



**Prehospital Emergency Services
Current Awareness Update
Issue 86, November 2020**

The aim of this Current Awareness Update is to provide a digest of information supporting evidence based practice in prehospital emergency services.

This is an edited version of
the update for SCAS staff

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Prehospital Emergency Services Current Awareness Update – Issue 86, November 2020

With thanks to Matt Holland, LKS ASE Librarian (on behalf of the National Ambulance Research Steering Group).
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.

The research papers have been arranged by the topic headings below:

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Helicopter Emergency Medical Services

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Further Research Needed

Baqai, K. (2020). PTSD in paramedics: history, conceptual issues and psychometric measures [research-article]. *Journal of Paramedic Practice*.

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Post-traumatic stress disorder (PTSD) is more common in paramedics than in the general population because of the stressful and distressing nature of their work. Forms of PTSD associated with chronic stress and repeated trauma are scarcely researched among paramedics. This is striking as this workforce is potentially more likely to be affected by these types of PTSD. Diagnostic processes are still largely based on acute rather than chronic psychological trauma. PTSD diagnosis has been influenced by sociological perceptions of mental illness and changes in diagnostic criteria. Criteria for the diagnosis of PTSD in the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases have changed in the past decade, which may facilitate more appropriate diagnoses of PTSD in paramedics. Paramedics often have a complex aetiology of PTSD resulting from experiences of both chronic and acute events. **Questionnaires that cover exposure to both individual and repeated stressful events are required to enable further research in the area of PTSD in paramedics.**

Whitley, G. A., Munro, S., Hemingway, P., Law, G. R., Siriwardena, A. N., Cooke, D., & Quinn, T. (2020). Mixed methods in pre-hospital research: understanding complex clinical problems [Text]. *British Paramedic Journal*.

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The aim of this article is to discuss mixed methods in the field of pre-hospital research, highlight its strengths and limitations and provide examples. This article is tailored to clinicians and early career researchers and covers the basic aspects of mixed methods research. **We conclude that mixed methods is a useful research design to help develop our understanding of complex clinical problems in the pre-hospital setting.**

Robinson, S., & Kirton, J. (2020). Tools to predict acute traumatic coagulopathy in the pre-hospital setting: a review of the literature [Text]. *British Paramedic Journal*.

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Background: Recognising acute traumatic coagulopathy (ATC) poses a significant challenge to improving survival in emergency care. Paramedics are in a prime position to identify ATC in pre-hospital major trauma and initiate appropriate coagulopathy management.

Method: A database literature review was conducted using Scopus, CINAHL and MEDLINE.

Results: Two themes were identified from four studies: prediction tools, and point-of-care testing. Prediction tools identified key common ATC markers in the pre-hospital setting, including: systolic blood pressure, reduced Glasgow Coma Score and trauma to the chest, abdomen and pelvis. Point-of-care testing was found to have limited value.

Conclusion: Future research needs to explore paramedics using prediction tools in identifying ATC, which could alert hospitals to prepare for blood products for damage control resuscitation.

Ashman, H., Rigg, D., & Moore, F. (2020). The assessment and management of thermal burn injuries in a UK ambulance service: a clinical audit [Text]. *British Paramedic Journal*.

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Conclusion: The results indicate several areas for improvement within the ambulance trust. Of importance is the application of basic first aid, such as cooling. It is important not only to improve education among staff but also to understand non-compliance. It should be acknowledged that assessment of pain and provision of analgesia demonstrated far higher compliance compared to current pre-hospital evidence. **Several points for education and research have been identified.**

Reed, K., Ferazzoli, M. T., & Whitby, E. (2020). Miscarriage, SUDI and neonatal death: paramedic experience and practice [research-article]. *Journal of Paramedic Practice*.

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This article aims to provide an exploratory investigation into paramedic experiences of attending cases of miscarriage, sudden and unexpected death in infancy (SUDI) and other forms of neonatal loss. It draws on a background literature review, but focuses primarily on exploring issues raised by paramedics during a structured discussion group on this topic. Existing literature highlights the ways in which baby and infant death is one of the most stressful and challenging areas of paramedic practice. Paramedics participating in our discussion group reinforced this issue, identifying five key areas of concern: baby loss as a rare occurrence, resuscitation, lack of information concerning the post-admissions process, professional closure, and support to parents. **Further research is needed, along with better support and guidelines to assist paramedics with a wide range of issues from resuscitation to bereavement.**

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