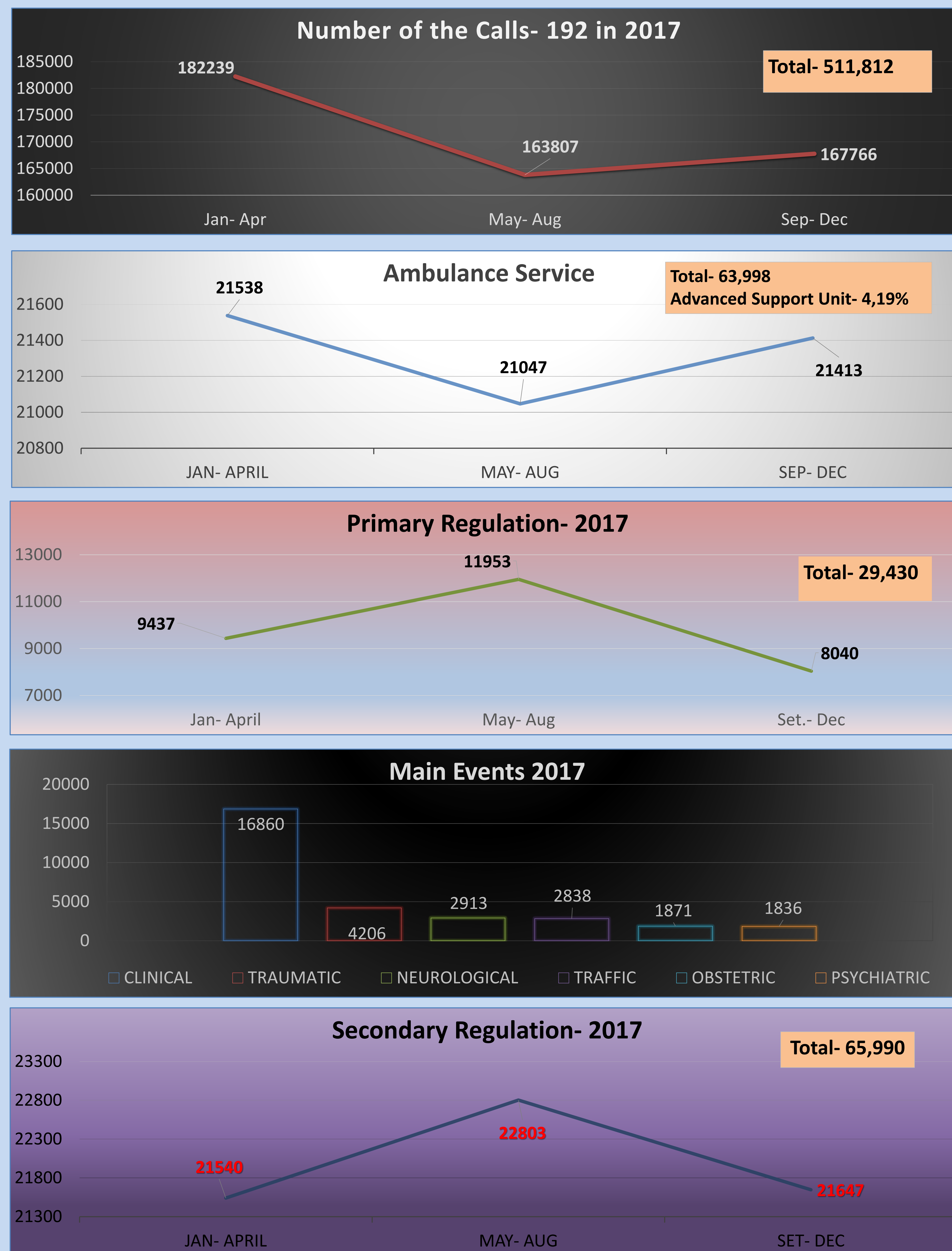


Introduction:

The construction of the federal emergency policy in Brazil involved three main moments: 1998-2002: first regulatory initiatives, characterized by specific norms for the implementation of state systems in urgent care and publication of the first order for pre-service -hospital mobile; 2003-2008: marked by the formulation of the National Emergency Care Policy and the prominence in the government's strategy schedule of the Mobile Emergency Care Service (mobile APH- SAMU), with the said Policy proposing the establishment of systems of attention to the state, regional and municipal, guided by the principles of the Public Health System, structured into five axes: promotion of quality of life, network organization, operation of regulatory centers, training and continuing education and humanization of care; and from the end of 2008 - continuity of SAMU and implementation of Emergency Care Units (UPA). In Ribeirão Preto, in 1994, pre-hospital care was pioneered, with the creation of SAMU. At present, pre-hospital care (APH) in the municipality has 14 basic ambulances, 02 advanced support ambulances, 02 ambulance bikes, 05 emergency units (pre-hospital fixed) and a municipal medical regulation center for a city with an estimated population of 682,302 inhabitants. The partnership with the University of Ribeirão Preto began in 2010, being effected through an agreement where the medical student participates in the process of attendance in primary and secondary regulation.



Objective:

To present the profile of care in mobile pre-hospital care, considering number of primary and secondary regulations in Ribeirão Preto.

SAMU is a regionalized and hierarchical system that ensures permanent medical listening for emergencies through the Medical Regulation Center (192), and is capable of serving about 600 thousand inhabitants only within the municipality, providing assistance to the population in cases (public roads, residences, place of work) and the etiology of the case (clinical and / or traumatic); as well as transporting them safely and accompanying health professionals to the secondary and / or tertiary level of care: Emergency Care Units and hospital. After a prior review of the request, the Medical Regulation Center may provide the necessary resources to attend the request for assistance, through a medical orientation, a council, or move a basic and / or advanced life support team, according to the need of the case. In 2017, SAMU received 511,812 calls, 2,684 advanced ambulance vehicles and basic ambulances were sent to 61,314 of these calls. During this period, 29,430 primary regulations and 65,990 secondary regulations were made.

Conclusion:

The medical regulation center plays a preponderant role in the hierarchical direction of care and is an important privileged health observatory. Mobile APH increases the patient's survival in cases of urgency.