Risk classification in urgency and emergency: the challenges of nursing

Clasificación de riesgo en urgencia y emergencia: los desafíos de la enfermeira

A classificação de risco em urgência e emergência: os desafios da enfermagem

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Abstract

Objective: To know the perception of the professional nurse regarding the risk classification in a Reference Hospital for Urgency and Emergency in Traumatology and Orthopedics in Santa Catarina. Method: Qualitative research with an exploratory and descriptive approach. The interview technique with a semi-structured questionnaire was used for data collection. The sample consisted of 20 nurses who work in the emergency service. For data analysis, the precepts of Bardin's Content Analysis were used. Results: To better describe the results, two categories were listed: Difficulties in the risk classification process and The perception of the classification process. The research showed the perception of nursing professionals regarding the risk classification protocol, bringing aspects such as the effectiveness of the protocol, and the difficulties faced daily by the professionals. He also showed difficulties regarding the physical environment that is not adequate. However, it recognizes the effectiveness of the protocol, but realizes that the user still has difficulties in understanding it. Conclusion: It was possible to observe that nursing professionals are aware of the risk classification protocol, being a necessary tool for reliable and streamlined care, according to the needs of each user.

Descriptors: Nursing; Emergency; Protocols; Screening; Emergency Medical Service.

Resumén

Objetivo: Conocer la percepción del profesional de enfermería sobre la clasificación de riesgo en un Hospital de Referencia de Urgencias y Emergencias en Traumatología y Ortopedia de Santa Catarina. Método: Investigación cualitativa con enfoque exploratorio y descriptivo. Para la recogida de datos se utilizó la técnica de entrevista con cuestionario semiestructurado. La muestra estuvo constituida por 20 enfermeras que laboran en el servicio de urgencias. Para el análisis de datos se utilizaron los preceptos del Análisis de contenido de Bardin. Resultados: Para describir mejor los resultados, se enumeraron dos categorías: Dificultades en el proceso de clasificación de riesgos y La percepción del proceso de clasificación. La investigación mostró la percepción de los profesionales de enfermería sobre el protocolo de clasificación de riesgos, aportando aspectos como la efectividad del protocolo y las dificultades que enfrentan a diario los profesionales. También mostró dificultades con respecto al entorno físico que no es el adecuado. Sin embargo, reconoce la efectividad del protocolo, pero se da cuenta de que el usuario aún tiene dificultades para comprenderlo. Conclusión: se pudo observar que los profesionales de enfermería conocen el protocolo de clasificación de riesgo, siendo una herramienta necesaria para una atención confiable y ágil, de acuerdo con las necesidades de cada usuario.

Descriptores: Enfermería; Emergencia; Protocolos; Poner en pantalla; Servicio de Emergencias Médicas.

Resumo

Objetivo: Conhecer a percepção do profissional enfermeiro frente à classificação de risco em um Hospital de Referência em Urgência e Emergência em Traumatologia e Ortopedia de Santa Catarina. Método: Pesquisa qualitativa com abordagem exploratória e descritiva. Foi utilizada a técnica de entrevista com questionário semiestruturado para a coleta dos dados. A amostra foi constituída por 20 enfermeiros que atuam no serviço de emergência. Para a análise dos dados foram utilizados os preceitos da Análise de Conteúdo de Bardin. Resultados: Para melhor descrever os resultados foram elencadas duas categorias: Dificuldades no Processo de classificação de risco e A Percepção sobre o processo de classificação. A pesquisa mostrou a percepção dos profissionais de enfermagem frente ao protocolo de classificação de risco, trazendo aspectos como a eficácia do protocolo, e as dificuldades enfrentadas diariamente pelos profissionais. Ainda mostrou dificuldades quanto ao ambiente físico que não se apresenta adequado. No entanto, reconhece a eficácia do protocolo, mas percebe que o usuário ainda tem dificuldades no seu entendimento. Conclusão: Foi possível observar que os profissionais de enfermagem têm conhecimento sobre o protocolo de classificação de risco, sendo uma ferramenta necessária para o atendimento fidedigno e agilizado, conforme a necessidade de cada usuário.

Descritores: Enfermagem; Emergência; Protocolos; Triagem; Serviço Médico de Emergência.

Introduction

The National Urgency and Emergency Policy was implemented with the objective of organizing care in Urgency and Emergency and helping the work of health professionals, and offering patients a service with the principles of SUS, universality, equity and integrality, and should be applied in units of high and low complexity, so that this policy can actually be employed, has the support of three spheres, which are: federal, municipal and state, through which it is possible to put into practice the principles of SUS, aiming at promotion and prevention in health[1].

This policy needs to be put into practice, united between the three spheres of federal, municipal and state management, prioritizing the organization of assistance and the flow of care, directing patients to the appropriate location according to their real need, in order to qualify the patient. health care. In other words, the National Urgency and Emergency Policy aims to provide qualified health care for all, so that there is an agile and resolute service[1].

The emergency is characterized as a problem in which there is a need to be solved as quickly as possible, as the user is at a compromising level, requiring rapid intervention and, thus, preventing the problem from accentuating or bringing more serious consequences. Thus, the Emergency is an extremely important attribute, in view of the set of circumstances, which require interventions[2].

Emergency and urgency situations are characterized by the need for a patient to be seen in a noticeably short time. The emergency is characterized as the situation in which there can be no postponement of care and must be immediate. In emergencies, care must be provided in a period that, in most cases, is considered not to exceed two hours. Non-urgent situations can be referred to outpatient emergency care or conventional outpatient care, as it does not have the urgency that those previously described[2].

The risk classification is intended to prevent and organize the flow of care to the public against injuries to patients who seek SUS and through it, it is a tool with the purpose of assisting professionals in urgent and emergency services. It is extremely important, as it allows prioritizing patients who need priority care. As established based on principles that are used to classify whether or not that person is at risk, which are: susceptible to risk, patient is in serious clinical problems, or there is a high degree of suffering / vulnerability, having health problems that need immediate intervention, these are the basic requirements to include in the risk classification, and provide well-being to the individual who needs and seeks this service. That is, the risk classification allows to better meet the demand, reorganize, prioritize care for those who need it immediately, this work is carried out based on the reception provided by the professional nurse and subsequently identified the risk classification[3].

The risk classification is implemented not on a first-come, first-served basis, it is put into practice according to the severity of the case, through this classification it is possible to identify which patients are vulnerable, it is important to emphasize that the risk classification is exclusive to the nurse , is divided into stages, by colors and signs and symptoms, so that it is possible to identify through these classifications the real risk at which the patient is[4].

In view of the number of undue hospitalizations (data reported by a professional working in the area), or for reasons that are not viable at an urgent and emergency unit, the following question was created: "Is the risk classification being an effective protocol?" therefore, we would like to see in practice how the protocol is carried out, trying to verify if it is the root of the problem of so much demand, and we will obtain this information through our research with the classifying nurses.

Thus, the present study aims to assess nurses' daily lives in their professional experiences of the reception process with risk classification at a Reference Hospital for Urgency and Emergency in Santa Catarina. Taking these aspects into consideration, we have the guiding question of the research: What is the perception of the professional nurse regarding the risk classification in a Traumatology Hospital in Santa Catarina? The objective was to know the perception of the professional nurse regarding the risk classification in a Reference Hospital for Urgency and Emergency in Traumatology and Orthopedics in Santa Catarina.

Methodology

The present research is of a qualitative nature with a descriptive exploratory approach, through the technique of interviewing nurses in the Urgency and Emergency unit of a reference hospital in Traumatology in the south of Santa Catarina. The research was carried out in the municipality of São José, in the Urgency and Emergency Unit of a reference Hospital in the south of Santa Catarina.

It is a general hospital with a vocation for traumatology and offers maternity, general emergency, pediatric and obstetric services, ophthalmology, general surgery, orthopedics and neurosurgery and an outpatient clinic with different specialties. It is strategically located on the banks of a high-flow federal highway and serves the population of greater Florianópolis and the region. The choice of the location to carry out this research was based on the monthly average of urgent and emergency care of 14,702 seconds according to the statistics of the Government of the State of Santa Catarina (data from 2013)[5].

The Emergency has 25 nurses who work in the emergency divided into day and night shifts; of these, twenty nurses from the Urgency and Emergency Unit of a large hospital in the region of São José participated in the study. The inclusion criteria in the research were: being a nurse member of the emergency team who work during the day and night and who perform the risk classification, have at least six months of experience and accept to participate in the research by signing the Free and Informed Consent Form. And the exclusion criteria were the subjects who are on vacation, leave for health reasons and leave. Such selection was necessary due to the experience that is sought with the research of the knowledge of nurses, as a member of the urgency and emergency unit with the role of using the risk

classification protocol to prioritize the care of patients waiting in the waiting room.

Data collection was performed by interview with a semi-structured script in the workplace, the research participants responded to the script, which was made available in a place of free choice or where it was more comfortable for the professional. The questionnaire form contained objective and quick-response questions, thus not causing any damage to his performance in the day's activities in his profession and not bringing any type of damage to the assistance to patients. Likewise, at no time was the participant's privacy exposed, for this, a code name was used, through the name of fruits. The interviews took place at the nurses' preferred location, previously scheduled, in a private room.

Content Analysis was used as a way of interpreting the collected data, which consists of using a set of communication analysis techniques that uses systematic and objective procedures to describe the content of messages[6].

For the development of the research, the project was presented to the legal representative of the Regional Hospital Homero de Miranda Gomes, who by signature authorized the realization through the Declaration of Consent, which was carried out only after approval by the Ethics Committee on Research with Beings Human Rights under Opinion No. 2,792,242 and CAAE 94329118.1.0000.0113.

The confidentiality of the interviews was guaranteed, and the participant had the right to withdraw from the survey at any time, without causing any consequences. The Informed Consent Term in two copies, the first being held by the researchers and the second by the participant.

Regarding the data collected, the interviews and files containing the participants' statements will be preserved during the five years following the research, being under the responsibility of the researchers according to Resolution No. 466/12 of the National Health Council. The information obtained were used for the job in question and the anonymity of the participants will be maintained.

Results and Discussion

From the data obtained with the present study, it was possible to identify the nurses' perception about the use of the risk classification protocol. Of the twenty-five nurses working in the urgency and emergency unit, it was only possible to interview twenty professionals, as the rest of the professionals were on leave due to vacations, certificates and leave. The characterization of the twenty individuals presented showed that the health professionals who participated in the study were mostly female, that is, a total of 18.

Regarding the characterization of the interviewed professionals, it was possible to observe that as for the level of education, one participant of the research had a Master's Degree, twelve (60%) participants had a Post-Graduation, and the rest, a Graduation (35%). We also emphasize that most of the interviewees, 12 (60%) had more than five years

of training, and only six (25%) had less than five years of training, and two did not report their training time. As for the experience of acting as a risk classification nurse, most of the interviewees had more than five years of experience in the area, with the exception of only six nurses who have worked for less than a year, and four did not inform the length of experience.

After characterizing the participants, the results of the interviews were analyzed. To describe the results obtained, these were analyzed and from these two categories emerged: Difficulties in the risk classification process and Perception about the classification process, done for better understanding and understanding of the reader.

Difficulties in the risk classification process

The first category listed concerns the difficulties observed during the risk classification process. Like any professional environment, there are some situations experienced by professionals, which can interfere with the quality of the service provided, such situations are experienced and observed daily by the acting professionals and can arise from different areas, ranging from work environment to lack of knowledge and training of the professionals themselves. These difficulties are noticeable even by users of the service[7].

One of the subjects addressed by the interviewees refers to the disorganization of the service, where such a situation hinders in a practical way the performance of nursing in a reliable manner, reflecting in different nursing actions and behaviors. This lack of standardization puts the entire work process at risk[8].

Thus, the results showed that in some aspects the risk classification process is vulnerable. The results showed the professionals' view of the protocol and its effectiveness, reporting that there were no changes after the insertion of the protocol in the unit, and the lack of training of professionals is reported, as shown by the reports:

> *"I did not participate in this stage, when I started, I received guidance and accompanied fellow nurses before actually acting alone"* (KIWI).

> *"No, one nurse teaches the other. In 4 years, I learned of a training that I did not participate"* (BLACKBERRY).

> *"When I entered, I received no training, face and courage"* (PEAR).

> *"I received training once. But I was never called for training again. I see that other sectors send their people to courses. I did post in urgency and emergency in São Paulo because I felt the need for training, I paid the costs"* (TOMATO).

> *"Yes, there has to be a whole training to have a good result for the patient"* (APPLE).

The interviewees' statements show weaknesses in the training process that professionals attribute to the health institution, regarding the qualification of professionals before inserting the risk classification protocol, pointing out that there was training for some. It is also possible to perceive that the communication process between professionals also presented weaknesses in the sense of wide dissemination

among the teams, which portrays the exchange of experience among professionals without a standardized orientation that reached everyone in an equal and equalized way, even so it is possible to observe that the participants recognize the importance of training before incorporating new work processes.

One of the biggest weaknesses in the risk classification process is the lack of training and qualification so that there is an improvement in the assistance offered, as many professionals are out of date and need periodic training. It is extremely important to train these professionals, as the purpose is to improve care, and for this improvement to happen, there is a need to constantly update these professionals[9].

On the other hand, it is possible to observe in the code of ethics with respect to the rights of professionals in its Article 2, that the professional must improve his technical and scientific knowledge that support his professional practice. The professional must improve technical, scientific, ethical and cultural knowledge, for the benefit of the person, family and community and the development of the profession. The improvement of professional knowledge is necessarily the object of individual and collective responsibility in the understanding of Nursing itself, a profession socially committed to the life and health of the population where it operates[10].

Considering the professionals' reports, it is necessary to have this holistic look, to think about the problem solving. It is to identify that there are many points that hinder the assistance provided, materials, physical structure, technological resources, even from the population that has no understanding of what the risk classification really is, hindering the flow of care.

"We need a better structure, because we do not have stretchers to assess patients at the door, patients do not have an understanding of what an emergency is, this makes classification difficult" (ACEROLA).

"Yes, train the whole team too, materials are scarce, such as aesthetes and sphygmoons, electronics, temperature sensors, broken and missing stretchers, broken wheelchairs, you need more investment for sure" (TOMATO).

"No, more technology would be needed. The vigilante is the one who calls the patients, because he screams louder. My voice would not have the strength to do so. If you had a speaker or password appearing on a screen it would help" (GRAPE).

"Dealing with people's lack of information regarding risk rating. another difficulty is working with a demand that grows day by day. Everyone moves to the hospital, there was an afternoon that I classified 278 patients" (BANANA).

Regarding the physical structure of the environment, it was possible to identify reports from most of the interviewees, emphasizing the physical structure of the environment, and the lack or absence of materials for better performance of their work. In addition to the inadequate physical structure for quality service, which can interfere with the assistance provided to the client. The results reveal through the speeches of the participants a lack of systematic options in the protocol, to characterize the patient in care, in addition, the disconnection between the high complexity service and the UPAS and UBS regarding the notification of priority services and green or that must be attended to in primary care. That is, the majority of respondents' report that there are gaps present that can be improved.

According to the literature, the crucial points when implementing the risk classification, and the high demand of patients, the lack of materials that are indispensable for classification, that is, the need to have material resources, the physical structure and human resources are essential to success. It is important to note the presence of a high number of non-severe patients, as they hinder the classification process, for professionals and for those users who need priority care. Thus, nurses are sometimes faced with difficulties in being able to implement the risk classification, not only due to the physical structure, lack of materials, but even the population that erroneously uses the services that SUS provides[11].

An adequate physical structure and a favorable environment with adequate equipment is essential for the risk classification to be carried out in an adequate and reliable manner, avoiding adverse interference that may harm the work process. Another aspect observed is the great demand and the lack of understanding of the user about the function of a highly complex service, this means that all health needs, regardless of their complexity, end up on demand, arriving at the emergency door, causing overcrowding, wear and tear on professionals and difficulty in prioritizing the real emergency.

Certainly, there are numerous weaknesses within the risk classification, structural, organizational difficulty, there is no coherence between primary and outpatient care services, better filtering the cases that require immediate intervention and consequently avoiding an unnecessary patient demand. These problems may also reflect weaknesses in the training and qualifications of the professionals involved in the process[9].

One of the great difficulties encountered, observed in the statements, is related to the lack of basic and specific theoretical knowledge on the subject, reported "not having learned, not knowing how to do and interpret". Part of these difficulties is related to the nursing diagnosis, because depending on the pathology of the patient, the doubt became increasingly greater, it must be emphasized that the complaints of patients who are approached by the nursing professional are totally different and divergent from those addressed by doctors, although the methodologies that are used for its verification are similar[7].

There are weaknesses and difficulties in the physical space of the units, which are not really structured to carry out the reception effectively, lack of materials, equipment and technologies, on a routine basis which implies quality and continuous humanized assistance[9].

The perception about the classification process

For us to have a more reliable understanding of the perception of the professional nurse, in relation to risk classification, it is important to pay attention to some relevant points observed in the results. Most respondents

affirm the importance of classification, by optimizing time, organizing the flow of care, prioritizing cases that require immediate intervention, whose results corroborate with the literature[12].

The results give a dimension to the nurses' perception of their role as a classifier. There are certain difficulties to be overcome that frustrate the expectations of the activity, favoring even a professional exhaustion. The literature shows that despite the difficulties encountered in the exercise of the activity, professionals tend to serve the user holistically, with universality, and with the objective of seeking problem solving[3].

In this way, we can emphasize that the vast majority of professionals perceive the importance of acting as a classifier, as they observe that the changes that occurred with the implementation of risk classification, mainly with regard to prioritizing care for the most serious and that needs immediate intervention. Even so, many reports the importance and perceive a lack of periodic training to improve their work daily, so that together with expertise there is an improvement in theoretical knowledge. The promotion of discussions of daily practice combined with academic study allows evidence-based practice to favor the scientificity of the professional performance of nurses and the health team.

The statements portray the nurse's perception of the risk classification as positive and at the same time point out the operational difficulties encountered.

"[...] the nurse stays at the door, with his face covered, everything falls on the nurse, the responsibility is enormous" (ACEROLA).

"Before, service was provided on a first-come, first-served basis. The serious ones had no priority in attendance. They often died while waiting" (TOMATO).

"Unfortunately, I still feel unmotivated, my lack of motivation is not with regard to risk classification, but due to the flow and lack of organization in the institution, today we see many professionals (physicians) wanting to skip the risk classification, they do not respect the order of gravity, serve who they want" (WATERMELON).

"[...] with good specific training" (GUAVA).

"The nurse has theoretical / practical knowledge for this function, and this improves with the experience in the classification" (LEMON).

The adoption of the risk classification protocol by the Health Institution favors good results, among which the reduction of the mortality rate, reduction of the waiting list for patients at the reception, the prioritization of care for the most serious patients, promoting a more agile medical care and organized. Before the institution of the risk classification protocol, patients were treated on a first-come, first-served basis to the detriment of the most serious, which generated a greater number of injuries. Even so, it is possible to identify that the emergency continues to be overcrowded and the waiting list is long, compromising the rigor of the service time according to the color classification. As previously seen, even nurses who have worked at the institution for more than ten years find it difficult to describe all the benefits that the

classification should provide, as not only the act of classification must be recognized, but also the resolution in consultations, exams, procedures and referrals. physician as a follow-up to the protocol.

An interesting aspect observed in the results is the nurses' dedication and proactivity in the sense of feeling able and able to perform this task well, with love and dedication for the profession, giving off personal effort, promoting the interaction between the team as support in difficulties and doubts , in order to better serve the population. They perceive that adjustments are necessary, promoting the reevaluation of the work process, discussing and interacting with the multiprofessional team in order to perform and increasingly qualify the work, providing quality service to the population that seeks the service.

The results strongly point to the need for support about qualification and training. The improvement in a given work process can take place with training aimed at risk classification, through the exchange of experiences of daily practice or even through scientific discussions in a multidisciplinary way so that the exercise of the activity is considered a source that promotes and feeds back the qualification of the risk classification process.

In this way, when it is perceived by the participants' statements the lack of security in playing the classifier role, they can identify the improvement process developed in a team, as a favorable aspect to exercise the role of classifier more safely.

It is possible to observe in the speeches of the participants the feeling of liking or not to play the role of nurse classifier, and most of the time a negative perception is identified in the function performed, where the nurse does not feel pleasure, since they signal a psychological strain and even physical. Other participants who show pleasure in acting as a classifier, attributing this feeling to the possibility of being able to talk to patients and really understand what is going on, so that they can offer better and more effective assistance.

In relation to the effectiveness of the risk classification protocol, most participants report that yes, the protocol is effective, with some caveats, but they point out the positive aspect. It is undeniable that there was an improvement with the implementation of the Risk Classification in urgency and emergency units, mainly regarding the prioritization of cases that require immediate intervention. However, there is much to be improved so that professional nurses can perform their role, such as, for example, the physical structure, training, appropriate equipment and organizational structure[9].

The literature corroborates the results found with regard to the need for structural organization for care, however the risk classification favors improvements in the care process in emergencies and in the admission of patients, as well as favoring the prioritization of care with great potential. risk and health problems in the units. In addition to these situations, it was identified that the risk classification allows to provide an early forecast of the reason for patient care. Thus, most nurses say that the risk classification ensures

care according to the needs of each patient, thus bringing more safety, an essential factor for the classification[13].

When carrying out the risk classification, nurses promote health education, guiding patients on accessibility to primary health care services, since most care is the responsibility of primary care and health. Nurses understand the importance of the risk classification protocol, and of its need in institutions to really reorganize the entire service process for users, but unfortunately most report and point out several difficulties faced to put the protocol into practice[13].

In this way, the results showed that the nurse realizes in the act of classifying the users' lack of understanding regarding the risk classification process, given the user's request for priority care. The difficulty in understanding the difference in urgency and emergency, the imminent risk of death or a patient with a more severe clinical condition than your own often hinders the classifier's work process. Another factor reported by the participants is that the population does not seek UBS or UPA, as they believe that there is no resolution in the health units, but in an urgent and emergency institution.

The results also showed, from the participants 'reports, the user's perception of the quality of the service provided, and even questioning the nurses' ability to perform their functions, when they were approached by users about various situations and events during the process of risk classification, as reported below:

> *"That there is a lot of delay, they don't understand the difference, and they want priority in service"* (BANANA).

> *"[...] sometimes the patient is disappointed when he is called for the classification, because he thinks it is already medical care, in general the patients do understand"* (KIWI).

> *"Patients do not understand the risk classification, they want to be seen quickly. I realize that most patients do not care about the severity of others, they think only of themselves"* (WATERMELON).

> *"They complain due to time, as they could look for the UPA or post, in the event of overcrowding, they look at the navel itself"* (PLUM).

It is possible to observe from the nurses' statements that the users do not understand the real objective of the risk classification process and question the fact that they are waiting for a long term to be attended, that is, there is no understanding of the population with regard to the waiting time, the reason for the delay in service, the classification function, as they think that when they are called for classification they will soon have medical care. The literature shows that for the user who is serious, the risk classification brings benefits, but for those who, in their perception, need assistance, but without being more serious, disagree with the risk classification established by professionals[14].

In view of the great demand for work, and the need for a more streamlined service, the risk classification is quite objective because it needs to be carried out in the shortest possible time in order not to cause damage to the user due to the delay in the classification, thus users report lack of humanization and disrespect. The nurse knows the responsibility of the act of classifying not to prolong the time

for retention in the continuity of care, so they streamline the process because they understand that it is a tool to direct users to specialized sectors, so that they arrive at the service according to their complaints[15].

Users who went through the risk classification point out advantages and disagreements and point out what could be improved, recognize the effort and contribution of professionals to carry out a humanized reception. Users report on the high demand and overload of work for professional nurses, and as there is a high demand in the hospital, it should invest more in the number of professionals to reduce, thus, overcrowding and the endless queues that increasingly compromise health care. quality of service[15].

Conclusion

The risk classification is a tool that allows an improvement in the care provided to patients and the institution. Thus, even in the face of all the adversities and challenges encountered, it is essential for a dynamic and satisfactory work process, with the aim of continuous assistance. With the risk classification it is really possible to provide care to the patient who needs immediate intervention, selecting the cases that are at imminent risk of death or the most serious cases, according to the Manchester protocol, allowing resolvability, organization of the flow of patients. assistance, assisting in the organization and resolving demands, being the nurse professional of extreme importance to perform this role as a classifier in a holistic way. It is important to note that there is a need for some adjustments regarding the risk classification, to always improve, and provide quality service. Therefore, it is essential that the points of care are interconnected so that they can have more resolution, and meet the demands as needed, and according to the clinical condition of each patient.

Even with all the effectiveness and usefulness of this tool so important to organize the work process, we were able to observe and identify that the participants encountered some difficulties when putting into practice the risk classification protocol, among the several difficulties reported by the professionals, the following were highlighted: infrastructure: lack of user understanding, weakness in the training process.

But this was not taken into account in a generalized way, as many professionals reported that they were trained to carry out the risk classification process, while professionals reported the difficulties, several professionals showed that the protocol when being introduced in the hospital unit, brought several benefits to improve the service to the user, benefits such as: optimization of the service time (even with the overcrowding still occurring), organization of the work process, and mainly the prioritization of care for the most serious patients, who need a service urgently, thus facilitating the work of all professionals in the urgency and emergency unit.

By conducting the research, from the beginning to the end, we managed to make it evident that most nurses are able and trained both in a practical and theoretical way to carry out the risk classification process. Even many nurses are

satisfied with the tool, as it facilitates user service. Thus, most nurses are aware of and aware of the importance of implementing risk classification, even with some difficulties in the work process, although some adjustments are necessary.

There are still many points to be reevaluated in terms of risk classification, in order to improve the care actions already implemented there, implementing other actions, with the aim of optimizing time, providing care in an integral and universal manner, always aiming to provide holistic care to the patient. who seeks the institution, with periodic training, in order to always improve the clinical view of the classifier, appropriate materials to assist in assistance, technological resources, a multidisciplinary team, educational materials for users, to understand the importance of classification according to severity of each patient who needs assistance. However, we emphasize that, as already discussed in the text, the multidisciplinary discussions of the emergency team combining expertise with scientific evidence.

When conducting the research, nurses were extremely receptive, to collaborate with its realization, it is important to highlight the attention that was designed for us so that this research could be carried out successfully, and obtain reliable and clarifying results. We had some difficulties during this process, such as: the waiting time for each interview, since getting the answers took according to the service flow, which demanded a longer waiting time than we had planned, unavailability of immediate service, the institution's shift change, but even in the face of some adversities, it was possible to finalize and obtain relevant information for a better understanding of the risk classification.

We believe that, in a future perspective, the reception with risk classification is introduced in all hospital units and in emergency rooms, making the identification of diseases more effective. The protocol only must improve and be even more effective over the years, because with each passing day the institutions adapt and adhere to the protocol for bringing more resolution and work organization.

References

1. Murcia AL, Marques G, Beletti HM, Ruiz JC, Silva JC, Camargo LL, Gonçalves M, Evangelista P. Políticas Nacionais de Urgência e Emergência. Escola de Enfermagem de Ribeirão Preto – Universidade de São Paulo, 2017 [acesso em 31 out 2020]. Disponível em: https://edisciplinas.usp.br/pluginfile.php/2457546/mod_resource/content/3/Trabalho%20escrito%20Grupo%2005.pdf
2. Giglio-Jacquemot A. Definições de urgência e emergência. Definições de Urgência e Emergência: critérios e limitações. Rio de janeiro: Editora Fiocruz; 2005. pp. 15-17.
3. Fátima Filha M. A importância do acolhimento com classificação de risco no serviço de urgência/emergência. (Monografia) Curso de Especialização em Linhas de Cuidado em Enfermagem – Opção urgência e Emergência. Departamento de Enfermagem da Universidade Federal de Santa Catarina, 2014 [acesso em 31 out 2020]. Disponível em: https://repositorio.ufsc.br/bitstream/handle/123456789/173621/MARIA%20DE%20F%C3%81TIMA %20FILHA_EMG_TCC.pdf?sequence=1&isAllowed=y
4. Camilo NKS, Costa MAR, Inoue KC, Matsuda LM, Oliveira JLC, Souza VS. Atuação do Enfermeiro no acolhimento com classificação de risco: Um estudo de metassíntese. Ciência, Cuidado e saúde. 2016;15(2):374-382.
5. DataSus. SIAB, disponível em Sistema de Informação da Atenção Básica [acesso em 12 mar 2018]. Disponível em: http://siab.datasus.gov.br/SIAB/index.php?area=04A01&item=1
6. Bardin L. Análise de Conteúdo. Lisboa: Edições 70; 2002. 101p.
7. Takahashi AA, et al. Dificuldades e facilidades apontadas por enfermeiras de um hospital de ensino na execução do processo de enfermagem. Acta paul enferm. 2008;21(1):32-8.
8. Andrade JS, Vieira MJ. Prática assistencial de enfermagem: problemas, perspectivas e necessidade de sistematização. Revista Brasileira de Enfermagem. 2005;58(3).
9. Servin SC, Pinheiro E, Maciel DO. Protocolo de Acolhimento com Classificação de Risco. São Luis: MS, 2018.
10. Conselho Federal de Enfermagem (Cofen). Resolução n.º 564, de 06 de novembro de 2017. Brasília (DF): Cofen, 2017 [acesso em 05 nov 2018]. Disponível em: http://www.cofen.gov.br/resolucao-cofen-no-5642017_59145.html
11. Anziliero F, et al. Sistema Manchester: tempo empregado na classificação de risco e prioridade para atendimento em uma emergência. Rev Gaúcha Enferm. 2016 dez;37(4):e64753. doi: http://dx.doi. org/10.1590/1983-1447.2016.04.64753.
12. Santos AP, Freitas P, Martins HM. Manchester Triage System version II and resource utilization in the emergency department. Emerg Med J. 2014;31(2):148-52.
13. Duro CLM, et al. Percepção de enfermeiros sobre a classificação de risco em unidades de pronto atendimento. Revista RENE: Revista da Rede de Enfermagem do Nordeste. 2014;15(3):447-454.
14. Oliveira JLC, et al. Acolhimento com classificação de risco: percepções de usuários de uma unidade de pronto atendimento. Texto & Contexto Enfermagem. 2017;26(1):1-8.
15. Guedes MVC, Henriques ACPT, Lima MMN. Acolhimento em um serviço de emergência: percepção dos usuários. Revista Brasileira de Enfermagem. 2013;66(1).