Nurse's role in the risk classification on emergency services

O papel do enfermeiro na classificação de risco nos serviços de urgência e emergência

Adrieli dos Santos Quaresma[1] • Daiani Modernel Xavier[2] • Marta Regina Cezar-Vaz[3]

RESUMO

Objetivou-se conhecer a atuação do enfermeiro na classificação de risco dos serviços de urgência e emergência. Trata-se de uma revisão integrativa, realizada a partir de consultas nas bases de dados LILACS, MEDLINE e BDENF, em artigos redigidos em inglês, espanhol e português, no recorte temporal de 2008 a 2018. Foram selecionados 18 artigos, por meio de leitura crítica dos textos na íntegra. Os dados foram analisados através de estatística descritiva e Análise de Conteúdo. Verificou-se que dos 18 artigos analisados, nove (50%) foram indexados na base de dados MEDLINE, seis (33,3%) na LILACS e três (16,7%) na BDENF. Percebeu-se variação de uma a três publicações por ano, com exceção dos anos 2009 e 2014, em que não houve publicações. Após Análise de Conteúdo, identificaram-se três categorias: o enfermeiro no contexto da classificação de risco, capacitação do enfermeiro atuante na classificação de risco e a atuação do enfermeiro na classificação de risco. Concluiu-se que o enfermeiro da classificação de risco dos serviços de urgência e emergência participa na assistência, tomada de decisões, monitoramento dos pacientes, registros, gerenciamento, educação e resolubilidade dos problemas e/ou encaminhamento dos pacientes aos serviços adequados. Espera-se contribuir para melhor compreensão acerca da atuação do enfermeiro nesses ambientes.

Descritores: Enfermagem em Emergência; Papel do Profissional de Enfermagem; Triagem; Serviço Hospitalar de Emergência; Enfermagem.

ABSTRACT

The objective of this study was to know the nurse's roles in the risk classification of the emergency departments. An integrative review carried out on LILACS, MEDLINE and BDENF, in articles written in English, Spanish and Portuguese, from 2008 to 2018. Eighteen articles were selected through critical and integral reading of the text. Data were analyzed through descriptive statistics and Content Analysis. It was verified that of the 18 analyzed articles, nine (50%) were indexed in the MEDLINE database, six (33.3%) in LILACS and three (16.7%) in BDENF. It was found a variation from one to three publications per year, except for the years 2009 and 2014, in which there were no publications. After Content Analysis, three categories were identified: the nurse in the context of the risk classification, the nurse's performance in the risk classification and the nurse's training in the risk classification. It was concluded that nurses acting in risk classification of emergency departments participate in care, decision making, patient knowledge, records, management, education and problem solving and/or referral of patients to the appropriate services. It is hoped to contribute to a better understanding of the nurse's performance in these places.

Keywords: Emergency Nursing; Nurse's Roles; Triage; Emergency Department; Nurse.

NOTA

[1]Acadêmica do Curso de Graduação em Enfermagem da Universidade Federal do Rio Grande (FURG), Rio Grande (RS), Brasil. E-mail: theadriquaresma@gmail.com

[2]Enfermeira. Doutora em Enfermagem. Docente do Curso de Graduação em Enfermagem da FURG, Rio Grande (RS), Brasil. E-mail: daiamoder@gmail.com

[3]Enfermeira. Doutora em Filosofia da Enfermagem. Docente do Curso de Graduação e do Programa de Pós-Graduação em Enfermagem da FURG, Rio Grande (RS), Brasil. E-mail: cezarvaz@vetorial.net

INTRODUÇÃO

The objective of this study is the scientific evidence about nurses' role in the Emergency and Emergency Services (SUE) Risk Classification (CR). SUEs are dynamic and fast-paced working environments. The aim of these environments is to provide rapid interventions and care for individuals with clinical signs of trauma and acute illnesses[1]. However, there is a demand for these services as an alternative source for ambulatory care, leading to delays in the care of critically ill patients and overcrowding of SUE[2].

Overcrowding in SUE is a global problem. It is a cause of concern for managers, due to the higher incidence of adverse events to the patient, delays in treatment, high mortality rates, length of hospital stay and hospital readmission[3,4]. In addition, it is associated with work overload for health professionals and increased time to clinical decision-making[5].

In this context, in 2004, assistance with CR in the SUE was implemented in Brazil, aiming to reduce overcrowding and its consequences[6]. CR is a process that allows the management of clinical risks, so that the care and treatment of patients who are in critical and time-sensitive situations is prioritized[7]. It is operationalized through the application of RC scales or protocols, based on the clinical evaluation of the general condition of the patients[8].

Most national protocols are based on international models, like the Australasian Triage Scale (ATS) or Manchester Triage System (MTS)[9]. These propose the classification of patients into five levels of urgency and the determination of a maximum waiting time for each category, based on the evaluation of airways, breathing, circulation and state of consciousness[9-11].

Within the scope of the nursing team, the CR and the prioritization of care in SUE is a private activity of the nurse and should be performed through the Nursing Process (NP). For the operationalization of CR, the nurse needs clinical knowledge and technical, managerial and reasoning skills, in order to guarantee the technical-scientific rigor required for the activity[12-13].

In view of the above, the importance of the nurse in this process is perceived. In this sense, it is aimed to know the nurse's role in the CR of the SUE. The study is justified by the need to understand the nurse's role in this environment, in order to identify essential professional actions and gaps in the CR process, in order to improve nursing care.

METHOD

It is an integrative review of the literature, whose purpose is to gather and synthesize information, theoretical or empirical, contained in the literature, in a systematic and orderly manner, contributing to the deepening of knowledge about the subject investigated. This review method enables a comprehensive holistic understanding of problems relevant to healthcare and policies, thus contributing to improved health care[14].

In order to make this review operational, the following steps were used: problem formulation, data collection, evaluation of data collected, data analysis and interpretation, and presentation of results[14]. The stage of formulation of the problem resulted in the guiding question: How does the nurse work in the CR of the SUE?

The data collection stage occurred in February 2018. We searched for national and international surveys indexed in the electronic databases of Latin American and Caribbean Literature in Health Sciences (LILACS), International Literature in Sciences (MEDLINE) and the Nursing Database (BDENF), through consultations in the Virtual Health Library (VHL) and Pubmed. The searches in the virtual libraries were carried out in two different computers, simultaneously, by two researchers located in different environments and without any communication between them, in order to guarantee reliable data. We used keywords separated by Boolean operators "and" and "or", resulting in the following combination: "Nursing" [and] "nurses" [and] "screening" [and] "urgency and emergency" . From this stage, 98 studies were separated.

At the data evaluation stage, the titles and abstracts of the 98 studies were read. The following inclusion criteria were used: articles that answered the guiding question; published in the period 2008 to 2018; with full text available in Portuguese, Spanish or English. The following studies were excluded: the ones that did not respond to the guiding question, were duplicated in the databases, unavailable in its entirety, abstracts of congresses, annals, editorials, monographs, dissertations and theses. The final sample for analysis was composed of 18 articles.

For the analysis of the data, a critical reading of the articles was done in full. In order to compare the data, an instrument was elaborated contemplating the following variables: title, authors, publication period, year of publication and study objectives. After reading and tabulating the data, the analyzed articles were characterized by descriptive statistics and the Content Analysis[15] of qualitative data. The results were presented through descriptive statistics and from the categories formulated in the previous stage.

Regarding the ethical aspects, this study was carried out from national and international articles, whose authors were referenced every time that their articles were cited. In the integrative review, the submission of the study to the Research Ethics Committee is dispensed with, since the manipulated data is freely accessible, not documents requiring ethical secrecy.

RESULTS

In this review, 18 articles were analyzed in accordance with previously established inclusion criteria. Table 1 shows the distribution of articles according to the title, authors, publication period, year of publication and main objectives.

As to the language of the publications, there were five articles (27.8%) written exclusively in Portuguese, four (22.2%) with versions available in Portuguese and English, eight (44.5%) exclusively in the English language and one (5.5%) exclusively in the Spanish language. Of the 18 articles, nine (50%) were indexed in the MEDLINE database,

TABLE 1 – Specifications of the scientific papers used in this review. Rio Grande (RS), Brazil, 2018.

Nº	Title	Authors	Journal	Year	Objective
1	Manchester triage system in pediatric emergency care: prospective observational study	Veen, MV; Steyerberg, EW; Ruige, M; Meurs, AHJV; Lei, JVD; Moll, HA.	BMJ	2008	Validate the use of the Manchester Screening System in pediatric emergency care
2	Triage: a fundamental tool in emergencies and emergencies	Soler, W; Muñoz, MG; Bragulat, E; Álvarez, A.	Anales del Sistema Sanitario de Navarra	2010	Reflect on the importance of screening as a tool in urgency and emergency
3	Characterization of the care after implantation of the host, evaluation and classification of risk in a public hospital	Rossaneis, MA; Haddad, MDCL; Borsato, FG; Vannuchi, MO; Sentone, ADD.	Revista Eletrônica de Enfermagem	2011	Describe the implantation of the assistance with evaluation and classification of risk in a public hospital of medium complexity and characterize care after the implementation of this strategy
4	Be careful with triage in emergency departments: interobserver agreement on 1578 patients in France	Durand, AC; Gentile, S; Gerbeaux, P; Alazia, M; Kiegel, P; Luigi, S; Lindenmeyer, E; Olivier, P; Hidoux, MA; Sambuc, R.	BMC Emergency Medicine	2011	Measure the agreement among health professionals of the risk classification of an emergency department
5	Impact of the ABCDE triage in primary care emergency department on the number of patient visits to different parts of the health care system in Espoo City	Kantonen, J; Menezes, R; Heinänen, T; Mattila, J; Mattila, KJ; Kauppila, T.	BMC Emergency Medicine	2012	Assess whether patient flow was changed by the implementation of the ABCDE screening system in the emergency departments of the city of Espoo, Finland
6	Implementation of assistance with risk classification in emergency hospital service: nurse's role	Bellucci Júnior, JA; Matsuda, LM;	Ciências, cuidado e saúde	2012	To report the performance of the nurse in the process of implantation of assistance with risk classification in the emergency hospital service of the Hospital Universitário Regional de Maringá - PR
7	Nursing activities in screening / classification systems risk assessment in the emergency department: integrative review	Acosta, AM; Duro, CLM; Lima, MADDS.	Revista Gaúcha de Enfermagem	2012	To identify and evaluate the available evidence in the literature on nurses' activities in the classification of risk in emergency services
8	Triage in Norwegian emergency departments	Engebretsen, S; Róise, Ó; Ribu, L;	Tidsskrift for Den Norske Laegeforening	2013	nvestigate the use and organization of screening as well as the use of screening scales in emergency departments
9	Accuracy of triage for children with chronic illness and infectious symptoms	Seiger, N; Van, VM; Steyerberg, EW; Lei, JVD; MOLL, HA.	Pediatrics	2013	To determine the validity of the Manchester Screening System in emergency care for the general population
10	Analysis of the flow of hospital emergency service: case study	Bellucci Júnior, JA; Matsuda, LM; Marcon, SS.	Revista Eletrônica de Enfermagem	2015	Analyze the flow of care in two Services Emergency Hospitals

11	Embracement with risk classification in the emergency department from perspective of older adults	Gonçalves, AVF; Bierhals, CCK; Paskulinc, LMG.	Revista Gaúcha de Enfermagem	2015	To evaluate the reception practices in the risk classification of the emergency service of the Hospital das Clínicas de Porto Alegre in the perspective of the elderly
12	Agreement between triage category and patient's perception of priority in emergency departments	Toloo, GS; Aitken, P; Crilly, J; FitzGerald, G.	Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine	2016	Understand the extent of agreement / disagreement between patients perceived priority and current screening category and associated factors
13	Work process of nurses in the reception with risk rating	Rates, HF; Alves, M; Cavalcante, RB.	Revista Mineira de Enfermagem	2016	Describe the nurses' work process in the Reception with Risk Classification in the Emergency Care Unit of a municipality of Minas Gerais
14	Perception of the users about the classification with risk in an emergency service in Cape Verde	Spagnuolo, RS; Silva, MNL; Meneguin, S; Bassetto, JGB; Fernandes, VC.	Revista Brasileira em Promoção da Saúde	2017	Unveil the users' conceptions about the classification with risk classification in an emergency service
15	Manchester protocol and user population in the risk assessment: the nurse's view	Roncalli, AA; Oliveira, DND; Silva, ICM; Brito, RF; Viegas, SMDF.	Revista Baiana de Enfermagem	2017	Understanding the nurse's view on the use of the Manchester Protocol and the user population in the risk classification of a Care Unit
16	Everyday experiences of the nurse in risk classification in an emergency unit	Roncalli, AA; Oliveira, DND; Melo, IC; Viega, SMDF; Brito, RF.	Revista de Enfermagem UFPE Online	2017	Understand the experience of the nurse who acts in the risk classification of an Emergency Care Unit
17	Accuracy of emergency department triage using the Emergency Severity Index and independent predictors of under-triage and over-triage: a retrospective cohort analysis.	Hinson, JS; Martinez, DA; Schmitz, PSK; Toerper, M; Radu, D; Scheulen, J; Ramirez, SAS; Levin, S.	International Journal of Emergency Medicine	2018	To measure the frequency of sub or super classification of patients screened by nurses using the index of emergency severity in Brazil and to identify the associated factors
18	Evaluation of the triage performed by registered nurses in the Hospital Clínico Universitario Lozano Blesa Emergency Service	Viñuales, I; Monzón-Fernandez, A; Viñuales, M; Sanclemente, T.	Enfermería Clínica	2018	To evaluate the quality and adequacy of the screening performed by nurses at the Hospital Clínico de Saragossa and compare the characteristics of urgent and non-urgent visits

Source: research data, 2018.

six (33.3%) in LILACS and three (16.7%) in BDENF, according to table 1.

Regarding the periodicals, no predominance of publications in a specific periodical was evidenced, that is, the articles were published in varied periods. Regarding the year of publication, there were variations from one to three articles per year, except for the years 2009 and 2014, in which no articles were identified that responded to the guiding question of this study. Regarding the qualis classification, nine (60%) of the journals had a classification and six (40%) did not have a classification. Of those who had it, four (44.5%) were classified as B1, three (33.3%) as B2, one (11.1%) as B3 and one as A2 (11.1%).

Regarding the level of evidence of the articles, 16 (88.9%) were classified in level VI, indicating evidence from qualitative and / or descriptive studies. The remaining two (11.1%) were classified as level V, revealing evidence from systematic reviews[16].

From the Content Analysis, three categories were identified: the nurse in the context of the risk classification, the nurse training in the risk classification and the nurse's performance in the context of the risk classification. Through this categorization, it was possible to understand how the nurses' performance in the SR of the SUE, as well as to identify the intervening factors.

DISCUSSION

It was noticed a heterogeneity of studies regarding the nurse's role in the CR of the SUE, as well as a slight tendency of growth regarding the national production on

TABLE 1. Distribution of articles according to the databases. Rio Grande (RS), Brazil, 2018.

Database	Incidence	%
MEDLINE	09	50%
LILACS	06	33,3%
BDENF	03	16,7%
Total	**16**	**100%**

Source: research data, 2018.

this subject. We identified as a limitation of the study the wide variety of descriptors and keywords that are used as synonyms of the term "risk classification". As a result, there may be interference in the identification of the actual number of publications available on the subject.

Some of the results found agreed with the findings of a national study that aimed to identify and evaluate the available evidence in the literature regarding the nurses' activities in the CR of the emergency services, in the time cut from 2000 to 201017. However, compared to the above-mentioned research, the present study found that, although there was no increase in the total number of productions on this subject, there was an increase in the number of national studies. While in the time cut from 2000 to 2010, two national studies on the subject were identified[17], in the period from 2008 to 2018 six national articles were found, as presented in the results of this study. In addition, new findings were encountered, which will be discussed below.

Nurses in the context of risk classification

The work process at the CR of the SUE involves multiprofessional and multidisciplinary work, including receptionists, nursing staff, medical staff, laboratory staff, radiology team and others[18]. However, the protagonist of the CR is the nurse[11, 19, 20].

In countries such as Finland, France, the Netherlands, Norway, Australia and Brazil, nurses are responsible for CR[19, 21-26]. Their clinical language oriented to complaints, signs and symptoms, favors the identification of the general state of the patient and the severity or not of its clinical picture. In addition, other characteristics of nurses contribute to their performance in the context of CR. They are: empathy and a global vision of the service and the resources in it[27].

Empathy is a key feature in minimizing feelings such as anxiety, aggression, or impatience, often found in patients in CR in ESR. Minimizing these feelings avoids delays in the flow of service, conflicts between health team members and patients, and even worsening of patients' clinical status[27,18].

On the other hand, the characteristic of the global vision of the service and the resources in it allows the identification of the support and care that can be offered to the patients, in order to speed up the service[27]. National studies pointed out that the lack of knowledge about the routine of the laboratory and imaging sectors associated to the lack of communication between the medical and nursing teams resulted in an increase in the flow of patients in the SUE and in delays in the diagnosis and treatment of those who went through CR [27, 28].

In addition, in order to be able to assess the general condition of the patient, identify the factors associated with their clinical condition and classify their priority of care, nurses need some skills. These are: qualified listening, clinical reasoning and agility for decision making, evaluation and detailing of complaints and knowledge of the care network for the necessary referrals[18].

Qualified listening facilitates the construction of the therapeutic link and, consequently, guarantees the access to subjective data and goals of the patient. The more detailed the investigation of the data, the more accurate is the classification. In the possession of these data, nurses use their clinical reasoning to determine the patient's urgency category and whether referrals are needed[29,9].

Finally, it is important that the nurse working at the CR has knowledge about Health Care Networks. This knowledge facilitates the referral / counter-referral of patients with low complexity clinical settings to appropriate services for the solution of their health needs [30,28].

Training of nurses working in risk classification

It was verified that, to act in the RC, nurses need to be trained. Generally, the institutions provide training to the professionals hired to work in the sector. In addition, specializations / qualifications and time of experience in the area are factors that contribute to the professional development of nurses in the CR.

European studies have found that, when they were hired to work in the CR of the SUE, the professionals were trained in order to avoid classification errors [24,19]. Accordingly, a Brazilian study revealed that nurses were trained to work in the sector through workshops and technical visits to local institutions that had already adopted CR[31] protocols prior to the implantation of CR in the Maringá - Paraná SUE.

However, the training provided by contractors may not be enough to support the work of nurses in the CR. In this sense, a study carried out in Belo Horizonte - Minas Gerais pointed out that, although they were trained about the CR by the institution in which they work, the nurses of an Emergency Care Service considered the training received insufficient to subsidize the clinical risk classification practice. They attributed this position to the short duration (one day) of the training

provided and to the fact that CR is not a content addressed during Nursing Graduation. As well as this, the study revealed that the updating of technical-scientific knowledge and the experiences lived in the work routine are essential for the construction of the knowledge necessary to subsidize the actions in the CR26.

When performed by untrained professionals, CR can be erroneous. The result of this inadequate action are classification errors and, consequently, the occurrence of adverse events for patients and SUE.

National and international studies have confirmed this finding and have revealed that the main errors in CR of SUE are underestimation or underestimation, hypertriage or overestimated classification [23,7]. The underestimated classification happens when the patient's complaint is devalued by the classifier, so that it is classified in levels of severity below that indicated for its clinical picture. On the other hand, the overestimated classification affects when the patient's complaint is overvalued by the classifier, so that it is classified in levels of severity above that appropriate for its clinical picture[7].

These classification errors may have serious consequences for patients and SUE. The underestimated classification is associated with the increase in the indexes of adverse events to the patient and the increase in the number of hospitalizations of critically ill patients. On the other hand, the overestimated classification, although it is an error associated with greater safety for the patient, correlates with the increase in the demand of non-urgent patients in the SUE, consuming health resources necessary to attend those who are in severe clinical conditions. The consequences of these errors become even more serious in the classification of pediatric patients [7,32,23].

Classification errors occur mainly when the classifier is not able to perform this role. In addition to lack of training, the presence of complaints and symptoms considered as "confounding factors" and chronic diseases may contribute to the occurrence of these errors.

A study that aimed to identify and measure the classification errors verified that some complaints and symptoms presented by the patients favored the underestimated or overestimated classification. Predictive complaints of underestimated classification were: advanced age, bradycardia, tachycardia, hypoxia, hyperthermia, and symptoms such as chest pain and dyspnea. Regarding the predictive complaints of the overestimated classification, hypertensive and allergic disorders were named[7]. At the same time, a Dutch study investigating the accuracy of CR of children with chronic diseases and infectious symptoms revealed that the classification accuracy was higher in children with infectious symptoms who did not have chronic diseases than in children with similar clinical symptoms, but with chronic diseases [23].

Faced with the existence of all these intervening factors in the CR, it becomes essential to the nurse a broad technical-scientific knowledge and the development of critical thinking and clinical reasoning, as well as training and updates regarding the techniques and protocols used for the CR. Still, the holistic view of the patient is important, so that their diversity, individuality and singularity are considered. This allows avoiding classification errors and, consequently, the occurrence of adverse events to patients, be they adults or pediatric patients[33].

Nurses' performance in risk classification

Identificou-se que a atuação do enfermeiro na CR perpassa as esferas da avaliação clínica, da tomada de decisão, do monitoramento, do registro, do gerenciamento, da educação e da resolução e/ou encaminhamento dos pacientes.

Regarding the clinical evaluation, through the nursing consultation, the nurse performs a brief evaluation of the patients, composed by anamnesis and physical examination, focused on their main complaint. Based on the subjective data and objectives collected during the evaluation, and in their clinical knowledge, the nurse makes the decision about the prioritization of care. That is, nurses articulate their instruments and scientific knowledge to the complaints, signs and symptoms manifested by patients and, through their clinical reasoning, attributes a category of risk to the patient [25,26,20].

Decision-making in the CR is supported by protocols, since subjective classification is nonspecific and more subject to errors[34]. However, nurses should not completely standardize care, but rather pay attention to the particularities and individual aspects of each patient. Otherwise, an underestimated CR may be observed[23]. Studies have pointed out that the decisions made by the nurses in the CR should be precise, since they involve the differentiation between patients who can or should not wait for medical care and determination of work dynamics in SUE [17,22,25].

After assessing and classifying the patients, it is important that the nurse monitors them while they wait for the medical appointment. This monitoring aims to identify situations, such as pain or hunger, that can be managed by the nurse, according to institutional protocols. In this sense, a study performed in a SUE located in the south of Brazil showed that the institution had a protocol, in which the analgesia of patients already classified, who were waiting for the medical consultation, was foreseen. This is especially important when it comes to elderly patients, in whom pain complaints increase and intensify progressively, due to the pathophysiological changes typical of these individuals[33]. The identification and management of these situations represent actions to humanize care in the CR of the SUE.

All the care provided to the patient at the CR, from receipt to discharge, must be duly recorded in forms or electronic systems, according to the routine of the institution. The nurses are responsible for recording data on vital signs, health history, diagnostic and therapeutic interventions, hospital admission and changes in the patients' clinical status. These records are essential both to ensure patient safety and to ensure the legal backing of professionals and SUEs[34].

Management is one of the subprocesses that compose the work of nurses in the CR. It is this professional who manages the demand / flow of care, the classification and care of patients, the financial resources allocated to the sector, human resources, the permanent education of the nursing team and the interpersonal conflicts between the health team [31,26]. In this context, leadership is an important characteristic for nurses to develop their managerial activities, in order to achieve quality of care, patient well-being and professional development of the multidisciplinary team that works at CR [31,35-37].

In order for the nurses' activities in the CR to be safe and of quality, permanent education is necessary. Knowledge functions as an extension of the professional, allowing the conduct of care [20,18]. A study from Minas Gerais has shown that scientific knowledge is an indispensable element for the practice of nurses in the CR not to be mechanized. The nurse who dominates scientific knowledge not only classifies the clinical risks of the patients, but also assists them in their singularity[26].

Knowledge about SUE routines is also essential for nurses' role in CR. A study carried out in Porto Alegre - Rio Grande do Sul found that the lack of knowledge about the functioning of CR and the feeling of being "lost" are frequent among patients who use SUE. In this sense, the nurse should guide them regarding the purpose, functioning, flow and time of service in the service, thus avoiding anxiety and worsening of the patients' clinical status [33].

At the end of CR care, nurses have two options: to give solace to the needs presented by the patients in the initial care or to refer them to the most appropriate service / service. Therefore, when classifying patients, nurses should ensure that those classified as urgent have to go through the medical consultation for diagnosis and prescription of appropriate therapy, and those classified as non-urgent are referred to Basic Care so that their needs are remedied[21].

National studies conducted in Belo Horizonte, Florianópolis and Londrina showed that many patients seen in the CR of the SUE were referred to Basic Care, due to the non-urgency of their clinical settings or to continuity of care[21,26,37]. However, some studies have pointed out that there is no efficient counter-referral between SUE and Basic Care. This lack of communication between the services of the healthcare network represents a risk of compromising patient safety. In addition, it causes overcrowding and interferences in the integral care of patients in SUEs [30,28].

CONCLUSION

Regarding nurses' performance in the CR of the SUE, their active participation in patient care, decision making, monitoring of patients, recording information related to care, management, education and resolvability of patient problems and / or referral to appropriate services. In addition, it was found that for the development of such activities, nurses need technical-scientific knowledge, qualified listening, clinical reasoning, agility for decision-making and knowledge of the care network, in order to provide a safe and quality care.

It is hoped to contribute to an understanding of the nurses' performance in the CR of the SUE. New research is suggested regarding the training of nurses for the development of the CR, the implementation of permanent education activities related to this theme and the CR approach in the curricular curriculum of the Nursing Undergraduate Courses.

REFERENCES

1. Gloss K. End of life care in emergency departments: a review of literature. Emerg Nurse [Internet]. 2017 [acesso em 20 fev 2018]; 25(2):29-36. Disponível em: https://journals.rcni.com/emergency-nurse/end-of-life-care-in-emergency-departments-a-review-of-the-literature-aop-en.2017.e1707
2. Viñuales I, Monzón-Fernández A, Viñuales M, Sanclemente T. Evaluation of the triage performed by registered nurses in the hospital clinic universitario Lazano Blessa Emergency Service (Saragossa, Spain). Enferm Clin [Internet]. 2018 [acesso em 20 fev 2018]; 28(2):1-5. Disponível em: http://www.elsevier.es/es-revista-enfermeria-clinica-35-linkresolver-evaluacion-del-triaje-realizado-por-S1130862117301936
3. Yarmohammadian MH, Rezaei F, Haghshenas A, Tavakoli N. Overcrowding in emergency departments: a review of strategies to decrease future challenges. J Res Med Sci [Internet]. 2017 [acesso em 20 fev 2018]; 22(23):1-21. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5377968/
4. Jobé J, Donneau AF, Scholtes B, Ghuysen A. Quantifying emergency department crowding: comparison between two scores. Acta Clin Belg [Internet]. 2017 [acesso em 20 fev 2018]; 33(22):1-6. Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/29207925
5. Chiu IM, Lyn YR, Syue YJ, Kung CT, Wu KH, Li CJ. The influence of crowding on clinical practice in the emergency department. Am J Med [Internet]. 2018 [acesso em 20 fev 2018]; 36(1):56-60. Disponível em: http://www.ajemjournal.com/article/S0735-6757(17)30539-9/fulltext
6. Brasil. Ministério da Saúde. Política Nacional de Humanização: a humanização como eixo norteador das práticas de atenção e gestão em todas as instâncias do SUS. Brasília: Ministério da Saúde [Internet]; 2004 [acesso em 20 fev 2018]. Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/humanizasus_2004.pdf
7. Hinson JS, Martinez DA, Scmitz PSK, Toerper M, Radu D, Scheulen J, et al. Accuracy of emergency department triage using the Emergency Severity Index and independent predictors of under-triage and over-triage in Brazil: a retrospective cohort analysis. Int J Emerg Med [Internet]. 2018 [acesso em 20 fev 2018]; 11(3):1-10. Disponível em: https://intjem.springeropen.com/articles/10.1186/s12245-017-0161-8
8. Soler W, Gómez MM, Braqulat E, Alvares A. El triaje: herramienta fundamental en urgencias y emergencias. An Sis Sanit Navar [Internet]. 2010 [acesso em 20 fev 2018]; 33(Suppl 1):55-68. Disponível em: http://scielo.isciii.es/pdf/asisna/v33s1/original8.pdf
9. Souza CCD. Nurse's decision-making process on risk classification: what is the theoretical basis for this practice in the health care scenario?. Rev Min Enferm [Internet]. 2015 [acesso em 20 fev 2018]; 19(2):12-3. Disponível em: http://www.reme.org.br/artigo/detalhes/1001
10. Mirhaghi A, Ebrahimi M. The Australasian Triage Scale Level 5 Criteria May Need to be revised: a commentary. Emerg [Internet]. 2017 [acesso em 20 fev 2018]; 5(1):1-2. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5325922/pdf/emerg-5-e50.pdf
11. Leite L, Baptista R, Leitão J, Cochicho J, Breda F, Elvas L, et al. Chest pain in the emergency department: risk stratification with Manchester triage system and HEART score. BMC Cardiovasc Disord [Internet]. 2015 [acesso em 20 fev 2018]; 15(48):1-7. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4462114/pdf/12872_2015_Article_49.pdf
12. Conselho Federal De Enfermagem. Resolução COFEN nº 423, de 9 de abril de 2012. Normatiza, no âmbito do Sistema COFEN/Conselhos Regionais de Enfermagem, a participação do enfermeiro na classificação de risco. Brasília: COFEN [Internet]; 2012 [acesso em 20 fev 2018]. Disponível em: http://www.cofen.gov.br/resoluo-cofen-n-4232012_8956.html
13. Conselho Federal De Enfermagem. Resolução nº 358, de 15 de outubro de 2009. Dispõe sobre a sistematização da assistência de enfermagem e a implementação do processo de enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado de enfermagem e dá outras providências. Brasília: COFEN [Internet]; 2009 [acesso em 20 fev 2018]. Disponível em: http://www.cofen.gov.br/resoluo-cofen-3582009_4384.html
14. Whittemore R, Knafl K. The integrative review: updated methodology. J Adv Nurs [Internet]. 2005 [acesso em 20 fev 2018]; 52(5):546-53. Disponível em: https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2648.2005.03621.x
15. Bardin L. Análise de Conteúdo. São Paulo: Edições 70; 2011.
16. Melnyk BM, Fineout-Overholt E. Evidence based practice in nurse and healthcare: a guide to best practice. 2th ed. Philadelphia: Wolters Kluwer; 2011.
17. Acosta AM, Duro CLM, Lima MADDS. Atividades do enfermeiro nos sistemas de triagem/classificação de risco nos serviços de urgência: revisão integrativa. Rev Gaúcha Enferm [Internet]. 2012 [acesso em 29 mar 2018]; 33(4):181-90. Disponível em: http://www.scielo.br/pdf/rgenf/v33n4/en_23.pdf
18. Roncalli AA, Oliveira DND, Melo IC, Viegas SMDF, Brito RF. Everyday experiences of the nurse in risk classification in an emergency unit. Rev Enferm UFPE Online [Internet]. 2017 [acesso em 20 fev 2018]; 11(4):1743-51. Disponível em: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/15246/18029
19. Kantonen J, Menezes R, Heinanen T, Mattila J, Matilla KJ, Kaupilla T. Impact of the ABCDE triage in primary care emergency department on the number of patient visits to different parts of the health care system in Espoo City. BMC Emerg Med [Internet]. 2012 [acesso em 20 fev 2018]; 12(2):1-12. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3267646/
20. Rates HF, Alves M, Cavalcante RB. Work process of nurses

in the reception with risk rating. Rev Min Enferm [Internet]. 2016 [acesso em 20 fev 2018]; 20(1):1-6. Disponível em: http://reme.org.br/artigo/detalhes/1105

21. Rossaneis MA, Haddad MDCL, Borsato FG, Vannuchi MO, Sentone ADD. Caracterização do atendimento após implantação do acolhimento, avaliação e classificação de risco em hospital público. Rev Eletr Enferm [Internet]. 2011 [acesso em 20 fev 2018]; 13(4):648-56. Disponível em: https://www.fen.ufg.br/revista/v13/n4/pdf/v13n4a08.pdf
22. Durand AC, Gentile S, Gerbeaux P, Alazia M, Kiegel P, Luigi S, et al. Be careful with triage in emergency departments: interobserver agreement on 1,578 patients in France. BMC Emerg Med [Internet]. 2011 [acesso em 20 fev 2018]; 11(19):1-10. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3215166/
23. Seiger N, Veen MV, Steyerberg EW, Lei JVD, Moll HA. Accuracy of triage for children with chronic illness and infectious symptoms. Pediatrics [Internet]. 2013 [acesso em 20 fev 2018]; 132(6):1-9. Disponível em: http://pediatrics.aappublications.org/content/132/6/e1602
24. Engebretsen S, Roise O, Ribu L. Triage in Norwegian emergency departments. Tidsskr Nor Laegeforen [Internet]. 2013 [acesso em 20 fev 2018]; 133(3):285-9. Disponível em: https://tidsskriftet.no/en/2013/02/triage-norwegian-emergency-departments
25. Toloo GS, Aitken P, Crilly J, Fitzgerald G. Agreement between triage category and patient's perception of priority in emergency departments. Scand J Trauma Resusc Emerg Med [Internet]. 2016 [acesso em 20 fev 2018]; 24(1):1-8. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5070359/pdf/13049_2016_Article_316.pdf
26. Roncalli AA, Oliveira DND, Silva ICM, Brito RF, Viegas SMDF. Manchester protocol and user population in the risk assessment: the nurse's view. Rev Baiana Enferm [Internet]. 2017 [acesso em 20 fev 2018]; 31(2):1-10. Disponível em: https://portalseer.ufba.br/index.php/enfermagem/article/view/16949/14512
27. Spagnuolo RS, Silva MNL, Meneguin S, Bassetto JGB, Fernandes VC. Users perception of the risk assessment screening in an emergency care service in Cape Verde. Rev Bras Promoç Saúde [Internet]. 2017 [acesso em 20 fev 2018]; 30(2):249-54. Disponível em: http://periodicos.unifor.br/RBPS/article/view/5845/pdf_1
28. Bellucci Júnior JA, Matsuda LM, Marcon SS. Análise do fluxo de atendimento de serviço hospitalar em emergência: estudo de caso. Rev Eletr Enferm [Internet]. 2015 [acesso em 29 mar 2018]; 17(1):108-16. Disponível em: https://www.fen.ufg.br/revista/v17/n1/pdf/v17n1a13.pdf
29. Souza MMT, Passos JP. O trabalho do enfermeiro no contexto hospitalar sob a perspectiva da clínica da atividade: nota prévia. Enferm Atual [Internet]. 2018 [acesso em 29 mar 2018]; 18(84):195-6. Disponível em: http://inderme.com.br/revista/22/revista.pdf
30. Costa MAR, Versa GLGS, Bellucci Júnior JA, Inoue KC, Sales CA, Matsuda LM. Admittance of risk-classified cases: assessment oh hospital emergency services. Esc Anna Nery [Internet]. 2015 [acesso em 29 mar 2018]; 19(3):491-7. Disponível em: http://www.scielo.br/pdf/ean/v19n3/en_1414-8145-ean-19-03-0491.pdf
31. Bellucci Júnior JA, Matsuda LM. Implantação do acolhimento com classificação de risco em serviço hospitalar de emergência: atuação do enfermeiro. Ciênc Cuid Saúde [Internet]. 2012 [acesso em 29 mar 2018]; 11(2):396-401. Disponível em: http://ojs.uem.br/ojs/index.php/CiencCuidSaude/article/viewFile/14922/pdf
32. Coutinho AAP, Cecílio LCDO, Mota JAC. Classificação de risco em serviços de emergência: uma discussão da literatura sobre o sistema de triagem de Manchester. Rev Med Minas Gerais [Internet]. 2012 [acesso em 29 mar 2018]; 22(2):188-98. Disponível em: http://www.rmmg.org/artigo/detalhes/101
33. Gonçalves AVF, Bierhals CCK, Paskulin LMG. Embracement with risk classification in the emergency department from perspective of olders adults. Rev Gaúcha Enferm [Internet]. 2015 [acesso em 29 mar 2018]; 36(3):14-20. Disponível em: http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/52422/35042
34. Veen MV, Steyerberg EW, Ruige M, Meurs AHJV, Roukema J, Lei JVD, et al. Manchester triage system in pediatric emergency care: prospective observational study. BMJ [Internet]. 2008 [acesso em 29 mar 2018]; 12(7):1-7. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2548283/
35. Mckibben L. Conflict management: importance and implications. Br J Nurs [Internet]. 2017 [acesso em 29 mar 2018]; 26(2):100-4. Disponível em: https://www.magonlinelibrary.com/doi/abs/10.12968/bjon.2017.26.2.100?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed
36. Pinhatti EDG, Vannuchi MTO, Sardinha DDSS, Haddad MDCL. Job rotation of nursing professionals among the sectors of a hospital: a management tool in conflict resolution. Texto Contexto Enferm [Internet]. 2017 [acesso em 29 mar 2018]; 26(2):1-9. Disponível em: http://www.scielo.br/pdf/tce/v26n2/0104-0707-tce-26-02-e1180015.pdf
37. Cassettari SDSR, Mello ALSFD. Demand and type of care provided in emergency services in the city of Florianópolis, Brazil. Texto Contexto Enferm [Internet]. 2017 [acesso em 29 mar 2018]; 26(1):1-9. Disponível em: http://www.scielo.br/pdf/tce/v26n1/1980-265X-tce-26-01-e3400015.pdf