REVIEW ARTICLE

Predominant nursing diagnoses in the emergency sector: an integrative review

Diagnósticos de enfermagem predominantes no setor de emergência: uma revisão integrativa

Diagnósticos de enfermería predominantes en el sector de urgencias: una revisión integradora

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RESUMO

Objective: To identify the predominant nursing diagnoses in the emergency sector. **Methodology:** Integrative review carried out in the PubMed, SciELO, Web of Science and Scopus databases, via Portal Capes with triple-blind selection, from October 2023 to January 2024. Articles available in full, related to emergency care, were used. to adults. Studies that did not meet the objective and duplicate publications were excluded. **Results:** 5,994 studies were identified, using six articles. The most used taxonomy for applying the nursing process in emergencies was NANDA, with a predominance of the domains of safety/protection, activity/rest, comfort, elimination/exchange and nutrition. **Conclusion:** The diagnoses indicate a predominance related to life-threatening conditions mainly related to ventilation, circulation and perfusion. Based on the most prevalent diagnoses in the emergency room, it is clear that evidence-based practice and risk classification play an essential role in healthcare.

DESCRIPTORS: Nursing; Nursing Diagnosis; Nursing Process; Emergency Nursing.

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RESUMO

Objetivo: Identificar os diagnósticos de enfermagem predominantes no setor de emergência. **Metodologia:** Revisão integrativa realizada nas bases de dados PubMed, SciELO, Web of Science e Scopus, via Portal Capes com seleção triplo-cega, no período de outubro de 2023 a janeiro de 2024. Utilizados artigos disponíveis na íntegra, relacionados ao atendimento de emergência a adultos. Excluídos os estudos que não atenderam ao objetivo e publicações duplicadas. **Resultados:** Identificados 5.994 estudos, utilizados seis artigos. A taxonomia mais utilizada para a aplicação do processo de enfermagem na emergência foi a NANDA, com predominância dos domínios Security/protection, Activity/rest, Confort, eliminação/troca e nutrição. **Conclusão**: Os diagnósticos apontam predominância relacionada às condições de risco à vida principalmente relacionada à ventilação, circulação e perfusão. A partir dos diagnósticos mais prevalentes na emergência, fica evidente que a prática baseada em evidências e a classificação de risco desempenham papel essencial nos cuidados de saúde.

DESCRITORES: Enfermagem; Diagnóstico de Enfermagem; Processo de Enfermagem; Enfermagem em Emergência.

RESUMEN

Objetivo: Identificar los diagnósticos de enfermería predominantes en el sector de urgencias. **Metodología:** Revisión integrativa realizada en las bases de datos PubMed, SciELO, Web of Science y Scopus, vía Portal Capes con selección triple ciego, de octubre de 2023 a enero de 2024. Se utilizaron artículos disponibles íntegramente, relacionados con la atención de emergencia a adultos. Se excluyeron los estudios que no cumplieron el objetivo y las publicaciones duplicadas. **Resultados:** Se identificaron 5.994 estudios, utilizando seis artículos. La taxonomía más utilizada para la aplicación del proceso de enfermería en emergencias fue la NANDA, con predominio de los dominios seguridad/protección, actividad/descanso, confort, eliminación/intercambio y nutrición. **Conclusión:** Los diagnósticos indican un predominio relacionado con condiciones potencialmente mortales relacionadas principalmente con la ventilación, circulación y perfusión. A partir de los diagnósticos más prevalentes en urgencias, queda claro que la práctica basada en la evidencia y la clasificación de riesgos juegan un papel esencial en la atención sanitaria.

DESCRIPTORES: Enfermería; Diagnóstico de Enfermería; Proceso de Enfermería; Enfermería de Urgencia.

INTRODUCTION

The Nursing Process (NP) agrees with the concept of best practices, as it aims to qualify nursing care in various care environments. It is a method structured in five stages: nursing evaluation, nursing diagnosis, nursing planning, implementation of nursing and evolution of nursing, thus allowing the detailed record of care provided. Its application allows the nurse to identify patients' needs and direct care based on established priorities, promoting an individualized, comprehensive and personalized approach[1].

In Brazil, the Resolution n. 736 of the Federal Council of Nursing (COFEN), dated January 17, 2024, which repeals the Resolution n. 358 of October 15, 2009, stipulates in its initial article the need for the NP to be performed in all establishments that offer nursing services. In addition, the sixth article of

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this study determines as a private activity of the nurse the formulation of Nursing Diagnoses (ND) and the performance of Nursing Prescriptions[2].

Despite the mandatory implementation of NP in health care institutions and those who have nursing services, this practice is often not performed correctly or fully[3,4]. Following the current legislation, the NP must also be performed in emergency and emergency services. However, its application is noted as a problem because it is a dynamic sector with fast responses, short stay with high rotation of patients with different degrees of severity. In addition to this sectoral profile, the nursing team still faces stressful factors such as lack of personnel, neglect of institutional and professional support, high workload, need to perform procedures in the short term. These difficulties contribute to the lack of records and preparation of NP[5].

The following study question was then defined to conduct the integrative review: What are the nursing diagnoses pointed out in the literature that contribute to the planning of nursing care for critical patients in the emergency department?

Aiming to potentially develop technologies such as flowcharts and algorithms, which could help nurses in the management of care and organization of nursing work processes. This approach aims to improve the quality and safety of care provided to patients in emergency situations.

OBJECTIVE

Identify the most prevalent nursing diagnoses in people assisted in the emergency department.

METHODOLOGY

This is an integrative literature review, guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)[6]. The strategy used to develop the research question was PICo (population, phenomenon of interest and context), where P - critical patients; I - nursing diagnoses and Co - emergency service. The following study question was then defined to conduct the integrative review: What are the nursing diagnoses pointed out in the literature that contribute to the planning of nursing care for critical patients in the emergency department?

The search strategies were carried out in the databases of the National Library of Medicine (PubMed), Scientific Electronic Library Online (SciELO), Web of Science and Scopus, via Portal Capes. For a scientific information retrieval strategy, MeSH descriptors and free terms were used with the help of the Boolean operators AND, OR and NOT, shown in Table 1.

Table 1. Description of search strategies carried out by information sources

Source of information	Search completed	Items found	Search date
PubMed	((((("Nursing Diagnosis"[Mesh])) OR "Nursing Process"[Mesh]) AND "Emergency Medical Services"[Mesh]) OR "Emergency Nursing"[Mesh]) NOT "injuries" [Subheading]	1642	10/27/2023
Scielo	("enfermagem" OR "processo de enfermagem" OR "diagnostico de enfermagem") AND ("emergência" OR "enfermagem em emergência")	1401	10/29/2023
Web Of Science	((((((ALL=(Nursing Diagnosis)) OR ALL=(nursing process)) AND ALL=(emergency department)) AND ALL=(emergency nursing)) AND ALL=(Emergency Medical Services)) NOT ALL=(injuries) and Pre-hospital Emergency Nurse	1486	12/01/2023
Scopus	nursing OR diagnosis OR nursing AND process AND nursing AND practice AND nursing AND care AND emergency AND nursing AND emergency AND medical AND services OR emergency AND NOT intensive AND care AND units	1465	01/19/2024

For the selection of publications included in the review, inclusion criteria were adopted: being available in full, addressing emergency care to adult and elderly patients. Studies that do not meet the objective of the proposed study were excluded, as well as publications that are repeated in the databases. Rayyan® software was used to identify and manage duplicate articles and all bibliographic references included in this study.

To ensure methodological rigor during the search, three researchers independently conducted a triple-blind selection of articles in the months of October 2023 to January 2024. From this, the information was reviewed by the fourth researcher who evaluated and decided on the inconsistencies, thus concluding the selection process. A framework was developed to systematize the knowledge, defining the following variables: title of the article, year of publication, type of research, selection of the sample, results and level of evidence. Articles are identified by an alpha-numeric code consisting of the letter A followed by an ascending number of the year of publication.

The data were analyzed through simple descriptive statistics, categorized and created a visual map for synthesis of results. The articles included in this study were classified according to the strength of the recommendations and the quality of the evidence following the guidelines of the Oxford Centre for Evidence-based Medicine, where: 1A indicates a systematic review of randomized controlled trials; 1B refers to a randomized controlled clinical trial with a narrow confidence interval; 1C covers therapeutic results of the "all or nothing" type; 2A corresponds to a systematic review of cohort studies; 2B is associated with cohort studies; 2C encompasses observations of therapeutic results and ecological studies; 3A refers to a systematic review of case-control studies; 3B indicates case-control studies; 4 refers to case reports; and 5 represents the opinion of specialists[7].

RESULTS

Figure 1 shows the identification of studies via database and records, according to the PRISMA flow chart. Five,994 studies were identified in four databases. After evaluation of the publications and removal of duplicate articles and/or that did not address on the theme, the final sample was composed by six articles.

Figure 1. Flowchart of the review article selection process

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Identification        Articles identified by data search:
                             PubMed (n = 1642)
                             SciELO  (n = 1401)
                          Web of Science (n = 1486)
                             Scopus (n = 1465)


                      Number of articles after removing
                        duplicates (n = 5564 articles).

Screening
                      Number of articles screened triple blind,
                      with decision by the fourth reviewer (n =
                                 130 articles).
                                                         Articles excluded according to the
                                                         inclusion and exclusion criteria (n = 101)

Eligibility           Total number of articles analyzed with full
                                   reading (n = 29)

                                                         Articles excluded with justification (n = 23)

                      Total number of studies included in the review
                             PubMed (n = 2 articles)
Included                     SciELO (n = 3 articles)
                             Scopus (n = 1 article)
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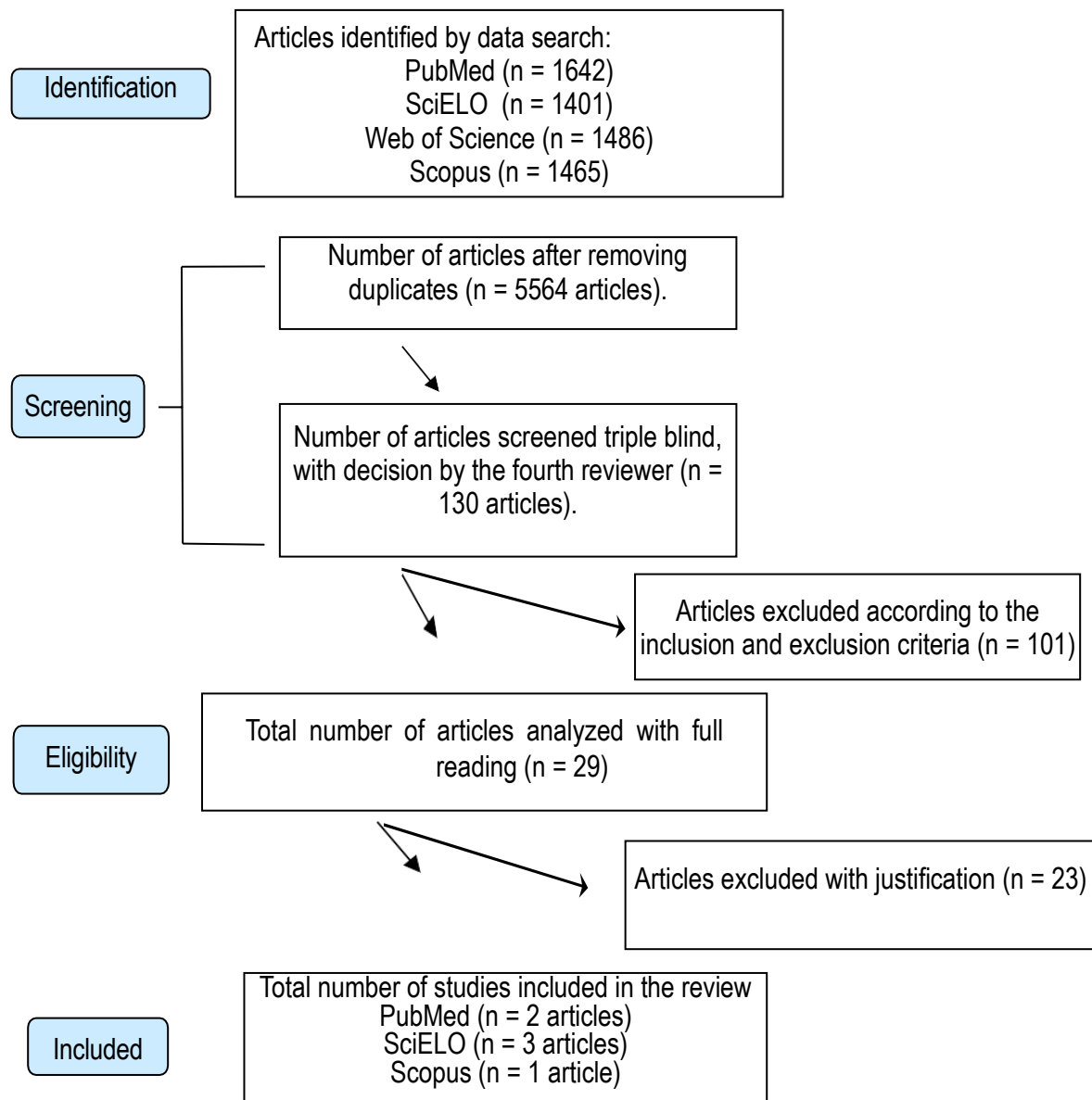
Table 2 shows a summary of the results of the articles eligible for the study. Regarding the temporal delimitation, we can observe that the studies were published from 2010, with five studies between 2010 and 2016 (84%) and one study in 2023, predominantly of quantitative approach. As for

the language, half of the studies were in Portuguese and the other half in English.

Table 2. Characterization of studies included in the research

Name of the journal	Year of public ation	Authors	Article title	Place of publicatio n	Level of evidence	Results
Ameri- can Associati on of Neurosci ence Nurses.	2010	Molly M. McNett, Anastasia Gianakis	Nursing interventions for patients with chronic traumatic brain injury.	Pubmed	3B	The study involved 67 neuroscience ICU nurses who cared for patients with traumatic brain injury. They were responsible for monitoring physiological parameters such as oxygen saturation, blood pressure, intracranial pressure and cerebral perfusion pressure. Most of the patients were male and had suffered injuries in motor vehicle accidents.
Rev Esc Enferm USP	2013	Cristiane Chaves de Souza et al.	Nursing diagnoses in patients classified as priority levels I and II of the Manchester Protocol	Scielo	3B	At priority level I, the most frequent NDs were: acute pain, ineffective breathing pattern and impaired gas exchange. At priority level II, they were: acute pain, nausea and risk of electrolyte imbalance.
Cogitare Enferm	2015	Meiry Fernanda Pinto Okuno et al.	The most used nursing diagnoses at an emergency service	Scielo	3B	The NDs that had consensus were: Impaired gas exchange, Ineffective breathing pattern, Impaired spontaneous ventilation, Risk for infection, Risk for impaired skin

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						integrity, Impaired tissue integrity and Risk for falls.
Elsevier	2015	Jintana Damkliang et al.	Using an evidence-based care bundle to improve Thai emergency nurses' knowledge of care for patients with traumatic brain injury	Pubmed	3B	The results of the study indicated that the implementation of an evidence-based care package had a positive impact on Thai emergency nurses' knowledge of the management of patients with severe traumatic brain injury..
International Journal of Nursing Knowledge	2016	Larissa Maiara da Silva Alves Souza, Andrea Cotait Ayoub, Agueda Maria Ruiz Zimmer Cavalcante	Nursing Diagnosis for People With Heart Failure Based on the Hemodynamic Profiles	Scopus	3B	The main NDs identified were risk of infection, deficit in self-care for bathing, risk of decreased cardiac output, risk of falls and excessive fluid volume. There was no statistically significant difference (p > .05) between the different hemodynamic profiles and the ND found..
Rev Esc Enferm USP	2023	Dilzilene Cunha Sivirino Farias et al.	Elaboration of a nursing record standard for an Emergency Care Unit	Scielo	3B	185 NDs were prepared, of which 124 (67%) were constant in the classification, and 61 had no correspondence.

The following is a synthesis of nursing diagnoses found in the studies, according to NANDA I Taxonomy in Table 3, and, in Table 4, the nursing diagnoses according to the International Classification for Nursing Practice (ICNP) terminology.

Table 3. Summary of nursing diagnoses found according to NANDA I Taxonomy.

Nursing diagnosis	Articles	NANDA Domain
Ineffective breathing pattern	2, 3	Activity/rest
Fatigue	2	Activity/rest
Impaired spontaneous ventilation	3	Activity/rest
Self-care deficit in the bath	5	Activity/rest
Risk of decreased cardiac output	5	Activity/rest
Impaired physical mobility	5	Activity/rest
Acute pain	2	Comfort
Nausea	2	Comfort
Chronic pain	2	Comfort
Impaired gas exchange	2, 3	Elimination/exchange
Risk of electrolyte imbalance	2	Nutrition
Hyperthermia	2	Security/protection
Contamination	2	Security/protection
Suicide risk	2	Security/protection
Risk of impaired skin integrity	2, 3	Security/protection
Risk of infection	3, 5	Security/protection
Impaired tissue integrity	3	Security/protection
Risk of falls	3, 5	Security/protection

Table 4. Summary of nursing diagnoses found according to ICNP terminology, as per article six.

Code	Nursing Diagnosis / Nursing Outcome	Code	Nursing Diagnosis / Nursing Outcome
10000477	Anxiety	10037314	Risk of Impaired Heart Function
10047087	Behavior, Aggressive	10037346	Risk of Impaired Respiratory System Function
10038411	Impaired Psychological Condition	10017268	Risk of Bleeding
10041882	Dehydration	10042049	Risk of Hypovolemia
10007508	Fainting	10003303	Bleeding
10005876	Diabetes	10033560	Thermoregulation, Impaired
10000630	Diarrhea	10001177	Gas Exchange, Impaired
10029433	Dyspnea	10000973	Food, By Itself, Impaired
10023130	Pain	10010896	Ischemic Pain
10043953	Pain, Abdominal	10011090	Laceration
10014703	Poisoning	10006643	Electrical Injury
10008210	Fracture	10001219	Mobility, Impaired
10008931	Hematoma	10001344	Tissue Perfusion, Ineffective
10008954	Bleeding	10047143	Cough
10027550	Hyperglycemia	10040662	Sadness
10027566	Hypoglycemia	10045584	Postural Vertigo (Dizziness)
10000761	Hypothermia	10001046	Gait (Walking), Impaired
10042020	Hypovolemia	10001005	Impaired Transferability
10004191	Chemical Injury	10011088	Delivery Pain
10029405	Fall	10022268	Substance Abuse
10003763	Burn	10025705	Agitation
10001316	Breathing, Impaired	10022281	Attitude Towards Care, Conflictual

10034654	Urinary Retention	10000956	Ability to Bathe, Impaired
10042031	Risk of Hypervolemia	10027578	Ability to Dress, Impaired
10015356	Suicide Risk	10018050	Shock
10027288	Tachycardia	10004535	Colic
10002536	Arrhythmia	10012787	Neurological Condition, Impaired
10027274	Bradycardia	10025557	Cardiac Output, Impaired
10001033	Swallowing, Impaired	10023066	Discomfort
10008619	Gunshot Wound	10001261	Ventilatory Weaning, Impaired
10029737	Burn Wound	10025297	Exposure to Contamination
10016147	Puncture wound	10000695	Fatigue
10030088	Traumatic Wound	10021178	Wound
10037305	Impaired Heart Function	10029229	Heart Rate, within Normal Limits
10023362	Impaired Respiratory System Function	10008931	Hematoma
10001359	Impaired Urinary System Function	10000757	Hyperthermia
10001290	Skin Integrity, Impaired	10042012	Hypervolemia
10022846	Tremor	10023009	Impaired Nutritional Intake
10022234	Alcohol Abuse (or Alcoholism)	10029936	Injury
10029697	Allergy	10000703	Fear
10000987	Ability to Perform Hygiene, Impaired	10000859	Nausea
10027424	Behavior, Self-destructive	10013881	Overdose
10000449	Confusion, Acute	10022674	Paralysis
10000567	Constipation	10001242	Perception, Altered
10045668	Convulsion	10044452	Risk of Substance Abuse Risk of Neglect
10013966	Dysuria	10033541	Electrolyte Imbalance
10000454	Pain, Sharp	10042335	Fluid Imbalance
10000546	Pain, Chronic	10022954	Blood Pressure, Altered
10041951	Edema	10010934	Itching
10016388	Erythema	10015302	Behavioral Risk, Self-Destructive
10047060	Excoriation	10023050	Risk of Confusion
10007362	Expectoration	10015228	Risk of Impaired Peripheral Neurovascular Function
10025297	Exposure to Contamination	10015133	Risk of Infection
10041539	Fever	10015237	Risk of Impaired Skin Integrity
10023032	Infection	10017281	Risk of Ineffective Tissue Perfusion
10029927	Inflammation	10015122	Fall Risk
10001080	Impaired Tissue Integrity	10015244	Risk of Impaired Thermoregulation
10001046	Gait (Walking), Impaired	10015360	Trauma Risk
10021790	Urination, Impaired	10043930	Vaginal Bleeding
10030845	Blood Oxygen Saturation	10020105	Trauma
10002907	Suicide Attempt	10022748	Vision, Impaired
10015024	Aspiration Risk	10025981	Vomiting
10015271	Risk of Poisoning		

DISCUSSION

After the recording of the articles recovered, from the exhaustive reading and analysis of the data, two categories emerged for discussion of the topic, namely: "Studies that addressed Nursing Diagnoses in the context of Urgency and Emergency", "Nursing diagnoses identified from defining characteristics and related factors in Urgency and Emergency through the use of the Manchester Triage System".

Studies that addressed nursing diagnoses in the context of urgency and emergency

In urgency and emergency services, the use of nursing diagnoses is essential to quickly identify conditions that affect patients' health problems and establish priorities for care. Among the most frequent ND identified: Impaired gas exchange, Ineffective respiratory pattern, Impaired spontaneous ventilation, Risk of infection, Risk of damaged skin integrity, Impaired tissue integrity, Risk of falls[8].

Impaired gas exchange ND refers to a condition in which there is an inefficient exchange of oxygen and carbon dioxide gases in the lungs. This may occur due to a variety of clinical conditions, such as chronic lung diseases, respiratory failure, pulmonary embolism, chest trauma, or acute conditions, such as pneumonia and pulmonary edema. Conditions that also lead to ND Respiratory pattern ineffective, Spontaneous ventilation impaired. Patients with respiratory disorders require the nurse to have specific knowledge and clinical reasoning to identify risk situations, generating ND and interventions to preserve and save lives[9,10].

The risk of infection ND is related to invasive procedures, the risk of damaged skin integrity and impaired tissue integrity are related to critical patients, who often find themselves with difficulty in mobilization. For DE Risk of falls, it may be linked to psychomotor agitation, mental confusion and the use of sedative and hypnotic drugs[11,12].

The study conducted in the red room in Rondônia analyzed the records with the main pathologies, attended between 2017 and 2018. The sample was composed of 6,040 patients and, after this study, the ND were mapped for these pathologies, in which the diagnostic labels were identified, presented below:

For oncological treatment: Chronic pain; Fear; Nausea; Unbalanced nutrition: less than the body needs; Risk of damaged skin integrity. In cases of traumatic brain injury: Decreased intracranial adaptive capacity; Ineffective thermoregulation; Impaired peripheral tissue integrity; Risk of ineffective cerebral tissue perfusion; Impaired skin integrity. In the evaluation of Stroke: Impaired verbal communication; Risk of ineffective cerebral tissue perfusion; Risk of acute confusion; Risk of peripheral neurovascular dysfunction; Risk of damaged skin integrity. Acute myocardial infarction: Anxiety; Acute pain; Decreased cardiac output; Intolerance to activity; Risk of decreased cardiac tissue perfusion. In

Heart Failure situations: Decreased cardiac output; Excessive fluid volume; Fatigue; Intolerance to activity; Risk of ineffective peripheral tissue perfusion. Acute Respiratory Diseases, Acute Respiratory Infections, Pneumonia: Impaired gas exchange; Fatigue; Ineffective respiratory pattern; Impaired spontaneous ventilation; Risk of ineffective peripheral tissue perfusion. In patients treated for exogenous intoxication: fear; death-related anxiety; risk of electrolyte imbalance; risk of metabolic imbalance syndrome. Abdominal Trauma: Risk of dysfunctional gastrointestinal motility; Risk of shock; Acute pain; Risk of bleeding; Risk of delayed surgical recovery. In the orthopedic trauma care: impaired physical mobility; risk of peripheral neurovascular dysfunction; risk of venous thromboembolism; impaired comfort; impaired peripheral tissue integrity; Decompensated diabetes; risk of unstable glycemia; Risk of electrolyte imbalance; Risk of metabolic imbalance syndrome. In cases of Acute Renal Insufficiency: Impaired urinary elimination; Excessive fluid volume; Risk of electrolyte imbalance; Risk of unbalanced fluid volume[13].

The results of these studies are in line with the results of a study conducted at a Mobile Emergency Care Service (SAMU) in Ribeirão Preto, state of São Paulo, with trauma victims. The NDs were identified in the subcategories oxygenation/ breathing, tissue integrity and physical integrity, respectively: ineffective airway clearance, ineffective respiratory pattern, risk for aspiration and risk for altered respiratory function; Damaged skin and tissue integrity; Risk of falls and infection[14].

In another study, which is an integrative review of the signs and symptoms of AMI in emergency[15], the ND were raised to meet the main ND cited by other authors, which were: Anxiety; Acute confusion; Decreased cardiac output; Acute pain; Impaired urinary elimination; Risk of impaired skin integrity; Impaired peripheral tissue integrity; Ineffective peripheral tissue perfusion; Intolerance to activity; Fear; Impaired physical mobility; Unbalanced nutrition: less than the body needs; Obesity; Ineffective respiratory pattern; Risk of shock; Risk of neurovascular dysfunction; Risk of unstable blood sugar; Risk of infection; Risk of falls; Risk of bleeding; Impaired gas exchange; Excessive liquid volume; Impaired spontaneous ventilation. Other studies found similar ND and with a similar frequency[16-18].

Nevertheless, it is observed that there is a great limitation of studies and publications on ND for patients treated in the emergency and emergency by not applying the Nursing Process in the services[18].

In line with the results found in the ND research, an integrative review was performed with scientific evidence in the scenario of patient assistance with TBI. This study showed that it was necessary to develop a care plan involving the monitoring of vital signs, including stabilization of the area with protection of the cervical spine, maintenance of adequate oxygenation and ventilation, measurement of intracranial pressure, central venous pressure, control of bleeding, acidosis and hypothermia control, agitation and irritability control, in addition to the prevention of pressure injury.

These activities, considered extremely important for the planning of nursing care, enable effective care planning with scientific technical support for clinical judgment[19,20].

In another study that observed nursing care as neurological monitoring, evaluation of the Glasgow Coma Scale (GCS), control of cerebral edema, control of drains and catheters, use of the neurological positioning that corresponds to the head inclination in a neutral middle line, bed head inclined at 30º, for aid in the control of intracranial pressure, cardiac output control, hydroelectrolytic control, water balance, monitoring of paresthesias and hemiplegia, administration of drugs[19].

From the studies recovered and evaluated, we can observe a gap with the absence of ND studies for patients treated with TBI in the emergency department.

Nursing diagnoses identified from defining characteristics and related factors in emergency care using the Manchester Triage System (MTS)

The MTS was implemented in Brazil in 2004 by the Ministry of Health as a strategy to optimize the service in the emergency and emergency environment. Refers to a risk classification system performed at the time of screening with nurse, aiming to ensure priority to care, organization, thus improving the flow in the sector[20,21].

Nursing taxonomies assist in the NP, resulting in clearer and more objective records. These tools require professional technical and scientific knowledge. For the implementation of the NP, difficulties are observed in the process, such as: nurses training process, restricted practical experience, work overload, absence of inputs to the registration of the NP and ineffective management process[19, 22-24].

According to a survey with patients from Minas Gerais, the main ND listed in the emergency department were identified from the screening performed according to the MTS, such as: acute pain, ineffective respiratory pattern, impaired gas exchange, nausea, fatigue, hyperthermia and chronic pain[25].

However, the use of ND in emergency settings, particularly in risk classification, is still limited, which represents a wide area for the development of educational programs and research.

Study limitations

The study has limitations related to the methodology adopted, since it is a review of studies with limited scope on the subject. Another limitation of this review is the limited number of available publications that address the survey of ND and the application of NP in the emergency sector, according to the bases investigated.

Contributions to the field of nursing, health or public policy

A significant gap was observed in the scientific production of studies on ND in the emergency context, in the approach to CET and with the variables of MTS. It is believed that the compilation of nursing diagnoses with greater frequency and relevance to this environment may contribute to the creation of instruments that encompass evidence-based nursing interventions. This, in turn, will help in the organization of nursing care, as well as documenting and better managing the assistance provided, highlighting the actions of the team in these services, resulting in the advancement of scientific knowledge in the areas of health and nursing in the emergency sector.

CONCLUSION

The present study identified a greater adherence to the use of ND from the NANDA Taxonomy in relation to the ICNP terminology in the emergency service. The most prevalent domains of NANDA were safety/protection, activity/rest, comfort, elimination/exchange and nutrition. Thus, despite the evidence of large deficits in the implementation of NP in clinical practice in emergency and emergency services, it is noticeable that NP and risk classification are crucial to the provision of quality service. Therefore, it becomes imperative to make strategies viable for the effective realization of NP in this scenario. It is suggested to conduct future research, so that it is possible to better understand the reality in relation to the theme.

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Editor-in-Chief: André Luiz Silva Alvim