NURSING'S ROLE IN RISK SCREENING AND CLASSIFICATION IN EMERGENCY SERVICES IN BRAZIL: AN INTEGRATIVE REVIEW

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SUMMARY

Nurses are health professionals who work on the front line of triage and risk classification in urgency and emergency sectors. Unfortunately, in some cases, other specialties from other hospital sectors try to go against the nurses' choices. Furthermore, there are some reports of verbal and physical violence against these professionals. The nurse is essential for screening and risk classification in the hospital environment, he is the one who has the first contact with both the patient and the companion, the humanized vision of these professionals makes all the difference in the entire patient process, be it the triage to care and clinical outcome.

Keywords: Emergency nursing, Triage, Risk measurement.

ABSTRACT

Nurses are health professionals who work on the front line of triage and risk classification in urgency and emergency sectors. Unfortunately, in some cases, other specialties from other hospital sectors try to go against the nurses' choices. Furthermore, there are some reports of verbal and physical violence against these professionals. The nurse is essential for screening and risk classification in the hospital environment, he is the one who has the first contact with both the patient and the companion, the humanized vision of these professionals makes all the difference in the entire patient process, be it screening care and clinical internship.
Keywords: Emergency nursing, Triage, Risk measurement.

INTRODUCTION

Overcrowding in emergency services is a reality in many institutions. In this scenario, triage emerged as a tool to optimize care in emergencies and identify patients who need priority in care and treatment, through a dynamic assessment process (MOURA; NOGUEIRA 2021).

Triage systems aim to organize the demand of patients who arrive looking for care in emergency services in hospital and pre-hospital care, identifying those who need immediate care and recognizing those who can safely wait for care, before that there is a complete diagnostic and therapeutic evaluation. Structured triage refers to a valid, reproducible classification protocol that allows the classification of patients, based on different levels of urgency and prioritization of care in addition to the physical structure and appropriate professional and technological organization (ACOSTA et al., 2012) .

Risk classification assessment is generally carried out by nurses. These professionals meet the necessary conditions, which include clinical language oriented to signs and symptoms, to carry out risk assessment and classification scales. Based on specific criteria of morbidity and mortality, signs and symptoms, exams, among others, the nurse is the worker responsible for welcoming patients and establishing the priority of their care. Thus, they are at the front line of customer service (SAMPAIO et al., 2022).

This study aims to verify in the literature the role of nurses in triage and risk classification in emergency services.

MATERIALS AND METHODS

This is an Integrative Literature Review, which consists of a research method that makes use of evidence-based knowledge that enables the inclusion of experimental and non-experimental works, theoretical and empirical literary data. Considered an important instrument in the health area, as it summarizes available research on an available topic, in addition to allowing the direction of practice based on scientific knowledge, through an expanded analysis and subsequently a discussion of the topic addressed (SOARES, 2021).

To carry out an integrative review, some steps are necessary. The first step is to choose the topic and think about the hypothesis or research question; in the second stage, criteria are established for inclusion or exclusion of the study/sampling or literature search; in the third stage, the information to be extracted from the selected studies/study categorization is defined; in the fourth stage, the studies included in the integrative review are evaluated; in the fifth stage, the results are interpreted; and at the end of the sixth stage, the presentation of the review/synthesis of knowledge is carried out (MENDES, 2008).

After the aforementioned steps, the guiding question was stipulated:Considering that all health professionals are important, what is the role of nurses in screening and risk classification in emergency services in Brazil?After that, the inclusion and exclusion criteria were established. These were, respectively, articles that talked about nurses' role in risk classification in emergency units. Articles aimed at other types of health professionals and articles that even use nurses, but in other health services and articles that report the role of nurses outside Brazil, were excluded.

Based on the guiding question, objective and inclusion and exclusion criteria, the articles were selected through the following databases: Latin American and Caribbean Literature in Health Sciences (Lilacs), Scientific Electronic Library Online (SciElo), Medical Literature Analysis and Retrieval System Online (Medline) and Google Scholar. A search was carried out in these databases presented using selected descriptors that are related to the exposed theme.The Descriptors used will be the Health Science Descriptors (DeCS), namely: Emergency Nursing, Triage, Risk Measurement.

After carrying out the search for articles, articles that were not suitable based on the inclusion criteria were excluded. The analysis began with the title, then the summary and after selecting the chosen works, they were read and analyzed on its results. According to the data found, which respond to the guiding question initially defined, 30 references were found. However, among these works found, according to the inclusion criteria, only 5 were relevant to this work.

This study does not present a conflict of interest, nor did it receive any financial resources for its completion. In such a way that it did not require any expenses on the part of the authors, since there was no need to use other materials or equipment in addition to the works referenced in the integration of this research.

RESULT AND DISCUSSION

Article title	Author	goal	Year of Publication-dog	Results
Challenges in welcoming with risk classification from the perspective of nurses	Sampaio*et al.*	Understanding the perceived challenges of sick hair first in the process I'm welcome with classification of risk.	2022	The results were presented according to the following thematic categories: 1) "Demand issues"; 2) "Informational questions"; 3) "Service issues"; 4) "Organizational issues".
Reception with risk classification in the emergency room from the perspective of the elderly	Gonçalves *et al.*	Evaluate practices of reception in reception sector ment of the ready- - help from the Hospital das Clínicas from Porto Alegre from the perspective of elderly	2015	Responses focused on waiting times and the role of nurses in classifying patients. Welcoming practices enhanced the work process and highlighted direct contact between nurses and users.

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Nurses and the Manchester: rearranging the work process and emergency care?	Here-quickly money *et al.*	Understand the changes in the nurses' feet ros in the organization division of labor in hospitals from the implementation of the Screening theme from Manchester in a hospital emergency.	2021	The Manchester Triage System organized flows and locations resulting in quality assistance and changes in work processes. Conflicting relationships related to divergences in risk stratification were present.
PERFORMANCE OF THE RAPID TRIAGE CONDUCTED BY NUR-SES AT THE EMERGENCY EN-TRANCE	Moura; At the-tree	Compare the performance screening quickly carried out by nurses at the door emergency and Manchester Triage System (MTS) on identification of priority level of service to patients with de-send spontaneously and in the prediction of related variables to hospitalization.	2020	Of the 173 patients (52.0% female, mean age 60.4 ± 21.2 years) evaluated, it was observed that rapid triage was more inclusive for high priority and had better sensitivity and worse specificity than MTS . The likelihood of non-critically ill patients being admitted to the emergency observation unit was lower due to rapid triage. For the prediction of other variables, the systems presented unsatisfactory results.
PHYSICAL VIOLENCE AND VER-BAL ABUSE AGAINST NURSES WORKING WITH RISK STRATI-FICATION: CHARACTERISTICS, RELATED FACTORS, AND CON-SEQUENCES	Ce-balls *et al.*	Analyze the characteristics teristics, factors related and consequences of physical violence and verbal abuse against nurses who work with risk treatment.	2020	Companions were the main perpetrators of verbal abuse (86.1%); and patients inflicted physical violence (100%). Professionals with up to five years of experience are 74% less likely to suffer physical violence (p=0.029). Women suffer 5.83 times more verbal violence than men (p=0.026). Sadness (15.8%) and fear of the aggressor (15.3%) were the main consequences of verbal abuse; and fear of the aggressor (22.2%) and stress (22.2%) were results of physical violence.

In Sampaio's study *et al.*, (2022) which was carried out with 31 nurses in four UPAS in the Center-North of Goiás, Brazil, from October 2019 to February 2020, about Embracement with Risk Classification (AACR), when asked about the demand , the nurses stated that the biggest difficulty is in relation to the overcrowding of the units, the high flow of patients who do not need the urgency and emergency sector prevents professionals from carrying out humanized work. Regarding information, professionals considered the lack of information – on the part of the user – as a complicating factor in the classification process, especially in relation to patients who want to be "privileged" in their care. When asked about the care, most nurses reported that most of the time companions delay the appointment, as they keep raising several questions, in addition, they report delays in medical care, which leads to delays in initial classifications. Regarding organizational issues, they report the lack of training of many professionals and also the lack of structural organization. This study shows that overcrowding with non-urgent patients ends up delaying and disorganizing the risk classification service, in addition, the lack of information for users

Goncalves *et al.*, (2015), in his work that analyzed the perspective of the elderly and the risk classification in an emergency room, the nurse was frequently cited, highlighting direct professional contact and patient. Investigating the patient's history allows for more humanized care. The role of nurses at AACR is one of the main strategies for offering quality care and the work strategies are related to actions to humanize care. The AACR is not only an objective tool that organizes demand, but also informs patients that they are not at any immediate risk, and family members about the waiting time and any other information regarding the work process. The healthcare professional, the nurse, who carries out the screening and risk classification is often the first professional families and patients see when they arrive at the service. Therefore, it is essential that he has excellent communication skills to help these people in a difficult way.

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such a delicate procedure and even to guide the individual and their family about the type of care needed and the likely waiting time.

A work carried out by Carapinheiro*et al.*, (2021) on the implementation of the Manchester Triage System (STM) triage system, brings some reports from nurses regarding this system. The MTS is based on the identification of the patient's main complaint and establishes, through decision flowcharts and discriminators, the maximum time for the first medical evaluation. Thus, patients classified as red (emergency) by the MTS require immediate care, as orange (very urgent) within 10 minutes, as yellow (urgent) within a maximum of 60 minutes, as green (not very urgent), as and blue (non-urgent) between 120 and 240 minutes, respectively. In a generalized way, the study participants report that the nurse's autonomy increases through the use of the system, who defines where the patient goes, without this system, in some cases there is controversy regarding the information that the patient gives to the nurse and doctors, along with this autonomy, report that they are always in conflict of opinions with various specialties and sectors, whether from the patient to the medical team and even the social assistance team. One of the participant's statements:

> Many times [doctors] do not accept Manchester stratification. [...] so there is a lot of conflict with doctors [...]. They don't accept what we put out.

This same research shows that many patients begin to "learn" what should be said so that they can get a certain color of the bracelet, in other words, many lie about their health situation so that they can be treated faster. They begin to learn about the stratification system and teach it to others. Another risk stratification study that highlights the importance of nurses, even though other specialties try to overcome the superiority of nurses in this role, this professional is extremely necessary for this work.

Regarding the role of the nurse in triage with the "Quick Triage Form" form and "Screening Form adapted from the Manchester System", a study carried out by Moura and Nogueira (2020), shows that the role of the nurse based on rapid triage is much more important for risk classification when compared to the classification standards required by the Manchester System. The study emphasizes that the objective of rapid screening at the emergency entrance is to identify, among spontaneous demand patients, those with a potential risk to their lives and, therefore, who require decision-making. immediate response by the healthcare professional (doctor or nurse) working in the emergency service, based on clinical data, subjective information and previous experience. Correctly identifying high-priority patients through rapid triage increases the chances of survival. On the other hand, identifying low priority patients prevents overcrowding in the emergency sector, preventing human and material resources from being diverted to care for those who do not have truly serious conditions and who could be evaluated in less critical sectors.

As already mentioned in the studies, the nurse is the worker responsible for welcoming patients and establishing the priority of their care. Thus, they are on the front line of care services, given this, some professionals end up suffering some type of violence, be it physical or verbal. Some data in the literature reveal that, worldwide, around 36.4% of nurses suffer physical violence, and 67.2% of them suffer non-physical forms of abuse (SPECTOR et al., 2014). In Brazil, an investigation carried out by the São Paulo Regional Nursing Council (*São Paulo Regional Nursing Council*) identified that 77% of nursing professionals were victims of violence and harassment at work. Of these, 49.2% suffered verbal abuse and 14.2% suffered physical violence.

A study carried out with 80 nurses from the city of Campo Grande, in the state of Mato Grosso do Sul, reported that 90% (72/80) had already suffered verbal violence and 17.5% (14/80) physical violence. You companions were the biggest perpetrators of verbal harassment (43.7%), while patients themselves were the main aggressors in physical violence (58.3%). In this study, nurses who suffered verbal violence dealt with the incident informally and did not report it, which leaves the violence free to continue happening; verbal abuse was rarely taken to court. Such violence is influenced by institutional, professional and client aspects. Tackling this problem includes improving service capacity, working conditions and institutional continuing education policies, in addition to educating and raising awareness among service users and their companions. Future research will be able to evaluate the impact of these interventions (CEBALLOS et al., 2020).

One of the points mentioned in all the studies mentioned is in relation to the overcrowding that occurs in

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urgent and emergency places, one of the nurses' roles in this scenario is to bring knowledge to the community about which situations would really require emergency care. Furthermore, it is possible to observe that among all existing health professionals, nurses have a primary role in risk classification, whether based on the rapid screening form or the form adapted by Manchester.

FINAL CONSIDERATIONS

The stratification work also depends on the information provided by the patient and the relationship established between the patient and the professional. This means that nurses' judgment involves greater complexity and differentiation than just the computerized recording of symptoms. This professional must be willing to talk and dialogue, allowing them to understand the health needs presented by the user, seeking a solution to the problem and creating the possibility of strengthening the care network, as a reference for other health services that are more appropriate for each patient. situation presented. Furthermore, in the nurses' view, in the risk classification the professional is welcoming the user, listening to their complaints and providing answers to their questions. With this, the nurse establishes an empathetic relationship with the individual, often minimizing feelings such as anxiety, aggression or impatience that may arise during the service.

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