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Prehospital Emergency Services Current Awareness Update.

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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 79, January 2020

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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Patient Profile

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On-Scene Interventions

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Airway Management, Resuscitation & CPR

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Further Research Needed – studies where further research is called for

- Mix, F., Myers, L., Luke, A., & Sztajnkrzyer, M. (2020). **A Descriptive Analysis of Pediatric Prehospital Refusal of Medical Assistance Within a Single Service Provider System.** *Pediatric Emergency Care*, *36*(1), 26-30.
<http://doi.org/10.1097/PEC.0000000000002018>

CONCLUSIONS: Pediatric RMA [refusal of medical assistance] is common within our study population, and two thirds involve emergent dispatch. Although outcomes are generally good, refusal documentation is sparse and medical control is seldom contacted. **Multiple opportunities for systems improvement exist.**

Voss, S., Brandling, J., Pollard, K., Taylor, H., Black, S., Buswell, M., . . . Benger, J. (2020). **A qualitative study on conveyance decision-making during emergency call outs to people with dementia: the HOMEWARD project.** *BMC Emergency Medicine*, 20(1), 6. <http://doi.org/10.1186/s12873-020-0306-6> **Open Access**

CONCLUSIONS: The preference for avoiding unnecessary conveyance for patients with dementia, combined with difficulties in obtaining an accurate patient medical history and assessment, mean that decision-making can be particularly problematic for paramedics. **Further research is needed** to find reliable ways of assessing patients and accessing information to support conveyance decisions for EMS calls to people with dementia.

Hardwick, K., & Bellew, M. (2020). **Admission to a UK Major Trauma Centre following deliberate self-harm and attempted suicide: Prevalence and outcomes.** *Trauma*, 146040861989959. <http://doi.org/10.1177/1460408619899596>

CONCLUSIONS: This study increased our understanding of deliberate self-harm/suicide attempts in the Leeds Major Trauma Centre. It indicated the high cost of deliberate self-harm/suicide attempts with the majority of patients having high injury severity score, and most surviving. **Further research** into follow-up and preventative support for this group of patients would be beneficial.

Mercier, É., Nadeau, A., Brousseau, A., Émond, M., Lowthian, J., Berthelot, S., . . . Cameron, P. (2020). **Elder Abuse in the Out-of-Hospital and Emergency Department Settings: A Scoping Review.** *Annals of Emergency Medicine*, 75(2), 181-191. <http://doi.org/10.1016/j.annemergmed.2019.12.011>

CONCLUSIONS: The prevalence of elder abuse reported during the ED visit was lower than reported in the community. The most commonly detected type of elder abuse was neglect, and then physical abuse. The following factors were more common in identified cases of elder abuse: female sex, cognitive impairment, functional disability, frailty, social isolation, and lower socioeconomic status. Psychiatric and substance use disorders were more common among victims and their caregivers. Screening tools have been proposed, but multicenter validation and influence of screening on patient-important outcomes were lacking. Health care professionals reported being poorly trained and acknowledged numerous barriers when caring for potential victims. There is insufficient knowledge, limited training, and a poorly organized system in place for elder abuse in the out-of-hospital and ED settings. Studies on the processes and effects of screening and interventions are required to improve care of this vulnerable population.

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