

Challenges faced by nursing in the emergency room for the care of trauma victims: an integrative literature review

**Desafios enfrentados pela enfermagem na sala de emergência no atendimento a vítimas de trauma:
revisão integrativa da literatura**

**Desafíos enfrentados por la enfermería en la sala de emergencias para el cuidado de víctimas de
traumatismos: una revisión integrativa de la literatura**

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Abstract

Trauma is one of the main causes of death and disability in Brazil, requiring immediate and adequate care to minimize damage and sequelae. The effective performance of the nursing professional in the emergency room is essential for the recovery of the traumatized patient. The research proposes to analyze the challenges faced by nursing and the role of nurses in the emergency room, based on the scientific literature of the last five years. The qualitative and descriptive approach uses the integrative literature review modality. The nurse's work in the emergency room involves care and management, including team organization, quick decision-making, and a holistic approach to the trauma patient. The Fugulin Scale is an assistance instrument used to measure personnel, but it can be difficult to apply due to demand variability. It is critical to secure additional staff to ensure proper patient care. The emergency room has peculiarities that require technical and managerial skills from professionals, as well as sensitivity and empathy to offer humanized and individualized care, without judgments. Adequate preparation of professionals, a safe work environment and a complete team are essential for quality care. It is crucial to invest in continuing education, better equipped units and integrated teams to optimize care for trauma patients.

Keywords: Orthopedics and traumatology nursing; Emergency nursing; Nursing care.

Resumo

O trauma é uma das principais causas de morte e incapacidade no Brasil, exigindo atendimento imediato e adequado para minimizar danos e sequelas. A atuação eficaz do profissional de enfermagem na sala de emergência é essencial para a recuperação do paciente traumatizado. A pesquisa propõe analisar os desafios enfrentados pela enfermagem e a atuação do enfermeiro na sala de emergência, com base na literatura científica dos últimos cinco anos. A abordagem qualitativa e descritiva utiliza a modalidade de revisão integrativa de literatura. O trabalho do enfermeiro em sala de emergência envolve o cuidado e o gerenciamento, incluindo a organização da equipe, a tomada rápida de decisões e a abordagem holística do paciente traumatizado. A Escala de Fugulin é um instrumento assistencial utilizado para dimensionar o pessoal, mas pode ser de difícil aplicação devido à variabilidade da demanda. É fundamental garantir pessoal complementar para assegurar o cuidado adequado aos pacientes. A sala de emergência apresenta peculiaridades que exigem habilidades técnicas e gerenciais dos profissionais, bem como sensibilidade e empatia para oferecer um cuidado humanizado e individualizado, sem julgamentos. A preparação adequada dos profissionais, um ambiente de trabalho seguro e uma equipe completa são essenciais para um atendimento de qualidade. É crucial investir em educação continuada, unidades mais bem equipadas e equipes entrosadas para otimizar o cuidado aos pacientes traumatizados.

Palavras-chave: Enfermagem em ortopedia e traumatologia; Enfermagem em emergência; Cuidados de enfermagem.

Resumen

El trauma es una de las principales causas de muerte e incapacidad en Brasil, requiriendo atención inmediata y adecuada para minimizar daños y secuelas. El rol efectivo de los profesionales de enfermería en la sala de emergencias es esencial para la recuperación de los pacientes traumatizados. Esta investigación tiene como objetivo analizar los desafíos enfrentados por la enfermería y el rol de los enfermeros en la sala de emergencias, basándose en

la literatura científica de los últimos cinco años. El enfoque cualitativo y descriptivo utiliza la modalidad de revisión integrativa de la literatura. El trabajo de los enfermeros en la sala de emergencias implica cuidado y gestión, incluyendo la organización del equipo, la toma rápida de decisiones y un enfoque holístico del paciente traumatizado. La Escala de Fugulin es un instrumento de cuidado utilizado para determinar los niveles de personal, pero puede ser difícil de aplicar debido a la variabilidad de la demanda. Es esencial asegurar personal complementario para garantizar una atención adecuada a los pacientes. La sala de emergencias presenta peculiaridades que requieren habilidades técnicas y de gestión de los profesionales, así como sensibilidad y empatía para ofrecer un cuidado humanizado e individualizado sin juzgar. La preparación adecuada de los profesionales, un entorno de trabajo seguro y un equipo completo son esenciales para una atención de calidad. Es crucial invertir en educación continua, unidades bien equipadas y equipos cohesionados para optimizar la atención a los pacientes traumatizados.

Palabras clave: Enfermería de trauma; Enfermería de urgencia; Atención de enfermería.

1. Introduction

Trauma is defined as an injury resulting from external causes and is one of the main causes of death and disability in Brazil. Therefore, it is essential to provide immediate and adequate assistance to minimize damage and sequelae. Given that physical trauma represents a significant cause of mortality and disability in the country, it is extremely important for health professionals to be able to properly manage patients, understanding the causes and consequences of this impact. The class of motorcyclists has been one of the most affected and harmed among traffic accidents with fatalities or lasting sequelae. This is mainly due to the increase in the number of vehicles on the roads, the lack of inspection, the abusive use of alcohol and drugs, and the recklessness of drivers. (Oliveira et al., 2013; Brasil, 2020).

The role of the nurse in a health unit is composed of two distinct facets: unit management and care management. In the first aspect, the professional is responsible for managing and providing materials, inputs and equipment, as well as managing the human resources team, training, organizing and dimensioning the necessary personnel. On the other hand, care management involves direct patient care. This ranges from reception, risk classification, data collection, assessment, and diagnosis, to the prescription of care and nursing interventions based on the systematization of care. (Morais Filho et al., 2016).

A critically ill patient in the emergency room brings with it not only the physical trauma, but also the psychological impact and anguish of their family members, who often arrive at the service even before the patient. In this context, nurses who work in emergency units face challenges such as managing overcrowding, maintaining the quality of care, and using leadership as a management tool. In addition to providing care to the patient, it is essential that the nursing professional also know how to calm down and provide information to family members, enabling comprehensive and humanized care. Studies indicate that quality and comprehensive care for trauma victims involves not only technical emergency intervention skills, but also a sensitive and humanized look at the patient's family, as the lack of acceptance and information to family members can increase their anguish, causing discomfort and suffering even to the patient being treated (Soares et al., 2016; Perboni et al., 2019).

It is assumed that the effective performance of the nursing professional, when performed in a humanized and individualized way in the emergency, contributes to the recovery of the individual and reduces the risks of permanent sequelae. In this sense, the performance of the nursing professional is a determining factor in the recovery of traumatized patients (Perboni et al., 2019).

However, the literature also points out several difficulties in relation to what is foreseen, such as the unpreparedness of professionals, friction with other complementary services, and the divergence between demand and assistance, often resulting in illness and absence of professionals, which makes the service even more difficult (Oliveira et al., 2013). In view of the above, the general objective of this study is to analyze, based on the scientific literature of the last five years, the challenges faced by nursing and the role of nurses in the emergency room to care for trauma victims, seeking to understand and propose solutions to these questions.

2. Methodology

This research has a qualitative and descriptive approach, using the integrative literature review modality, which according to Dyniewicz (2011), Canzonieri (2011) and Severino (2016), consists of the analysis of written studies on a topic of interest. Mendes, Silveira and Galvão (2008) and highlight that the literature review is a means to promote reflections that support decision-making based on scientific evidence and, consequently, improve clinical practice in health.

The study was conducted in six stages, following the proposal by Mendes et al. (2008). To prepare the guiding question, the acronym PICo was used, where P (population) refers to nurses, I (intervention) cover nursing interventions, and Co (context) addresses care for trauma patients in an environment hospital, in scientific publications published between 2018 and 2023 (Polit & Becker, 2019). Thus, the guiding question elaborated was: "What are the challenges faced by nursing in the emergency room for the care of trauma victims, according to the scientific literature of the last five years?"

The sample consisted of scientific articles available in the Virtual Health Library (VHL) databases, which include the following databases: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF) and Medical Literature Analysis and Online Retrieval System (MEDLINE); and at Pubmed.

The inclusion criteria adopted in this study consisted of complete articles, available online, published between 2018 and 2023, written in English, Portuguese, or Spanish. Materials considered as gray literature, such as dissertations, theses, editorials, non-academic texts, and event summaries, were excluded. In addition, articles that did not involve nurses as the study population and that did not directly address the proposed research question were excluded.

To search for material in the databases, the Descriptors in Health Sciences (DeCS) "emergencies" and "Trauma Nursing" were used, and for searches in English, the Medical Subjects were used. Heading (MeSH) "Emergencies" and "Trauma Nursing", with the Boolean operator "and" and "or", as shown in Table 1:

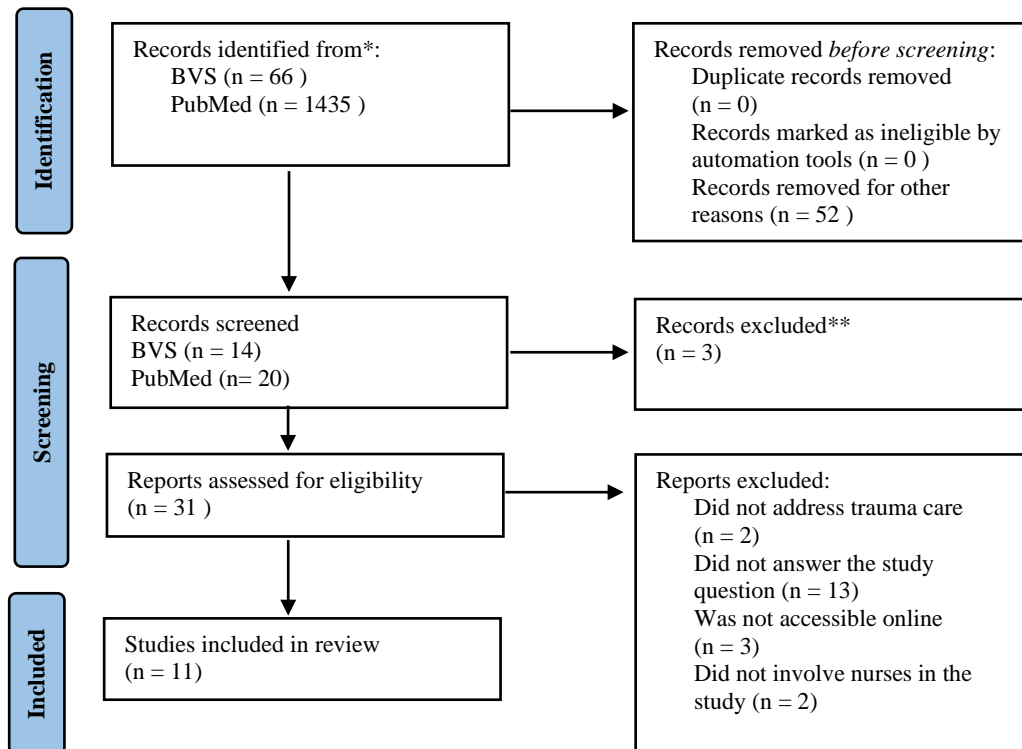
Table 1 - Article Search Strategy.

Data base	search strategy
BVS	trauma nursing AND (fulltext :("1") AND la:(" en " OR "pt" OR "es")) AND (year_cluster :[2018 TO 2023])
pubmed	((("emergency nursing"[MeSH Terms] OR ("emergency"[All Fields] AND "nursing"[All Fields]) OR "emergency nursing"[All Fields] OR ("emergencies"[All Fields] AND "nursing" [All Fields]) OR "nursing emergencies"[All Fields] AND ("injuries"[MeSH Subheading] OR "injuries"[All Fields] OR "trauma"[All Fields] OR "wounds and injuries"[MeSH Terms] OR ("wounds"[All Fields] AND "injuries"[All Fields]) OR "wounds and injuries"[All Fields] OR "trauma s"[All Fields] OR "traumas"[All Fields])) AND ((y_5[Filter] AND (fft [Filter] AND (english [Filter] OR portuguese [Filter] OR spanish [Filter]))

Source: Own elaboration (2023).

The conduction of this review followed the steps established by the PRISMA recommendations for systematic reviews, according to Figure 1.

Figure 1 - PRISMA 2020 flow diagram for new systematic reviews which included searches of databases.



Source: Page et al (2021), adapted to research.

The selected texts were organized using Microsoft Excel, which made it possible to identify the authors, year, journal, objective, and method (Galvão & Pansani, 2015). After the final selection of the material, the information was treated using the Content Analysis method, as proposed by Bardin (2016), in three steps: pre-analysis of the selected material, categorization of emerging issues from reading the texts and interpretation of the results obtained.

3. Results and Discussion

In all, 11 articles were selected that made up the corpus of this study, organized according to the Table 2 below.

Table 2 - Articles included in the study.

#	author and year	Journal	objective	Method
1	Saints (2018)	Facit Business and Technology Journal	identify, discuss and analyze aspects of the humanization of care in the care provided to polytrauma victims in urgent and emergency rooms	Bibliographic research
2	Perboni <i>et al</i> (2019)	Interactions	to know the perception of nurses in the emergency unit about humanized care for polytrauma patients	Qualitative and exploratory approach.
3	Gomes <i>et al</i> (2019)	REBEn	To know the perception of nursing professionals regarding the essential aspects for providing safe care to polytrauma patients in the emergency service	Descriptive and mixed study, carried out through focus groups and projective techniques.
4	Wolf <i>et al</i> (2019)	Journal of Emergency Nursing	explore emergency nurses' perception of patient risk for firearm injury and in which ways that affected the perception of the process of ED patient screening, assessment, counseling, and discharge education.	mixed methods, sequential, explanatory design using quantitative survey data and qualitative - had focus-group data.
5	boman <i>et al</i> (2019)	Journal of Advanced Nursing	evaluate the implementation of advanced nursing practice in emergency care in Norway for patients with orthopedic injuries, including hip fractures. The	A non-inferiority study comparing an advanced practice nursing care model with a standard (physician-led) care model
6	Corrêa <i>et al</i> (2020)	Anna Nery School	To know how the nursing embracement occurs for the person who is a victim of a motorcycle accident and their family member and their perception and that of the professionals about the fragilities in the embracement.	Descriptive and qualitative study.
7	Ferreira <i>et al</i> (2020)	Nursing Reference	To understand and justify the need to allocate a nurse whose function is to exclusively approach clients in the emergency room in a hospital in the region of Lisbon and Vale do Tejo with a multipurpose emergency service .	Retrospective , descriptive, exploratory, quantitative study . 3185 critical customers, collection of information by observation grid. Analysis
8	Sampaio <i>et al</i> (2022)	Cogitare Nursing	to understand the challenges perceived by nurses in the welcoming process with risk classification.	qualitative, analytical research based on the investigation of what the individual brings with him, as a perception, through his ideas and suggestions based on the experience on a certain theme
9	Souza <i>et al</i> (2022)	Brazilian Journal of Development	to show how the evaluation of the trauma patient is carried out, identifying the established protocols, and the importance of facilitating instruments for the objective and adequate management of the victim, obtaining success from an assertive assistance	descriptive and longitudinal
10	Costa <i>et al</i> (2022)	Nursing Reference	Knowing the perception of nurses about the contributions of the Manchester Triage and influencing factors.	Descriptive exploratory study, of a qualitative nature, with semi-structured interviews.
11	Oliveira <i>et al</i> (2022)	USP School of Nursing	reflect on the centralization of PCS in measuring the workload and sizing of hospital nursing staff	Theoretical-reflective essay.

Source: Authors (2023).

To answer the research question of this study, based on the discussion of the results obtained, we identified four outstanding classes: a) Training of professional nurses regarding technical and practical knowledge to work in emergencies; b) Overcrowding and lack of adequate structure; c) Relationship between high patient demand and lack of professionals; and d) Interaction of the emergency sector with the other related sectors.

The emergency service in a hospital is classified as complex and essential, requiring the nursing team to be prepared to face the care of trauma victims. In addition to public policies and service management, it is essential that the nursing professional has critical thinking, scientific knowledge, and skills to offer assertive assistance to victims, with the aim of saving lives, reducing waiting time and minimizing the damage caused by trauma (Souza et al., 2022).

Nursing care involves technical and theoretical skills combined with the ability to develop them to fully care for the individual, maintaining their health and promoting rehabilitation. On the other hand, management is directed at the team and is the responsibility of the nurse, who scales the team, directs the activities of each professional and resolves daily conflicts. In emergency sectors, the demand of trauma victims at different levels of severity and the lack of beds in hospitals lead nurses to provide care throughout different stages of the health-disease process, going beyond initial emergency care. However, the overcrowding of hospitals and the routine of traumas, such as gunshot wounds or motorcycle accidents, can result in standardized and less individualized treatment for patients, which can compromise the provision of humanized care (Boman et al., 2020; Rabelo et al., 2020; Corrêa et al., 2020).

Nurses' work in the emergency room involves two inseparable branches: care and management. Team organization, delegation of activities, quick decision-making, a holistic approach to trauma patients and humanization in care are essential to optimize the prognosis and enhance recovery. However, care management can be a barrier to service excellence, given the complexity of the hospital environment and the demand that is often greater than the available team. The Fugulin Scale is a care instrument used to size personnel according to the patient's degree of dependency, but its isolated application may be impracticable due to the variability and unpredictability of demand. It is advisable to ensure additional staff to ensure proper care and care for patients (Santos, 2018; Boman et al, 2020; Rabelo et al., 2020; Oliveira et al., 2022).

The nursing process in the trauma room goes beyond direct patient care, also involving care planning, definition of priorities and primary assessment of the patient, using the ABCDE approach to trauma and the application of the Glasgow Coma Scale. This entire process culminates in the transfer of the patient to the appropriate sector, avoiding damage caused by imprudence, malpractice, or negligence. It is common to find professionals who work in emergency rooms improvising, given the conditions available in the hospital environment, with the aim of saving the patient's life. (Souza et al., 2022).

The emergency care room has peculiarities that are different from other sectors of the hospital, since the objective is to prevent the risk of death and/or disability of the patient, requiring intensive care. Professionals working in this environment need to be trained and have skills such as agility, critical thinking and quick decision-making, in addition to good coordination with the team. The system of care for trauma patients is complex throughout the country and faces challenges related to the professionals' work process, due to the incessant demand for quality care. It is essential that the emergency care team not only have access to a complete and adapted structure, but also be composed of distinguished professionals, capable of acting effectively and precisely, with technical and managerial skills. (Santos, 2018; Ferreira et al., 2020; Boman et al.,2020; Rabelo et al.; 2020)

However, in many emergency services, the same team that cares for patients in the red room (critical care) is responsible for caring for other patients hospitalized in the sector, which can lead to care failures at some point. The high demand of patients in the emergency room demands more time from professionals, leading to a lack of attention to other patients. This often occurs due to the lack of enough professionals to compose the nursing teams or the lack of mastery on the part of some professionals. It is important to emphasize that the emergency room must always be ready for use, and it is up to

the nursing team, led by the nurse, to carry out the checklist daily, replace materials and check equipment, to avoid inconveniences during care (Gomes et al., 2019; Ferreira et al., 2020).

The lack of adequate structure and the unpreparedness of the team to deal with emergencies can result in mechanized care that lacks humanization. Often, a standard routine is established, in which the same activities are performed in all patients, without considering the individual situation of the individual and the stress of the accompanying family member. When it comes to trauma patients, such as those involved in motorcycle accidents or those injured by firearms, it is common for the team to seek to discover the story behind the trauma and make hasty judgments, resulting in mechanical care and devoid of equity. It is essential that the nursing team has a sensitive and empathetic look towards these patients, offering dignified, humane, and non-judgmental assistance, with the aim of ensuring comprehensive and individualized care (Corrêa et al., 2020).

Caring for a trauma victim in a state of urgency or emergency can generate a dilemma between saving the individual's life at any cost or providing humanized care. In the emergency room, bringing a humanized approach becomes a daily challenge due to the complexity of care and the need to provide accurate and quick assistance to avoid further damage to the patient. As a result, it is common for care to become mechanical and intense, prioritizing efficiency over humanization. However, it is essential to recognize that the humanization of care in the emergency room enriches emergency care, enhances patient rehabilitation, and can even reduce hospitalization time, when possible (Gomes et al., 2019; Perboni et al., 2019; Sampaio et al., 2022).

To ensure efficient care in an emergency room, it is essential that nursing professionals have technical skills, clinical reasoning and use tools such as the Manchester Triage Protocol to assess and classify the severity of patients. Professional experience, intuition and critical thinking are key to making quick decisions in a hectic environment. In addition, it is important to offer humanized care, respecting the patient's privacy and decisions, and establishing contact with the family to provide information and comfort. (Perboni et al., 2019; Costa et al., 2022; Sampaio et al., 2022).

It is important to highlight that, even in a hectic environment such as the emergency room, it is possible to offer quality care, based on humanitarian values such as love, safety, and affection, respecting the patient as a complete individual and not just focusing on the lesion in isolation. The prioritization of care, with the quick definition of potential severity and precise intervention, allows the nurse, as team leader, to promote an improvement in the general picture, avoiding complications and even death. In addition, contact with family members is fundamental, organizing the service to allow contact as soon as possible, collecting relevant information, sharing the clinical picture, and showing the medical prognosis. This interaction brings comfort to both family members and patients, even if the presence of family members is a controversial topic in emergency care. Therefore, it is essential that the nurse, whenever possible, establish contact with the family to solve doubts and offer support. (Perboni et al., 2019; Gomes et al., 2019).

Professionals who work in emergency rooms often face situations of cardiorespiratory arrest (CRA), and an assertive and immediate intervention by the nursing team is essential. For this, it is essential that nursing professionals receive frequent training to update and improve performance during CRA care. As they are in constant proximity to the patient, the nursing team, in most cases, is responsible for the early detection of CRA and the immediate start of care, triggering the rest of the team. For the service to be effective, it is crucial that the team is skilled and efficient. It is indisputable that the nursing team needs guidance and training both together with the medical team, in order not to act mechanically just following instructions, but rather, recognizing, distinguishing, and intervening in an agile and precise way, which favors a positive prognosis for the patient. (Wolf, 2019; Gomes et al., 2019; Araújo et al., 2022).

The routine of the emergency team is often stressful, intense, and complex, as they daily receive victims of work accidents, suspected criminals shot in confrontations with the police and women victims of domestic violence. In some cases, it is necessary to call the security forces, which can result in the presence of armed police in the workplace or dealing with angry

families seeking justice. Faced with these situations, it is evident that the adequate preparation of professionals, a safe work environment and sufficient operational strength are essential to provide a humanized service, free of prejudice and that precisely meets the needs of the citizen. In this sense, it is crucial to invest in continuing education for professionals, as well as in better equipped units and complete and integrated teams. The more skilled the professionals, the greater and better the chances of a favorable outcome for the victim. (Souza et al., 2022).

The number of trauma patients treated at the federal level is significant, making it essential to create norms and guidelines to standardize care for this profile of patients. It is essential to have an adequate structure and environment to receive trauma victims, as well as to guarantee quality communication between the pre-hospital care service (APH) and the urgency and emergency service, to prepare and make the team available to receive the patient properly. In the intra-hospital environment, the sequence of care for trauma patients follows essential steps to ensure agile and timely care, minimizing suffering and the risk of sequelae, and providing a positive prognosis for the patient. In situations of multiple victims, it is necessary to carry out a brief triage to classify patients according to the need for treatment, however, when the team receives an individual patient, this step can be disregarded. It is critical to follow these guidelines to provide efficient and safe care for trauma patients. (Araújo et al., 2022; Souza et al., 2022)

As a limitation of this study, it is important to highlight that only professional nurses were selected, although the theme is multidisciplinary. Therefore, there are opportunities to carry out more comprehensive studies with multidisciplinary actions in the emergency room, aiming to expand the knowledge produced in the literature on the subject.

4. Conclusion

Trauma patients are susceptible to complications, making it essential for nurses to plan care and monitor care accurately until the patient's complete recovery. It is evident, based on the literature, that the nursing professional must be able to act on the front lines of emergencies, since care is complex and requires theoretical and practical skills to provide accurate care. In addition to technical and theoretical skills, nursing care in the emergency room also involves the ability to develop comprehensive patient care, maintaining their health and promoting rehabilitation. The nurse is responsible for managing the team, dimensioning the staff, directing the activities of each professional and resolving daily conflicts. However, the overcrowding of hospitals and the intense routine of caring for trauma victims can compromise the provision of humanized and individualized care to patients.

The ability to accurately assess a critically ill patient, identify injuries, set priorities, and organize the team, assigning each member a specific role, creates a calm and organized environment to ensure that emergency care occurs properly, providing the patient with the necessary treatment and rehabilitation. The nursing team working in the emergency room needs to be trained and have skills such as agility, critical thinking, and quick decision-making, in addition to good coordination with the team.

It is important to emphasize that the nursing process begins even before the patient enters the emergency service, when the nurse plans and organizes the team to be prepared to receive him. After the patient's admission, the nurse performs the initial assessment to, based on the diagnosis, plan the care and appropriate management of the victim. The nurse's role is fundamental in all stages of trauma patient care, aiming to provide quality care and promote patient recovery. However, it is essential that new discussions are held on the subject and suggestions are left for carrying out future studies related to the subject, which is necessary and relevant, aiming at improving emergency care and training professionals who work with trauma victims. in the emergency room.

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