The overcrowding in the emergency services is a global public health problem that has worsened in the last decades. This is a multifactorial problem and possible reasons are deconstruction of primary care network, increase in health services demand, and decrease in number of hospital beds and insufficient physicians and nurses to manage all deliveries. These facts lead to disappointment of patients because of the long waiting time, and they can compromise the delivery of rapid care to more complex cases, and also can contribute to increase patients’ mortality.

In 2004 the Brazilian Ministry of Health's Program for Humanization implemented the User Embracement with Evaluation and Risk Classification (AACR - Acolhimento com Avaliação e Classificação de Risco) in emergency services. This action was created to promote quality in health care, commitment, dignity and respect to all individuals who seek emergency services. In addition, this action states that care should be organized based on patients’ level of severity rather than order of arrival. As a consequence, to prioritize a patient who needs urgent care increases the satisfaction of other patients, reduces crowding, organizes care flow and promotes a better use of resources.

The AACR goal is to improve access to health services and promote changes. These changes aim at enhancing relationships between health professionals and patients regarding how care is delivered to them by the use of an attentive listening and consideration of patients based on their risk level, higher integrity among health team members, and provision of care with higher responsibility and safety. To implement AACR in emergency units can reduce risks, prevent deaths, exclude triage done by non-qualified health professionals, prioritize patients care based on clinical criteria, reduce waiting time, identify cases that can compromise late care, promote adequate care by reducing risks and increasing safety, and manage resources to be used by patients.

In our study, nurses’ accuracy to predict resources for patients care in emergency service using the adapted ESI were lower than results reported in the literature that used the scale in its original version. A low agreement was observed between number of estimated and used resources.

No association was seen regarding correct prediction of resources and years since graduation, years of work experience in emergency unit, and also years of work experience in the institution where the study was done. To achieve excellence in health care services is a trend to improve patient safety. For this reason, it is important to highlight the need of analysis of triage process and provision of regular refresher training for health professionals involved in such process.