

The Nurse in Welcoming with Risk Rating: Integrative Literature Review

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Abstract

Objective: Identify, through an integrative review, the importance of reception with risk classification made by nurses.

Method: Integrative literature review for the bibliographical survey, the electronic databases were used BDENF, SCIELO, LILACS and MEDLINE using as inclusion criteria: articles published in portuguese, full articles, between 2013 and 2018; available in the databases consulted and in full text, related to the objective. The exclusion criteria adopted were: editorials, abstracts and dissertations.

Results: A total of 3,632 articles were found, 11 of which were selected for analysis for addressing professional practice and its execution.

Conclusion: The nurse is and has been instrumental in the reorganization of care in health services, as the trained professional considers complaints, signs and symptoms with a qualified listening, allowing to control the flow and prioritizing the most serious, in an attempt to optimize the time of the patient wait.

Keywords: *User Embracement; Classification and Nurses*

Introduction

Emergency care has a great impact on health in Brazil, facing the problem of overcrowding in the units, generating great dissatisfaction among professionals and especially patients, a problem that is much emphasized by the media [1].

Due to this fact was established the Emergency Care, aiming to be a place that provides rapid care in severe cases, with the purpose of assistance, stabilization of the staff and referral to hospitals when necessary. It is configured 24 hours a day, performing risk classification screening, providing resolute care to patients affected by acute or chronic acute cases, cases of low complexity, at night and on weekends, when the basic network and when the basic network and the Family Health Strategy are not active. In this way, also, the critical patient stabilization warehouse, building coherent and effective flows [2].

In order to organize the health network comprehensively in the area of Urgency and Emergency, the reception and the risk classificatory screening were introduced in the units. In Ordinance 2048/02 of the Ministry of Health, this risk-rated care service is a reorganizing instrument, with an attempt to improve the Unified Health System, which should be performed by higher-level health professionals, in face of training using of protocols, its mission is: To be an instrument capable of welcoming citizens and ensuring better access to emergency services; Humanize the service; Ensure fast and effective service [3].

Ordinance n° 1020, of May 13, 2009, which establishes guidelines for the implementation of the fixed Prehospital component, which defines the competences and responsibilities of the Emergency Care Units (ECU), uses the term "reception" instead of "screening", as

recommended. by HumanizaSUS, who understands screening as a practice of exclusion. The word “welcome”, in its various senses, expresses “welcome, admit, accept, listen, give credit to, wrap, receive, attend, admit” [4].

The Risk Classified Reception (RCR) determines an agility in the service based on an analysis in conjunction with the institutional protocol according to the Ministry of Health Manuals and Regulations, based on the needs of each client based on complexity rather than order. of arrival. Risk classification is an inclusion tool, ie it does not aim to forward anyone without care, but to organize and ensure the care of all [5].

In seeking a solution to the problem of overcrowding, health services in some countries, such as Canada, Australia, Sweden, the United Kingdom, the US, and more recently Brazil, sought to standardize risk rating systems in emergency departments, for the purpose of effective management and fairness of services, ensuring patient flow in the health system [6].

Among the most widely used and widely known risk rating systems in the world, we highlight: The Canadian Emergency Triage (CET), National Triage Scale for Australasian Emergency Departments (NTS), Manchester Triage System (MTS), Emergency Severity Index (ESI), and the Model Andorrà de Triage (MAT). The classification protocols aim to ensure humanization of care, enabling a different clinical investigation, following the same parameters to establish the severity of the patients [6].

The protocol that is used for reception confers a risk classification for patients seeking care in the urgency and emergency network. It is structured by flowcharts that represent the signs and symptoms related to the main complaint presented by the patient, which is classified in different levels of priority with target time of established medical care and reevaluation by the professional who performed the classification, because the clinical condition may aggravate or improve [7].

The nurse interprets the patient’s psychological, interpersonal, and communicative signals to welcome and verify the credibility of clinical information. In this sense, the work of nurses in risk classification is also influenced by social aspects and the life context in which the user is. Thus, the nurse uses the intuitive assessment to exercise the classification from the physical appearance and the way the patient presents his problem. Therefore, the nurse who performs this activity is often the first health professional that families and patients see when they arrive at the service. Excellent communication skills are needed to help these people in such a vulnerable time and even to guide the individual and family about the type of care needed and the likely waiting time [8].

Objetive of the Study

Identify, through an integrative review, the importance of reception with risk classification made by nurses.

Method

Integrative literature review for the bibliographical survey, the electronic databases were used: Nursing Database (BDENF), Latin American and Caribbean Literature in Health Sciences (LILACS) and Virtual Health Library Scientific Electronic Library On Line (SciELO). Three descriptors were defined: User Embracement, Classification and Nurses, associated with pairs with the Boolean operator “and”.

The research took place between August and September 2018, with the inclusion criteria: Articles published in Portuguese, complete articles, between 2013 and 2018; available in the databases consulted and in full text, related to the objective. The exclusion criteria adopted were: Editorials, abstracts and dissertations.

Results

Descriptors	LILACS	S	BDENF	S	SCIELO	S	MEDLINE	S
User Embracement and classification	136	4	70	2	35	0	8	0
User Embracement and Nurses	150	2	124	0	50	0	3	0
classification and Nurses	350	3	253	0	116	0	2337	0
Total	636	9	447	2	201	0	2348	0
Total articles: 3.632 Legend: S=Selecteds								

Table 1: List of descriptors and databases. Jundiaí, SP. Brazil 2018.

Author/Year	Base	Theme	Method	Conclusion
Duro, 2014.	LILACS	Classificação de risco em serviços de urgências na perspectiva dos enfermeiros.	Quantitative research. n: 130 nurses.	The nurses agreed that the risk classification enables the organization of care flow in emergency services.
Costa., <i>et al.</i> 2016.	LILACS	Expectativa de enfermeiros brasileiros acerca do acolhimento realizado na atenção primária em saúde.	Qualitative research n: 9 nurses.	As in other studies, the findings of this study showed that the reality of the welcoming performed by nurses in primary health care is characterized by care for the assessment of acute complaints.
Weykamp., <i>et al.</i> 2015.	LILACS	Acolhimento com classificação de risco nos serviços de urgência e emergência: aplicabilidade na enfermagem.	Qualitative research n: 7 nurses.	It allowed understanding the reality experienced by nurses about the proposal of reception with risk classification in an emergency service.
Hermida., <i>et al.</i> 2017.	LILACS	Classificação de risco em unidade de pronto atendimento: discursos dos enfermeiros.	Qualitative research. n: 9 nurses.	The guarantee of priority for the care of the most severe patients and the safety of the professional in identifying the risks.
Duro., <i>et al.</i> 2014.	LILACS	Nurses' perception of risk classification in emergency units.	Qualitative research. n: 55 nurses.	The results of this study contribute to the understanding of nurses' perception of risk classification..
Prudêncio., <i>et al.</i> 2016.	BDEFN	Perception of nurse (s) about reception with risk classification in the emergency service.	Qualitative research. n: 9 nurses.	Risk classification, applied in most emergencies in Brazil and around the world, as an attempt to reorganize care, is almost always performed by nurses.
Nogueira., <i>et al.</i> 2016.	BDEFN	Reception with risk assessment and classification: The perspective of future nurses.	Qualitative research n: 16 academics	The practice of welcoming with risk assessment and classification from the perspective of academics emerged as a fundamentally important methodology.
Roncalli., <i>et al.</i> 2017.	LILACS	Manchester protocol and user population in risk classification: Nurse's view.	Qualitative research. n: 12 nurses.	Despite the challenges to the achievement of risk classification as a welcoming strategy, the nurse understood that the Manchester protocol brought security to the practice and quality of care provided.
Duro., <i>et al.</i> 2017.	LILACS	Nurses' opinion on risk classification in emergency services.	Quantitative research. n: 130 nurses.	One of the potentialities in the work of nurses is the ability to evaluate the priority of care.
Rates., <i>et al.</i> 2016.	LILACS	The work process of nurses in care with risk classification.	Qualitative research. n: 20 nurses.	When describing the work process of nurses in the RCR of ECU, it was found that it is recognized from its elements and technologies.
Sakai., <i>et al.</i> 2016.	LILACS	Feelings of nurses in the reception and assessment of risk classification in emergency room	Qualitative research. n: 12 nurses.	Reception with risk assessment and classification favors the autonomy of nurses and provides greater accountability of this professional with users.

Table 2: List of articles by author, year, base, theme, method and conclusion. Jundiaí, SP. Brazil. 2018.

Discussion

The Brazilian population is very dissatisfied with the service, so there was an action of the Ministry of Health implementing the host with risk classification, which is evaluated by the nurse, being the professional indicated to assess and classify the risk of patients seeking the service. urgency with the use of a protocol, which prioritizes patient care and gives more security to the nurse, the professional who identifies the risk [9].

Risk classification is a challenge for nurses, who work autonomously but suffer from the precariousness of the health service. Professionals are in charge of strengthening and developing their potential to identify the needs of patients seeking emergency services, but depending on the state that holds the public health organization in the country, to make the risk classification effective driver in the emergency service [10].

The nurse has the responsibility to control the user's entry into the emergency service, being able to decide on the patient's priority, considering the risk classification as a flow organizer, which contributes to the reduction of waiting time in patients with conditions. serious clinics, being the nurse exercised the qualified listening and the identification of problems [11].

Some authors [11,12] describe that the nurse is the most suitable professional to perform the function, because the classification screening involves a complex decision-making process, with severity classification, aiming to reduce the waiting time in the most severe cases identifying and prioritizing the care of critical cases. The nurse is the professional indicated to evaluate and classify the severity of those seeking emergency services, determining the priority of care, using protocols [13].

The reception performed by nurses is characterized by the assessment of acute complaints, such as the ability to understand the social context, needs and expectations of the population, seeking quality care before the structure of each region. It is a health production process [14].

The risk classification contributes to the reorganization of the flow of care given the growing demand of urgency and emergency services, trying to minimize this problem understands the need to reorganize care prioritizing care determining its order based on the proposal of the Ministry of Health for the system. Health as a strategy to ensure better access to the emergency service through a protocol that helps define the priority level [15].

The reception with risk classification reorganizes the emergency entrance door, classifying the risk of complaints and establishing a clinical priority in the waiting time for care, being the nurse indicated to act, having their work based on the protocol, thus the reception with Risk classification is a tool that aims to improve user access to health services [16].

The Unified Health System consists of policies, guidelines, seeks to improve the organization of the Brazilian public health care model with the implementation of services, along with the care and management function that nurses perform in emergency services with the realization of the service. reception in the emergency room, however, the professional nurse suffers from a fear when performing the function, because the clinical signs of patients are unstable, thus fearing to misclassify the user may cause damage, which goes far beyond the protocols [17].

The reception with risk classification made by nurses shows that the use of the Manchester protocol enables improvements to the service, bringing security to the practice of nurses and quality, contributing to the improvement of health systems, which covers the gap left by precariousness of primary attention [13].

Nurses must have knowledge about the decision-making protocols for risk definition, based on the Structured Screening System, which is a strategy of the Ministry of Health, but is affected by the lack of structure, which weakens the service of nurses, who consider the purpose as a priority in the care of users with potential for risk and injury and the use of available resources [18].

There is suffering, frustration and tiredness on the part of the nurse due to the intense work and overcrowding, this caused by the misuse of the service, being observed that many of the patients seek emergency service due to a failure in primary care, where primary care ends up being resolute, that is, the population of the basic health Unit ends up overloading the emergency service, with simple complaints and generating a longer waiting time in the service [16].

The Manchester protocol prioritizes care for those with the highest risk of life, classifying the patient according to their need, as a way to organize a waiting line in the emergency room, ensuring greater support for the professional who performs it, and to ensure confidence, it favors the selection of the flowchart based on the patient complaints that direct the service time [13].

Once again, the implementation of classification-based care in emergency health services is seen as an instrument to reduce waiting time made by nurses, thus this classification that is applied in most emergency services in Brazil aims at an attempt to reorganize the service being performed by the nurse [19].

Conclusion

The production of this theme made it possible to understand the functioning of the risk-rated reception system, prioritizing care and organizing the flow in the emergency care network of health services. The protocols support decisions, provide complementary support and allow greater autonomy for the nurse, who is based on scientific knowledge for this function.

The literature reinforces that nurses are professionals able to consider complaints, signs and symptoms with qualified listening, control flow and prioritize the most severe patients, optimizing waiting time, which has been an aggravating factor in emergency units.

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