

Prehospital Emergency Services Current Awareness Update Issue 81, March/April 2020



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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.

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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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Further Research Needed – studies where further research is called for

Masterson, S., et al . 2020. **What clinical crew competencies and qualifications are required for helicopter emergency medical services? A review of the literature.** *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 2020 vol: 28 (1) pp: 28. <https://sjtrem.biomedcentral.com/articles/10.1186/s13049-020-00722-z>

CONCLUSIONS: The conclusions that can be drawn are limited due to study quality and the possibility that the literature reviewed was weighted towards particular crewing models (i.e. primarily doctor-staffed) and countries. There is a need for trial-based studies that directly compare patient outcomes between different HEMS crews with different competencies and qualifications.

Castro-Marin, F., et al. 2020. **Prehospital Protocols Reducing Long Spinal Board Use Are Not Associated with a Change in Incidence of Spinal Cord Injury.** *Prehospital Emergency Care*, 2020 vol: 24 (3) pp: 401-410. [10.1080/10903127.2019.1645923](https://doi.org/10.1080/10903127.2019.1645923)

CONCLUSION: In this limited study, no change in the incidence of SCI was identified following implementation of SMR protocols. Prospective evaluation of this question is necessary to evaluate the safety of SMR protocols.

Reay, Gudrun et al . 2020. **Transition in Care from EMS Providers to Emergency Department Nurses: A Systematic Review,** *Prehospital Emergency Care*, 24:3, 421-433, <http://doi.org/10.1080/10903127.2019.1632999>

CONCLUSION: While multimedia applications may potentially improve the handoff process, future intervention studies need to be rigorously designed. We recommend interdisciplinary training of EMS and ED staff in the use of flexible structured protocols, especially given review findings that interdisciplinary communication and relationships can be challenging.

Durham, M., et al. 2020. **Prehospital neuromuscular blockade post OHCA: UK's first paramedic-delivered protocol.** *Journal of Paramedic Practice*. 12(5). <https://doi.org/10.12968/jpar.2020.12.5.202>

CONCLUSION: From this patient group, paramedic-administered rocuronium in intubated patients who have experienced a cardiac arrest and a return of spontaneous circulation appears to be safe, but further interventional research is required to determine whether this improves patient outcomes.

Johnston, T. & Bilton, N., 2020. **Investigating paramedic student professional identity.** *Australasian Journal of Paramedicine*, 17 (1) <http://dx.doi.org/10.33151/ajp.17.759>

CONCLUSION: Paramedic students in our study reported a strong sense of professional identity which had a tendency to increase from year-to-year. There appears to be a predictive relationship between year of study and strength of professional identity. We found that the self-reported strength of paramedic students' identity does not specifically correlate with gender or previous education. However, those with prior paramedic type experience who selected paramedicine as their first choice of study may experience a stronger professional identity. Further studies and subsequent replication of our findings will determine whether or not we can make solid inferences from our sample to paramedic students in general.

Jouffroy, Romain et al. 2020. **Impact of Prehospital Antibiotic Therapy on Septic Shock Mortality.** *Prehospital Emergency Care*, <http://doi.org/10.1080/10903127.2020.1763532>

CONCLUSION: In this retrospective study, prehospital antibiotic therapy reduces 30-day mortality of septic shock patients cared for by MICU. Further studies will be needed to confirm the beneficial effect of prehospital antibiotic therapy in association or not with prehospital hemodynamic optimization to improve the survival of septic shock patients.

Erramouspe, P.J. et al . 2020. **Mortality and Complication Rates in Adult Trauma Patients Receiving Tranexamic Acid: A Single-center Experience in the Post-CRASH-2 Era.** *Academic Emergency Medicine* 2020; 27: 358– 365. <https://doi.org/10.1111/acem.13883>

CONCLUSIONS: Adult trauma patients receiving TXA had similar incidences of death but higher incidences of thromboembolic events compared to the CRASH-2 trial. Variation in patient characteristics, injury severity, TXA dosing, and surgery and transfusion rates could explain these observed differences. Further research is necessary to provide additional insight into the incidence and risk factors of thromboembolic events in TXA use.

Neil McDonald, Dean Kriellaars, Erin Weldon & Rob Pryce (2020) **Head-Neck Motion in Prehospital Trauma Patients under Spinal Motion Restriction: A Pilot Study**, *Prehospital Emergency Care*, <http://doi.org/10.1080/10903127.2020.1727591>

COCLUSION: Among actual patients, movement appears to be greater than previously recorded in simulation studies, and to be associated with patient behavior. Miniature IMUs are a feasible approach to field-based measurement of H-N kinematics in trauma patients. Future research should evaluate the effects of patient compliance, treatment and phase of care using larger samples.

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