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RESEARCH

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Perfil dos usuários atendidos por um serviço pré-hospitalar móvel de urgência no nordeste brasileiro

Profile of users attended by an emergency mobile pre-hospital service in northeastern Brazil

Perfil de los usuarios atendidos por un servicio de pre-emergencia hospital móvil del noreste de Brasil

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ABSTRACT

Objective: To characterize the sociodemographic and health conditions of the users attended by the Emergency Mobile Service of Rio Grande do Norte (SAMU 192 RN). **Method:** Exploratory, descriptive research with a quantitative approach, performed in a referral hospital. **Results:** The sample consisted of 384 users attended by the SAMU 192 RN, between January and June 2016. It stands out males (64.6%), aged 36-67 years (34.1%); traumatic events (58.3%), mainly from traffic accidents (33.59%), highlighted collisions (28.9%) and neurological disorders (21.1%) reached the highest number of clinical events. **Conclusion:** The profile of users served by the SAMU 192 RN showed the prevalence of traumatic events, traffic accidents, with male users between the ages

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of 36 years and greater than or equal to 67 years.

Descriptors: Pre-hospital Care; emergency; health profile.

RESUMO

Objetivo: Caracterizar as condições sociodemográficas e de saúde dos usuários atendidos pelo Serviço de Atendimento Móvel de Urgência do Rio Grande do Norte (SAMU 192 RN). **Método:** Pesquisa exploratório-descritiva, com abordagem quantitativa, realizada em um hospital de referência. **Resultados:** A amostra foi composta por 384 usuários atendidos pelo SAMU 192 RN, entre janeiro e junho de 2016. Destacouse o sexo masculino (64,6%), com idade entre 36 a 67 anos (34,1%); ocorrências traumáticas (58,3%), principalmente dos acidentes de trânsito (33,59%), em destaque as colisões (28,9%), e afecções neurológicas (21,1%) alcançaram o maior número das ocorrências clínicas. **Conclusão:** O perfil dos usuários atendidos pelo SAMU 192 RN, demonstrou o predomínio das ocorrências traumáticas, de acidentes de trânsito, com usuários do sexo masculino, entre a faixa etária de 36 anos e igual ou maior a 67 anos.

Descritores: Assistência Pré-Hospitalar, emergência, perfil de saúde.

RESUMEN

Objetivo: Caracterizar las condiciones sociodemográficas y de salud de los usuarios atendidos por la emergencia móvil Rio Grande do Norte Servicio (SAMU 192 RN). **Método:** Estudio exploratorio, descriptivo, con abordaje cuantitativo, realizado en un hospital de referencia. **Resultados:** La muestra estuvo constituida por 384 usuarios atendidos por el SAMU RN 192, entre enero y junio de 2016. Se destacó los hombres (64,6%), con edades entre 36-67 años (34,1%); eventos traumáticos (58,3%), principalmente por accidentes de tráfico (33,59%), destacaron las colisiones (28,9%) y trastornos neurológicos (21,1%) alcanzaron el mayor número de eventos clínicos. **Conclusión:** El perfil de los usuarios atendidos por el SAMU RN 192, mostró la prevalencia de eventos traumáticos, accidentes de tráfico, con los usuarios masculinos entre las edades de 36 años y mayor o igual a 67 años.

Descritores: Atención pre-hospitalaria, emergencia, perfil de salud.

INTRODUCTION

Urgencies are defined as unforeseen occurrences of health problems with or without a potential risk to life, where the person needs rapid assistance. To the concept of emergency, conditions of health damage are attributed that imply an imminent risk of life or intense suffering, requiring, therefore, immediate intervention.¹

In 2003, the Ministry of Health (MS) published the National Policy on Emergency Care, which originated the Emergency Mobile Pre-Hospital Service (APH) in Brazil, culminating, consequently, in the creation of the Mobile Assistance Service of Urgency (SAMU). According to this legislation, SAMU must provide direct and indirect assistance, through medical regulation, with the purpose of organizing the prehospital care in the public network.¹

Emergency mobile PHC is seen as an assistance modality that aims to reach the victim early and provide adequate care or transportation to a health service integrated with the Unified Health System (SUS) and thus reduce or avoid suffering and sequelae.²

SAMU is a model of nationally standardized care for 24-hour emergency care in homes, workplaces and public roads. The help is made after the free telephone call from any locality of the national territory to the number 192. The call is answered by a Medical Regulation Center that defines the most appropriate response, either a specific orientation, sending basic support ambulances or advanced life support, being only the last account with the presence of a doctor in the team.¹

In the State of Rio Grande do Norte, SAMU has 24 decentralized bases that serve 52 cities and approximately two million inhabitants, reaching 75% of the population of Rio Grande do Norte. The state government's goal is for coverage to reach the 85% mark, a percentage that will make SAMU potiguar higher than what is currently realized in south-central states of Brazil.³

This issue is relevant and up to date, since situations involving health problems in the context of urgency and emergency may possibly be experienced by the individual, family and / or community at some point in life. There is a growing demand for emergency services in recent years, among several contributing factors, an increase in the number of accidents and urban violence, as well as the insufficient structure of the network, contributing decisively to the overload of services in this sector. Has become one of the most problematic areas of SUS.²

Based on this type of study that characterizes the sociodemographic and health profile of the occurrences observed in the SAMU care, it is often possible to evaluate the entire Brazilian Health Care Network. According to authors⁴, the nature of these studies will aid in the formation of strategies aimed at preventing possible problems, elaborating health policies and programs and strengthening the quality of care offered by these services, providing a permanent education focused on the care profile. In addition to contributing to the advancement of knowledge in this area, still little explored at the national level.

Based on the deepening of the scientific reading about this subject, and to observe in fact, so far, few studies published in our State, also boosted the realization of this research, considering the SAMU service still challenging public health. Therefore, the present study aimed to characterize the sociodemographic and health conditions of the users served by the Rio Grande do Norte Emergency Mobile Service (SAMU 192 RN).

METHOD

This is an exploratory-descriptive study, with a quantitative approach, performed at the Hospital Monsenhor Walfredo Gurgel (HMWG), specifically at the Clóvis Sarinho Emergency Room (PSCS), after the users' care and stabilization by the professionals of SAMU and HMWG/PSCS.

The HMWG is a reference in emergency care for the Unified Health System (SUS) for more than four decades in Rio Grande do Norte, being the only public hospital in the metropolitan region of Natal that has emergency and emergency services in highly complex trauma, the specialized service of burnings, orthopedics, neurology, neurosurgery and various clinical emergencies.⁵

The target population comprised the users served by the SAMU 192 RN team and taken to the HMWG / PSCS. According to research⁶, this service serves about 800 users per month, so it is estimated that this service performs about 9600 calls per year.

For the calculation of the sampling⁷ of SAMU 192 RN users that were collected in the study, a tolerable sample error of 5% was used. And after this calculation, a total of 384 users were reached that fit the following parameters: age equal or superior to 18 years; Be conscious and consent to participate in the research, or in the case of coma, mental confusion, impossibility of verbal communication or death, be with their legally responsible companions for signing the Informed Consent Term (TCLE). Users and/or companions who did not have the cognitive conditions to answer the questionnaire were excluded.

The present study was developed through a data collection instrument that had the following categories: socio-demographic data (age, sex, ethnicity, religion, marital status, educational level, origin, occupation and income in minimum salaries), and type (traumatic and clinical), for the characterization of the patients' health.

For data collection, a form-type instrument was used for the users/family/companion. After the hemodynamic, clinical and psychic stabilization of the patient, the collection was started with the users who were attended by the on-call staff.

Data collection was carried out between January and June 2016. It should be noted that for this data collection, it was necessary the contribution of the students of scientific initiation, members of the Research Group "Nucleus of Studies and Research in Urgency, "Emergency and Intensive Care" (NEPET) of the Nursing Department of UFRN under the guidance of the researchers. A schedule was elaborated according to the availability of the 15 students who participated in the data collection, and distributed a maximum of 2 per shift, between the days of the week. And training was conducted for guidance on user approach and collection itself.

According to Resolution 196/96, supplemented by 466/128 of the National Health Council, all the requirements for research involving human beings were fulfilled. Obtaining favorable opinion (CAAE: 0025.0.294.051-10) by the Research Ethics Committee of the University Hospital Onofre Lopes (CEP / HUOL). In order for the participants in this study to understand the procedures, risks, discomforts, benefits and rights involved, the signing of the Free and Informed Consent Form was requested.

The data collected were organized into an electronic database by typing in a Microsoft Excel spreadsheet (Office 2007), followed by correction and verification of typing errors. After this process, they were exported for analysis in the Statistical Package program for Social Science (SPSS) 20.0 and presented in the form of tables. The analysis was done through descriptive statistics.

RESULTS

According to the data obtained in the study, of the total of 384 individuals sampled, the sociodemographic and health conditions of the users served by the SAMU 192 NB, registered from January to June of 2016, were carried out.

Analyzing gender and age, Table 1 shows that 248 (64.6%) users were male. The age of the users ranged from 18 years to 67 years or more. It stands out as the highest percentage the age group corresponding to the range of 36 to 67 years, with 131 (34.1%) of users.

Table 1 - Distribution of users served by SAMU 192 RN, according to sex, age group, origin and educational level. Natal (RN), 2016

Categories	n	%
GENDER		
Male	248	64.6
Female	135	35.2
Uninformed	1	0.3
AGE RANGE		
Until 35	128	33.3
36-67	131	34.1
≥ 68	124	32.3
Uninformed	1	0.3
ORIGIN		
Interior of the state	158	41.1
Western District	74	19.3
North District II	58	15.1
South District	38	9.9
Eastern DistrictV	31	8.1
North District I	18	4.7
Other states	2	0.5
Uninformed	5	1.3
EDUCATION		
Elementary School	180	46.8
High School	118	30.7
illiterate	59	15.4
Higher education	18	4.6
Postgraduate studies	1	0.3
Uninformed	8	2.1
Total	384	100.0

Source: Own research.

Regarding the origin and level of education of the users, represented also in Table 1, 158 (41.1%) lived in the interior of the State and 74 (19.3%) in the Western District. With respect to schooling, primary education reached the highest percentage, with 180 (46.8%) of the users, and 59 (15.4%) were not literate.

Table 2 - Distribution of users served by SAMU 192 RN, according to ethnicity, religion and marital status. Natal (RN), 2016

Categories	n	%
ETHNICITY		
Brown	186	48.4
White	144	37.5
Black	51	13.3
Uninformed	3	0.8
RELIGION		
Catholic	255	66.4
Evangelical	80	20.8
Agnostic	23	6.0
Other	11	2.9
Spiritist	4	1.0
Uninformed	11	2.9
MARITAL STATE		
Married	186	48.4
Single	115	29.9
Widower	53	13.9
Divorced	19	4.9
Uninformed	11	2.9
Total	384	100.0

Source: Own research.

Regarding ethnicity, religion and marital status, according to Table 2, the majority of users, corresponding to 186 (48.4%), were declared as pardos. The Catholic religion prevailed, being 255 (66.4%) of the users sampled. In the marital status, 186 (48.4%) of the individuals were married, and 115 (29.9%) were unmarried.

Of the 384 individuals in the study, 161 (41.9%) were nursing or retired, and 89 (23.2%) were either traders or employed in other services. And income in minimum salaries was around 1 to 2 salaries, corresponding to 235 (61.2%) of the users, represented in Table 3.

Table 3 - Distribution of users served by SAMU 192 RN, according to occupation and income in minimum salaries. Natal (RN), 2016

Total	n	%
OCUPATION		
From home or retired	161	41.9
Trade and other services	89	23.2
Civil Construction	25	6.5

(To be continued)

(Continuation)

Total	n	%
Self Employed	22	5.7
Field Worker	19	4.9
Unemployed	18	4.7
Industry	12	3.1
Professional Liberal	12	3.1
Student	7	1.8
Public agent	4	1.0
household helper	3	0.8
Uninformed	12	3.1
INCOME		
< 1 salary	95	24.7
1 to 2 salaries	235	61.2
3 to 5 salaries	31	8.1
6 to 10 salaries	1	0.3
Uninformed	22	5.7
Total	384	100.0

Source: Own research.

In the period from January to June 2016, SAMU 192 RN was collected from the sample and represented in Table 4. There were the highest incidence of traumatic events, of which 224 (58.3%) were users, and 158 (41.1%) of clinical causes. The collisions obtained the highest percentage of traumatic events, with 123 (54.9%), and in the second, the falls were with 49 (21.8%).

Traffic accidents had the highest number of traumatic events during the study period, with 141 (62.9%) of the users being treated. A total of 123 (54.9%) of the users who suffered the collisions, 15 (6.6%) were hit and, finally, the rollover with 3 (1.3%) users.

Neurological conditions, especially stroke, reached the highest number, with 83 (52.5%) of the patients being attended for clinical reasons, and 27 (17.0%) were cardiovascular diseases, followed by metabolic disorders With 14 (8.8%) of the users sampled.

Table 4 - Distribution of users served by SAMU 192 RN, according to the type of occurrence. Natal (RN), 2016

Categories	n	%
TYPE OF OCCURRENCE		
Traumatic	224	58.3
Clinic	158	41.1
Uninformed	2	0.6
TRAUMATIC EVENT		
Collisions	123	54.9
Falls	49	21.8
running over	15	6.6
Firearm Injury	13	5.8
White Gun Injury	10	4.4
Fracture	10	4.4

(To be continued)

(Continuation)

Categories	n	%
Rollover	3	1.3
Burn	1	0.4
CLINICAL EVENT		
Neurological affection	83	52.5
Cardiovascular disease	27	17.0
Metabolic affection	14	8.8
Respiratory condition	12	7.5
Gastrointestinal disorder	10	6.3
Renal impairment	6	3.7
Psychiatric condition	3	1.8
Oncologic complication	3	1.8
Total	384	100.0

Source: Own research.

DISCUSSION

Regarding the sex of the users served, a similar study⁴ performed in the SAMU RN detected similar data when it disclosed that among the 3,186 occurrences, there was a predominance of males, 2,012 (63.2%) compared to females who presented 1,140 (35.8%) of the cases attended.

Other research⁹ carried out in Rio Grande do Sul in the year 2013, shows the profile of the services performed by an Advanced Support Unit of SAMU, where 55.9% of the total population served were male and 44.1% female.

Males are the most frequent among the several studies found. The male population is more exposed to various diseases and/or injuries, either by type of work and recreational activities, or by exposure to urban violence, drugs and the means of transportation, since men are often drivers of cars and motorcycles, both and learn to drive at a younger age.¹⁰ It is a fact that the age pyramid of Brazil presents important changes in the last decades, showing an aging of the population.

Regarding the age range of the users, according to researchers⁴, ranged from less than 1 year to 75 years or more. The highest percentage was the age group corresponding to the range of 25 to 34 years, with 598 (18.8%) of the visits, highlighting within this percentage the traumatic causes (12.2%) as a reason for attendance.

In other findings¹¹ about the epidemiological clinical profile of the users of the Emergency Network in the interior of Pernambuco, it can be seen that the age group of 30 to 39 years was the most representative with 31% of the whole sample and soon after that comes the interval from 40 to 49 years with 26%.

Data found confirm the statistics of the State Health Plan of Rio Grande do Norte (2013), related to the age group, which affirm that external causes correspond to the third factor of morbidity and mortality of the state, of these, 48.9% of the deaths were Caused by accidents and 37.5% by aggressions. This second data reaffirms the growth

of violence in the last decades, investigated in the areas of epidemiology and demography.¹²

The present study shows that the majority of users are coming from the interior of the state and regions located around the capital. It is believed that this fact is related to the centralization of assistance in the capital, deficiency of primary health care, distance from the health units of the residences, and that of the emergency service become the first alternative of care, among other factors.

And with regard to religion, Catholic had the highest percentage, followed by evangelicals with 80 (20.8%) of the users. Although there is a decline in recent years of Catholicism in Brazil and the advance of evangelicals and people without religion.

Of the respondents, 53 (44.5%) had a high school degree, 8 (6.8%) were in higher education, 5 (4.2%) were illiterate, and only 6 (5%) were illiterate. Have complete higher education, according to the data presented in the research conducted in the interior of Pernambuco.¹¹ It is also noticed that most of the interviewees are unemployed representing 42 (35.3%) of the sample, and 11 (9.2%) of this population is autonomous. Regarding the family income of the interviewed population, the majority of users have income between 1 and 3 minimum wages, with a total of 99 users (83.2%), and 11 (9.2%) receive less than 1 minimum wage.

A survey carried out in the state of São Paulo, in the year of 2014, in an emergency service, with the objective of characterizing the profile of clinical emergencies, evidenced that 9,725 (99.65%) of the users, 5,876 (60.23%) were married, 8,483 (86.95%) were white, and the mean age was 48 to 78 years.¹³

In the state of São Paulo, in the year 2013, data¹⁴ collected in the SAMU 192, in a total of 4,153 consultations provided 560 consultations were traumatic in nature. Another research carried out in the municipality of Catanduva, in the same State, the most frequent occurrences were due to clinical injuries, followed by surgical and external causes.¹⁵

Another study⁴ carried out in the state of the Newborn in 2014, which analyzed the profile of the occurrences of the emergency prehospital service, showed that 1,473 (46.2%) of the 3,186 occurrences attended by the service were from clinical causes and 1,454 (45.6%).

The treatment of all acute health damages represents an overload in the emergency services of high complexity. For many users, these services represent alternative care and constitute the gateway to the health system. Thus, the continued search for these services can indicate both difficulties in using the health care network and the vulnerability of people who need regular care.¹⁶

Other researchers confirm the findings by stating that such frequent use is present in emergency services in several developed countries, thus being a focus of interest and concern for health management. However, existing research is limited to the description of sociodemographic characteristics, without considering the analysis of the

reasons for seeking care in the emergency room, repeatedly. In Brazil, there is still little research that addresses the issue, demonstrating a lack of knowledge.¹⁷

In the analysis, it was evidenced that traffic accidents reached the highest percentage of traumatic events. A similar survey¹⁸ conducted at SAMU in Belo Horizonte, state of Minas Gerais, in 2012, the highest number of traffic casualties was due to collisions, obtaining 504 (38.9%) of the users. Secondly, with 394 (30.4%), the most common are runners-up. It is worth mentioning that of the total of 1295 accidents, there was a relevant percentage of victims injured by motorcycle, reaching 246 (19%).

Another project carried out in the RN also shows that the most frequent type of collision was motorcycle crash, with 484 (35.8%) visits, followed by a collision between motorcycle and car, which consists of 333 (24.6%) of the occurrences.¹⁹

The social problematic of motorcycle accidents in Brazil is remarkable. This is a new reality of Brazilian traffic and emergency and emergency care, in which, in the last decades, there has been a growing increase in the number of victims, especially men, involved in motorcycle accidents associated with the large increase of this type of fleet vehicle.

In relation to users served by clinical data⁹, there was a higher prevalence of cardiovascular, respiratory and neurological conditions. In Brazil, the greatest cause of death is due to cardiovascular diseases and it is estimated that this rate will increase in the coming years due to aging of the population and lifestyle, with inadequate eating habits and physical activity. And in situations of trauma, he observed a higher frequency related to traffic collisions.

Other researchers observed that most of the clinical emergencies attended were of unknown causes, with 2,290 (23.47%), followed by 1,356 (13.89%) neurological, and 1,326 (13.59%) cardiological. The conditions found in the neurological emergencies were: headache 385 (29.03%), stroke 346 (26.09%) and dorsalgia 136 (10.25%).¹³

The findings of the present study show that traumatic occurrences in the population have grown considerably, through their growth, more active lifestyle, recklessness in traffic, increased violence and abusive use of alcohol and other drugs, a fact that increases this exposure to the risk of suffering some type of trauma-related event.

CONCLUSION

The sociodemographic and health characterization data of the users attended by the SAMU 192 RN who were analyzed demonstrated the predominance of the occurrences of a traumatic nature, mainly of traffic accidents, with male users, between the age group corresponding to 36 and 67 years.

Although the significant number of occurrences of clinical causes, those of a traumatic nature were responsible for the greater number of demands in the analyzed period, with emphasis on traffic accidents. Pointing out the need for

tighter enforcement of traffic laws coupled with investment in education of pedestrians and drivers of vehicles.

In addition, the importance of permanent education for health professionals who work in the emergency and emergency area is highlighted, since the greater the chances of a good prognosis, when the first assistance is performed in a faster and more qualified way.

Regarding the occurrences demanded by the service during the studied period, incomplete data were obtained and/or users refused to participate in the study, which reflects in the limitations of the study. Already the difficulty lies in the moment of approach to users who are debilitated.

It is concluded, therefore, that studies of this nature, identifying the socio-demographic situation of the users and the type of event in the SAMU services, can collaborate for the efficient organization and management of this and other similar services, and propose a redirection of the professionals to refresher courses compatible with the prevalent morbidity profile.

The need for new studies with a focus on the user to better understand their needs and demands to health services is evident, and can also be used as tools to develop actions aimed at attention to the urgencies of the State and municipalities, with the purpose of contributing to Implementation in the country.

REFERENCES

1. Ministério da Saúde (Brasil). Portaria nº 1.600, de 07 de julho de 2011 - Reformula a Política Nacional de Atenção às Urgências e institui a Rede de Atenção às Urgências no Sistema Único de Saúde (SUS) [Internet]. Brasília, 2011 [acesso em 2016 ago 08]. Disponível em: http://www.saude.pr.gov.br/arquivos/File/Portaria_n_1600_de_07_07_11_Politica_Nac_Urg_Emerg.pdf.
2. Brasil. Portaria n. 2.048, de 5 de novembro de 2002. Aprova o regulamento técnico dos sistemas estaduais de urgência e emergência [Internet]. Brasília, 2002 [acesso em 2016 ago 16]. Disponível em: http://www.saude.mg.gov.br/images/documentos/portaria_2048_B.pdf.
3. Rio Grande do Norte. SAMU - Serviço de Atendimento Móvel de Urgência [Internet]. 2014 [acesso em 2016 ago 16]. Disponível em: <http://www.saude.rn.gov.br/Conteudo.asp?TRAN=ITEM&TARG=2370&ACT=null&PAGE=null&PARM=null&LBL=NOT%38DCIA>.
4. Dias JMC, Lima MSM, Dantas RAN, Costa IKF, Leite JEL, Dantas DV. Perfil de atendimento do Serviço Pré-Hospitalar Móvel de Urgência Estadual. *CogitareEnferm*. [Internet]. 2016 [acesso em 2016 ago 16]; 21(1): 01-09. Disponível em: <http://revistas.ufpr.br/cogitare/article/view/42470/27511>.
5. Rio Grande do Norte. O Hospital. [Internet]. 2016 [acesso em 2016 ago 15]. Disponível em: <http://www.walfredogurgel.rn.gov.br/Conteudo.asp?TRAN=ITEM&TARG=33384&ACT=&PAGE=0&PARM=&LBL=Institui%E7%E3o>.
6. Brasil. Secretaria de Estado de Saúde Pública do Rio Grande do Norte. Setor de Informação do SAMU 192 RN. Natal: Ministério da Saúde, 2009.
7. Barbeta PA. Estatística aplicada às ciências sociais. 8 ed. Florianópolis: Editora da UFSC, 2013.
8. Ministério da Saúde (Brasil). Conselho Nacional de Saúde. Resolução nº466 de 12 de Dezembro de 2012. [Internet]. Normas para pesquisa envolvendo seres humanos. Brasília: Ministério da Saúde, 2012.
9. Casagrande D, Stamm B, Leite MT. Perfil dos atendimentos realizados por uma Unidade de Suporte Avançado do Serviço de Atendimento Móvel de Urgência (SAMU) do Rio Grande do Sul. *Scientia Medica*. [Internet]. Porto Alegre, 2013 [acesso em 2016 ago 16]; 23(3): 149-155.

10. Cavalcante AKCB, Holanda VM, Rocha CFM, Cavalcante SW, Sousa JPR, Sousa FHR. Profile of assisted traffic accidents in Service Pre-Hospital Mobile. *Revista Baiana de Enfermagem*. [Internet]. Salvador, 2015 [acesso em 2016 ago 16]; 29(2): 135-145. Disponível em: https://portalseer.ufba.br/index.php/enfermagem/article/viewFile/12656/pdf_125.
11. Oliveira ANS, Lima KSB, Moura LA, Mendes RNC, Gomes JO, Moura JG. O perfil clínico epidemiológico dos usuários da Rede de Urgências no interior de Pernambuco. *R. pesq.: cuid. fundam. online*. [Internet]. 2013 [acesso em 2016 ago 15]; 5(2): 3601-07. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/viewFile/2006/pdf_729.
12. Rio Grande do Norte. Secretaria de Estado de Saúde Pública. Plano Estadual de Saúde 2012 a 2015. [Internet]. 2013 [acesso em 2016 ago 15]. Disponível em: <http://adcon.rn.gov.br/ACERVO/sesap/DOC/DOC000000000004541.PDF>.
13. Ribeiro RM et al. Caracterização do perfil das emergências clínicas no pronto-atendimento de um hospital de ensino. *Rev Min Enferm*. [Internet]. 2014 [acesso em 2016 ago 16]; 18(3): 533-538. Disponível em: <http://www.reme.org.br/artigo/detalhes/944>.
14. Julien TMS, Araújo CLO. Caracterização dos atendimentos prestados pelo SAMU - Serviço de Atendimento Móvel de Urgência de um município do Vale do Paraíba - SP. *REEBVAP*. [Internet]. 2013 [acesso em 2016 ago 15]; 1(5). Disponível em: <http://www.fatea.br/seer/index.php/reenvap/article/viewArticle/1133>.
15. Gonsaga RAT, Brugnoli ID, Zanutto TA, Gilioli JP, Silva LFC, Fraga GP. Características dos atendimentos realizados pelo Serviço de Atendimento Móvel de Urgência no município de Catanduva, Estado de São Paulo, Brasil. *Epidemiol. Serv. Saúde*. [Internet]. 2013 [acesso em 2016 ago 15]; 22(2): 317-324. Disponível em: http://scielo.iec.pa.gov.br/scielo.php?script=sci_arttext&pid=S1679-49742013000200013.
16. Dubeux LS, Freese E, Felisberto E. Acesso a Hospitais Regionais de Urgência e Emergência: abordagem aos usuários para avaliação do itinerário e dos obstáculos aos serviços de saúde. *Physis*. [Internet]. 2013 [acesso em 2016 ago 15]; 23(2). Disponível em: <http://dx.doi.org/10.1590/S0103-73312013000200003>.
17. Kumar GS, Klein R. Effectiveness of case management strategies in reducing emergency department visits in frequent user patient populations: a systematic review. *J. emerg. med*. [Internet]. 2013 [acesso em 2016 ago 15]; 44(3). Disponível em: <http://dx.doi.org/10.1016/j.jemermed.2012.08.035>.
18. Resende VD, Moraes DA, Mota PA, Araújo RM, Avelino RP, Henriques TRP. Ocorrências de acidentes de trânsito atendidas pelo Serviço de Atendimento Móvel de Urgência em Belo Horizonte. *R. Enferm. Cent. O. Min*. [Internet]. 2012 [acesso em 2016 ago 16]; 2(2): 177-194. Disponível em: <http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IsisScript=iah/iah.xis&src=google&base=BDENF&lang=p&nextAction=lnk&exprSearch=24821&indexSearch=ID>.
19. Gomes ATL, Silva MF, Dantas RAN, Mendonça AEO, Torres GV. Caracterização dos acidentes de trânsito assistidos por um serviço de atendimento móvel de urgência. *J. res.: fundam. care. online*. [Internet]. 2016 [acesso em 2016 ago 16]; 8(2): 4269-4279. Disponível em: <http://seer.unirio.br/index.php/cuidadofundamental/article/view/4339>.

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