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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)*

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Prehospital Research – Methods and Discussion

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Diagnosis and Triage

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Bath., MF., et al., (2024). Trends in pre-hospital volume resuscitation of blunt trauma patients: a 15-year analysis of the British (TARN) and German (TraumaRegister DGU®) National Registries. *Critical care (London, England)*, 28(1). <https://doi.org/10.1186/s13054-024-04854-x>

CONCLUSION: Considerable variability exists in pre-hospital fluid resuscitation strategies for blunt trauma patients. Our data suggest a trend towards reduced pre-hospital fluid administration over time. This trend appears to be associated with improved coagulation function and decreased mortality rates. However, we acknowledge that these outcomes are influenced by multiple factors, including other improvements in pre-hospital care over time. **Future research should aim to identify which trauma populations may benefit, be harmed, or remain unaffected by different pre-hospital fluid resuscitation strategies.**

Goodacre., S., et al. (2024). Prehospital early warning scores for adults with suspected sepsis: the PHEWS observational cohort and decision-analytic modelling study. *Health technology assessment (Winchester, England)*, 28(16). <https://doi.org/10.3310/NDTY2403>

CONCLUSIONS: No strategy is ideal but using NEWS2, in patients with a paramedic diagnostic impression of infection or sepsis could identify one-third to half of sepsis cases without prioritising unmanageable numbers. No other score provided clearly superior accuracy to NEWS2. **Research is needed to develop better definition, diagnosis and treatments for sepsis.**

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DISCUSSION: Preferences differ to current practice but have minimal variation by seizure type or stakeholder. **Further work on feasibility of these pathways in England, and potentially beyond, is required.**

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CONCLUSION: The AMPT score reduced the number of patients who were inappropriately transported to a trauma center. However, this appeared to be at the expense of undertriage. **Future studies should focus on developing a refined air medical-specific triage tool that has both low overtriage rates as well as lower undertriage rates.**

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