

ANALYSIS OF SAMU 192 SERVICES IN PELOTAS/ RS

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Abstract: Introduction: Pre-Hospital Care (APH) is systematized to assist victims of automobile accidents, with three modalities in its structure: Basic Life Support (BLS), Advanced Life Support (SAV) and Motor Control (MT). In the present study, the following variables were analyzed: type of ambulance available to the patient (USB, USA and MT), age, sex and nature of the incident (clinical, traumatic, gynecological-obstetric or psychiatric). **Objective:** To analyze the services provided by SAMU 192: mobile component of the Emergency Care Network in the Municipality of Pelotas/S. **Methods:** This is a cross-sectional, descriptive study with a quantitative approach, developed from data collected through the General Regulation Coordination of SAMU 192 Pelotas/RS, focused on the analysis of service records between January 2018 and January 2019. **Results:** There was a predominance of clinical occurrences, with seizures being the main complaint, followed by car accidents, with motorcycle/car collision being the predominant one. There was a predominance of care for clinical occurrences, diverging from the expectation that the largest number of consultations would be of a traumatic nature. **Conclusion:** The study showed the importance of SAMU 192 in the Urgency and Emergency Care Network, highlighting the high number of visits, the associations of various complaints with age, sex and region of the municipality related to the service.

Keywords: Emergency Medical Services; Emergency.

INTRODUCTION

The Unified Health System (SUS) operates, among other fronts, helping the population through pre-hospital care whose objective is to expand the scope of Urgency and Emergency services, thus reducing the number of deaths - resulting from

automobile accidents, clinical emergencies, as well as the length of stay in hospitals and the consequences resulting from delays in care, where the request for care is made via telephone free of charge by calling 192. In this context is the Mobile Emergency Care System (SAMU), which is the main component of the National Emergency Care Policy, created in 2003, which aims to protect people's lives and guarantee the quality of care in the SUS. The structural organization of SAMU is based on a regulatory component (medical team) and a care component (ambulance team). At the regulation center, all service steps must be recorded on the computer and recorded. After receiving and identifying the calls, the requests are judged by the regulatory doctor who classifies the level of urgency of each one and defines which resource is necessary for adequate care, which can involve anything from simple medical advice to sending an Advanced Life Support Unit (USA) or a Basic Life Support Unit (USB) on site. Pre-hospital care establishes important quality markers of the population's health condition, as well as the performance of the health system, aiming at SUS principles such as universality, equity and comprehensiveness in care. Using urgency and emergency markers, unusual health problems or recurrent problems can be identified, such as, for example, a high incidence in descending order of occurrence: clinical, traumatic, psychiatric and obstetric. In developed countries, the inclusion of the pre-hospital care system is noted as an important care service for urgencies and emergencies. The term pre-hospital care refers to the assistance provided to victims of urgent health problems, outside the hospital setting, to maintain life and/or reduce sequelae. In the Municipality of Pelotas/RS, SAMU 192 began its activities in 2005. The service is regional, providing service to 306,193 inhabitants according to the 2010 IBGE census and has

a Regulation Center that, in addition to its reference city, serves the Municipalities of São Lourenço do Sul, Capão do Leão, Piratini, Arroio Grande, Santana da Boa Vista, São José do Norte, Pinheiro Machado, Jaguarão, Canguçu and Santa Vitória, which together total 714.16 inhabitants. The Center is authorized by the Ministry of Health by Ordinance number 1,587 of September 6, 2005. The mobile component of the Urgency and Emergency Care Network in the Municipality of Pelotas/RS, is a service that aims for quality, efficiency and safety from the connection for regulation until on-site service. Above all, this study was proposed with the aim of analyzing the services provided by SAMU 192 in the aforementioned city.

METHODS

This is a cross-sectional, descriptive study with a quantitative approach, developed from primary data collected through the systematization of services provided by the General Regulation Coordination of SAMU 192 Pelotas/RS, focused on the analysis of service records between January 2018 to January 2019. The collection and analysis of data for this study were authorized by the General Coordination of SAMU 192 of Pelotas/RS. The center of the research was the data contained in the Pre-hospital Care Records of SAMU 192 in Pelotas. All services carried out between January 1, 2018 and January 1, 2019 were included, aiming to obtain as much information as possible. In this city, the service has three mobile service units, one Advanced Support Unit (USA) and two Basic Support Units (USB). In addition to these, it also has a motorbike (MT) which carries out the service on working days and during business hours. Regarding care, the variables were analyzed: type of ambulance available to the patient (USB, USA and MT), age, sex and nature of the incident (clinical, traumatic, gynecological-

obstetric or psychiatric). For frequency and percentage analysis for qualitative variables and for quantitative variables, the mean, standard deviation and median were used. To verify the association between the variables studied (complaints, sex, age and nature of the occurrence), Pearson's Chi-square test was applied, considering the level of significance to be $p < 0.05$.

RESULTS

In the analysis of the occurrences, it was evident that, in terms of nature, there was a predominance of clinical care, followed by traumatic occurrences, regardless of the ambulance provided (USA or USB), as can be seen in Figure 1. It was found that the Emergency Unit Basic Support (USB) was responsible for the majority of incidents (92.3%). The age of the victims ranged from less than 1 year to more than 80 years, with the highest percentage being in the range corresponding to the age groups of 61 to 79 years (23.5%) and the lowest percentage being concentrated in the age group of 1 to 6 years (1.1%). The nature of the occurrence was compared with age and sex, for this, the variable age was classified into children (subdivided into three categories being under 0 years old, 1 to 6 years old, and 7 to 14 years old), adolescents (15 to 20 years), adults (21 to 60 years old) and elderly people (over 61 years old). Of a total of 15,283 service records analyzed, 7,323 refer to males, 6,733 refer to females and 1,227 are unidentified. Except in cases of gynecological-obstetric and clinical care, all incidents are related to care for male victims, as can be seen in Table 1. Table 2 shows the comparison between the main complaints and the sex of the victims. Taking into consideration, the statistical association of the significance of the p-value, added to the absolute and relative frequency, it is evident that the main male complaint is cut/blunt/

contusion injuries ($p < 0.001$) and anxiety/depression ($p < 0.001$) with females. Table 3 shows a comparison between the main complaints and the age of the victims. It is observed that children under 0 years of age and between 7 and 14 years of age, the main clinical complaint that presented a statistically significant association was drowning ($p < 0.001$). Between 1 and 6 years of age, the predominant occurrence was animal bites ($p < 0.001$). Corresponding to the age group of 15 to 20 years, it is clear that the highest occurrence was a psychotic break ($p < 0.001$). Between 21 and 40 years old, it was observed that the main clinical complaint was burns ($p < 0.001$). Among those seen in the age group of 41 to 60 years, alcohol abstinence prevailed ($p < 0.001$). Between 61 and 79 years old, the main clinical complaint was cardiovascular ($p < 0.001$). It is observed that in the age group over 80 years the highest occurrence is of car accidents/rollovers ($p < 0.001$).

DISCUSSION

When analyzing the nature of the incidents handled by SAMU 192 in Pelotas/RS, it was observed that there was a predominance of care for clinical incidents, diverging from the expectation that the largest number of calls would be of a traumatic nature. Gynecological-obstetric incidents were, notably, the least frequent among the types of care, a fact that can be explained by only covering females. The Advanced Support Unit's service rate was lower when compared to the service provided by the Basic Support Unit, and this result was found in this current study. Among the clinical occurrences attended to, it is noted that convulsive crises, also known as epileptic crises, were the most frequent, a result found in the present study. Another frequently attended situation was car/motorcycle collisions, which represented around 5.4% of visits to the Mobile Emergency

Care Unit service, with the cases being related to adult male patients. In the main traumatic complaints, motorcycle/car collisions and falling from a height were the most prevalent in cases of care. There was an association between falling from height and the elderly population (over 80 years old). However, it is extremely important to consider the need for special attention for the elderly population, due to the vulnerability of this population and the significance of this on quality of life and the costs of hospitalizations, surgeries and rehabilitation. Regarding the analysis of the main complaints of a psychiatric nature, the psychotic break was the most prevalent occurrence. This case was associated with males and in the age group between 21 and 40 years old. Therefore, there is a need for a current change in SAMU Pelotas/RS policy, integrating a type of clinical support vehicle similar to the countries of France and England. This is recurrently cited about the organization of the public health system model, with the National Health Service (NHS) leading private participation in service provision. Currently in England, despite being considered the oldest public health system in the world, the NHS has incorporated a medical assistance program through the toll-

free number 111, which recommends care in which there is no imminent risk to life and then ascertains through a counselor the best management of the applicant.

CONCLUSION

The analysis of the study of care corroborated the relevance of SAMU 192 in the Urgency and Emergency Care Network of Pelotas/RS. It is worth highlighting the high number of visits to this service, as well as the associations of various complaints with specific populations, considering age and sex. The most attended occurrence was of a clinical nature, with seizures standing out, followed by the traumatic occurrence of a motorcycle/car collision, and a psychotic episode as the most prevalent psychiatric occurrence. The majority of these consultations involved men of working age. The outcome of the occurrences is dependent and associated with the severity of each case. The results showed that many users do not know the true function of the urgent and emergency service, so they use the service as a means of transporting patients in order to take advantage of medications available in vehicles and under the supervision of the medical profession.²

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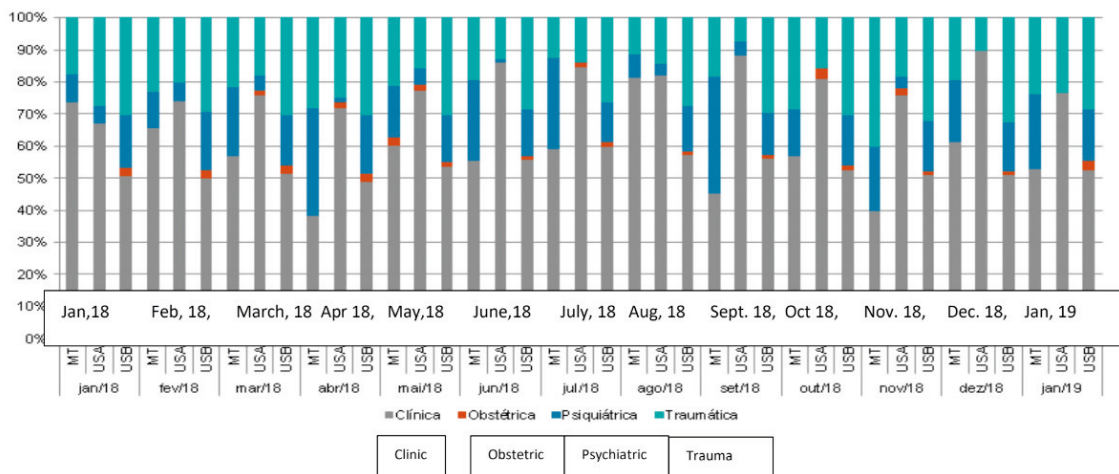


Figura 1. Services provided by SAMU 192, according to the nature of the incident and the ambulance provided, between January 2018 and January 2019. Pelotas, 2019. USA: Advanced Support Unit; USB: Basic Support Unit; MT: Motolancia. Data source: General Coordination of SAMU Pelotas/RS

Variables	Clinic		Obstetrics		Psychiatry		Trauma		P-value	Total		
	n	%	n	%	n	%	n	%				
Gender	Female		4.091	50,9%	249	100,0%	990	47,0%	1.403	38,3%	< 0,001*	6.733
	Male		3.947	49,1%	0	0,0%	1.115	53,0%	2.261	61,7%		
Age	< 0 years		0,9%	0	0,0%	2	0,1%	123	2,8%		204	
	1 to 6 years		1,5%	0	0,0%	0	0,0%	49	1,1%		174	
	7 to 14 years old		1,2%	1	0,4%	58	2,6%	125	2,9%		281	
	15 to 20 years		2,7%	73	29,1%	296	13,1%	348	7,9%	< 0,001*	944	
	21 to 40 years old		11,0%	171	68,1%	838	37,0%	1.319	30,1%		3.248	
	41 to 60 years old		21,5%	6	2,4%	659	29,1%	822	18,8%		3.284	
	61 to 79 years old		33,8%	0	0,0%	215	9,5%	548	12,5%		3.594	
> 80 years old		27,4%	0	0,0%	195	8,6%	1.050	24,0%		3.540		

n: frequência absoluta; %: frequência relativa; *p-valor significativo < 0,05

Table 1. Comparison between the nature of the occurrence and the variable, sex and age of victims treated by SAMU 192, between January 2018 and January 2019. Pelotas/RS, 2019. Data source: General Coordination of SAMU Pelotas/RS

Variables	Female		Male		P-value	N. Total	% Total
	n	%	n	%			
Alcohol withdrawal	0,2%	9	81,8%	0,050*	11	100,0%	
Alcohol abuse	0,6%	256	76,4%	< 0,001*	335	100,0%	
Drug abuse	0,4%	113	70,6%	< 0,001*	160	100,0%	
Accident with a venomous animal	0,0%	3	100,0%	0,089	3	100,0%	
Drowning	0,3%	6	66,7%	0,382	9	100,0%	
Psychomotor agitation	0,6%	113	62,4%	0,005*	181	100,0%	
Aggression	0,8%	173	75,2%	< 0,001*	230	100,0%	
Anxiety/depression	0,3%	130	30,7%	< 0,001*	423	100,0%	
Foreign body aspiration	0,0%	8	50,0%	0,866	16	100,0%	
Gas/toxic product/smoke extraction	0,0%	3	60,0%	0,724	5	100,0%	
Run over	0,2%	124	52,8%	0,836	235	100,0%	
Rollover	0,6%	38	64,4%	0,058	59	100,0%	
Cardio	0,1%	411	48,9%	0,053*	841	100,0%	
Electric shock	0,0%	12	75,0%	0,067	16	100,0%	
Clinical	0,5%	572	42,5%	< 0,001*	1.345	100,0%	
Collision	0,1%	759	68,0%	< 0,001*	1.117	100,0%	
Postpartum complications	0,0%	0	0,0%	0,037*	4	100,0%	
Death verification	0,8%	423	54,2%	0,220	780	100,0%	
convulsive crisis	0,6%	71	31,4%	< 0,001*	226	100,0%	
Digestive	0,3%	129	45,7%	0,031*	282	100,0%	
Pain	0,3%	339	47,7%	0,015*	711	100,0%	
Hanging	0,0%	4	80,0%	0,212	5	100,0%	
etc.	0,2%	44	69,8%	0,005*	63	100,0%	

Fab	117	76,5%	< 0,001*	153	100,0%
Wound/bruise	97	92,4%	< 0,001*	105	100,0%
FPAF	146	52,5%	0,888	278	100,0%
Infect	444	49,1%	0,063	904	100,0%
Metabolic	2	100,0%	0,175	2	100,0%
Animal bite	14	46,7%	0,551	30	100,0%
Nephro/renal colic	879	54,6%	0,031*	1.609	100,0%
Neuro	0	0,0%	< 0,001*	12	100,0%
Completed birth	532	46,7%	< 0,001*	1.140	100,0%
Pneumo	0	0,0%	< 0,001*	12	100,0%
Pre-eclampsia	859	53,0%	0,461	1.622	100,0%
Fall	12	50,0%	0,837	24	100,0%
Burn	46	38,0%	0,002*	121	100,0%
Bleeding	358	58,7%	0,001*	610	100,0%
Psychotic break	65	40,9%	0,004*	159	100,0%
Suicide attempt	0	0,0%	< 0,001*	194	100,0%
labor	12	50,0%	0,837	24	100,0%

Absolute frequency; % relative frequency; significant p-value, < 05

Table 2. Comparison between the main complaints and gender of victims treated by SAMU 192, between January 2018 and January 2019. Pelotas/RS, 2019. Data source: General Coordination of SAMU Pelotas/RS

Variables	< years		1 to 6 years		7 to 14		15 to 20 years		21 to 40 years		41 to 60 years		61 to 79 years		> 80 years		P-value	n Total
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%		
Alcohol withdrawal	0	0,0%	0	0,0%	0	0,0%	0	0,0%	3	30,0%	7	70,0%	0	0,0%	0	0,0%	0,017*	10
Alcohol abuse	0	0,0%	0	0,0%	2	0,5%	35	8,2%	125	29,3%	182	42,7%	40	9,4%	42	9,9%	< 0,001*	426
Drug abuse	0	0,0%	0	0,0%	3	1,7%	28	16,2%	97	56,1%	24	13,9%	3	1,7%	18	10,4%	< 0,001*	173
Accident with a venomous animal	0	0,0%	0	0,0%	0	0,0%	0	0,0%	1	25,0%	1	25,0%	0	0,0%	2	50,0%	0,915	4
Drowning	1	7,1%	3	21,4%	3	21,4%	2	14,3%	0	0,0%	1	7,1%	1	7,1%	3	21,4%	< 0,001*	14
Psychomotor agitation	2	1,1%	0	0,0%	9	4,8%	26	13,8%	63	33,5%	53	28,2%	18	9,6%	17	9,0%	< 0,001*	188
Aggression	3	1,1%	0	0,0%	1	0,4%	30	11,4%	119	45,3%	52	19,8%	24	9,1%	34	12,9%	< 0,001*	263
Anxiety/depression	0	0,0%	0	0,0%	11	2,5%	45	10,4%	129	29,7%	135	31,1%	76	17,5%	38	8,8%	< 0,001*	434
Foreign body aspiration	4	20,0%	3	15,0%	0	0,0%	1	5,0%	1	5,0%	3	15,0%	2	10,0%	6	30,0%	< 0,001*	20
Gas/toxic product/smoke extraction	0	0,0%	1	16,7%	1	16,7%	0	0,0%	2	33,3%	1	16,7%	0	0,0%	1	16,7%	0,002*	6
Run over	8	2,7%	8	2,7%	27	9,1%	24	8,1%	69	23,2%	45	15,2%	49	16,5%	67	22,6%	< 0,001*	297
Rollover	2	2,7%	1	1,3%	0	0,0%	4	5,3%	26	34,7%	10	13,3%	4	5,3%	28	37,3%	< 0,001*	75
Cardio	6	0,7%	2	0,2%	4	0,5%	12	1,4%	62	7,0%	218	24,7%	351	39,7%	229	25,9%	< 0,001*	884
Electric shock	1	5,9%	0	0,0%	3	17,6%	1	5,9%	8	47,1%	3	17,6%	1	5,9%	0	0,0%	< 0,001*	17
Clinical	8	0,6%	6	0,4%	16	1,1%	28	2,0%	118	8,3%	228	16,0%	493	34,7%	525	36,9%	< 0,001*	1.422
Collision	80	4,2%	5	0,3%	19	1,3%	134	9,4%	545	38,1%	238	16,7%	64	4,5%	364	25,5%	< 0,001*	1.429
Postpartum complications	0	0,0%	0	0,0%	0	0,0%	2	50,0%	2	50,0%	0	0,0%	0	0,0%	0	0,0%	0,018*	4
Death verification	12	1,4%	0	0,0%	1	0,1%	5	0,6%	33	4,0%	157	19,0%	302	36,5%	318	38,4%	< 0,001*	828
convulsive crisis	0	0,0%	0	0,0%	8	3,3%	36	14,9%	83	34,4%	69	28,6%	31	12,9%	14	5,8%	< 0,001*	241
Digestive	0	0,0%	2	0,7%	2	0,7%	8	2,8%	42	14,5%	80	27,7%	102	35,3%	53	18,3%	< 0,001*	289
Pain	6	0,8%	8	1,1%	15	2,0%	39	5,3%	107	14,6%	173	23,5%	219	29,8%	168	22,9%	< 0,001*	735
Hanging	0	0,0%	0	0,0%	0	0,0%	0	0,0%	2	25,0%	4	50,0%	1	12,5%	1	12,5%	0,634	8
Fab	2	2,3%	0	0,0%	1	1,2%	6	7,0%	38	44,2%	15	17,4%	4	4,7%	20	23,3%	< 0,001*	86
Wound/bruise	2	1,2%	12	7,1%	14	8,2%	18	10,6%	48	28,2%	41	24,1%	16	9,4%	19	11,2%	< 0,001*	170
FPAF	11	6,6%	1	0,6%	1	0,6%	20	12,0%	68	40,7%	8	4,8%	1	0,6%	57	34,1%	< 0,001*	167
Infect	8	2,8%	18	6,4%	2	0,7%	4	1,4%	27	9,5%	42	14,8%	89	31,4%	93	32,9%	< 0,001*	263
Metabolic	6	0,7%	1	0,1%	2	0,2%	14	1,5%	138	15,0%	245	26,7%	337	36,7%	175	19,1%	< 0,001*	918
Animal bite	0	0,0%	1	33,3%	0	0,0%	0	0,0%	0	0,0%	1	33,3%	0	0,0%	1	33,3%	< 0,001*	3
Nephro/renal colic	0	0,0%	0	0,0%	2	6,7%	0	0,0%	10	33,3%	9	30,0%	7	23,3%	2	6,7%	0,072	30
Neuro	10	0,8%	53	3,1%	40	2,4%	103	6,1%	302	17,8%	430	25,3%	461	27,1%	302	17,8%	< 0,001*	1.701
Completed birth	0	0,0%	0	0,0%	0	0,0%	3	27,3%	8	72,7%	0	0,0%	0	0,0%	0	0,0%	< 0,001*	11
Pneumo	22	1,9%	35	3,0%	13	1,1%	12	1,0%	67	5,8%	184	15,9%	427	36,8%	400	34,5%	< 0,001*	1.160
Pre-eclampsia	0	0,0%	0	0,0%	0	0,0%	6	50,0%	6	50,0%	0	0,0%	0	0,0%	0	0,0%	< 0,001*	12
Fall	29	1,6%	14	0,8%	54	3,0%	108	6,0%	376	20,9%	393	21,9%	379	21,1%	444	24,7%	< 0,001*	1.797
Burn	0	0,0%	0	0,0%	1	3,6%	0	0,0%	16	57,1%	6	21,4%	2	7,1%	3	10,7%	0,001*	28
Bleeding	1	0,8%	0	0,0%	0	0,0%	9	7,3%	32	26,0%	23	18,7%	34	27,6%	24	19,5%	0,371	123
Psychotic break	0	0,0%	0	0,0%	20	3,2%	103	16,6%	262	42,2%	142	22,9%	37	6,0%	57	9,2%	< 0,001*	621
Suicide attempt	0	0,0%	0	0,0%	5	2,9%	23	13,5%	76	44,7%	47	27,6%	10	5,9%	9	5,3%	< 0,001*	170
labor	0	0,0%	0	0,0%	1	0,5%	55	27,9%	136	69,0%	5	2,5%	0	0,0%	0	0,0%	< 0,001*	197
Vascular	0	0,0%	0	0,0%	0	0,0%	0	0,0%	1	4,0%	9	36,0%	9	36,0%	6	24,0%	0,175	25

Absolute frequency; % relative frequency; significant p-value, < 05

Table 3. Comparisons between the main complaints and the age range of victims treated by SAMU 192, between January 2018 and January 2019. Pelotas/RS, 2019. Data source: General Coordination of SAMU Pelotas/RS