



NURSES' ROLES IN MOBILE PREHOSPITAL CARE SERVICES IN BRAZIL: INTEGRATIVE REVIEW

ATUAÇÃO DO ENFERMEIRO NOS SERVIÇOS DE ATENDIMENTO PRÉ-HOSPITALARES MÓVEIS NO BRASIL: REVISÃO INTEGRATIVA

ACTUACIÓN DEL ENFERMERO EN LOS SERVICIOS DE ATENCIÓN PRE-HOSPITALARIOS MÓVILES EN BRASIL: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to analyze, in national and international literature, the nurse's role in mobile Prehospital Care Services in Brazil, the challenges and its prospects. **Method:** integrative review that examined scientific articles published from 2009 to 2013 with the answer after considering the guiding questions << How has been the nurse's role in mobile Prehospital Care Services in Brazil? And what are the challenges and prospects encountered by these professionals? >> **Results:** the idea of meeting the victim at the emergency room is very old in the country, but the work of nurses in the mobile pre-hospital care is a recent activity. Since then, the nurse is an active participant of these teams, developing various functions and facing many challenges. **Conclusion:** the nursing is occupying new areas and their insertion is one of them in this service. The study showed low knowledge of newly graduated nurses about the urgent and emergency issues, however, even with the challenges they successfully carry out the provision of care. It is hoped that this work will contribute to further reflection and further studies. **Descriptors:** Ambulance; Emergencies; Role of Professional Nursing.

RESUMO

Objetivo: analisar, na literatura nacional e internacional, a atuação do enfermeiro nos Serviços de Atendimento Pré-Hospitalares móveis no Brasil, os desafios encontrados e suas perspectivas. **Método:** revisão integrativa que analisou artigos científicos publicados no período de 2009 a 2013 com vistas a responder as questões norteadoras << Como tem sido a atuação do enfermeiro nos Serviços de Atendimento Pré-Hospitalar móvel no Brasil? E quais são os desafios e perspectivas encontrados por estes profissionais? >> **Resultados:** a ideia de atender a vítima no local da emergência é bem antiga no país, porém, a atuação do enfermeiro no atendimento pré-hospitalar móvel é uma atividade recente. Desde então, este profissional é participante ativo dessas equipes, desenvolvendo várias funções e enfrentando muitos desafios. **Conclusão:** a enfermagem vem ocupando novas áreas, sendo sua inserção neste serviço uma delas. O estudo evidenciou baixo conhecimento dos enfermeiros recém-formados quanto às questões de urgência e emergência, entretanto, mesmo com os desafios encontrados, realizam com sucesso a prestação do cuidado. Espera-se que este trabalho contribua com maiores reflexões e novos estudos. **Descritores:** Ambulâncias; Emergências; Papel do Profissional de Enfermagem.

RESUMEN

Objetivo: analizar, en la literatura nacional e internacional, la actuación del enfermero en los Servicios de Atención Pre-Hospitalarios móviles en Brasil, los desafíos encontrados y sus perspectivas. **Método:** revisión integradora que analizó artículos científicos publicados en el período de 2009 a 2013 para responder las preguntas guiadoras << ¿Cómo ha sido la actuación del enfermero en los Servicios de Atención Pre-Hospitalario móvil en Brasil? y ¿Cuáles son los desafíos y perspectivas encontrados por estos profesionales? >> **Resultados:** la idea de atender a la víctima en el local de la emergencia es muy antigua en el país, pero la actuación del enfermero en la atención pre-hospitalario móvil es una actividad reciente. Desde entonces, el enfermero es participante activo de esos equipos, desarrollando varias funciones y enfrentando muchos desafíos. **Conclusión:** la enfermería viene ocupando nuevas áreas siendo su inserción en este servicio una de ellas. El estudio mostró bajo conocimiento de los enfermeros recién formados sobre los asuntos de urgencia y emergencia, sin embargo, mismo con los desafíos encontrados, ellos realizan con suceso la prestación de cuidado. Se espera que este trabajo contribuya con mayores reflexiones y nuevos estudios. **Descriptor:** Ambulancias; Emergencias; Papel del Profesional de Enfermería.

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INTRODUCTION

The world is having constant changes, but violence has been the hallmark of all times, which changes its nature, but does not diminish its impact on morbidity and mortality rates. Thus, it has accompanied man throughout his story translated in many different acts. In this sense, the violent causes have been, nowadays, the main responsible for mortality in external causes, and throughout the overall mortality in Brazil, it has lagged behind only mortality from some chronic diseases such as heart and oncological. Similar to ancient times, violence was the driving leading the state to worry about intervention measures, through the health and public safety.^{1,2}

Along with the increase in violence, there is an increasing urban population and the increase of cardiovascular, respiratory, metabolic diseases, among others; also responsible for instances of emergency care related to health. Thus, it grows the need for immediate assistance to victims at the scene, as well as adequate transportation to an emergency service definitive care. Thus, the Mobile Prehospital Support Services emerged, which enable early intervention, reducing mortality rates and minimizing the consequences.³

A mobile pre-hospital level in the emergency area is the care that seeks to assist the victim in the first minutes after the injury occurred to his health, either clinical, surgical, traumatic or psychiatric and can lead suffering, sequels, disability or even death. Therefore, it is necessary to stabilize vital signs or perform appropriate interventions in order to transport the silent mode of patient and safety for properly structured hospital.^{1,4}

With all this new, health care environment in urgent and emergency services that goes beyond hospital care, with calls at home and in local occurrences of accidents, a new reality in the nursing work context is inserted.⁵

The nurse is part of the team of professionals coming from the health and plays an essential role in the mobile pre-hospital care, contributing to the positive result of the assistance process. Moreover, it is also responsible for administrative activities and should be able to work in teams, since the procedures are performed concurrently and each one performs a task, making agile and efficient care. In this context, it is necessary to rethink the role of the nurse, through the progressive achievement of new functions, skills, autonomy and trying to follow his

agents in ever higher and differentiated training standards.^{5,6}

In this perspective, the following guiding questions are established: How has the nurse's role in mobile Prehospital Care Services in Brazil? And, what are the challenges and prospects encountered by these professionals?

Given the above, this research is justified due to the constant transformations of the contemporary world, involving the health of the population and consequently inserted in this context, the work of nursing. The increase in violence, car accidents and chronic diseases generate a greater number of occurrences of mobile Prehospital Care Services, with greater emphasis on the urgency and emergency area in morbidity and mortality reduction context. The nurse is part of the multidisciplinary team of interventional and should be able to act in an integrated manner, with speed and competence.

Given this scenario, it becomes evident the need for this study to stimulate reflections on the care and management practices of nursing in mobile Prehospital Services, stimulating discussions on the subject, developing critical reflection of nursing professionals on the subject, and encouraging further research, since the small number of studies on this topic.

OBJECTIVE

- To analyze the work of nurses in the mobile Prehospital Care Services in Brazil, the challenges and prospects.

METHOD

Integrative review, characterized by description, analysis and correlation of facts about the proposed theme. It is a research used in the context of evidence-based practice that includes relevant research analysis supporting decision-making and improves the clinical practice to provide knowledge of a particular subject. It also shows the gaps in knowledge that need to be filled with new studies. This method allows to update the discussions related to a specific topic from the synthesis of published studies.⁷

The study was conducted from searches of relevant publications on the topic Virtual Health Library (VHL) and in articles published in national magazines with scientific benefits, with the temporal delimitation between 2009 to 2013, corresponding to the last five years, with a sense of embracing the latest publications. Some ordinances and legislation related to emergency care and mobile prehospital care were also surveyed for the

construction of this work. The literature search was conducted between February and October 2013. To carry out the search, the following descriptors were used: Ambulance, Emergencies and Role of nurses and their associations (“urgencies”) and (“nurse’s role”) and (“urgencies”) and (“ambulance”).

For the selection of material, items available in PDF, published in the last five years and which reflect the Brazilian reality were used as full inclusion criteria. Articles published in other languages other than the Portuguese and previous to 2009 were excluded.

After the literature search, there were 21 scientific papers that have been filtered by reading titles and abstracts, so it was possible to exclude seven studies that were not relevant to this study, leaving 14. Since then, the full readings of the texts were held and finally selected eight articles that met the inclusion criteria previously surveyed. After the critical reading of relevant sources and the realization of their book report, the texts were analyzed, interpreted and used in this article.

It was also performed the classification of the level of evidence of each article based on evidence-based practices, using the following criteria: I- systematic reviews or meta-analysis of relevant clinical trials; II Evidence from at least one randomized controlled clinical trial clearly delineated; III - well-designed clinical trials without randomization; IV cohort studies and well-designed case-control; V - systematic review of descriptive and qualitative studies; VI - evidence derived from a single descriptive or qualitative study;

VII - opinion authorities or expert committees including information interpretations not based on research.⁸

RESULTS

The results show that according to the evidence levels, 62.5% of the articles are categorized in the sixth level of evidence. Regarding the temporal delimitation, years of publications were from 2009 to 2012, and most of them (37.5%) were published in 2010 (Table 01).

It is also shown that the nursing work is essential throughout the care process of mobile PHCS to the target population, being important from prevention of events by the end call victims and that permeates administrative, assistance sectors, coordination and leadership teams.

Most articles showed motivated nurses working in the mobile PHCS, with satisfaction in helping others, feeling valued, with a specific profile, they must know how to work in teams and have a clear ethical stance.

The main challenges faced are: the frequent pursuit of higher skills, difficulties in building protocols and perform ongoing educations, constant adaptation to new and different working environments, delays and lack of communication in the occurrences.

The research found as limiting factor the fact that most of the articles showed the public service, so further studies need to check such matters in private mobile PHCS.

Numeration	Title	Method/objective	Level of evidence	Year of publication
Article 1	Conceptions and feelings of nurses working in pre-hospital care about the practice and vocational training.	Descriptive and qualitative study aimed to identify the feelings resulting from the practice and education of nurses of mobile emergency prehospital care service (PHCS).	VI	2010
Article 2	Nursing team performance in the mobile pre-hospital care in Floriano-PI.	Descriptive study. The objective of this research is to know the assignments of the nursing staff to the mobile pre-hospital care (SAMU-192), as well as identifying the specific actions of nursing, find what the nursing role is with the assistance team and know the difficulties faced by these professionals.	VI	2012
Article 3	Nurses' performance on mobile prehospital care.	Estudo de revisão bibliográfica qualitativa, caracterizada por descrição, análise e correlação dos fatos e/ou fenômenos acerca do tema proposto, sem	V	2012

		interferência do pesquisador no ambiente de pesquisa, com o objetivo de expressar o sentido do fenômeno e/ou fato, reduzindo a distância entre o real e a teoria.		
Article 4	Identity configuration of nurses of an emergency mobile service.	Qualitative study, data collected mainly through interviews with nurses and other team members, and subjected to content analysis.	VI	2010
Article 5	Teamwork in pre-hospital care to the traffic accident victims.	Qualitative research using observation of events attended by a public service of Porto Alegre for data collection, as well as interviews with all the professionals involved in this assistance. This research aims to characterize the teamwork in the prehospital care for victims of traffic accidents, identifying the activities of actors, teamwork and relations with authors from other areas.	VI	2009
Article 6	The importance of nurses in PreHospital Care (PHC): Literature Review.	Bibliographic exploratory study, using printed or virtual bibliography with qualitative systematic appraisal prepared intrinsic to the subject in focus. The goal was to analyze and identify key steps and concerns in Prehospital Care (PHC) and the main benefits of the performance of the rescuer nurse in this service.	V	2010
Article 7	Living and working professionals' conditions from a Mobile Emergency Care Service.	Cross-sectional epidemiological study aimed to evaluate the sociodemographic, health, lifestyle and working conditions in Samu professionals in Campinas, SP, Brazil.	VI	2011
Article 8	Job satisfaction of the nursing staff of SAMU / Natal.	Descriptive exploratory study with a quantitative approach, and prospective data held in the Medical Regulation Center of SAMU/Natal. To identify the job satisfaction level of nursing staff and check the degree of importance attached to each of the components of job satisfaction: autonomy, interaction, professional “status”, job requirements, organizational standards and remuneration.	VI	2009

Figure 1. Distribution of scientific articles according to title, method/objective, level of scientific evidence and year of publication.

DISCUSSION

In Brazil, the idea of assisting victims at the emergency room is as old as other countries. Dates back to 1893, when the Senate of the Republic approved the law which sought to establish the emergency medical care on the road, and in 1899 the then Fire Department of the capital, put into action the first ambulance animal traction to perform the service, a fact that characterizes its historical tradition in providing that service.^{3,6}

The activity of nurses in Mobile Prehospital Care (mobile PHC) in Brazil developed from the 1990s with the emergence of Advanced Life Support units. Since then, the nurse is an active participant of the mobile PHC team and takes along with all the staff, responsibility for care given the serious victims at risk of dying.³

On March 22, 2001, the Regional Nursing Council of São Paulo, by decision 001/2001, regulated nursing activities in PHC and other Basic and Advanced Life Support related situations, resolving that “Prehospitalar Care

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of Basic Support and Advanced Life Support in terms of Nursing procedures foreseen by law are unconditionally provided by nurses, nursing technicians or assistants Nursing, subjected to the constant provisions of Law nº7498/86 and Decree law 94,406/8". On July 12, 2001, in order to legitimize nursing activities in the pre-hospital care, the Federal Nursing Council, through Resolution 260/2001, fixed and specialty nursing and nurse competence, prehospital care, however without specifying their training and action.^{9,10}

In 2000, the Federal Board of Nursing also issued Resolution 225, which provides for compliance with prescription medication/therapy at a distance that allows nurses fulfill prescriptions by radio/telephone in urgent cases or imminent risk of life.¹¹ However, only through Ordinance 2048 of November 5, 2002 that the PHC is regulated and standardized in Brazil. This ordinance defines the functions of the nurse, the profile of this professional as well as the entire team that will work in this service. It also defines the nurse responsible for nursing care for resuscitation and stabilization of the patient at the venue and during transport to the Prehospital care and responsible for administrative and operational services in prehospital care systems, supervision and evaluation of the nursing team's actions.⁴

Given the above and by the analysis of the articles of this review, a contemporary transformation directly influence the health of Brazilians and consequently enters the nursing work in this context. Thus, there has been the growth and evolution of this profession in recent years with the opening of spaces not previously occupied and developing specializations that enhance their practice. Nursing has expanded its field of action, particularly in the area of mobile PHC and thus, it is necessary to rethink the performance of this professional.⁵

It is known that the development of mobile PHC services, whether public or private, require skilled and trained professionals that meet the specificities of nursing care during the pre-hospital care for the prevention, protection and recovery to health. Therefore, nurses working in these services are fundamental in the care process, being required attributes such as skills, motor skills, creativity, emotional balance, willingness to perform the following actions, sensitivity and ease of communication.^{4,5}

With regard to the profile of this professional and among the major skills for the exercise of nursing practice, there is the

clinical rationale for the decision, physical and mental ability to handle stressful situations, ability to work in teams, ability to perform interventions accurately, quick decisions based on prior knowledge and care protocols.^{2,4}

In addition to the items described, the nurse should also enjoy working with urgency, always improving, having good will and interest in professional growth, demonstrating dedication and commitment to service, agility and objectivity in the evaluation of patients and the procedures. Also, they must have self-control, adapt to adversity, to different care settings and have a good relationship with colleagues of the work team.³

Ethics is also very important for the mobile prehospital care, not to be less important in other services, but in the mobile PHC, as professionals always need the collaboration of other professionals such as police officers, professionals of in-hospital service, families and the population in general, thus ethical conduct becomes essential.^{2,6}

In the specific case of nurses and their practices in care in urgency and emergency situations, more complex assistance procedures and the organization of care scenario are the main activities developed by them in their daily work. Stand out among their functions: performing venipuncture, preparation and administration of medicines, bandages, maneuvers of Cardiopulmonary Resuscitation, signs and symptoms of gravity identification and their interpretation, identification of the possibility of transmission of infectious and parasitic diseases for the staff and other customers, implementation of medical prescriptions by phone or radio and performing the victims extraction maneuvers.^{4,12}

In addition to these assistance activities, the nurse also has the manager function, responsible for management activities and/or administrative activities. It is noteworthy that in this mode, he performs the management of his team differently, since it is distant and sometimes under guidance of medical regulation. He also makes the prediction and provision of materials and supplies of ambulances, develops educational activities as trainer, participates in the care of protocol review, the development of teaching material and is responsible for the continuing education of the nursing staff.^{2,3}

In the mobile PHC, this professional takes on the role of articulating and integrating the team, contributing to the inter-relationship between the various actors, being recognized as the coordinator of the nursing staff,

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performing the supervision and evaluation of actions of this team. Thus, he is in a link between the management and the assistance between medical regulation and the rescuer team, coordination between the service and the team as he moves in almost all areas, working together with the core team together with the doctor in advanced support, making the administration of the service, the supervision of his team and the lifelong education of technicians and nursing assistants, drivers and other actors. Thus, the interpersonal relationship is very important, because only from him, it is possible to exercise good management.^{6,9}

By the studies analyzed, it is clear that the occurrences of care in nursing provides greater security presence in decision-making and tranquility to the team because he has initiative and satisfaction in helping without measuring efforts, always acting for the benefit of the patient. Also, as a team member, he contributes to the implementation of the measures and procedures during the service in order to increase the survival of the victims.^{1,13}

It is noteworthy that with the new performances also new challenges come and, with the incorporation of new technologies, changes in living standards and health and illness and the increasing demands of society for better care, often make to exercise their functions exceeding their education. Despite the existing curriculum changes in the course of nursing graduate who now seek the formation of more critical, reflective, creative, with leadership skills, autonomy and expertise professionals, they are still disconnected from the practical reality of organizational contexts and many nurses report that the knowledge provided at graduation were insufficient for the requirements of emergency services. Therefore, it is necessary to train qualified professionals, as growth PHC at national level and the limited number of trained nurses. Also the emergency care do not constitute medical or nursing specialty and attention given in undergraduate courses is still considered insufficient.^{5,12}

In this context, the search for more knowledge and skills becomes a major challenge exposed in all analyzed studies. Nurses have sought ways to offset this gap and complement their education through conferences, training and courses such as Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Prehospital Trauma Life Support (PHTLS) or even in Basic Life/Support (BLS). But even so,

these courses are not considered sufficient for the actual requirements of mobile PHC due to difficulties adapting in laboratories the actual situations encountered in practice of the service, as the difficult access to the site where the victims or calls within the ambulances.^{1,9}

The construction of protocols used in emergency mobile care services in Brazil also have challenges, since they are based on international protocols readapted to our reality, not reflecting thus the shortcomings of the country's health services as lack of hospital vacancies, inefficiency of the primary health sector, problems related to the composition of the teams, modalities of service, current legislation, among others.³

Problems related to continuing education are also raised as challenges encountered due to the difficulty of gathering the team for meetings, and this is a core business, as the need for updated knowledge for quality care.^{2,12}

In addition to these challenges and difficulties encountered by nurses in Mobile Prehospital Care Services, there are also the lack of clarity of their functions, adapting to a new and different working environment, the confrontation with social vulnerability and interpersonal violence, lack of responsiveness of some senior colleagues, communication failures in some instances, delays in arrival to the scene because of traffic noise and climate change, lack of materials and equipment in some instances and high turnover professionals, thus changing constantly the compositions of the teams. The fact that there is no guaranteed time to finish the duty to carry out the meals and even to meet the needs of physiological eliminations, plus the physical, chemical and biological occupational risks inherent to health services, are also some difficulties observed.^{1,2,3,5}

However, these challenges enable moments of reflection and awareness that not everything can be perfect and those failures exist, but they should serve as a learning and personal and professional growth.

CONCLUSION

Nursing is occupying new areas and their actions have enhanced changes, progress and new achievements. Thus, currently the nurse's presence is of fundamental importance in direct assistance to victims in situations of emergency care, technical training of teams, development of care protocols and supervision of staff. Their actions provide faster, organized, safe and

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quiet care, and is considered a point of support for the teams.

There are many challenges and difficulties still faced by nurses to list on the mobile PHC, but even so, they have conquered their space, carrying out successfully the provision of care, which is the main function of these professionals. In addition, it is found that feelings of satisfaction, personal and professional fulfillment, as well as appreciation and recognition by patients/victims, family, population and the service itself are some feelings described by them.

The study showed that as the professional training of nurses, there is need for greater requirement of undergraduate and conducting observation stages and performance in mobile PHC. It is suggested that universities establish partnerships with the mobile PHC companies to provide more knowledge to their graduates, thus facilitating adaptation to egress. It is concluded that low knowledge of nursing professionals regarding their training curriculum in PHC area should the professional interested in working in this area to look for training courses or even a specialization.

It is expected that the results of this study contribute to these professionals and other members of the health team reflecting on their daily practices and working relationships that have developed. It is also expected that this study will stimulate further studies and publications that can contribute to the scientific development of the profession in addition to expanding discussions on the formation and professional practice of nurses working in mobile PHC, thereby aiming improvements in the workplace and better assistance for patients.

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