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Prehospital Emergency Services Current Awareness Update.

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Feedback

Send feedback to Matt Holland, LKS ASE Librarian (on behalf of the National Ambulance Research Steering Group). You can eMail Matt at Matt.Holland@nwas.nhs.uk.

This Current Awareness Update was commissioned by the National Ambulance Research Steering Group comprising of research leads from ambulance trusts in England, Scotland and Wales and other experts and groups supporting prehospital research. The aim of the group is to support the strategic development of ambulance and prehospital research whether leading, collaborating in or using research.

Prehospital Emergency Services Current Awareness Update – Issue 78, December 2019

Research and Best Practice

The following research papers have been published in the last couple of months.

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The research papers have been arranged by the topic headings below: (Ctrl & Click on the heading to go straight to that section)

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On-Scene Interventions

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Further Research Needed – studies where further research is called for

- Snooks, H. A., Khanom, A., Cole, R., Edwards, A., Edwards, B. M., Evans, B. A., ... Scott, J. (2019). **What are emergency ambulance services doing to meet the needs of people who call frequently? A national survey of current practice in the United Kingdom.** *BMC Emergency Medicine*, 19(1). <https://doi.org/10.1186/s12873-019-0297-3> **Open Access**

CONCLUSIONS: Ambulance services are under pressure to meet challenging response times for high acuity patients. Tensions are apparent in the provision of care to patients who have complex needs and call frequently. Multi-disciplinary case management approaches may help to provide appropriate care, and reduce demand on emergency services. **However, there is currently inadequate evidence** to inform commissioning, policy or practice development.

- Evans, B. A., Brown, A., Fegan, G., Ford, S., Guy, K., Jones, J., ... Snooks, H. (2019). **Is fascia iliaca compartment block administered by paramedics for suspected hip fracture acceptable to patients? A qualitative study.** *BMJ Open*, 9(12). <https://bmjopen.bmj.com/content/9/12/e033398> **Open Access**

CONCLUSIONS: This study did not raise any concerns about the acceptability of FICB administered at the scene of injury by paramedics to people with suspected hip fracture. It adds to existing evidence about patient and carer experience of on-scene care for people with suspected hip

fracture. **Further research is needed** to assess safety, effectiveness and cost effectiveness of this health technology in a new setting.

Forristal, C., Van Aarsen, K., Columbus, M., Wei, J., Vogt, K., & Mal, S. (2019). **Predictors of Hypothermia upon Trauma Center Arrival in Severe Trauma Patients Transported to Hospital via EMS.** *Prehospital Emergency Care.* <https://doi.org/10.1080/10903127.2019.1599474>

CONCLUSIONS: This retrospective study of hypothermia in major trauma patients found a rate of hypothermia of 5%. Factors associated with higher risk of hypothermia include pre-MTC intubation, high ISS, multiple comorbidities, low SBP, non-penetrating mechanism of injury, and being transferred directly to MTC, and colder outdoor temperature. Avoidance of hypothermia is imperative to the management of major trauma patients. **Prospective studies are required** to determine if prehospital warming in these high-risk patients decreases the rate of hypothermia in major trauma and improves patient outcomes.

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