

Use of POCUS in Rural Primary Health Care and Its Potential Benefits

Dear Editor:

The use of point-of-care ultrasound (POCUS) in the clinical practice of healthcare professionals has been gaining exponential prominence, with some considering it as the fifth diagnostic method. POCUS can be conceptualized as a set of procedures based on the use of ultrasound (US) in the clinical examination, guided by clinical observation at the individual's bedside, at the point of care wherever they may be, aiming to elucidate a limited number of specific questions related to treatment, diagnostics, and/or invasive procedures to be performed (Pina & Segura-Grau, 2019).

Considering the rural context, even if utopian, thinking about the use of POCUS is a path that can be pursued when aiming to achieve comprehensive care in this scenario, which has historically lacked public policies and is extremely affected by social, individual, and programmatic vulnerabilities (Ayres et al., 2006; Silva & Pinto, 2020). Given the long physical distances between communities and health services, the scarcity of available professionals, as well as the absence of specialized services near the place of residence, the presence of technologies that assist in confirming or ruling out acute and chronic conditions can significantly contribute to enabling correct and timely treatment, reducing unnecessary requests for imaging exams, as well as reducing the therapeutic itineraries that the rural population undergoes in search of resolution for their health problems and complaints.

In the rural setting, the application of POCUS allows for providing care that enables, within the health unit itself, conducting obstetric assessments, performing a more detailed clinical examination of the breasts, analyzing the presence or absence of foreign structures in various organs such as the thyroid, liver, gallbladder, bladder, among others, checking the position of an enteral probe that was introduced in the unit, among other possible applications,

both at the preventive and rehabilitation levels. Although it is known that some professionals may lack training for its execution, undoubtedly, the major obstacle to the implementation of this technology is the cost of the equipment, despite the existence of various portable models today.

However, perhaps the costs resulting from unnecessary exams and the delay in diagnosing various diseases, leading the user to enter the healthcare network with their health already deteriorated and requiring more support, easily outweigh the costs of implementing a technology like POCUS in Primary Health Care (PHC), in this case, in rural PHC, considering it as a short and long-term investment.

In light of the above, I present these reflections so that providers may consider ways to implement POCUS in rural PHC, and this tool can be used by all team members with the appropriate training. Even though it is a sophisticated technology, through the relationship established between the professional and the community at the moment of insonation, it will undoubtedly contribute to raising the level of care and improving care for the rural population.

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