



Prehospital Emergency Services Current Awareness Update Issue 94, January/February 2022



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#### **Research and Best Practice**

The following research papers have been published in the last couple of months. The papers have been arranged by the topic headings below: (Ctrl & Click on the heading to go straight to that section)

**Prehospital Practitioners – Professional Development** 

<u>Prehospital Research – Methods and Discussion</u>

**Diagnosis & Triage** 

**Patient Profile** 

**Helicopter Emergency Medical Services** 

**On-Scene Interventions** 

**Airway Management, Resuscitation & CPR** 

**Further Research Needed** 

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## Prehospital Practioners – Professional Development



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## Prehospital Research – Methods and Discussion



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Stemerman, R., et al. (2021). Identifying Patient Phenotype Cohorts Using Prehospital Electronic Health Record Data [research-article]. Prehospital Emergency Care, 26(1). https://doi.org/201668012

# Helicopter Emergency Medical Services (HEMS) and Air Medical



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# **Diagnosis and Triage**



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#### Children

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### **On-Scene Interventions**



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# Airway Management, Resuscitation & CPR



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### Further Research Needed ...



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Blackmore, T.A. (2022). What is the role of paramedics in palliative and end of life care? *Palliative Medicine*. https://doi.org/10.1177/02692163211073263

There is a need for further research into the personal experiences and perspectives of paramedics providing end of life care, not only to improve the care their patients and carers receive, but also to support the essential role that paramedics play in the care of the dying in the community. Paramedics are currently in a position of extreme pressure and their resources stretched at times to breaking point. The COVID-19 pandemic has highlighted gaps in both ambulance and palliative care provision.

With the undervalued and sometimes misunderstood speciality of palliative and end of life care meeting the equally undervalued and misunderstood profession of paramedic science, could the reliance on paramedics to provide urgent response to end-of-life patients be an example of a perfect storm? For this to be addressed there needs to be a substantial mind shift in international healthcare policy to recognize the value of paramedic clinical decision making, together with the importance of palliative and end of life care to achieve the best care for dying patients in primary care.

If primary healthcare provision is going to increasingly rely on the ambulance service to care for the dying patients in the community, then we need to equip paramedics with the resources to do so. There is a long-standing practice in the ambulance services to employ specialists in specific areas such as midwifery and mental health to advise paramedics on scene. Unfortunately this is not the case for palliative and end of life care, with only a few ambulance services employing specialist palliative and end of life practitioners.

There are currently mounting concerns about the mental welfare of paramedics on the frontline of healthcare and we need to understand how this burnout is correlated with paramedic perception of their role, their views on organizational structure, education, and guidelines. It is not a sufficient response to just implement end of life interventions, such as policies and guidelines, without first seeking the views of the paramedics who must implement them. It is now time for research to gain a greater understanding of the experience and perspectives of paramedics caring for dying patients in expected deaths to provide paramedics with the evidence they need to reinforce their practice.

Capsey, M., Ryan, C., Alexanders, J., & Martin, D. (2022). Ambulance service use by patients with lower back pain: an observational study [Text]. *British paramedic Journal*, 6(4), 11-

17. https://doi.org/info:doi/10.29045/14784726.2022.03.6.4.11

**Conclusion:** LBP is a relatively common reason to call the ambulance service. Contrary to data from primary care, non-spinal causes, which include medical emergencies, make up a significant proportion of this. Current guidance on back pain focuses on primary care and specialist settings. **Future updates may need to consider emergency care as a distinct setting with a potentially different patient population**.

Pandor, A., Fuller, G., Essat, M., Sabir, L., Holt, C., Buckley Woods, H., & Chatha, H. (2022). Individual risk factors predictive of major trauma in pre-hospital injured older patients: a systematic review [Text]. *British Paramedic Journal*, 6(4), 26-

40. <a href="https://doi.org/info:doi/10.29045/14784726.2022.03.6.4.26">https://doi.org/info:doi/10.29045/14784726.2022.03.6.4.26</a>

Conclusions: Existing pre-hospital major trauma triage tools could be optimised for elderly patients by including elderly-specific physiology thresholds. Future work should focus on more relevant reference standards and further evaluation of novel elderly relevant triage tool variables and thresholds.

Shanahan, T. e. a. (2022). 808 Changing nature of major trauma from 2000 to 2019 in England and Wales: observational registry study. *Emergency Medicine Journal*, 39(3). <a href="https://doi.org/10.1136/emermed-2022-RCEM.4">https://doi.org/10.1136/emermed-2022-RCEM.4</a>

**Summary:** Significant differences were observed in the demographics, injury patterns, presenting physiology, care pathways, and outcomes between the high and low energy cohorts. Changes in imaging and reporting practices have revealed a previously hidden burden of injury resulting from low energy transfer mechanisms. It is essential that future research recognises this distinct cohort and investigates how trauma systems can be changed to optimise outcomes.

Todd, V. F., et al. (2021). Factors Associated with Emergency Medical Service Reattendance in Low Acuity Patients Not Transported by Ambulance [research-article]. *Prehospital Emergency Care*, 26(1). <a href="https://doi.org/UPEC-2019-0541.R3">https://doi.org/UPEC-2019-0541.R3</a>

**Discussion:** The overall low rate of EMS reattendance is encouraging. **Further** research is needed into the clinical presentation of patients requiring ambulance reattendance within 48 hours to determine if there are early warning signs indicative of subsequent deterioration.

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