CHARACTERIZATION OF THE CARE CARRIED OUT BY THE SAMU

CARACTERIZAÇÃO DOS ATENDIMENTOS REALIZADOS PELO SAMU

CARACTERIZACIÓN DE LOS SERVICIOS REALIZADOS POR EL SAMU

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ABSTRACT

Objective: to analyze the characteristics of care and the profile of the victims rescued by the Mobile Emergency Care Service/SAMU. **Method:** this is a descriptive bibliographical study, a literature review, in which articles were searched, without time delimitation, in the VHL, LILACS, SciELO, BDNF, MEDLINE. Ten articles were selected that met the inclusion criteria. **Results:** there were evidences about the characteristics of the attendance, which makes it difficult to plan specific and resolute actions. It is worth noting the lack of studies carried out on this subject in the three States of the southern region of Brazil. **Conclusion:** research in this area and nursing professionals' productions are suggested, thus contributing to the organization and efficient management of this service, as well as a redirection of professionals for refresher courses that are compatible with the prevalent morbidity profile. **Descriptors:** Emergency Medical Services; Emergency Nursing; Prehospital Care; SAMU; Urgencies. Emergency.

RESUMO

Objetivo: analisar as características dos atendimentos e o perfil das vítimas socorridas pelo Serviço de Atendimento Móvel de Urgência/SAMU. **Método:** trata-se de estudo bibliográfico, descritivo, tipo revisão de literatura, em que se buscaram artigos, sem delimitação do tempo, na BVS, LILACS, SciELO, BDNF, MEDLINE. Selecionaram-se dez artigos que atenderam aos critérios de inclusão. **Resultados:** evidenciaram-se divergências sobre as características dos atendimentos, o que dificulta o planejamento de ações específicas e resolutivas. Destaca-se a falta de estudos realizados sobre esta temática nos três Estados da região Sul do Brasil. **Conclusão:** sugerem-se pesquisas na área, bem como produções pelos profissionais da Enfermagem, contribuindo, assim, para a organização e a gestão eficiente deste serviço, além de um redirecionamento dos profissionais para cursos de atualização e aperfeiçoamento compatíveis com o perfil de morbidade prevalente. **Descritores:** Serviços Médicos de Emergência; Enfermagem de Emergência; Assistência pré-hospitalar; SAMU; Urgências; Emergências.

RESUMEN

Objetivo: analizar las características de las atenciones y perfil de las víctimas socorridas por el Servicio de Atención Móvil de Urgencia/SAMU. **Método:** se trata de un estudio bibliográfico, descriptivo, tipo revisión de literatura, en que se buscó artículos sin delimitación del tiempo, en la BVS, LILACS, SciELO, BDNF, MEDLINE, se seleccionaron diez artículos que atendieron a los criterios de inclusión. **Resultados:** el análisis evidenció divergencias sobre las características de las atenciones, lo que dificulta en la planificación de acciones específicas y resolutivas. Se destaca la falta de estudios realizados sobre esta temática en los tres estados de la región Sur de Brasil. **Conclusión:** se sugiere investigaciones en el área, así como producciones por los profesionales de enfermería, contribuyendo así a la organización y gestión eficiente de este servicio. Además de sugerir una redirección de los profesionales para cursos de actualización y perfeccionamiento compatibles con el perfil de morbilidad prevalente. **Descriptores:** Servicios Médicos de Emergencia; Enfermería de Emergencia; Asistencia Pre Hospitalaria; SAMU; Urgencia; Emergencia.

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INTRODUCTION

Due to the growth of studies on the subject of urgency due to its epidemiological importance, the structuring of prehospital care services was promoted, being classified as a health service, since, prior to the decade of 2000, this service was carried out by the military and community-volunteer fire brigades and by the Military Police to become a service developed by health agencies such as Emergency Mobile Service (SAMU).¹

Over time, it was realized that lives could be saved if they were quickly attended by trained and qualified people, still in the environment outside the hospitals, and transported to a place where they could receive care with more specific support for each case. This pre-hospital care service (PHC) was called. It is reported that cardiovascular, respiratory and metabolic diseases and affections due to external causes are some of the situations that determine the need for immediate emergency and definitive care.²

The National Government's Emergency Care Policy (NECP), reformulated in 2011, was implemented by the Brazilian government in 2003, and political and financial incentives were created through ordinances to stimulate the implementation of prehospital components, structuring the Emergency Mobile Services (SAMU -192) and the Emergency Care Units (ECUs), to attend to clinical emergencies. ECUs, fixed units, act as intermediate services, accommodating the demands of less complexity that do not necessarily require hospital intervention.³

The urgency and emergency mobile service is constituted as an important element of health care. Its main objective is to reduce morbi-mortality and incapacitating side effects and offering immediate treatment to people affected by injuries of any nature. However, a growing demand for emergency units was identified, both in the national scenario, and in the regional scenario, which is often, not of an urgent nature.⁴

The project to implement the SAMU was approved in the State of Santa Catarina on December 20, 2003, by the State Health Council, with SAMU being regionalized with coverage of 100% of the municipalities. Studies have been carried out for the implementation of the service since 1994, but there was no realization of it.⁵

In this context, the scenario of the southern regions of the country (Paraná, Santa Catarina and Rio Grande do Sul) is currently

present, with a remarkable range of services performed by SAMU in places where this service is available for the entire population and it can be seen, through previous studies, that the occurrences are different, however, they have their own characteristics, which makes it relevant to reflect on this theme, with emphasis on the State of Santa Catarina.

OBJECTIVE

- ♦ To analyze the characteristics of the care and the profile of the victims rescued by the Mobile Emergency Care Service/SAMU.

METHOD

This is an integrative review of the literature, a method that aims to synthesize results obtained in research on a topic or issue, in a systematic, orderly and comprehensive manner, through the careful fulfillment of six steps: identification of the research question ; definition of the characteristics of the primary surveys of the sample; selection, in pairs, of the surveys that composed the sample; analysis of articles findings; and interpretation of the results and report of the review, providing a critical examination of the findings.⁶ Considering these steps, the analysis of the selected studies was guided by the research question: What has been published in Brazil about care and the profile of the victims rescued by the SAMU in the region South of Brazil?

For the development of this study, the following databases were selected: Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF), Medical Literature Analysis and Retrieval System Online (MEDLINE), Scientific Electronic Library Online (SciELO) and Google Scholar, using the descriptors: SAMU, attendance and emergency. The Boolean operators "[AND]" and "[OR]" were used to perform an advanced search with three descriptors at the same time, as follows: "AND" Emergency "OR" SAMU".

The data in question was searched in October 2016. The Health Sciences Descriptors (DeCS) "SAMU", "Attendance" and "Emergency" were used to select them, and the keyword "Region Southern Brazil "was also used, since there is no compatible descriptor in DeCS.

The following inclusion criteria were delimited for the pre-selection of the studies: articles published in Portuguese, electronically available in full and contemplating the proposed objectives; if they were published in foreign journals, which would bring studies carried out in Brazil;

available in Portuguese, Spanish and English. It turns out that no time frame was established, as the low scientific production on the subject was evidenced. Excluded were: monographs, theses and dissertations, repeated publications, letters, editorials, comments, summaries of annals, books, letters to the editor, as well as studies that did not address the subject of revision.

The process of selection of the studies was carried out by means of the thorough reading of titles and summaries, so that the studies that met the aforementioned inclusion criteria were for the final selection. For the final selection of articles, a critical and detailed analysis was carried out, comparing it with theoretical knowledge.⁶

374 publications distributed as follows, were selected 76 in LILACS, 12 in BDENF, 34 in MEDLINE and 252 in SciELO. The articles that were complete and those whose subjects addressed the subject of the study were found in these published articles, and thus remained zero in the BDENF, four in LILACS, six in SciELO and zero in MEDLINE, totaling ten publications.

The corpus of the integrative review was composed by ten articles, tabulated according to the following categories: journal and article title, place, volume and publication number. In addition to these items, the studies included information on the methodologies used, the results achieved and the conclusions reached by the authors.

In relation to the data analysis, the Content Analysis method was applied 7, which enabled the grouping of the content studied in thematic categories. This content analysis was developed in three stages:

a) step I - pre-exploration of the material - in this stage, floating readings of the selected articles were carried out in order to know the context and abstract the impressions

important to the construction of the next step;

b) step II - selection of the units of analysis - after the interaction of the researchers with the material, the sentences, phrases and paragraphs that appeared more frequently with the objective of constructing thematic units;

c) stage III - categorization of studies - at this stage, through a deep reading of the material distributed in the categories, the meanings and the abstract interpretations were expressed in order to build new knowledge.

In the data analysis, the description of the data was developed, using tables to present the synthesis of the articles included in the review (synoptic table). Emerging themes were categorized, as well as for discussion, in order to scientifically discuss and base the meanings of these data, in line with the research focus.

RESULTS

The final sample consisted of nine publications, from international journals (91.2%) and national journals (8.8%), with emphasis on the journal Progress in Transplantation, with a quantitative of 38.2%. It is revealed that the countries of origin of the publication of the studies that composed the sample were: United States of America, with 24 (70.6%); Canada and Brazil, with three each (8.8%); Australia, with two (5.9%) and Korea and China, with one (2.9%). It was observed that, in the last five years, the year with the highest number of publications was 2013, with 35.3% of articles. Figure 1 shows the summary of the articles included in this integrative review.

Figure 1. Flowchart of study selection. Chapecó (SC), Brazil, 2018.

Through the careful reading of the nine articles found, it was possible to group the results by content similarity, constituting three categories of analysis referring to the aspects of service of the Mobile Emergency Service: profile of the victims served, with seven articles; perception of the function of the service, with an article and characteristics

of the calls, with an article.

Out of the articles included in the study, the quantitative nature of the methodology was highlighted. In the majority of studies, the adult population was involved, having, as the main research scenario, the care provided by SAMU.

Num	Author	Year	Title	Objective	Main results
1	Silva, et al.	2015	Victims of motorcycle accident trauma treated in emergency mobile care service.	To characterize cyclist bike accidents and to analyze the profile of trauma victims rescued by a pre-hospital public service.	Male, young; Higher incidence on weekdays and urban area, on the way to work. Short blunt injuries and exposed abrasions and fractures.
2	Silva, et al.	2014	Difficulties experienced in a SAMU: perceptions of the nursing team	To know the main difficulties experienced by the nursing team that acts in a SAMU in the perception of the nursing team.	Not knowing the function of the SAMU; difficulties with the regulation center; strategies that make it possible to improve the service.
3	Luchte	2014	Analysis of	To characterize the SAMU	Need for investments in health

	mberg, et al.		calls of the Mobile Emergency Care Service of a Brazilian capital	calls that did not generate service in Santa Catarina, from 2007 to 2010.	education actions, reducing costs and increasing the resolutivity.
4	Barbosa, et al.	2014	Motorcycle accident: characterization of the victims Rescued by SAMU	To characterize the epidemiological profile of victims of trauma due to motorcycle accidents rescued by the SAMU of the city of Sousa, Paraíba.	73.5% males, aged 21-25 years. The head and lower limbs were the most affected regions, with the most frequent excoriations; 14% of victims with mild Glasgow Scale and 28.6% alcoholized.
5	Casagrande, Stamme, Leite.	2013	Profile of the appointments made by a SAMU Advanced Support Unit in Rio Grande do Sul.	Describe the profile of the services performed by SAMURS to contribute to the planning and organization of the SAMU.	Clinical care, followed by collision trauma, with male victims between 60 and 79 years of age, originated from the home.
6	Acosta e Lima.	2013	Characteristics of frequent users of emergency services: integrative review.	Identify and analyze the production of knowledge about the characteristics of the frequent users of SAMU.	Higher frequency of female, between 30 and 65 years, unemployed and vulnerable to health problems. Frequently, using health services.
7	Giarretta et al.	2012	Profile of occurrences in a SAMU	To characterize the services provided by SAMU of a municipality in the western region of Santa Catarina, in 2011.	Male attendances were predominant, ranging from 21 to 40 years, 35.44% during the night and 18% on Sunday in December; 62.4% on public roads and 84% on the hospital.
8	SILVA, et al.	2013	Characterization of SAMU services, Maringá-PR	To characterize the socio-demographic profile of the services performed by SAMU in the municipality of Maringá-PR in the period of 2010).	Male prevailed, with patients treated in the daytime, being Wednesday and Thursday the days with greater psychiatric care followed by the attendance due to external causes.
9	PEREIRA et al.	2006	Prehospital care: characterization of the occurrences of Traffic accident.	Identify the occurrences attended by a prehospital care service and characterize those resulting from traffic accidents and the configuration of the staff involved in the care.	57.9% due to traffic accidents, in the afternoon, every day of the week. The most basic support staff performed care (84.5%). The nurse participated in 11.2% of the occurrences, is in advanced support.

Figure 2. Presentation of the synthesis of articles about the characteristics of the services performed by the Mobile Emergency Care Service of the Southern region of Brazil. Chapecó, 2017.

DISCUSSION

The importance of the Mobile Emergency Care Service (SAMU) in health care is demonstrated in all the studies analyzed, since it aims to reach the place early in order to reduce morbidity and mortality, incapacitating sequelae, and reduce or avoid suffering. The structure of the SAMU, the service centers (residences, work environment and public roads) and the support teams (BHU and HCU) are also presented briefly.

Two topics were then discussed: 1) Profile of the victims served and 2) Perception of the service function and characteristics of the calls.

◆ **Profile of victims treated**

Of particular note are articles one⁸, four¹¹, five¹², six¹³, seven¹⁴, eight¹⁵ and nine¹⁶ land-based accidents, predominantly motorcyclists, who are the majority of victims. In the studies, some determinants of the origin and severity of land-based accidents, such as the age range of 20 to 30 years, the masculine gender, and the disrespect for traffic laws, such as high speed and consumption of drugs, were also predominant in the studies. Alcoholic drinks associated with the direction of vehicles. Outstanding clinical care with a high demand; and then external causes (traffic accidents and traumas), also mentioning cardiac, obstetrical, psychiatric,

respiratory and neurological care, bringing the day shift and the weekends as predominant. Due to the service profile, emphasis is placed on the work of the basic support teams, in a relevant way, the care in the shortest time, preventing possible secondary injuries and maintaining the clinical stability of the victim until his arrival in the hospital service.

◆ Perception of service function and call characteristics

In studies two⁹ and three, ¹⁰ a significant number of calls whose source is not real, since the prank calls, besides causing wastage of resources, also demand time of the professionals to mobilize to the place, and these could be available to save lives and care for people who really need care. It is believed that the problem generated by this excessive number of pranks is not an exception in the southern region of the country. The educational program "Friends of SAMU", developed by nurses of the Education Center of the Mobile Emergency Care Service, has been implanted with the intention of reducing this demand, which guides and questions the children when they have to use the numbers of the children. Emergency services such as: Military Police, Fire Brigade and Mobile Emergency Service. The program was developed in schools in the regions of São Paulo, reducing the number of prank calls in the capital by 46%.

It is shown in article three, ¹⁰ in its study, that the prank calls are constant, indicating that health education actions can and should contribute to the coping of this problem, mitigating possible impacts on the efficiency and effectiveness of the Mobile Emergency Care Service. It is believed that the nurse practitioner, as well as all the staff, can contribute in this aspect, considering that it is the nurse's role in the three basic dimensions of care - caring, educating/researching and managing.

It was evidenced, with reference to study two, ⁹ that the population is unaware of the true function of the SAMU and, therefore, it often ends up by triggering/requesting the service without necessity. The team is often surprised when arriving at the place of destination, because they come across clinical cases of the most varied and, in the great majority, not of urgency, because the focus of the SAMU is not to transport patients and, yes, to provide emergency care to patients who are at risk of imminent death or who require emergency care due to the risk of permanent injuries. This lack of knowledge of the population leads to multiple unnecessary

displacements, impairing the quality and success of the service, as well as who really needs this service, making concern about the visibility of SAMU's performance in the service that is really needed by the population.

It is also possible, due to the quick access to the emergency units, to motivate the request of the service, since the user, in identifying the need for care of a health professional, recognizes in SAMU the possibility of attending and being transported to the hospital. Hospital or other place of care. It is noteworthy that this was a finding in studies two and three in which 72.3% of users attended in clinical situations of the most varied were transported to a health service and, of this percentage, 49.4% were taken to hospitals and 20 %, for ECU's. However, only 3.7% were classified as cases of urgencies of severe severity, in which cases the SAMU should attend. It was also identified, in the analysis of the exits, that, among the reasons for these occurrences, the most evident was the removal of the victim by third parties, thus generating an unnecessary displacement. It is signaled by these findings that public services may not be agile enough and/or that more than one service was activated at the same time.

CONCLUSION

It was concluded that it was not possible to identify the specific profile of the victims served, as well as the characteristics of the services performed by the Mobile Emergency Care Service of the southern region of Brazil, since each publication brings, in its result, a different profile of care and victims, most of whom are due to traffic accidents. In addition, there is a notable shortage of scientific publications on this subject in the region in question, with prevalence in Rio Grande do Sul.

Based on these findings, it is important to carry out surveys that analyze in detail the care given, as well as the need to obtain epidemiological information and to show the results of the work of the Mobile Emergency Care Service so that, , it is possible to assist the managers in the elaboration of strategies to re-adjust the structure of the mobile services of health care, signaling ways to address the problems identified. It is also added that the professionals who provide care in this service can be offered adequate training, thus contributing to improve care and to plan and implement health and action policies and prevention of accidents and health problems, pointing out the situations in which some specific intervention is necessary.

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