

DIFFICULTIES EXPERIENCED BY NURSES IN RECEPTION AND RISK CLASSIFICATION: AN INTEGRATIVE REVIEW

DIFICULDADES VIVENCIADAS POR ENFERMEIROS NO ACOLHIMENTO E CLASSIFICAÇÃO DE RISCO: UMA REVISÃO INTEGRATIVA

Juliana Cordeiro Martins¹, Vanessa Moreira da Silva Soeiro²,
Renata Gabriela Soares Teixeira³, Larissa Di Leo Nogueira Costa⁴,
Luis Felipe Leite Oliveira⁵ e Francisco Carlos Costa Magalhães⁶

ABSTRACT

Introduction: Risk Classification and Reception (ACCR) is a guideline for organizing the urgent and emergency care network, aiming to manage patient demand by identifying those requiring immediate care and organizing cases that can wait - this being a role assigned to nursing professionals. **Objective:** To analyze the main difficulties faced by nurses in implementing ACCR in the context of urgent and emergency care, based on the literature. **Methodology:** This is an integrative literature review using the digital library Scientific Electronic Library Online (SciELO), the Virtual Health Library (VHL) for the LILACS (Latin American and Caribbean Literature on Health Sciences) and the Nursing Database (BDEnf), as well as Scopus, Web of Science, PUBMED, and Embase, including articles from the last ten years (2013-2022). The search was conducted between August and October 2023. **Results:** A total of 209 articles related to the topic were found in the databases, and eight were selected for this review. The study sought to highlight the main challenges experienced by nurses, both personally and in the work environment, as well as the functioning of ACCR from their perspective. **Conclusion:** The main difficulties identified include the lack of nurse training, insecurity, lack of knowledge about the protocol used, overcrowding, insufficient information provided to users regarding the ACCR process, stress, and work overload.

Keywords: User Embrace; Triage; Emergency Nursing.

RESUMO

Introdução: O Acolhimento com Classificação de Risco (ACCR) é uma orientação da organização da rede de urgência e emergência com o intuito de ordenar a demanda dos pacientes, identificando as necessidades de atendimento imediato e organizando os casos que podem aguardar - sendo esta uma função atribuída ao profissional de enfermagem. Objetivo: Analisar na literatura as principais dificuldades vivenciadas pelos

1 Nurse. Federal University of Maranhão, Nursing Program, Pinheiro - MA - Brazil. E-mail: juliana.cm@discente.ufma.br. ORCID: <https://orcid.org/0009-0000-7236-9497>

2 PhD in Public Health. Federal University of Maranhão, Nursing Program Coordination, Pinheiro - MA - Brazil. E-mail: moreira.vanessa@hotmail.com. ORCID: <https://orcid.org/0000-0002-4299-1637>

3 Undergraduate student in Nursing. Federal University of Maranhão, Pinheiro - MA - Brazil. E-mail: renata.gst@discente.ufma.br. ORCID: <https://orcid.org/0000-0001-7207-6045>

4 PhD in Health Sciences. Federal University of Maranhão, Nursing Program Coordination, Pinheiro - MA - Brazil. ORCID: <https://orcid.org/0000-0003-3206-612X>. E-mail: nogueira.larissa@ufma.br

5 Nurse. Federal University of Maranhão, Nursing Program, Pinheiro - MA - Brazil. E-mail: leite.luis@discente.ufma.br. ORCID: <https://orcid.org/0000-0003-2718-763X>

6 Master in Health Sciences. Federal University of Maranhão, Nursing Program Coordination, Pinheiro - MA - Brazil. E-mail: francisco.magalhaes@ufma.br. ORCID: <https://orcid.org/0000-0002-9454-760X>

enfermeiros na aplicação do ACCR, no âmbito da urgência e emergência. Metodologia: Trata-se de uma revisão integrativa de literatura, utilizando a biblioteca digital Scientific Eletronic Library Online (SciELO), a Biblioteca Virtual em Saúde (BVS) para as bases LILACS (Literatura Latino-Americana e do Caribe em Ciências da Saúde) e Base de Dados em Enfermagem (BDEnf), além da Scopus, Web of Science, PUBMED e Embase, com artigos dos últimos dez anos (2013-2022). A busca foi realizada entre agosto a outubro de 2023. Resultados: Foram encontrados 209 artigos nas bases de dados relacionados ao tema e oito foram selecionados para compor esta revisão, onde buscou-se evidenciar as principais dificuldades vivenciadas pelos enfermeiros, tanto no âmbito pessoal, quanto no ambiente de trabalho, além do funcionamento do ACCR sob a ótica desses profissionais. Conclusão: Dentre as principais dificuldades, destacam-se a falta de capacitação dos enfermeiros, insegurança, desconhecimento do protocolo utilizado, superlotação, escassez de informações ao usuário sobre o funcionamento do ACCR, estresses e sobrecarga de trabalho.

Palavras-chave: *Acolhimento, Triagem, Enfermagem em Emergência.*

INTRODUCTION

The country's emergency services have been increasingly sought due to the various types of accidents or violence that occur in society. In order to order the demand of patients, identifying immediate care needs and organizing cases that can wait, screening models are adopted. The National Humanization Policy (NHP) has since its establishment in 2003, some tools for the process of rationalization of care in the Urgency and Emergency Network (UEN) (PACHECO, 2015).

According to the Ministry of Health (2004), reception is a technical-assistance action that presupposes the change in the relationship between health professional and user through technical, ethical, humanitarian and solidarity parameters. In addition to recognizing the user as a subject and, at the same time, an active participant in the health production process. In addition, it aims to make a qualified listening and seek the best possible solution for the situation presented, combined with the objective conditions of the unit at that time.

In this way, the reception must be linked to the risk classification, which refers to a dynamic process of identifying patients requiring immediate treatment, according to the potential risk, health problems and degree of suffering, with the main objective of determining priority and hierarchizing the care according to severity (BRAZIL, 2009).

The Reception with Risk Classification (RRC) has the purpose of articulating and integrating all health equipment in order to expand and qualify humanized and integral access to users in emergency situations, so that the service is agile and timely (PACHECO, 2015). This activity is assigned to the nursing professional (HERMIDA *et al.*, 2018).

The main results expected with the implementation of the RRC are: reduce avoidable deaths; extinguish screening by unqualified staff; prioritize according to clinical criteria; encourage the adoption of responsible referral, with guaranteed access to the network; increase the effectiveness of care; reduce waiting time; detect cases that are likely to worsen if care is delayed; decrease patient,

attendant and staff anxiety; increase the satisfaction of professionals and patients, with improvement of interpersonal relations; standardize data for analysis and action planning (MELO; SILVA, 2018).

However, these results are hardly implemented effectively, since there are many difficulties in the public health system, especially at the tertiary level, which includes emergency and either by the physical structure or the lack of training of professionals in putting such an instrument into practice (MELO; SILVA, 2018).

Therefore, we sought to analyze in the literature the main difficulties experienced by nurses in the application of RRC, in the context of urgency and emergency.

METHODOLOGY

This is an integrative review of literature about the difficulties experienced by nurses in the application of risk-classified reception, within the scope of urgency and emergency. The following steps were carried out: identification of the theme and selection of the guiding question; search in the literature by delimiting descriptors; establishment of criteria for inclusion and exclusion of articles to be selected; definition of the information to be extracted from the selected studies; evaluation of the studies included in the review; interpretation of the results; presentation of the integrative review (MENDES; SILVEIRA; GALVÃO, 2008).

In the first moment, the theme “Difficulties experienced by nurses in reception and risk classification: an integrative review” and the guiding question were identified: What are the main obstacles that hinder the application of the risk classification protocol by nursing professionals? The research question was elaborated by means of the PICO strategy, acronym of the words P-Population; I-Interest; Co-Context.

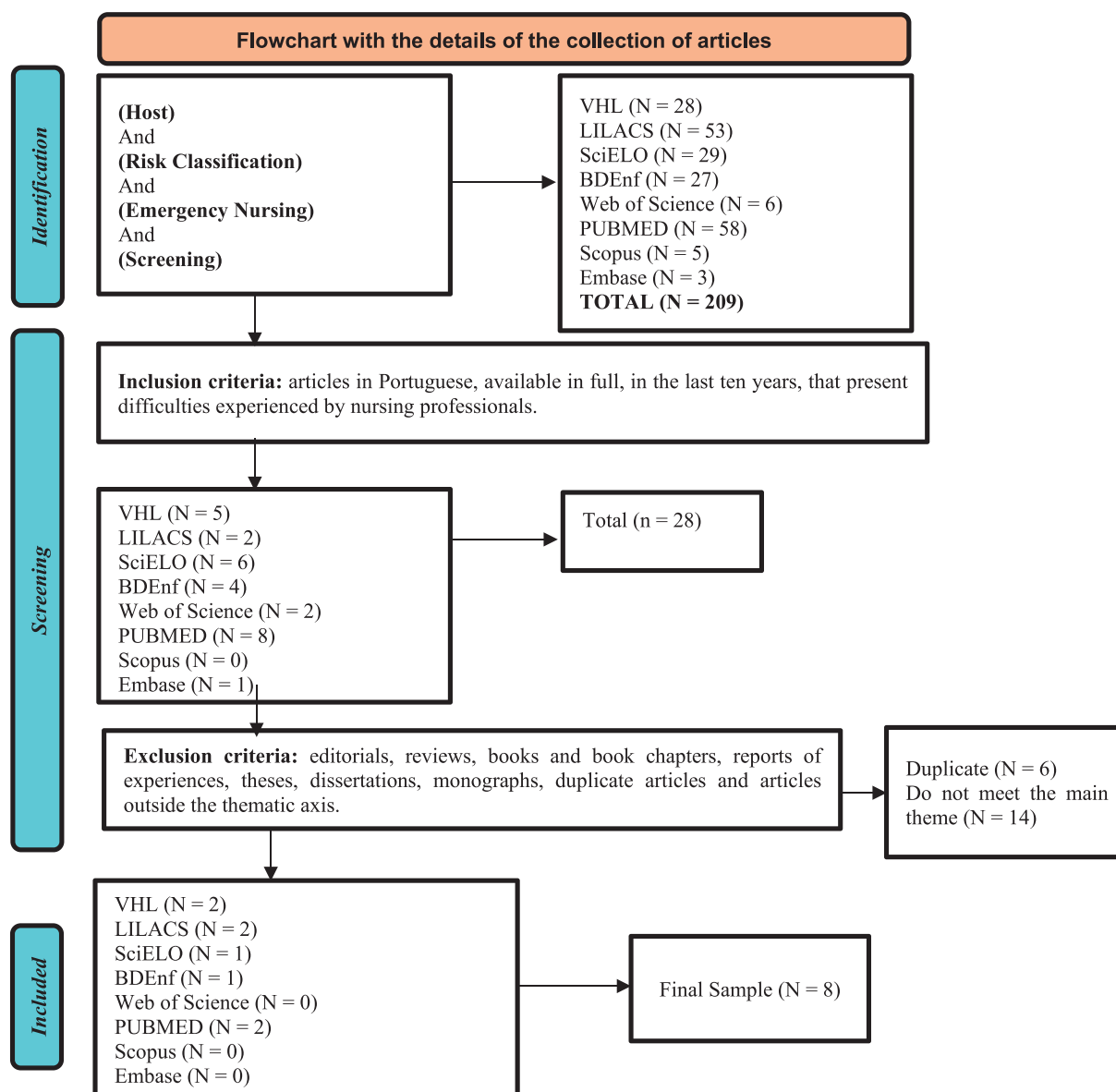
The second stage consisted of establishing the inclusion and exclusion criteria for studies. In the third stage, the sample was selected by searching the databases and in the fourth stage, the information extracted from the selected articles was summarized. The fifth stage referred to the evaluation of studies, interpretation and discussion of results; and in the sixth stage presented the review with synthesis of knowledge (MENDES; SILVEIRA; GALVÃO, 2008). The search was carried out between August and October 2023. The articles were selected by online access using the digital library Scientific Electronic Library Online (SciELO), the Virtual Health Library (VHL) for the LILACS (Latin American and Caribbean Literature in Health Sciences) and the Nursing Database (BDEnf), besides Scopus, Web of Science, PUBMED and Embase.

The inclusion criteria established were: primary research article; studies that present difficulties experienced by nursing professionals in the application of RRC in urgency and emergency; published in the Portuguese language, in the last ten years (2013-2022), available in open access, in full. Any other manuscripts (such as editorials, reviews, books and book chapters, accounts of

experiences, theses, dissertations and monographs) were excluded. The descriptors used in the search were: Reception, Triage, Emergency Nursing, using the Boolean operator “OR” for the first two and “AND” between the last two. For better presentation of the results, information was extracted about authors, year of publication, scientific journal, and type of study, main results and conclusions.

Thus, in the present study, 209 articles were found in databases related to the theme. Soon after applying the appropriate filters, the sample data was reduced to 28 articles and followed by the following steps: 1. Reading the titles of the articles found in the search; 2. Reading the abstracts of the articles selected by title, in order to verify if they were compatible with the objective of the study; 3. Critical and complete reading of articles that meet the inclusion criteria; 4. Selection of important points found in the articles. At the end of the research, the number of articles was reduced to 8 in total. The flowchart with the stages of the selection of the study is described below:

Figure 1 - Flowchart with the stages of selection of the studies.



Source: The authors (2023).

RESULTS

Eight articles were included in this research that dealt with the theme published in the period from 2016 to 2022. Of these, five were qualitative and three quantitative. In addition, six of these articles were published in journals specific to the nursing area (Board 1).

Board 1 - Summary of articles used by author, journal/year, type of study and objective.

N	Article	Author	Journal / Year	Type of study	Objective
1	Reception with risk classification in an emergency care unit: an evaluative study	Hermida <i>et al.</i>	Journal of the School of Nursing of USP 2018	Evaluative, descriptive, quantitative study	Describing the evaluation of the structure, process and result of Embrace with Risk Classification, from the perspective of the doctors and nurses of an Emergency Care Unit.
2	Nursing perception of the quality of Embrace with Risk Classification in the emergency service	Droguett <i>et al.</i>	Journal of Nursing of UFSM - REUFSM 2018	Cross-sectional study	Evaluating the quality of Embrace with Risk Assessment and Classification of an emergency service according to the perception of nursing professionals.
3	Nursing's perception of user embrace with risk classification in emergency care units	Neves <i>et al.</i>	Earth & Culture Magazine: Teaching and Research Notebooks. 2019	This is a cross-sectional, quantitative study	Evidence the perception of nursing professionals about user embrace with risk classification in emergency care units.
4	Implementation of user embrace with risk classification in an emergency care unit	Serra <i>et al.</i>	Journal of Scientific Dissemination Sena Aires - Revisa 2019	This is a descriptive, qualitative study	Analyzing the process of implementation of user embrace with risk classification in the emergency care unit of a city in the Recôncavo Region of Bahia, Brazil.
5	Reception and risk classification: perception of health professionals and users	Campos <i>et al.</i>	Brazilian Journal on Health Promotion 2020	This is an exploratory-descriptive, qualitative study	Recognizing the perception of health professionals and users in relation to user embrace with risk classification in an urgent/emergency service.
6	Risk classification in urgency and emergency: the challenges of nursing	Moraes <i>et al.</i>	Global Journal Academic Nursing 2020	This is a qualitative, descriptive research	Recognizing the nurses' perception of risk classification in an Urgent and Emergency Hospital

7	Nurses and Manchester: reconfiguring the work process and emergency care?	Carapinheiro <i>et al.</i>	Brazilian Journal of Nursing - REBEn 2021	This is an ethnographic study	Understanding the changes in the roles of nurses in the organization of the division of labor in the hospital from the implementation of the Manchester Risk Classification System in an urgent and emergency hospital.
8	Challenges in welcoming with risk classification from the nurses' perspective	Sampaio <i>et al.</i>	Cogitare Nursing 2022	This is a qualitative, analytical research	Understanding the challenges perceived by nurses in the process of welcoming with risk classification.

The articles highlighted as challenges the application of risk classification by nursing professionals, aspects related to: lack of structure, lack of materials, lack of information about the protocols applied, as well as the lack of adequate qualification to perform such practice (Board 2).

Board 2 - Synthesis of articles used by results and conclusion.

N	Main results	Conclusion
1	The items with unsatisfactory evaluation were Discussion about flowchart, Periodic training, Counter-reference, Reassessment of waiting cases, Knowledge of RRC conducts and Relationship between leadership/subordinates. Among the Donabedian dimensions, the one that received the lowest score was the Process dimension, but all were evaluated as Precarious, considering the criterion of representativeness.	The following variables were indicated as potentialities: education, respect, interest and trust demonstrated by the team. Among the negative aspects, the lack of comfort in the environment stood out. The efficient use of communication and information strategies in SUS emergency units can influence the degree of satisfaction of users in relation to the service provided.
2	The professionals evaluated the Reception with Risk Classification as precarious in the dimensions of structure, process and result, which may indicate the presence of vulnerabilities in the service, which should be examined in order to improve the care provided.	In the evaluation of the professionals who work in the AACR, structure, process and result were classified as precarious. This may reflect the need for restructuring and monitoring of the institutional protocol. The perception of professionals can be more positive if institutional protocols are reviewed and if they are included in this restructuring.
3	The results showed little interest of nursing professionals in the search for training and that the offer of specific courses and training for user embracement with risk classification by the service does not occur periodically, evidencing the need to improve continuing education programs on this theme.	It was found that a small number of professionals seek qualification through training courses. The need to offer courses and training and their periodicity was evidenced, thus contributing to professional evolution with a view to autonomy.
4	The nurses presented an understanding of the Embracement with Risk Classification system, which was perceived as an effective tool for organizing work processes, care flows and patient care. Implementation is intertwined with facilitating, hindering and challenging elements, in terms of adherence and operationalization.	Embracement with Risk Classification is satisfactorily understood by nurses, and even though there are challenges, contributions to nursing work and patient health care have been evidenced in the daily practice, requiring further investigation.

5	Professionals do not feel prepared to work with this system due to the lack of adequate training, sometimes classifying users inadequately, which can aggravate the clinical condition and prognosis, in addition to making it difficult to provide comprehensive care.	There is a need to rethink the ways to enlighten users about the importance of this system. Although there are trainings, not all professionals have carried them out. In addition, some of them, because they were admitted to the institution after the implementation of the RRC, did not have adequate training. Thus, there is a need for greater investment in the training and updating of these health professionals and the readjustment of material resources and infrastructure in order to qualify care.
6	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 regarding the physical environment that is not adequate.	Nursing professionals are aware of the risk classification protocol, which is a necessary tool for reliable and streamlined care, according to the needs of each user.
7	The use of the Manchester Risk Classification System contributed to the organization of flows and places, resulting in quality of care and changes in work processes. Conflict relationships related to disagreements in risk classification were present.	The traditional roles of nurses have been transformed, but it cannot be said that there has been a structural change in their position in the organization of the division of labor in the hospital.
8	The following were listed as difficulties faced in the emergency service, in view of the perception of the classifying nurse: "Demand issues"; "Informational issues"; "Service Issues" and "Organizational Issues".	Demand challenges that contribute to overcrowding as a final outcome were found, and informational, service and organizational challenges understood as basic challenges.

DISCUSSION

As a way of better understanding, it was chosen to discuss the results in thematic categories, which are: reception with risk classification from the perspective of nurses, main difficulties experienced by this professional and main difficulties encountered in the service environment.

Reception with Risk Classification from the nurses' perspective

The studies of Herminda *et al.* (2018), Neves *et al.* (2019), Carapinheiro *et al.* (2020) and Moraes *et al.* (2020) point out that for an execution of the RRC within what is recommended, the nursing professional must have its recognition and the execution of its autonomy, in addition to respect for users and the work team, because when they perform this type of care, promote health education for the patient/ companion, provide guidance on accessibility to primary care services and, in a way, reorganizes an entire service process.

Moraes *et al.* (2020), emphasizes that the adoption of a risk classification protocol when executed correctly, both professionals and users are favored because there is a reduction in the mortality rate, reduction of the waiting line of patients at the reception and prioritization of care to the most serious cases resulting in a more humanized sector.

On the other hand, Duro *et al.* (2017) presents in their studies that to perform such a service, it is necessary to give voice to the difficulties experienced, since many nurses disagree with the

dimensioning of the number of professionals per shift of work in the execution of RRC. According to them, there is an excess of demand contributing to an emotional overload, which reinforces the need to rethink the dimensioning not only of nurses in the CR, but also of other categories that will provide patient care.

Difficulties related to the nursing professional

According to Rates *et al.* (2018), the nurse in the Host with Risk Classification (RRC) has been recognized as an essential professional due to its training that covers several issues such as: technical, biological, that contribute to a welcoming and, above all, resolute practice. However, in Brazil, the RRC has presented implementation difficulties and challenges for institutionalization, one of the main obstacles in this issue is that professionals do not feel empowered and suffer from experienced tensions (DROGUETT *et al.*, 2018).

According to the studies carried out by Droguett *et al.* (2018) and Neves *et al.* (2019), poor evaluation of the quality of emergency hospital services may be related to work overload, deficient qualification due to the scarcity of courses and training on a regular basis. These factors directly interfere in the quality of RRC and highlights the need for a course offer focused on this area by managers.

In addition, it is evident that one of the difficulties faced by nursing professionals working at RRC is the adaptation of the patient's complaint to the protocol used, which requires mastery, autonomy, qualified listening, correct registration and clinical reasoning - which further highlights the need for continuing education (NEVES *et al.*, 2019; MORAES *et al.*, 2020; SAMPAIO *et al.*, 2022). It is possible to see through the speeches of some interviewees that, although there has been an improvement course regarding the implementation of the protocol, not all professionals participated, especially the newly hired, what corroborates for a fragility in the realization of services and assistance provided (MORAES *et al.*, 2020).

In addition, the users of these services report that in many situations there is not a proper humanized reception, which may be a consequence of overcrowding of emergencies, but also of the overload of work of professionals. The reception process precedes the risk classification, it is in this that the nurse becomes more solidary and sees the suffering of others, thus improving the quality of care and contributing to the satisfaction of users (MARQUES *et al.*, 2018; SERRA *et al.*, 2019).

Thus, even if there are facilitating elements that permeate the RRC, such as: organization of the demand from the prioritization of the severity of cases, determination of a flow that allows an efficient assistance, the complicating elements are still present, In some cases, the professional needs to improvise in front of the complications to offer an adequate service, moreover, the user does not always understand the functioning of the risk classification, much less why he received that color (SERRA *et al.*, 2019).

Sampaio *et al.* (2022) shows in their study that, regarding the care, nurses reported that the intervention of the companion interferes when it exceeds the patient's speech during the RRC process, and that the time of medical - that often exceeds the recommended - causes disruptions in risk classification. However, as much as this barrier is mentioned by nurses, the HumanizaSUS policy proposes the reception of both the patient and the companion. Another important factor is the daily stress suffered by professionals, many reported lack of improvement in working conditions, besides overload (HERMINDA *et al.* 2018; SERRA *et al.*, 2019; MORAES *et al.*, 2020; SAMPAIO *et al.*; 2022).

Difficulties related to the work environment and service provision

There are barriers both on the professional side and in the work environment. Marques *et al.* (2018) and Sampaio *et al.* (2022) demonstrate that high demand is one of the problems experienced by those who seek tertiary care, this is because, most often, cases with low complexity could be solved in primary care. In this sense, overcrowding compromises the quality of care, concomitantly the scarcity of resources and basic materials, as well as an inadequate physical structure and lack of clarity of the information that the unit offers.

The delay in the attendance, the divergences in the classifications, the lack of security, the lack of protocol of referral of patient are other aggravating factors found in the RRC. Such situations can be perceived in the study by Campos *et al.* (2020), which presented statements of professionals indicating lack of material to work, need for more space for users in the emergency room, The absence of an appropriate place for users and overcrowding of the unit, these factors delaying and hindering care.

In addition, professionals still go through conflict situations in intra-hospital relationships, Carapinheiro *et al.* (2022) points out that the doctor often disagrees with the classification performed, sometimes requesting that the nurse remake the previously established clinical judgment.

Among the difficulties highlighted in the use of RRC stands out also to refer users for primary care. When there is a lack of articulation between the health services network, the precariousness of access and the lack of medical professionals in UBS caused disagreement about the referral of users to specialized care appropriate to their pathology (OLIVEIRA, 2013; SILVA, 2016).

It can be observed that the situations presented corroborate for a cascade effect of obstacles experienced in RRC. According to Bramatti *et al.* (2021) and Sampaio *et al.* (2022), the risk classification when it is performed inadequately by an unskilled nurse, or when the impediments are in the service environment itself, the consequences are numerous: tumult, aggravation of the patient's clinic may cause death - if support is not performed in a timely manner, congestion in the queues and delay in attendance.

CONCLUSION

From this study it was possible to analyze the main difficulties experienced by nurses in the application of RRC, in the context of urgency and emergency. In addition, the literature has shown that there are many factors that can interfere with the functioning of this tool in the work environment. Among the main difficulties, we highlight the lack of training of nurses, insecurity, and ignorance of the protocol used, overcrowding, and lack of information to the user about the operation of RRC, stress and work overload. It is essential to provide an adequate environment for the reception with humanized listening, offer training of nursing staff and perform guidance to users regarding the protocol used. In addition, it is of paramount importance that more studies are focused on this theme in order to clarify and improve the service provided.

REFERENCES

- BRAMATTI, R. *et al.* O papel do enfermeiro na classificação de risco na urgência e emergência baseado no Protocolo de Manchester. **Scientific Electronic Archives**, Rio Grande do Sul, v. 4, n. 13, p. 11-18, fev. 2021.
- BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Política Nacional de Humanização da Atenção e Gestão do SUS. **Acolhimento e classificação de risco nos serviços de urgência**. Brasília: Ministério da Saúde, 2009.
- BRASIL. Ministério da Saúde. Secretaria -Executiva. Núcleo Técnico da Política nacional de Humanização. **Humaniza SUS: acolhimento com avaliação e classificação de risco: um paradigma ético-estético no fazer em saúde**. Brasília: MS; 2004.
- CAMPOS, T. S.; ARBOIT, E. L. Acolhimento e classificação de risco: percepção de profissionais de saúde e usuários. **Revista Brasileira em Promoção da Saúde**, v. 33, p. 1-11, 2020. DOI: 10.5020/18061230.2020.9786.
- CARAPINHEIRO G, CHIORO, A.; ANDREAZZA, R.; SPEDO, S. M.; SOUZA, A. L. M.; ARAÚJO, E. C. *et al.* Nurses and the Manchester: rearranging the work process and emergency care? **Rev Bras Enferm.** v. 74, n. 1, p. e20200450, 2021. DOI: 10.1590/0034-7167-2020-0450

DROGUETT, T. C. *et al.* Percepção da enfermagem sobre a qualidade do Acolhimento com Classificação de Risco do serviço de emergência. **Revista de Enfermagem da Ufsm**, v. 8, n. 3, p. 518-529, 2018. DOI: 10.5902/2179769228748.

DURO, C. L. M.; LIMA, M. A. D. S.; WEBER, L. A. F. Opinião de enfermeiros sobre classificação de risco em serviços de urgência. **REME - Rev Min Enferm.** v. 21, e-1062, 2017. DOI: 10.5935/1415-2762.20170072

HERMIDA, P. M. V. *et al.* Acolhimento com classificação de risco em uma unidade de pronto atendimento: estudo avaliativo. **Revista Escola de Enfermagem da USP**, v.52, p. e03318, 2018. DOI: 10.1590/S1980-220X2017001303318

MARQUES, L. A.; CÉSAR, F. C. R.; IZIDORO, L. C. R.; CABRAL, K. B.; SANTOS, L. F.; BRASIL, V. V. *et al.* Satisfação de usuários com o acolhimento e classificação de risco em unidades públicas de saúde. **Revista Eletrônica de Enfermagem**, v. 20, 2018. DOI: 10.5216/ree.v20.50113.

MELO, M. C. B.; SILVA, N. L. C. (Org). **Rede de atenção: urgências**. Belo Horizonte: Nescon/UFGM, 2018.

MENDES, K. D. S.; SILVEIRA, R. C. C. P.; GALVÃO, C. M. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. **Texto & Contexto - Enfermagem**, v. 17, n. 4, p. 758-764, out. 2008.

MORAES, C. L. K.; GUILHERME NETO, J.; SANTOS, L. G. O. A classificação de risco em urgência e emergência: os desafios da enfermagem. **Revista Global Academic Nursing**, v. 1, n. 2, e17, 2020. DOI: 10.5935/2675-5602.20200017

NEVES, C. D. R.; SOUZA, G. M. V. B.; SANCHES, C. T. A percepção da enfermagem sobre acolhimento com classificação de risco em unidades de pronto atendimento. **Revista Terra & Cultura: Cadernos de Ensino e Pesquisa**, v. 35, n. 69, p. 68-82, out. 2019.

OLIVEIRA, K. K. D. *et al.* Impact of the implementation of patient engagement with risk classification for professional work of one urgent care unit. **Reme: Revista Mineira de Enfermagem**, v. 17, n. 1, p. 157-164, 2013. DOI: 10.5935/1415-2762.20130013.

PACHECO, M. A. B. (Org.). **Redes de atenção à saúde: rede de urgência e emergência - RUE**. São Luís: Universidade Federal do Maranhão, UNA-SUS/UFMA, 2015.

RATES, H. F.; CAVALCANTE, R. B.; ALVES, M.; SANTOS, R. C.; MACHADO, R. M.; MACEDO, A. S. O (in)visível no cotidiano de trabalho de enfermeiros no acolhimento com classificação de risco. **Rev. Eletr. Enf.** v. 20, a29, 2018. DOI: 10.5216/ree.v20.48608

SAMPAIO, R. A. *et al.* Desafios no Acolhimento com Classificação de Risco sob a ótica dos Enfermeiros. **Cogitare Enfermagem**, v. 27, ago. 2022. Disponível em: <https://revistas.ufpr.br/cogitare/article/view/80194>.

SERRA, H. H. N.; SANTANA, T. S.; SOUSA, A. R.; SANTOS, J. S.; PAZ, J. S. Implementação do acolhimento com classificação de risco em uma unidade de pronto atendimento. **REVISA**. v. 8, n. 4, p. 484-495, 2019. DOI: 10.36239/revisa.v8.n4.p484a495

SILVA, P. L. *et al.* Triage in an adult emergency service: patient satisfaction. **Revista da Escola de Enfermagem da USP**, v.50, n.3, p.0427-0433, 2016. DOI: 10.1590/S0080-623420160000400008