients assume that they are more serious than they



really are when contemplating the complex diagnostic procedures to which they are subjected and the large amount of technology that surrounds them. These explanations should be extended to family members, in order to create an environment of confidence, but without overwhelming them with an excess of information (18).

On the other hand, the ICU environment tends to deprive the patient of his independence, so we must ensure that the right to personal privacy is maintained, especially during procedures and examinations.

The ICU environment must be governed by efficiency and continuity of care. Continuity in the patient's assignment will be maintained, if possible, always being friendly but firm in our treatment. The physical environment is very important in the emotional well-being of the patient. The lighting must be as natural as possible and the lights must be turned off at night. In order to respect the right to privacy, isolation measures such as screens must be considered, and a certain "tact" when performing techniques can help them to reduce their feeling of lack of privacy (19).

Hygiene is very important, since patients usually stay in bed for a long time; Pay special attention to the care of the skin, eyes, mouth and the performance of passive or active exercises, depending on the patient's evolution. In men, shaving helps maintain their self-image and self-esteem (20).

The family plays a fundamental role in helping the patient's orientation. Many patients feel comfortable having a family member by their side, while others need to have more limited visits. The patient's response to visits should be assessed and appropriate boundaries should be set.

For all patients, the following are important:

*periods of rest-sleep. Pain is as important as any of the vital signs; Detect pain in the patient promptly and have the means to relieve it.*

Preparation begins as soon as the patient's improvement begins. It can be a situation that generates anxiety for the patient and their family; therefore, it must be explained to him what constitutes a sign of progress and improvement.

With the increase in life expectancy, more and more elderly patients are being admitted to the ICU. Therefore, care must be taken to the extreme in the sense of instilling confidence and making the patient feel comfortable. Always keep the patient in mind, inform them of the operation of the unit, visiting hours, meals, etc. The successive presence of several people in the first moments runs the risk of disturbing the patient or disturbing him.

You have to be aware of the mood of elderly patients, because isolation in their single room can lead to a depressive state. It is advisable to install railings at night for greater safety, but always insisting that they are to help you change your position in bed, as they can be psychologically poorly accepted (5).

Unscheduled hospitalization can lead to disorientation and aggressiveness; It is a transitory state resulting from the reaction to sudden change of environment. Forced immobilization can aggravate the agitated state of the elderly; therefore, it should be used as a last resort.

Special attention should be paid to the elderly with nitroglycerin or lidocaine infusion and to the effects of the paradoxical of some sedatives. Sometimes patience and a strong vocation will be needed to maintain effective care. General hygiene of the critically ill is a basic nursing intervention that aims to provide well-being and comfort, while also constituting a measure to fight infections. The time of the patient's cleaning is very important, since adverse effects such as hypotension or high blood pressure, desaturation and maladjustment of mechanical ventilation, cranial hypertension, atrial fibrillation and even cardiorespiratory arrest can occur, events that must be prevented and acted upon if they appear; In turn, the hygiene will allow you to assess how the patient's skin is, for example, the support areas.

Before starting hygiene, the patient's hemodynamic status should be assessed and, in the event of hemodynamic instability, postpone cleaning until hemodynamic control is achieved. Optimal

adaptation to mechanical ventilation must be achieved. Ensure that pain is free or tolerable (for these first three objectives, it may be necessary to modify the speed of drug infusions or administer boluses of the same, and it is essential to consult with the intensivist responsible for the patient or with the person on duty).

The type of mobilization to be carried out during grooming should be carefully planned (according to the diagnosis, restriction of movement prescription, current state of the patient and life support measures required), as well as guaranteeing the material and personal resources necessary for the Change of bed linen. This prior planning will help to avoid adverse events, derived from inadequate patient mobilization and unnecessary prolongation of grooming time.

Unconscious, sedated or immobilized patients are at high risk of presenting ocular complications, which can range from mild infections of the conjunctiva to serious lesions and ulcers of the cornea, so they depend on the hygiene and eye care carried out by the nursing staff, ranging from a simple cleaning of the eyelid to occlusion of the eyelids.

Eye hygiene and care should be carried out gently, avoiding rubbing against the conjunctiva to prevent ulcers and corneal injuries; in the morning it is done to coincide with the patient's daily washing, and throughout the day it should be done whenever the patient's situation requires it (18).

Both to perform hygiene on patients and to make postural changes (and thus reduce the risk of pressure ulcers), it is necessary to mobilize them in bed, mobilization that must be adequate to avoid aggravation of the injuries. Prior to mobilizing the patient, the following steps must be taken:

- Gather as many health personnel as necessary according to the type of injuries, who will wash their hands with alcoholic solution and use the appropriate barrier methods for the conditions of the procedure to be performed.
- Inform the patient of what is going to be done and the importance of their collaboration, if they are aware.
- Assess the need for analgesia.

Depending on the patient's injuries to be mobilized it will proceed in a different way (19).

Recommendations regarding patient safety should always be followed:

- Before administering a drug, verify prescription, drug, dose, route of administration and patient identification. The most frequently reported adverse events are drug-related incidents.
- When a drug is administered, as needed, the patient must be assessed to determine whether or not they need it.
- Caution with narcotics, antibiotics and vasoactive drugs.
- Properly identify the serums that are prepared, with medication labels.
- Make sure the patient takes the oral medication.
- It controls the occurrence of adverse reactions in the patient.
- Know the correct operation, care and possible breakdowns of the appliances used.
- Avoid providing information over the phone.
- Maintain professional secrecy.
- Ensure the privacy of patients.
- Properly guard the stories of the sick.
- Reckless orders must be questioned.
- Insist that doctors clarify their orders in writing and in legible handwriting.
- Record all nursing assessments and interventions; in the records, do not use abbreviations standardized, as they can lead to errors.
- Follow the procedures and regulations of the centre.
- Always identify the patient in any situation.
- Protect the patient from potential harm.
- No apply techniques nor Treatments without the patient's consent.



- Do not fall into a routine, but always show a critical attitude towards your own work.
- Protect to the patients Agitated or disoriented.
- Failing to inform patients of the condition of other patients.
- When the patient is about to be discharged from the ICU, his or her medical history must be prepared (19).

#### **4. Conclusion and future scope**

Nursing care for firearm patients should follow the indications of the Nursing Care Plans designed according to the evaluations of the diagnostic tools available to professionals, following the guidelines of some pertinent theory, especially that of Marjorie Gordon. The increase in cases of injuries from weapons must be contextualized with the complex situation of generalized violence that Ecuador has been experiencing for some years now, and which has only worsened when this text was prepared. Although the environment of insecurity affects the mood and confidence of health professionals themselves, they must ensure, as an ethical matter, that adequate care is given to all, in a way that is not possible. the same way as if there were no national or local violent context. It is important to develop empirical studies to know the dispositions and moods of health professionals in general, and nurses in particular, in the context of Ecuadorian violence

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