

Nursing and the profile of services provided by SAMU in a city in Southwest Goiás*Enfermería y el perfil de los servicios prestados por el SAMU en una ciudad del suroeste de Goiás**A enfermagem e o perfil dos atendimentos realizados pelo SAMU em uma cidade do sudoeste goiano***Layla Cristina Rodrigues de Freitas¹**

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Armada de Oliveira**Submission:** 11-20-2022**Approval:** 12-17-2022**Abstract**

The aim was to identify the profile of the assistance provided by the Mobile Emergency Care Service in a municipality in Goiás and highlight the role of nurses in this profile. This is a quantitative, exploratory, descriptive and retrospective study with a documentary approach, carried out between July and December 2021. Data collection was carried out through the attendance records and the application of two forms containing general and specific variables of the patients. five nurses and a coordinator who make up the sample of this study, meeting the inclusion and exclusion criteria. Data were tabulated and categorized using an Excel® spreadsheet and descriptive analysis was obtained by calculating mean, median, standard deviation and percentages. The results on the calls showed a high demand for calls with a greater number of calls of a clinical nature and attended by the Basic Support Unit. The main outcome of the consultations was the local Emergency Care Unit. That the professionals have specialization in the area, have been working in the service for an average of 3 years and provide assistance in cases and provide administrative support. It was noticed the importance of a network of emergency care and the roles of nurses before, during and after care.

Descriptors: Nursing; Emergency Medical Services; External Causes; Ambulances; Research in Nursing Administration.

Resumen

El objetivo fue identificar el perfil de la asistencia prestada por el Servicio de Atención Móvil de Emergencia en un municipio de Goiás y resaltar el papel de los enfermeros en ese perfil. Se trata de un estudio cuantitativo, exploratorio, descriptivo y retrospectivo con enfoque documental realizado entre los meses de julio y diciembre de 2021. La recolección de datos se realizó a través de los registros de asistencia y la aplicación de dos formularios que contienen variables generales y específicas de los pacientes. cinco enfermeros y un coordinador que componen la muestra de este estudio, cumpliendo los criterios de inclusión y exclusión. Los datos se tabularon y categorizaron en una hoja de cálculo de Excel® y se obtuvo un análisis descriptivo mediante el cálculo de la media, la mediana, la desviación estándar y los porcentajes. Los resultados de las llamadas mostraron una alta demanda de llamadas con un mayor número de llamadas de carácter clínico y atendidas por la Unidad Básica de Apoyo. El principal resultado de las consultas fue la Unidad de Atención de Emergencia local. Que los profesionales tengan especialización en el área, tengan una antigüedad promedio de 3 años en el servicio y brinden asistencia en los casos y brinden apoyo administrativo. Se notó la importancia de una red de atención de emergencia y los roles de los enfermeros antes, durante y después de la atención.

Descriptores: Enfermería; Servicios Médicos de Emergencia; Causas Externas; Ambulancias; Investigación en Administración de Enfermería.

Resumo

Objetivou-se identificar o perfil dos atendimentos realizado pelo Serviço de Atendimento Móvel de Urgência de um município goiano e destacar o papel do enfermeiro diante desse perfil. Trata-se de um estudo quantitativo, exploratório, descritivo e retrospectivo com abordagem documental realizado entre os meses de julho e dezembro de 2021. A coleta de dados foi feita por meio das fichas dos atendimentos e aplicação de dois formulários contendo variáveis gerais e específicas dos cinco enfermeiros e um coordenador que compõe a amostra desse estudo, atendendo aos critérios de inclusão e exclusão. Os dados foram tabulados e categorizados utilizando uma planilha do Excel® e a análise descritiva foi obtida através dos cálculos de média, mediana, desvio-padrão e porcentagens. Os resultados sobre os atendimentos evidenciaram alta demanda de ligações com maior número de atendimentos de natureza clínica e atendidas pela Unidade de Suporte Básico. O principal desfecho dos atendimentos foi a Unidade de Pronto Atendimento local. Que os profissionais possuem especialização na área, trabalham em média há 3 anos no serviço e atuam prestando assistência nas ocorrências e dando suporte administrativos. Percebeu-se a importância de uma rede de atendimentos de urgência e as funções dos enfermeiros antes, durante e após os atendimentos.

Descritores: Enfermagem; Serviços Médicos de Emergência; Causas Externas; Ambulâncias; Pesquisa em Administração de Enfermagem.



Introduction

Health emergencies are defined as critical situations or situations with an imminent risk of death that require immediate care, as if it is not done quickly and in advance, it can lead to the death of the patient. Emergencies, on the other hand, are situations that cannot be postponed, which must be resolved quickly, through a service with a limited time of less than two hours, these situations affect vital conditions, requiring urgent and emergency care quickly, leaving it up to the individual to seek a health service or request mobile pre-hospital care¹.

The mobile Pre-Hospital Care (APH) is part of the urgent and emergency care service outside the hospital environment, that is, it provides assistance to people in situations of urgent problems in the place where the event takes place, guaranteeing appropriate and early care. aimed at sustaining life. These calls can be of traumatic or clinical origin, and may leave temporary or permanent sequelae, or even may lead the person to death².

The APH is very relevant in the structuring and organization of assistance, as in addition to being responsible for providing urgent and emergency care in places where the victim is located, it is a great identifier of epidemiological data of the requesting population, being able to identify the main demand of need of each location, thus seeking to improve and qualify emergency care. Because the routine searches for urgent and emergency services for cases that are not targets of these services lead to overload of the same³.

Currently, APH in Brazil is carried out by the Mobile Emergency Care Service (SAMU). This service began in Brazil in 2003, bringing infinite improvements in health care and reducing morbidity and mortality in urgencies and emergencies. It is estimated that currently the assistance provided by SAMU has a coverage of approximately 81.8% of the Brazilian population².

A study carried out in the city of Botucatu/SP showed the importance of SAMU in improving the Urgency and Emergency Care Network, and how crucial the service is for the population, as it contributed to the reduction of mortality numbers and minimized the number of sequelae of the victims of the municipality. Another study allowed us to observe that even with the advances made in SAMU in recent years, the service still faces many difficulties, such as occupational stress, the high number of attendances, and especially the lack of professional training^{4,5}.

The service starts with a free call made by the user through the number 192. The service operates 24 hours a day, seven days a week, including holidays, and the call is triggered by an emergency regulation center, where information was collected and guidance provided necessary for sending a vehicle with a qualified team.

A study carried out in a region of Minas Gerais showed that of the 1,919,033 calls received, 286,890 (14.95%) resulted in calls. The remaining calls resulted or were the result of missed calls, prank calls and medical advice. Of the 286,890 calls, 241,705 (84.25%) were calls handled by USB and 45,180 (15.75%) handled by USA. And of this total, it was observed that 74.89% are of clinical

Another study carried out in Rio Grande do Sul in 2020 over a period of 12 months observed a total of 940 consultations, of which 593 (63.09%) were provided to females and 347 (36.91%) to males. When analyzing the predominant causes in this study, clinical situations were identified with 81.8% and traumatic accounting for 18.2%⁷.

The nurse, according to the Resolution of the Federal Council of Nursing No. 375/2011, is present in pre-hospital and intra-hospital care. This professional integrates, leads and is responsible for developing educational activities, organizing and planning patient care, also composing the care team of the advanced support unit. It is up to the nurse to know his/her pre-hospital care team, as well as to know the local and regional reality and the type of care provided and required by the SAMU service^{3,7}.

Within this context, this work aimed to identify the profile of care provided by SAMU in Mineiros-GO and highlight the role of nurses in this profile.

Methodology

This is a quantitative, exploratory, descriptive and retrospective study with a documentary approach. Data were collected from information on the service records of the SAMU database in Mineiros/GO, through the 5 nurses who work in the service and the unit coordinator.

To calculate the sample size, the number of monthly SAMU consultations from July to December 2021 (1,107 calls) was considered in order to guarantee the representativeness of the information and include all calls received by the service during the second half of 2021. The inclusion criteria for the consultations were all calls within the defined time frame, whether they were for the USB or for the USA. The inclusion criteria for the participants were to be aged 18 years or over, to be a nurse or coordinator of the unit and to be working at the time of the research. Calls that characterized municipal or intercity patient transport and participants who did not make up the service's nurses' roster were excluded.

The collection took place in the months of July and August 2022, in the premises where the manual forms are stored, in the SAMU computerized system and where the professionals work. Data collection took place in three stages. First, a search was carried out in the files and in the SAMU system in order to identify the number of calls and how many of them were for patient care. In a second stage, variables relevant to the research were collected, such as type of service, vehicle sent, care provided and the outcome of the service. Afterwards, the data collection of the services recorded in the files began.

To facilitate and organize the collection of data from the consultations, a script pre-elaborated by the authors was used. For the collection of data from the nurses and the coordinator, two forms authored by the authors were applied containing general variables such as age, sex, education, time since graduation, time of professional experience, specialization in the area and specific variables such as time working in the SAMU, if the professionals had qualification and/or training in the area, about the workday,



the nurse's role before the care, during the care and after the care provided by the team.

The data collection logistics were carried out by the research authors after reading the Informed Consent Form (TCLE) and the forms after the Term of Commitment for the Use of Data and Records (TCUD) had been signed by the coordinator of the unit, to obtaining awareness and agreement to participate in the study.

After being collected, the data were tabulated and categorized using a Microsoft Excel® spreadsheet. Descriptive analysis was performed by Iberian through calculations of percentage, mean, median and standard deviation.

For access to the forms and participants, the research respected the ethical precepts of Resolution n.º 466/12 of the National Health Council and was approved by the Research Ethics Committee of the Integrated Colleges of Santa Fé do Sul (Unifunec), opinion n. 5,504,562, CAAE n. 57930522.3.0000.5428, of July 1, 2022.

Results

The SAMU of Mineiros-GO began its activities through Ordinance No. 1.659/GM/MS, of August 13, 2008. It is currently located at Rua Oito Qd.19 Lt.03, where its administrative and service base is located. attendance. It has a fleet of three ambulances, two of which are equipped with basic support and one equipped with advanced support.

In all, SAMU/Mineiros-GO has 28 servers, making up a multidisciplinary team with nursing technicians, nurses, doctors, emergency drivers, cleaning assistants, administrative staff and administrators.

According to Ordinance No. 2003-MS, the composition of the teams and structures recommended, according to the type of support and intervention, agility, events and mass occurrences at the unit are: Basic Support

Unit (USB), manned by an emergency driver and two nursing technicians; Advanced Support Unit (USA), composed of a doctor, a nurse and the emergency driver.

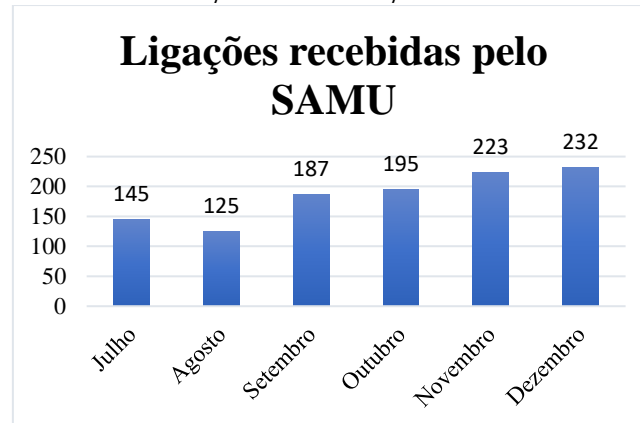
The Mineiros unit is one of the 96 decentralized bases, which divided by region totalize in the State of Goiás 12 Centralized Bases and integrated with the Medical Regulation Centers – CRM. Located in the Southwest region of the state of Goiás, SAMU de Mineiros is part of the Base of the Southwest Region I and Southwest II - Emergency Regulation Center Strategically Located in the Municipality of Rio Verde.

The Southwest Region I has 18 municipalities: Aparecida do Rio Doce, Acreúna, Castelândia, Caçu, Cachoeira Alta, Itarumã, Itajá, Lagoa Santa, Montividiu, Maurilândia, Porteirão, Paranaiguara, Quirinópolis, Rio Verde, Santa Helena de Goiás, Santo Antônio da Barra, São Simão and Turvelândia. The Southwest Region II, where Mineiros is located, integrates the Base with another 9 Municipalities: Aporé, Chapadão do Céu, Caiapônia, Doverlândia, Jataí, Mineiros, Portelândia, Perolândia, Santa Rita do Araguaia and Serranópolis.

Calls made to the number 192 in this region are answered at the Medical Regulation Center strategically located in the municipality of Rio Verde where, after medical regulation, vehicles are designated for the calls. The vehicles of the SAMU de Mineiros, in addition to the calls in the city itself, answer calls for calls from the cities of Perolândia, Portelândia, Serranópolis, as they are very small municipalities, they do not have any base and/or vehicle.

In 2021, between July and December, SAMU de Mineiros received a total of 1,107 calls directed by the Rio Verde Regulation Center. Of these calls, 145 were made in July, 125 in August, 187 in September, 195 in October, 223 in November and 232 in December, totaling an average of 184.5 calls per month (Graph 1).

Graph 1. Total number of calls received by SAMU between July and December 2021. Mineiros, GO, Brazil, 2021



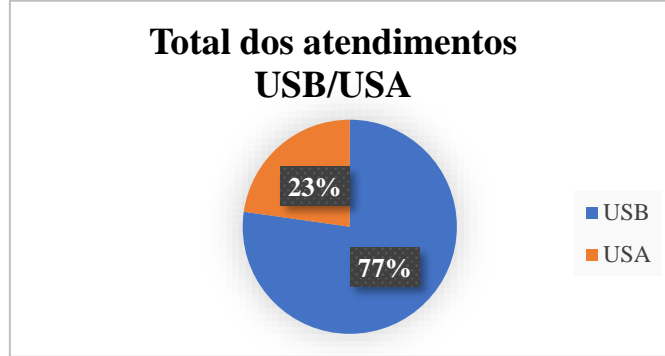
After calling the Regulation Center and, after previously determining the profile of the service, a vehicle was allocated to the location for the service. Excluding the calls that characterized the transport of critical patients, a service performed by SAMU through USA in partnership with CRU, where patients are transported and transferred between public hospitals and those associated with the Unified Health System and the Goiás Health Department,

SAMU de Mineiros directed its vehicles to 914 victims themselves. Of these calls, 208 (23%) were for service provided by USA and 706 (77%) by USB (Graph 2).

Of the services provided, 643 (70%) were considered to be of clinical origin and 271 (30%) of traumatic origin. Of the clinical consultations, 144 were carried out by USA and 499 by USB. As for the traumatic treatments, 207 were treated by the USB while 64 by the USA.

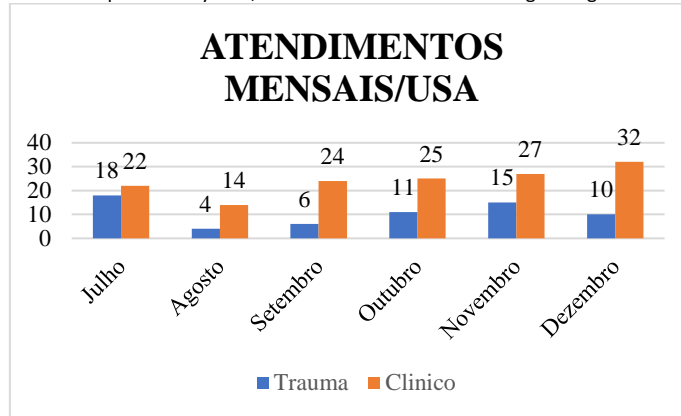


Graph 2. Number of services provided by USA and USB between July and December. Mineiros, GO, Brazil, 2021

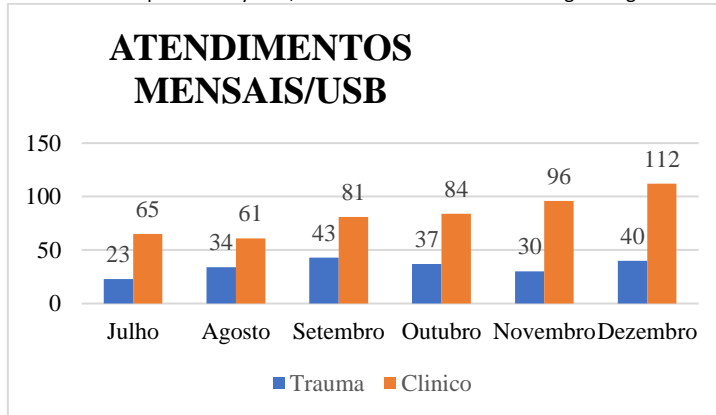


Note: USB: Basic Support Unit. USA: Advanced Support Unit.

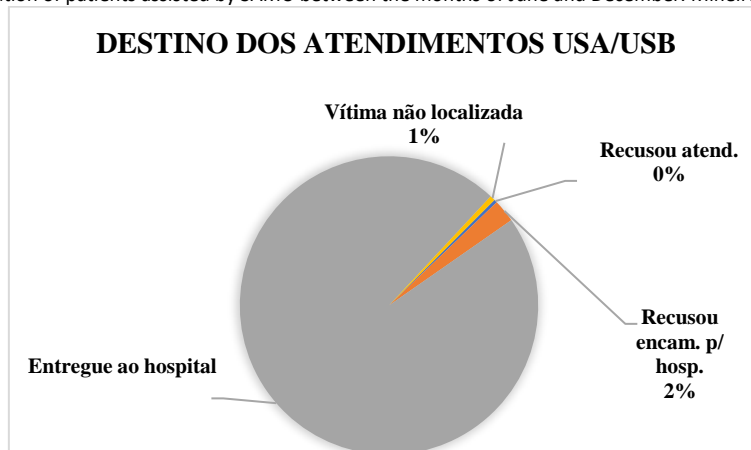
Graph 3. Number of services provided by USA, between months and according to origin. Mineiros, GO, Brazil, 2021



Graph 4. Number of consultations provided by USB, between months and according to origin. Mineiros, GO, Brazil, 2021



Graph 5. Destination of patients assisted by SAMU between the months of June and December. Mineiros, GO, Brazil, 2021



(3%) died and, according to the municipal flow, after death they were taken to the UPA.

With regard to nurses, 3 (60%) are male and 2 (40%) are female. The average age is 33 years old, ranging from 27 to 45 years old. The average time of graduation in nursing is 6 years, ranging from 3 to 9 years. As for specialization in the area of urgency and emergency, all (100%) have a specialist title. In addition to specialization, they claimed to have training in the area of pre-hospital care.

When asked about the time of professional experience, it was identified that professionals have an average of 5.4 years. Among these, the average time of work of the professionals surveyed is 3 years. The average weekly workday of SAMU professionals is 32 hours, varying between 12 and 60 hours.

The functions before, during and after the nurses' care were investigated. Among the answers given, it was decided to categorize care and administration into two categories (Chart 1).

When checking the number of consultations classified according to the origin and the ambulance destined to provide assistance, the ASU assisted 22 clinicians in July, 14 in August, 24 in September, 25 in October, 27 in November and 32 in December. USB served 65 in July, 61 in August, 81 in September, 84 in October, 96 in November and 112 in December. Considering the traumatic ones, USA assisted 18 in July, 4 in August, 6 in September, 11 in October, 15 in November and 10 in December. USB served 23 in July, 34 in August, 43 in September, 37 in October, 30 in November and 40 in December (Graphs 3 and 4).

As for the final destination of care, it was observed that 97% of patients were delivered to hospitals as 1% were victims who could not be located, 0% refused care and 2% refused to be referred to the hospital (Graph 5).

The unit that received the most victims assisted by SAMU was the local Emergency Care Unit (UPA), with a total of 97% of assistance. The others, which corresponds to 2%, refused to continue the service and 1% were not located at the designated location at the time of the call. 24 victims

Chart 1. Assistance and administrative functions of SAMU nurses. Mineiros, GO, Brazil, 2021

Attendance	Assistance functions	Administrative functions
Before	Respond to the occurrence call, service planning, identify the severity of the case.	Checklist, vehicle cleaning, team transfer.
During	Observe the scene of the incident, vital signs, perform a passive procedure by the nurse.	Organize medications, regulate patients via the Emergency Regulation Center (CRU).
After	Discuss with the team the care offered, fill out the Nursing Systematization Assistance (SAE).	Call the Medical Regulation Center to finalize the occurrence, replace materials, clean the vehicle.

The unit coordinator, also a nurse, is 27 years old, male, has 4 years of graduation and experience in the area. He specifically specializes in urgency and emergency and qualifications and training in the area, has been working at SAMU for 3 years and has held the position of coordinator for 2 years. Your weekly workload is 40 hours. In addition to administrative duties as a coordinator (permanent and continuing education, employee shifts, planning and coordinating all actions in the nursing area, among others), he also works as an assistant nurse.

Discussion

SAMU de Mineiros was created in 2008 to meet the National Policy for Emergency Care (PNAU) to improve and reduce health problems for the population, through immediate care in homes, public roads and workplaces, seeking to reduce the risk of sequelae and mortality in urgencies and emergencies was created.

The PNAU was created by the Ministry of Health through Ordinance No. 1.863/GM/2003, which initiated the creation of the current emergency network in the country, in which it establishes the creation of fixed pre-hospital components such as the UBS. In 2003, Ordinance No. 1,864 made official the implementation of mobile pre-hospital care represented by SAMU. This service provides help from a free call to the number 192 where it is received by a Medical Regulation Center (CRM) where the service to be

provided will be defined^{8,9}.

The unit received 1,107 calls between July and December 2021, an average of 184.5 calls per month seeking urgent care. Currently, the mechanism that involves requesting assistance after the CRM receives the call is to quickly collect data on the victim and the reason for the call, then transfer it to a medical regulator, who will evaluate and define the best vehicle to be used. sent. A team then receives the service notice and moves from the base to where the requesting user is. Upon arrival at the site, the necessary care begins¹⁰.

Research carried out in a macro-region in the south of Minas Gerais in 2018, showed a total of 1,919,033 calls to SAMU⁶. A survey carried out in Porto Alegre/RS in 2019, pointed to a total of 92,959 calls, which demonstrates the high demand for service and corroborates the demands of Mineiros and other call services. It is observed that each service has its peculiarity regarding territoriality and respective population, but with proportional similarity regarding the high demand for connections³.

Among the months surveyed, an increase in the number of calls was noted as the year approached its end, which also occurred in the month of July when compared to the month of August. That is, there was an increase in the number of calls in the known and "so-called" months of vacations and/or months of festivities. These findings were also identified in a survey carried out in São Felipe/BA in



2017, which pointed out that the rate of calls in the month of December was greater than 23%, while in the months of July to November the percentage was less than 22%¹¹.

After the sorting carried out by the CRM and the service provided by the SAMU de Mineiros, it was noticed that the vehicle most sent to the occurrences was the USB, showing that 77% of the services performed were of low and medium complexity. The USA was sent to 23% of the cases. Even with a smaller proportion of consultations, when compared to the USB, the assistance provided by the USA is more complex, requiring professionals with skills for more complex procedures, which put the victim's life at risk³.

It is believed that the proportion of connections in relation to the greater demand of SAMU is due to the increase in the population of Mineiros, which in 2010 was 52,935 enabling and, according to estimated statistics for 2021, increased to 69,477 according to the Brazilian Institute of Geography and Statistics (IBGE)¹². With the increase in population and, consequently, the inherent processes of the life cycle (birth and death), the process of increasing life expectancy and the increase in the number of comorbidities and mental health problems faced by the national scenario, this demand has and must increase¹³.

With a lower demand for services, but with an increase in projections resulting from population growth, such as economic and educational growth, greater traffic in people and vehicles, greater social interaction, an increase in the number and locations of leisure events /sports/entertainment, together with the growth in the number of violence, frequent monitoring of the proportion of attendance by the USA needs to continue to be done.

In a study carried out in the city of Aracaju/SE in 2017, the scenario was similar, where the USB was responsible for attending to 73.3% of the occurrences and the USA attended to the remaining 26.7% of attendance¹⁴. Corroborating these findings, a survey carried out in the city of Botucatu/SP, in 2016, showed that the USB assisted a total of 66.57% of the occurrences and the USA a total of 33.43% of the assistance provided⁴.

As for the nature of the consultations, it was evident that Mineiros had more consultations (77%) of clinical origin when compared to those of traumatic origin (23%). The consultations of clinical origin can be of different specialties, among them cardiovascular, obstetric, metabolic, psychiatric, among others. Traumatic treatments, on the other hand, come from traffic accidents, falls, violence, among others¹⁵.

According to a study carried out in the interior of São Paulo in 2021, it was found that there was a similarity with the study by Mineiros with a predominance of clinical care 68.1%, while the traumatic ones had a lower rate of occurrences 31.9%¹⁶.

The destination of the occurrences is related to the severity of each case, in this study it can be observed that the UPA 24hs was the one that had the highest number of receptions of SAMU users with 79%. A study carried out in northwest Paraná in 2019 highlighted the UPA as the main gateway for SAMU users. Which shows public networks as a reference for urgent and emergency care¹⁷.

Nurses make up and participate in the SAMU professional team, with a representativeness of 5 nurses. Formed mainly by middle-aged adults, they work an average of 32 hours a week, have experience in the area and have been working in the service for an average of 6 years. Research carried out in a state in the southern region of Brazil in 2016, showed that the 63 nurses interviewed had been working in SAMU for more than 5 years, when asked about training in the area, all responded that they were trained¹⁸.

Among the main functions performed by nurses, it was observed that they are divided into assistance and administrative and that they occur before, during and after the procedures. Research carried out in a state in the southern region of Brazil in 2016, pointed out numerous care actions performed by nurses, regarding the assistance part of direct patient care, and the administrative part, which are filling out printed documents and preparing the ambulance for the next service¹⁸. That is, the nurse within this area is present, active and indispensable¹⁹.

The coordination of SAMU de Mineiros is carried out by 1 professional nurse, with experience and training in the area, who, in addition to his administrative position, also acts and makes up the team of clinical nurses. It is known that the demand for administrative work is quite tiring and, even so, manages to reconcile the shifts, making their routine quite exhausting.

Conclusion

This study allowed the characterization of the profile of the services provided by the SAMU of Mineiros-GO from July to December 2021, therefore, after analyzing the occurrence records, it was possible to identify that most of the services provided by the SAMU in this municipality were of a nature clinic (70%) and that were services carried out mainly by the USB, with an increase in the number of calls to the number 192 in the months considered festive and/or school holidays.

It was observed that the UPA was the destination that prevailed after the victims were assisted by the SAMU, demonstrating the importance of an urgency and emergency network. The service has an average of 184.5 calls per month, which are initially received by the regulatory medical center. In addition to caring for victims, the service also transports critically ill patients through the USA between the institutions that make up the emergency care network in Goiás.

It was highlighted that the role of nurses in the service was characterized by being of an assistance and administrative nature. That they are young adult professionals, with experience and specialization in the area and who work an average of 32 hours/week. SAMU coordination on site is carried out by a nurse, who develops administrative and supervisory activities and who, in addition to coordinating, also acts as a nurse in the service.

It identifies the need for future studies to continue to be carried out regarding the profile of these services given the population growth that the municipality has been



experiencing along with other studies that can collaborate with the characterization of SAMU.

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