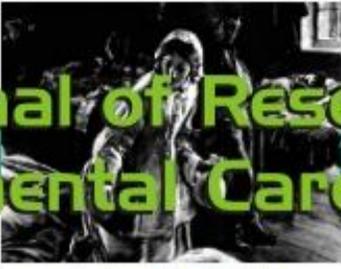


Federal University of Rio de Janeiro State



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## RESEARCH

### O instrumento de registro do samu: com a palavra dos profissionais de saúde

The instrument record of samu: with the word of health professionals

El instrumento de registro del samu: con la palabra de los profesionales de salud

Belmara Coelho Barros<sup>1</sup>, Katia Simoni Bezerra Lima<sup>2</sup>, Amanda Figueirôa Silva Carmo<sup>3</sup>, Laísila Alves Moura<sup>4</sup>, Adriana Gonçalves de Barros<sup>5</sup>, Juliana Pedrosa Korinfisky<sup>6</sup>

### ABSTRACT

**Objective:** Analyzing the perception of health professionals about the patient chart of attendance at SAMU-192, in the city of Petrolina, Pernambuco. **Method:** this is a study with qualitative approach, of exploratory and descriptive character, developed with health professionals of SAMU, Petrolina - PE. The research was approved by the Ethics Committee and Human and Animal Studies (CEEAH) of UNIVASF, under the Protocol N. 12081022. There were performed 24 interviews, later transcribed and analyzed according to the technique of content analysis of Bardin. **Results:** it was possible to identify that the patient chart is a document in order to record the patient's clinical data, being also essential for ethical and legal issues. Still, according to respondents, the data generated by medical records can be used in epidemiology. **Conclusion:** in this way, one can realize that data can provide for managers subsidies to implement measures to organize and optimize patient care seriously ill. **Descriptors:** Medical records, Emergency medical services, Emergencies, Nursing.

### RESUMO

**Objetivo:** Analisar a percepção dos profissionais oriundos da saúde acerca da ficha de atendimento no SAMU-192, no município de Petrolina-Pernambuco. **Método:** Trata-se de um estudo com abordagem qualitativa, de caráter exploratório e descritivo, desenvolvido com profissionais da saúde do SAMU de Petrolina-PE. A pesquisa foi aprovada pelo Comitê de Ética e Estudos Humanos e Animais (CEEAH), da UNIVASF, sob o protocolo nº 12081022. Foram realizadas 24 entrevistas, posteriormente transcritas e analisadas segundo a técnica de análise de conteúdo de Bardin. **Resultados:** Pode-se identificar que a ficha de atendimento é um documento com a finalidade de registro de dados clínicos do paciente, sendo também essencial para questões éticas e jurídicas. Ainda, segundo os entrevistados, os dados gerados pelo prontuário podem ser utilizados em epidemiologia. **Conclusão:** Dessa forma, pode-se perceber que os dados podem propiciar aos gestores subsídios para implementar medidas para organizar e otimizar o atendimento ao paciente gravemente enfermo. **Descritores:** Registros médicos, Serviços médicos de emergência, Emergências, Enfermagem.

### RESUMEN

**Objetivo:** Analizar la percepción de los profesionales de la salud sobre el registro clínico del paciente con respecto al SAMU-192, en la ciudad de Petrolina, Pernambuco. **Método:** Este estudio es un enfoque cualitativo, exploratorio y descriptivo, desarrollado con profesionales de la salud SAMU Petrolina-PE. El estudio fue aprobado por el Comité de Ética y Estudios Humanos y Animales (CEEAH), de la UNIVASF, bajo el Protocolo nº 12081022. 24 entrevistas fueron realizadas, posteriormente transcritas y analizadas utilizando una técnica llamada análisis de contenido de Bardin. **Resultados:** Se logró identificar que la historia clínica del paciente es un documento con el fin de registrar los datos clínicos del paciente, también es esencial a las cuestiones éticas y legales. Sin embargo, según los encuestados, los datos generados por los registros médicos pueden se utilizar en epidemiología. **Conclusión:** Así, se puede ver que los datos pueden proporcionar subsidios a los administradores, para implementar medidas de organización y optimización de la atención al paciente gravemente enfermo. **Descriptor:** Historia clínica, Servicios médicos de urgencia, Urgencias médicas, Enfermería.

<sup>1</sup> A nurse from the Federal University of Vale do São Francisco (UNIVASF), Petrolina-Pernambuco, Brazil <sup>2</sup> Nurse. Master in health sciences, Lecturer in nursing degree course at the Federal University of Vale do São Francisco - UNIVASF, Petrolina-Pernambuco, Brazil <sup>3</sup> Nurse. Master's degree in maternal and child health, Professor of the nursing degree course at the Federal University of Vale do São Francisco/ UNIVASF- Petrolina-Pernambuco, Brazil <sup>4</sup> Nurse. Master's degree in nursing from the Federal University of Rio Grande do Norte, Natal-Rio Grande do Norte <sup>5</sup> Nurse. Master's degree in nursing from the Federal University of Rio Grande do Norte, Natal-RN <sup>6</sup> Nurse. Master in health sciences, Professor of the nursing graduate program of the Federal University of Vale do São Francisco - UNIVASF, Petrolina-PE, Brazil.

## INTRODUCTION

**H**istorically, Brazil experienced largely periods of social and economic upheaval, which directly influenced the health status of the population. One of those moments was the spread of infectious diseases that caused a large number of deaths in the country.<sup>1</sup>

However, from the last century, but specifically in the last four decades, following a global trend and the increasing development of technology to health care, as well as demographic, social and economic transition, is observed in Brazil, transitions epidemiological that has produced important changes in the representation of disease occurring in the population, with the introduction of so-called diseases of modernity, such as cardiovascular disease, cancer and as a result of external causes.<sup>1-2</sup>

The Ministry of Health<sup>2</sup> show that, in Brazil, in 2007 there were 1.047.824 deaths, while 12,5% of these (131.032) were due to external causes, thus representing the third cause of mortality in the country, second only to deaths cardiovascular diseases and cancer, which account for approximately 29,4% and 15,4% of the total. However, in some age groups, deaths from external causes take the first position.

Thus, lesions, trauma and deaths resulting from violence/and or accidents involve high social and emotional costs, may be considered a public health problem because of the damage caused, since it affects people in their fullness and intellectual physics.

As a result of visits resulting from external causes, a significant impact on the healthcare industry and a greater emphasis on emergency care and urgency, prompting reflections of managers about this new panorama of harms.<sup>3</sup>

In this context, pre-hospital component emerged, created by Decree 1864/2003<sup>4</sup>, represented by the Mobile Service Emergency (SAMU-192) which is an emergency rapid response, which uses modern equipment and materials ready help, relying on a trained and qualified to the most different actions multidisciplinary team, in which he makes use of a basic life support unit (USB) or Advanced Support Unit (USA) routed according to medical regulation. In order to provide guidelines outlining concepts and parameters for performance of the team and the overall functioning of the system, the health ministry has published the Manual of Medical Regulation, supporting the work process which ensures the permanent medical regulator listening and obeying the order chronological service.<sup>5-6</sup>

It is known that the growing demand for services in the area of emergency in recent years due to the increase in the number of accidents, urban violence and insufficient structuring of the network, has contributed to overloading of emergency care services, thus favoring an incomplete completion of medical records by health professionals working in this area.<sup>7</sup>

For health services, the Federal Medical Council through Resolution 1.638/02 defines records as a single document, consisting of information, signals and recorded images,

generated from facts, events and situations on the patient's health and assistance to him of a legal nature, secretive and scientific that enables communication between members of the multidisciplinary team and continuity of care provided to individual.<sup>8</sup>

The recognition of the importance of record on health started from the applicant demand on clinical and evolutionary history for monitoring the health status of the patient when health professionals identified the need for this tool in clinical practice. Currently, it appears that it is extremely important record information to the area of health, since it shows the evolution of assisted patient and therefore directs the best treatment or rehabilitation process, enabling a qualified service.<sup>2; 8-9</sup>

It is known that upon review and analysis of the data recorded for the services through the information contained in the files of SAMU, allowances are established for developing strategies and policies for emergency programs taking into account the particularities of the region. Reduced in scientific articles that discuss the instrument about prehospital emergency, call attention to the results indicate the high percentage of professionals who ignore data in the medical record.<sup>10-11</sup>

Based on this assumption, this study aims analyzing the perception of healthcare workers about the instrument record of services performed by the SAMU-192 in the countryside of Pernambuco.

## METHOD

This was a descriptive, exploratory research with qualitative approach, developed at the Service of Urgency Attendance (SAMU) of the municipality of Petrolina - Pernambuco. The place has 54 professionals, offering a service to the entire population of the municipality by 05 teams divided into 01 Unit of Advanced Support, composed of physician, nurse and driver and 04 Units of Basic Support with technician and driver for 24 hours by day seven days a week.<sup>12</sup>

The subjects of the study were composed of professionals from the health record using the service as a work tool. We excluded those who even accepting the research, not signed the Informed Consent Form (ICF) and that were removed from service regardless of the reason, the period of data collection. There were conducted 24 interviews, 13 nursing technicians, 4 nurses and 7 doctors.

The project was approved by the Ethics Committee in Studies and Animals (CEEAH), on August 16<sup>th</sup>, 2010, under the protocol number 3459.0.000.441-10. The collection began in September 2010 with all stages of this based on Resolution 196/96 of the National Health Council, which guides the practices in research with human beings.

The professionals involved were informed about the objectives and importance of the research, secured the secrecy and confidentiality of personal data, the freedom to participate in the study voluntarily and that the research will not bring risks of any nature and does not provide any compensation or remuneration, and that all material will be archived for five years and destroyed thereafter.

The interviews were recorded and transcribed in full. The data were analyzed with the use of content analysis of Bardin.<sup>13</sup>

## RESULTS AND DISCUSSION

The research was composed of 24 health professionals who used the SAMU Record attendance as a record of the care provided, and 7 were doctors, 4 nurses and 13 nursing technicians. The subjects were represented by instruments used as working tools for APH to guarantee the anonymity of these subjects.

After reviewing the responses, the following categories were defined: failure of fields in the entry instrument by SAMU/192, Petrolina - PE; the importance of the instrument of record in the pre-hospital care of Petrolina - PE; continuity of care and the contribution of the SAMU records.

### Failure of fields in record instrument used by SAMU/192

Health professionals, among its many duties, are also responsible for noting and recording the actions and observations made during the visits. However, the production of information becomes disqualified as they detect patients' charts/ records incomplete and/or incoherently prepared.<sup>14-15</sup>

According to Ribeiro et al<sup>16</sup>, in prehospital care is fundamentally a brief history of what happened, aiming to determine the problems presented by the victim, guiding the physical examination, reduce stress and gain the confidence of the patient. Among the main components of the story are the symptoms, events, medication use, medical history, time since last meal and allergies.

The World Health Organization (WHO)<sup>17</sup>, in the World Report on Violence and Health, meant that in most countries there are no systematic data on non-fatal outcomes, and when they have it do not present information quality. This condition is directly related to the manner, in which records are generated, ie, the goals towards the notes held by the institution are geared towards your needs. Thus, incomplete information can generate data that do not lead to proper understanding of the grievances. It is common to find records in the diagnosis and treatment of patients, are however missing the circumstances of the accident or violence-related injury.<sup>18</sup>

In interviews with professionals, they were questioned about the adequacy of fields in the files used, and the majority stated that the record is no shortage of questions to be addressed before this process, supported in some lines: *"It is not enough, because missing field for noting HGT and temperature, for example."(Abocath) No... It lacks the field relating to the gender of the patient.... "(Suture)" From my point of view do not ... fit one related to the evolution of nursing "field. (Paper)*

Not found in the literature related to standardization of recorded attendance record in Pre Hospital Care services (PHC) mobile studies, since Decree N. 2048/02 of MS7 does not

recommend it. Therefore, it is the responsibility of each municipality developing its instrument of pre-hospital care, as well as staffing of emergency rooms.

With regard to the fields of the medical record of the SAMU and its contribution to identifying the severity of the victim, it was realized that these are insufficient according to the following reports: *"Yes, because they are centered in the primary analysis."* (Clipboard) *"They are; therefore asks the question of bleeding if the victim speaks ..."* (Laryngoscope) *"Overall I think it identifies, because there are fields: patient breathes, bleeds patient, if the bleeding is heavy or not, if infusion is greater or less than two seconds, heartbeat present."*(Abocath) *"To justify the severity of the case 'yes'."* (Band-Aid)

Although professionals point out to the fields in the record of attendance at SAMU, they identify the severity of rescued patients; the design of gravity is related to a worse prognosis. Not been observed in the speech of the interviewees other signs of severity, such as the level of consciousness.

### **The importance of recording instrument in pre-hospital care**

In the care and transport of persons developed by the multidisciplinary team on mobile APH, besides those related to care outside the hospital setting skills, basic support related to the exercise of professionals are required, one of these tasks to complete forms and/or printed on the care provided. It is through what is recorded on your customers that new actions are taken, that new problems are identified, new processes are initiated and organized and who performs the analysis and study of scientific developments.<sup>19-20-1</sup>

Thus, these forms/printed, constitute a legal document in which registers all clinical, tests, medications administered, the absence of working conditions, everything that implies care provided to the patient. In addition to also establish itself as an essential document for clarification of legal issues and ethical.<sup>22</sup>

These records must be contained data relating to patient care, as well as their clinical conditions pre and post-care, leaving them questioning the importance of record for pre-hospital care used by SAMU/192 Petrolina - PE, realizes the safety of the personnel on the clarification regarding the purpose of this record as a tool for clinical record and legal protection, but can generate contributions to knowledge production. This was corroborated in some speech: *"It (service record) is very important because beyond it contain patient data, the accident itself, it is also a supplementary record for scientific work and to prove to the assistance provided by MECS ..."* (Paper) *"The importance is one hundred percent, given that there (record) containing all the necessary data for identification of the patient, clinical status... besides lifting for epidemiological purposes ..."* (Fan) *"Fill data that will promote actions to correct health problems of the locality"*. (Clipboard) *"It is important for there you have patient data, you have a record of how the patient encountered, what you did, you know, it is the patient's record."* (Pen).

### **Continuity of care and the contribution of the SAMU records**

The information can be defined as complex and intangible, produced and used by humans in a complex cycle that encompasses cognitive processes object, is a process of sending and receiving messages, in which there are two means of transmission: the verbal

and nonverbal. The verbal one contemplates the spoken and written language, while the gestures, body language and touch are a part of the nonverbal form.<sup>20-3</sup>

Then, facing a possible impaired communication and the return of service to central regulation of SAMU record, the respondents were asked about the importance of attendance record currently used by SAMU as a tool to enable continuity of care in the hospital. Most respondents stated that this instrument could contribute to continuity of care, if it were left in the hospital receiving the patient, as the following lines: *"I should have an introductory as duplicate to stay there (hospital), because the professional who receives the patient already has grants to continue the service."* (Pen) *"The correct completion of the SAMU record streamlines the making of hospital record... and also facilitates team of professionals to recognize the actual condition of the patient and thus take the most appropriate treatment."* (Guedel) *"Through duplicate the record, the attending physician (hospital) can use this tool all the time ... there (record) everything is recorded, an initial complaint , which was done by the SAMU, administered medication, complication..."*(Defibrillator).

Vecina and Malik<sup>24</sup> argue that the demand for urgent and emergency services arises from various morbid disorders that affect the population. Furthermore, we highlight the fragility between primary and secondary attention, leading to a higher demand in the Emergency Department Services (EU). This increase in demand for assistance from the EU may cause interference and/or loss of the information to be passed between the professionals involved with the care.<sup>25</sup> Thus, it is essential to solving the care an effective/efficient communication.

## CONCLUSION

In the mobile care service of Urgency, the record attendance is the only document that contained written information about the service provided, and, therefore, considered the patient's record. It is therefore legal document and requires that the information described here are clear and complete regarding the evaluation performed and the care of this victim or that patient.

The professional categories involved in the process of registration of attendances carried out by SAMU are: nursing technicians, nurses and doctors. These should be all the information in this document. Hence the need for studies covering these workers on the importance of complete, since they are directly related to the process.

At the end of this study it could be identified that the majority of respondents perceive the professional record of service as a document for the purpose of registration of clinical patient data is also key to elucidate ethical and legal issues. Still, according to the research participants, the data generated by medical records are still used in epidemiology for yielding information that direct managers appropriate interventions. Recognizing also the importance of this instrument to further hospital care, since many details are lost and

therefore not registered in the records, at the time the patient is left in the care of this service.

Given this importance highlighted by respondents and corroborated by reputable authors, one realizes that there are few studies that refer to a reflection on the importance of the medical record to the knowledge of data from the demand of emergency care units. These data can provide information for managers to implement flow of care in this area, as well as implement health policies already in force in the field of urgent/emergency which instigates the development of new research that addresses discussions on this subject.

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Contact of the corresponding author:  
**Laísia Alves Moura**  
Colegiado de Enfermagem - Av. José de Sá Maniçoba, s/n - Centro -  
Petrolina-PE CEP: 56304-205